



FORM 1

(To be submitted in triplicate)

APPLICATION FOR CONSENT FOR EMISSION / CONTINUATION OF EMISSION UNDER

SECTION 21 OF THE AIR (PREVENTION AND CONTROL OF POLLUTION) ACT 1981

From:

SUB DIVISIONAL HOSPITAL CHITRAKONDA, CHITRAKONDA

City: CHITRAKONDA

Tehsil: Chittrakonda

District: Malkanagiri

To

**The Member Secretary,
State Pollution Control Board, ODISHA
Bhubaneswar**

Sir,

I/We hereby apply for CONSENT under section 21 of the air (Prevention & Control of

Pollution) Act, 1981 to make emission from Industrial Plant owned by (1) **SUB DIVISIONAL HOSPITAL CHITRAKONDA** for a period from 01/04/2020 To 31/03/2025

2. The annexure, appendices, other particulars and plans are attached herewith in triplicate.

3. I/We further declare that the information furnished in the Annexure/Appendices and plan is correct to the best of my / our knowledge.

4. I/We here submit that in case of a change either of the point or the quantity of emission or of its be made.)

5. I/We hereby agree to submit to the Board, application for renewal of CONSENT three months in advance of the date of expiry of the consented period for emission, of to be continued thereafter.

6. I/we undertake to furnish any other information within one month of its being called for by the Board.

----This is computer generated application ----

<http://odocmms.nic.in/> - (OSPCB)

Yours Faithfully

Signature:

Name of the Occupier:
SUPERINTENDENT SDH
CHITRAKONDA

Name of the Applicant: KHIROD
CHANDRA MOHANTA

Address of the Applicant:
CHITRAKONDA SDH

Accompaniments:-

1. project report (Attached)

Online Pyament Details :-

Bank Name	Branch Name	Bank Draft No.	Date	Amount(in rupees)
-----------	-------------	----------------	------	-------------------

----This is computer generated application ----

<http://odocmms.nic.in/> - (OSPCB)

ANNEXURE:

Note: Any applicant knowingly giving incorrect information pertaining thereto shall be liable to any action under the provisions of the Act. While filling this Annexure the applicant shall for such of the items not pertaining to his activity shall state 'not applicable' against the relevant one and not leave blank.

1. **Full name of the applicant** : SUPERINTENDENT SDH CHITRAKONDA
(a) With Address : CHITRAKONDA SDH
(Tel. No.) : 06861-236430
(b) Is the firm registered? : YES
(c) If yes, Give number & date of registration and the authority with whom registered : 1,06/04/2021,1
(d) Full address of the registered office : CHITRAKONDA
District: Malkanagiri
Tehsil: Chittrakonda
Telephone: 06861-236430
(e) Names, designation & full address of person like, Partners/Managing Director/Director/Manager : KHIROD CHANDRA MOHANTA
SUB DIVISIONAL HOSPITAL
CHITRAKONDA
CHITRAKONDA
MALKANGIRI
764052
06861236430
9437642509
(f) Under which category does the industry fall Major/Medium/Small Scale : Small

State Government : ODISHA GOVT
Prohibited Areas :
Central Government : CHITRAKONDA
GOVT HOSPITAL
Air port Authority : CHITRAKONDA
GOVT HOSPITAL
2. **Full name of the Land/Premises/Institute/Factory/Industry/Local body with address** : SUB DIVISIONAL HOSPITAL
CHITRAKONDA,
CHITRAKONDA
Chittrakonda
Malkanagiri
Tel. No.: : 06861-236430
e-mail : chc.chittrakonda@gmail.com
3. **Give revenue/City Survey No. of the Land/Premises for which the application is made** : District: Malkanagiri
Town: CHITRAKONDA Tehsil: Chittrakonda
City Survey no./Revenue Survey
no.: MALKANGIRI

4. **State month and year in which the plant was actual put into commissions or is proposed to be put into Commission** : january,1962
5. **State the civil/Military Defences/Industrial Estate etc. under whose Administration jurisdiction the occupiers industrial plant is situated** : Civil
- District** : Malkanagiri
- Corporation** : SUB DIVISIONAL HOSPITAL
CHITRAKONDA
- Municipality** : CHITRAKONDA GOVT HOSPITAL
- Village Panchayat/Cantonment/Defence department** : CHITRAKONDA
- Post Trust** :
- State Government** : ODISHA GOVT
- Prohibited Area** :
- Central Government** : CHITRAKONDA GOVT HOSPITAL
- Air Port Authority** : CHITRAKONDA GOVT HOSPITAL
- 6 (a) **State wheather plant site has been declare as prohibited area** : NO
- (b) **If yes, state the name of the Authority and furnish a certified copy of the order under which the area has been declared as prohibited area** : -
- State working season per year of the plant** : (from: Jan to: Dec)
- Continious/Batchwise** : Every Year
8. (a) **No. of person attending the factory per day** : 47
- (b) **No. of persons residing in the premises** : 12
9. **Indicate the present use of the land in the vicinity (5 km radius) of the**
- | Name of Surrounding | Distance(in meters) | Description |
|---------------------|---------------------|-------------|
| | | |
10. **Climatelogical and Metereological details(if available)**
- (a) **Indicate conditions at the site (e.g. arid, semi arid etc.)** :
- (b) **Rainfull,yearlly average** :
- (c) **Temperature, seasonal ranges** : --
- (d) **Information on speed and direction on wind** :
- (e) **Humity, solar radiation** :
11. **Give list of all materials used in the process in metric tonne/day**

List of Raw Materials & Quantity	Principal use
GAUGE COTTON SALINE BOTTLE	100.0 Metric Tonnes/Day

12. Fuel Consumption in t/day

Fuel Name	Daily Consumption(T/day)	Unit	Calorific value	Ash contents	Sulphur contents	Others

13. Atmospheric Emission for each stack

Total no. of stacks:	Material for construction of Stack:	Stack Attached to:	Height above ground level(in metres):	Height above roof(in metres):	Stack Top:	Inner dimensions (in meters):	Gas quantity - m ³ /hr:	Flue gas temperature 'C:	Exit velocity of gas/sec:

(a) Flue gas emission details

Stack No.	Type of fuel	Quantity of fuel	Type of firing	So ₂	CO	HC	Particulates	Other Specify

(b) Fugitive emission details

Point of fugitive emission	Capacity	Type of control measures	Number

14. Give details of fuel gas sampling arrangements :

15. Give the details of laboratory facilities available for analysis of emission :

16. Is there sufficient space available for installing air pollution control equipment :

17. Details of Air Pollution control system. Give detailed specification (Collectors, precipitators, scrubbers etc.)

Air pollution control system name	Status	Detail specification
Dust Collector	Existing	0

18. State the total quantity of air handled by ventilation equipment. Specify size & No. of equipments installed or to be installed : //

19. Give the following details

(a) Total investment in the factory and the year of investment : 1 , 2020

(b) The annual maintenance cost of Pollution Control plant if any : 1

(c) Further expenditure and the year of expenditure : 1 , 2021

(d) Details of further expenditure : 1

20. Other relevant information if any

Signature :

(Name of the Occupier):
SUPERINTENDENT SDH
CHITRAKONDA

(Name of the Applicant): KHIROD
CHANDRA MOHANTA

(Designation): SUPERINTENDENT

(Address of the applicant):
CHITRAKONDA SDH