

## Municipal Solid Waste

**Form – 1**  
**[See rules 4 (2) & 6 (2)]**  
**Application for obtaining authorization**

To

The Member Secretary  
Nagaland Pollution Control Board  
Signal Point: Dimapur, Nagaland

1. Name of the municipal authority / Name of the agency :  
appointed by the municipal authority
2. Correspondence address :  
  
Telephone No. :  
Fax No. :
3. Nodal Office & designation (Office authorized by the :  
municipal authority or agency responsible  
for operation of processing or disposal facility)
4. Authorization applied for (Please tick mark ) : (a) Setting up &  
operation of waste  
processing facility  
(b) Setting up &  
operation of  
disposal facility
5. Detailed proposal of waste processing/ disposal facility :  
(To be attached) to include

**5.1 Processing of Waste**

- (i) Location of site
- (ii) Name of waste processing technology
- (iii) Details of processing technology
- (iv) Quantity of waste to be processed per day
- (v) Site clearance (from local authority)
- (vi) Details of agreement between municipal authority and operating  
agency
- (vii) Utilization programme for waste processed (Product utilization)
- (viii) Methodology for disposal of waste processing rejects (quantity and  
quality)

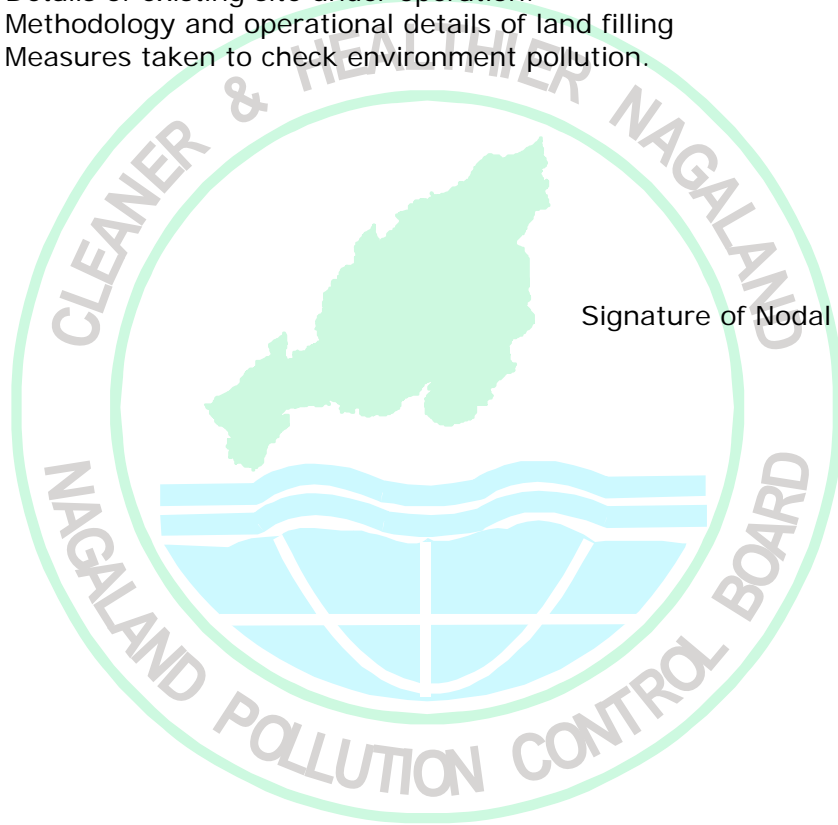
- (ix) Measures to be taken for prevention and control of environmental pollution.
- (x) Investment on Project and expected returns.
- (xi) Measurement to be taken for safety of workers working in the plant.

**5.2 Disposal of Waste**

- (i) Number of sites identified
- (ii) Layout of maps of site.
- (iii) Quantity of waste to be disposed per day.
- (iv) Nature and composition of waste.
- (v) Details of methodology or criteria followed for site selection.
- (vi) Details of existing site under operation.
- (vii) Methodology and operational details of land filling
- (viii) Measures taken to check environment pollution.

Date:

Signature of Nodal Office



**Form – II**  
**[See rule 4(4)]**

**Format of Annual Report to be submitted by the Municipal Authority**

- (i) Name of City/ Town: .....
- (ii) Pollution.....
- (iii) Name of municipal body: .....and  
Address.....  
.....

Telephone No. : .....  
Fax : .....

- (iv) Name of in charge dealing  
with municipal solid  
wastes.....  
with designation  
.....

