

NATIONAL ENVIRONMENTAL ACT NO. 47 OF 1980
ENVIRONMENTAL PROTECTION LICENCE
APPLICATION

Application No.

Date

Sector ()

Category ()

Name of Industry:

Type of Industry: **Manufacture/Assembly/Formulation/Repacking/
Processing/Other (specify)/**

Name of Applicant:

Postal Address:

Telephone No.:

1 GENERAL DESCRIPTION OF INDUSTRY

1.1 Nature of Industry:

1.2 Location of Industry:
(Location map and a clear route sketch with land marks to the site to be annexed)

Address:

1.3 Name of local authority:

1.4 Is the site within an Approved Industrial Zone?

1.5 Amount of Capital Investment:

Local:

Foreign:

- 1.6 Date of commencement of operation:
- 1.7 Number of Shifts/Day and Times:
- 1.8 Number of Workers in Each Shift:
- 1.9 A List of permits obtained from Local or State Authorities Permitting the Establishment and Operation of the Industry.
(Please attach photocopies):

	<i>Name</i>	<i>Date of Issue</i>	<i>Date of Expiry</i>
a
b
c
d
e

- 1.10 Land use of the area within five km radius — Residential/Commercial/Agricultural/Open Space/Public Area/Marshy Land/Salt Marshy Land/Mangrove/Natural Reserve/Other (specify):

- 1.11 List of existing Industries/Institutions/Agricultural land within two km radius:

- 1.12 Land available for treatment plant:

2 MANUFACTURING PROCESS

- 2.1 List of main manufactured products and capacities:

2.2 List of by-products:

2.3 Process Details:

2.3.1 A brief description of the processes used (attach process flow diagram):

2.3.2 Raw materials used:

(State item wise quantity/day at all stages of manufacture)

2.3.3 Chemicals Used:

<i>Chemical Name</i>	<i>Trade Name</i>	<i>Quantity Day (in kg)</i>	<i>Purpose for which it is used</i>
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2.3.4 Precautionary measures adopted in the transport and handling of any hazardous/toxic/flammable/explosive material:

2.3.5 Storage facilities for hazardous/toxic/flammable/explosive materials:

2.8.6 Do you have adequate fire fighting equipment?

2.8.7 If so, details of such equipment:

3 WATER

3.1 Water Requirement

Processing:	m ³ /day
Cooling:	m ³ /day
Washing:	m ³ /day
Domestic:	m ³ /day

3.2 Source of water:

- 1 Public Supply
- 2 Ground Water (Wells, springs)
- 3 Surface Water (Stream, river)

3.3 Total daily discharge -- m³/day:

3.4 Method of discharge: Open Channel/Pipeline/Covered Drains/Other:

3.5 Final point of discharge of waste water: Agricultural land/Marshy land/Sewer/Lake/River/Ela/Estuary/Sea/Other:

3.6 What other specific toxic substances are discharged? (Specify nature and concentration — e.g.: Inorganics and Organics including Pesticides, Organic Chlorine Compounds, Heavy Metals, etc.)

3.7 Methods of treatment of Waste Water (Diagrams of Treatment Process to be included):

3.8 Methods adopted for recording characteristics of waste water before and after treatment:

3.9 Give details of water re-cycling, if any:

4 SOLID WASTE

4.1 Type and Nature of Solid Wastes:

4.2 Total quantity of solid waste — kg/day:

4.3 Methods of disposal of solid wastes — Municipal Collection System/Land Fill/Incineration Composting/Sold/Re-cycle:

5 ATMOSPHERIC EMISSIONS

Is there emission to the Atmosphere: Yes/No -- if 'Yes' complete the following:

5.1 Possible emissions:

a. Oxides of Nitrogen —

b. Oxides of Sulphur —

c. Dust and Soot —

d. Any other —

5.2 Number of Stacks/Chimneys

Height:

6.0 Does your industry cause odour problems? If 'Yes':

Source:

Method of abatement:

7 NOISE POLLUTION

7.1 Does your industry cause noise pollution: Yes/No:

7.2 If 'Yes', source:

Method of abatement:

8 ENERGY REQUIREMENTS

8.1 Total Energy Consumption:

a. In-plant generation (in kw/h):

b. Public supply (in kw/h):

8.2 Details of Machinery used in the Industry and their Horse Power Ratings:

8.8 Types of Fuel Used :

a. Purpose:

b. Daily consumption:

9 RECYCLING/REUSE

9.1 Possible salvage of any waste material for reuse:

Specify:

10 EXPANSION OF INDUSTRY

Describe your plans for future expansion of the industry. State whether proposed expansion will alter the manufacturing process, raw material usage and finished products.

I hereby certify that the particulars furnished by me in this application are true and correct. I am aware that if any particulars herein are found to be false or incorrect, my application will be refused and the licence, if issued, will be cancelled.

Date.....

.....
Signature of applicant

FOR OFFICIAL USE ONLY

Licence Application No.

Sector ()

Category ()

1 Date of receipt of application:

2 Reference Plans, Reports and other documents received:

3 If any additional information was requested, details of such requests:

4 If the observation of any other Agency was requested, details of such requests

5 Whether a Licence is granted: Yes / No

6 If a Licence is granted:

a Number of the Licence:

b Date of Licence:

c Validity period:

d Date of expiry:

e Conditions attached (if any)
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7 If Licence is refused, reasons for refusal:

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Signature and Designation
of Authorised Officer

Date.....