## Form – II [See Rule 4(4)]

## FORMAT OF ANNUAL REPORT TO BE SUBMITTED BY THE MUNICIPAL AUTHORITY

(i)	Name of City / Town			:	
(ii)	Population			:	
(iii)	Name of Municipal body & address			SS :	
(iv)	with		Telephone No Fax charge dealing ipal solid waste ation.		
1.	Quar	ntity &	composition of solid w	vastes	
	(i)		quantity of wastes rated per day	:	
	(ii)		quantity of wastes cted per day	:	
	(iii)		quantity of wastes essed for.	:	
		(a)	Composting	:	
		(b)	Vermiculture	:	
		(c)	Pellets	:	
		(d)	Others, if any, pleas	se specify :	
	(iv)	Total	posed by land filling.		
		(a)	No. of landfill sites u	used :	
		(b)	Area used	:	
		(c)	Whether Weigh –bri	dge facilities available :	Yes/No
		(d)	Whether area is fend	ced :	Yes/No
		(e)	Lighting facility on s	ite. :	Yes/No
		(f)	Whether equipment	like Bulldozer,	
			Compacters etc. ava	ailable (Please specify):	
			compacters etc. ava	mable (Flease specify).	

		(g)	Total manpower available on site :			
		(h)	Whether covering is do	one on daily site	: Yes/No	
		(i)	Whether covering mate is used and whether it adequately available.		:	
		(j)	Provisions for gas uent provided :		: Available (Yes/No)	Not available
		(k)	Provisions for leachate Collection	: Provi	sions made	Provisions not made
2.	Stora	ge fac	illities :			
	(i)		covered for : ction of waste.			
	(ii)	No. c	of houses covered :			
	(iii)	colled (if ye Munid Priva	ther house-to-house: ction is practiced es, whether done by cipality or through te Agency or Non ernment Organization).			
	(iv)	Bins	:			
				Specification (Shape & Size)	Existing Numbers	Proposed for future
		a)	RCC Bins (Capacity)	(		
		b)	Trolleys (Capacity)			
		c)	Containers (Capacity)			
		d)	Dumper Placers			
		e)	Others, please specify			
	(v)		ther all bins / : ction spots are	Yes/No	)	

attached for daily lifting

or garbage.

	(vi)	Whether lifting of Garbage from du is manual or Med i.e. for example fronted loaders ( Tick mark)	ustbins chanical by using	: of <u>Manual</u>	<u>Loader</u>	Others.	Please specify	
3.	Trans	portation.	<u>Existing Number</u>			Actually Required / Proposed.		
	(i)	Truck	:		<u> </u>			
	(ii)	Truck – Tipper	:					
	(iii)	Tractor - Trailer	:					
	(iv)	Refuse – Collect	or :					
	(v)	Dumper – placer	rs :					
	(vi)	Animal Cart.	:					
	(vii)	Tricycle	:					
	(viii)	Others. (please specify)	:					
4.	been	her any proposal made to improve es management p	solid	:				
5.	Are any efforts made to call for private firms etc. to attempt for processing of waste utilizing technologies like :							
				tilization	Proposals.		ken (Quantity	
	(i)	Composting	Technolo	ogy		to be p	rocessed)	
	(ii)	Vermiculture						

(iii)

(iv)

Pelletisation

Others if any, Please specify What provisions are available and how these are implemented to check

6.

	unhy	gienic operation of :					
	(i)	Diary related activities :					
	(ii)	Slaughter house & unauthorized slaughtering :					
	(iii)	Malbac construction : (Debris) lifting :					
7.	How may slums are identified : and whether these are provided with sanitation facilities :						
8.	Are municipal magistrates appointed for taking penal action : Yes/No. [if yes, how many cases registered & settled during last three years give year – wise details]						
9.	Hospi	Hospital waste management :					
	(i)	How many Hospitals / : Clinic under the control of the Corporation					
	(ii)	What methods are followed : for disposal of bio-medical Wastes?					
	(iii)	Do you have any proposal : for setting up common treatment facility for disposal of Bio-Medical wastes					
	(iv)	How many private Nursing : Homes, Clinics etc. are operating in City/Town and what steps have been taken to check disposal of their wastes.					
Dated	1 .						
Datel	<i>i</i> .						

SIGNATURE OF MUNICIPAL COMMISSIONER