**1. Quantity and composition of solid wastes**

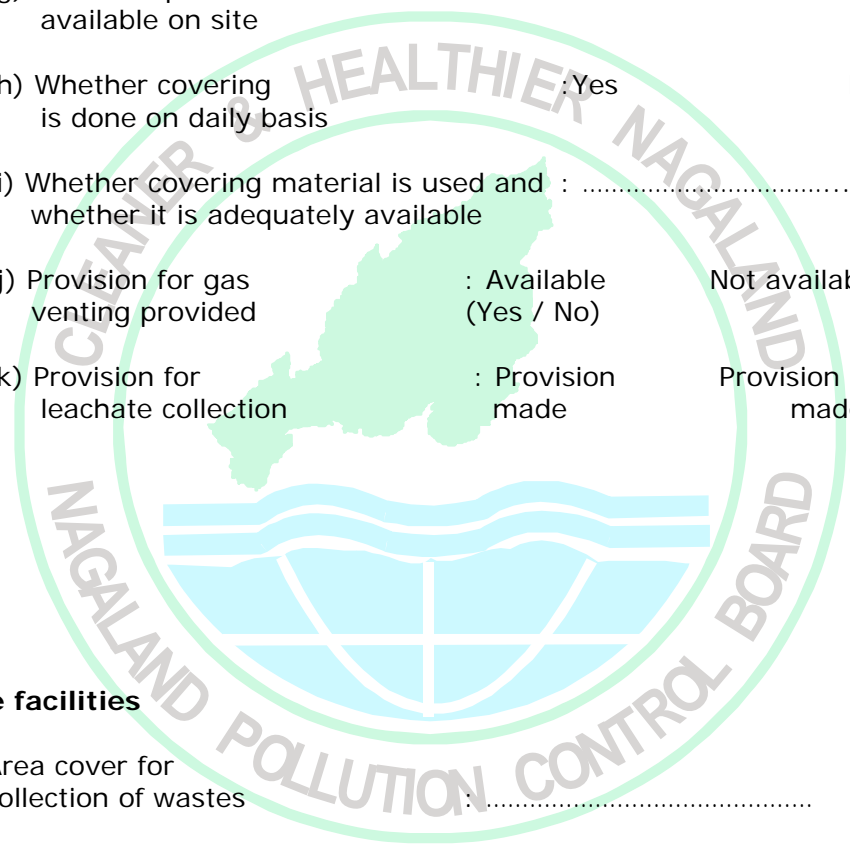
- (i) Total quantity of waste generated per day  
.....
- (ii) Total quantity of wastes collected per day  
.....
- (iii) Total quantity of wastes processed for :
  - (a) Composting  
.....
  - (b) Vermiculture :  
.....
  - (b) Pellets  
.....
  - © Others, if any, please specify :  
.....

- (iv) Total quantity of waste disposed by land filling:  
.....

(a) No. of land filling sites used :  
.....

(b) Area used : .....

- (c) Whether Weigh-bridged facilities available : Yes No
- (d) Whether area is fenced : Yes No
- (e) Lighting facility on site : Yes No
- (f) Whether equipment like Bulldozer : .....  
Compacters etc. available. (Please specify): .....
- (g) Total Manpower available on site : .....
- (h) Whether covering is done on daily basis : Yes No
- (i) Whether covering material is used and whether it is adequately available : .....
- (j) Provision for gas venting provided : Available (Yes / No) Not available
- (k) Provision for leachate collection : Provision made Provision not made



**2. Storage facilities**

- (i) Area cover for collection of wastes : .....
- (ii) No. of houses covered : .....
- (iii) Whether house-to-house collection is practiced : .....  
(if yes, whether done by Municipality or through Private Agency or Non-Governmental Organisation) .....
- (iv) Bins : .....  
Specifications Existing Proposed

(Shape & Size) Numbers for future

.....

- (a) RCC Bins (Capacity) :
- (b) Trolleys (Capacity) :
- (c) Containers (Capacity) :
- (d) Dumper Placers :
- (e) Others please specify :
- (f) Whether all bins/ collection spots are attended for daily lifting of garbage :
- (g) Whether lifting of garbage from dustbins is manual or mechanical i.e. for example by using of front-end loaders (please tick mark) specify

:Manual Loader others,

please.

**3. Transportation**

number

	Existing	Actually	Required/	Proposed
(i) Truck	.....	.....	.....	.....
(ii) Truck – Tripper	.....	.....	.....	.....
(iii) Tractor- Trailer	.....	.....	.....	.....
(iv) Refuse-collector	.....	.....	.....	.....
(v) Dumper-placers	.....	.....	.....	.....
(vi) Animal Cart	.....	.....	.....	.....
(vii) Tricycle	.....	.....	.....	.....
(viii) Other (please specify)	.....	.....	.....	.....

- (i) Truck
- (ii) Truck – Tripper
- (iii) Tractor- Trailer
- (iv) Refuse-collector
- (v) Dumper-placers
- (vi) Animal Cart
- (vii) Tricycle
- (viii) Other (please specify)

**4. Whether any proposal has been made to improve solid waste management practiced.**

---



---



---



---

**5. Are any efforts made to call for private firms etc. to attempt for processing of waste utilization technologies like:**

-----  
-----

Waste Utilization

Proposals

Steps taken

Technology (Quantity to be processed)

- (i) Composting : .....
- (ii) Vermiculture :
- (iii) Pelletisation :
- (iv) Others if any, :  
Please specify

**6. What provisions are available and how these are implemented to check**

**unhygienic operations of :**

- (i) Diary related activities :
- (ii) Slaughter houses and unauthorized slaughtering :
- (iii) Malba (construction debris) lifting :
- (iv) Encroachment in Parks, Footpaths etc. :

**7. How many slums are identified and whether these are provided with sanitation facilities :**

**8. Are municipal magistrates appointed for taking penal action**  
[If yes, how many cases registered & : yes  
No  
setting during last three years  
(give year-wise details)]

**9. Hospital waste management**

- (i) How many Hospitals / Clinic under the control of the Corporation :
- (ii) What method are followed for disposal of bio-medical wastes? :
- (iii) Do you have any proposal for setting up of common treatment facility for disposal of bio-medical wastes :
- (iv) How many private Nursing Homes, Clinic etc. are operating in the city / town and what steps have been taken to check disposal of their wastes. :

Dated:

Signature of Municipal Commissioner