



STATE POLLUTION CONTROL BOARD, ODISHA

THE WATER(PREVENTION AND CONTROL OF POLLUTION ACT, 1974(ACT, 6 OF 1974)

FORM IV

Application for consent for beginning to make new discharge/continuing discharge of sewage or trade effluent under Section 25 or 26 of the Act.
(To be submitted in triplicate)

(See Rule 21)

From:

SUB DIVISIONAL HOSPITAL CHITRAKONDA, CHITRAKONDA

City:CHITRAKONDA

Tehsil:Chittrakonda

District:Malkanagiri

To

The Chairman
State Pollution Control Board,ODISHA,
Bhubaneshwar

Sir,

1. I/We apply to the State Pollution Board, ODISHA for consent under 'Section 25/Section 26' of the Water(Prevention & Control of Pollution)Act, 1974(Act 6 of 1974)to bring into use any new or altered outlet for the discharge of *Sewage/trade effluent, to being to make new discharge of *Sewage/trade effluent or continue to make discharge of *Sewage/trade effluent from land/ premises owned by (1) **SUB DIVISIONAL HOSPITAL CHITRAKONDA** for a period from 01/04/2020 TO 31/03/2025 in accordance with the facts indicated in the Annexure, Appendices plan etc.

I/We are discharging or propose to discharge.

- (a) Sewage/Sullage Via drain/outfall sewers/treatment works
- (b) Trade effluent Via drains/outfall sewers/treatment works
- (c) Solid wastes into (3)

- (i) Stream/River

OR

- (ii) On land for irrigation, bearing Survey No.

adjoining/at a distance of _____ from stream/River

OR

(iii) Lake, Pond adjoining/at distance of _____ form stream/River

OR

(iv) Directly on land for open percolation into subterranean state of Survey No. _____
adjoining/at
distance of _____ from stream/River.

OR

(v) Tidal waters/estuarine water known as _____

OR

(vi) Sea along/off the shore known as _____

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

3. I/We further declare that the statements made and informations furnished in the Annexures, appendices, and plans are true to the best of my/our knowledge. I/We understand that it is an offence to make a false statement in apply for any proposed consent,(See Section 42(1) (f) of the Act.

4. I/We hereby submit that in case of change of the point or the quantity of discharge or its quality, a fresh application for CONSENT shall be made and until such CONSENT is granted no change shall be made.

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

6. I/We undertake to furnish any other information within one month of its being called for by the Board. We further understand that only the dates on which all the relevent particulars in order to make the application complete in all respects, are furnished by us, will be reckoned as the date of making the application irrespective of the date of submission of the original application, which is incomplete.

Signature:

Name(s) of the Occupier(s):
SUPERINTENDENT SDH
CHITRAKONDA

Name(s) of the Applicant(s): KHIROD
CHANDRA MOHANTA

Address of Applicant(s) with seal:
CHITRAKONDA SDH

Accompaniments:-

1. project report (Attached)

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

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

*Note: Strike out entries not relevant
(33/2375/8)

ANNEXURE TO FORM-IV

Existing/New/Altered

Note: Any applicant knowingly giving incorrect information or suppressing any information pertaining there to shall be liable to be furnished under the Act, while filling the Annexure, the applicant not concerned with any of the items shall be liable to be furnished under the Act, while filling this Annexure, the Applicant not concerned with any of the items shall state 'Not concerned' against the relevant one.

1. Full name of Applicant with address(in block letters) : SUPERINTENDENT SDH CHITRAKONDA
Address: CHITRAKONDA SDH
Telephone: 06861-236430
2. Full name of the land/premises/Area/Institute/Factory/Industry/ Treatment plant with address. : CHITRAKONDA
City:CHITRAKONDA
Tehsil:Chitrakonda
District:Malkanagiri
Industry Telephone:06861-236430
3. Revenue/Survey number of land premises for which the application is made stating District Subdivision and Village. : District:Malkanagiri
Town: CHITRAKONDA
Tehsil:Chitrakonda
City Survey no./Revenue Survey no.:MALKANGIRI
4. State the month and the year in which the land premises/Area/Institute/Factory/Industry/Treatment plant was actually put into commission or is proposed to be put into Commission. : january,1962
5. State the Civil/Minister/Defence/Industrial etc. under whose administrative jurisdiction the applicant's land/Premises 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:
6. (a). State whether the land/premises/factory/industry has been declared 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 the prohibited area. :

7. Is the industry/factory for which application is made closed on any days of the week. if so give the days on which it is closed. :

8. State working season in a year for the industry/Factory : (from: Jan to: Dec)

9. (a) No. of workers attending the factory : 47

(b) No. workers residing in the premises : 12

10. (For local Bodies only)

(a) Present Population :

(b) Population covered under regular sewerage facilities. :

(c) Population covered by conservancy latrins. :

(d) Population having septic tank/pit privy facilities. :

11. (a) List the raw materials used such as metals, alloys, oils fuel etc. used per month in Metric tonnes.

Material & Alloys	Material Details	Weight
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(b) List of the products and by-products manufactured and the production per month.

Name of Products	Quantity	Unit
40 BEDED GOVT HOSPITAL	40.0	Metric Tonnes/Day

(c) Brief description of production process : (As Attached)

12. Water source and consumption details:

a)

Source Type	Source Name	Quantity(KL/D)
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b)

Purpose	Quantity (KL/D)
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13. State whether storm water drains are kept separate from Industrial/Domestic effluent drains. :

14. (a) If domestic effluent allowed to get mixed in industrial effluent : NO

(c) State whether any treatment is given to the domestic waste before allowing to mix with an industrial effluent. : NO

(d) If no, state how it is disposed of and treatment given if any. :

15. Is there any provision or proposal for disposal of

(a) Domestic effluent in public underground sewer **Already Made** **Proposed to be made**

(b) Industrial effluent in public underground sewer

(c) Give the name of public authority owing the sewer : --

16. Location of Discharge : BURIAL PIT,

17. Effluent Details:

Type of Effluent	Maximum generation of Effluent (Kl/d)	Mode of disposal	Effluent to be Recycle(KL/D)	Effluent to be Disposal/Discharge Quantity(KL/D)
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18. Is there any provision for equalizing or holding lagoons or tanks to store the effluents during unfavourable streams or tidal conditions

(i) Domestic **Already Made** **Proposed to be made**

(ii) Industrial

(iii) Combined effluent

19. Is sufficient land available/can be made available in case land disposal of effluent is proposed : NO

Area available : --

20. (a) Is the effluent toxic :

(b) State if the industrial effluent is
(i) having unpleasant smell :
(ii) irritating :
(iii) corrosive :
(iv) with colour :

(c) Is there any sudden change of temperature of effluent exceeding 10 degree C at any time :

21. a) Whether an environment management cell is functional : NO

b) Whether an environment lab has been established : NO

C) REPORT OF SOLID WASTE DETAILS :

Source	Type of Waste	Other waste type detail	Place of disposal	Distance of discharge point from factor(in meters)
Industrial	Any Other	GAUGE COTTON SALINE PIPE	BURIAL PIT	100 mtr

22. Discharge details:

REPORT OF ANALYSIS OF EFFLUENT/SEWAGE DETAILS

Reference number outlet in the Map	Effluent before treatment			Effluent after treatment		
	Before Max	Before Min	Before Avg	After Max	After Min	After Avg
Quality Parameter						

Signature(s) :

Name(s) of the Occupier(s):
SUPERINTENDENT SDH
CHITRAKONDA

Name(s) of the Applicant(s): KHIROD
CHANDRA MOHANTA

Address of the applicant(s) with Seal:
CHITRAKONDA SDH

Note : 1. Furnish a copy of the analysis report of representative samples carried out by a competent laboratory.

2. Expecting where such methods of determination are not available in ISI, the standard methods as laid down in the book 'Standard method for the examination of Water and Waste Water' published by APHA will be followed for determination of the above mentioned parameters.

3. If there is absolutely no possibility constituent being present in the effluent, the applicant must state this fact in the analysis report against the particular characteristic and this need not be analysed for. but the applicant should take full responsibility for this statement and he will be proceeded against according to the provisions of the Act if his statement is found to be incorrect.