



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, Athamallik, At/Po-Athamallik

City: Angul

Tehsil: Athmallik

District: Angul

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 14 of 1981 to make emission from Industrial Plant owned by (1) **Sub Divisional Hospital, Athamallik** for a period from 01/04/2024 To 31/03/2026

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.

Yours Faithfully

Signature:

Name of the Occupier: Superintendent
Sub Divisional Hospital Athamallik

Name of the Applicant: Superintendent
SDH Athamallik

Address of the Applicant: At/Po-
Athamallik

9/1
27/8/24
Superintendent
SDH, Athamallik

Accompaniments:-

1. CONSENT COMPLIANCE** (Attached)
2. KML FILE** (Attached)
3. project report (Attached)

Online Pyament Details :-

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

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 Sub Divisional Hospital Athamallik
(a) With Address : At/Po- Athamallik
(Tel. No.) : +91-9439981889
(b) Is the firm registered? : YES
(c) If yes, Give number & date of registration and the authority with whom registered : 157896,27/08/2024,CDMO Angul
(d) Full address of the registered office : At/Po-Athamallik
District: Angul
Tehsil: Athmallik
Telephone: +91-9439981889
(e) Names, designation & full address of person like, Partners/Managing Director/Director/Manager :
(f) Under which category does the industry fall Major/Medium/Small Scale : Small
State Government : Yes
Prohibited Areas : No
Central Government : NO
Air port Authority : NO
2. Full name of the Land/Premises/Institute/Factory/Industry/Local body with address : Sub Divisional Hospital, Athamallik, Athmallik Angul
Tel. No.: +91-9439981889
e-mail : sdmoathmallik@gmail.com
3. Give revenue/City Survey No. of the Land/Premises for which the application is made : District:Angul
Town: Angul Tehsil: Athmallik
City Survey no./Revenue Survey no.:
4. State month and year in which the plant was actual put into commissions or is proposed to be put into Commission : january,1925
5. State the civil/Military Defences/Industrial Estate etc. under whose Administration jurisdiction the occupiers industrial plant is situated : Civil

District : Angul
 Corporation : NO
 Municipality : NO
 Village Panchayat/Cantonment/Defence department : Athamallik

Post Trust : NO
 State Government : Yes
 Prohibited Area : No
 Central Government : NO
 Air Port Authority : NO

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: Apr to: Mar)
 Continious/Batchwise : Every Year

8. (a) No. of person attending the factory per day :

(b) No. of persons residing in the premises :

9. Indicate the present use of the land in the vicinity (5 km radius) of the

| Name of Surrounding | Distance(in meters) | Description |
|---------------------|---------------------|-------------|
|---------------------|---------------------|-------------|

10. Climatological and Metereological details(if available)

(a) Indicate conditions at the site (e.g. arid, semi arid etc.) :

(b) Rainfull,yearly 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 |
|----------------------------------|-----------------------|
| Nil | 0.0 Metric Tonnes/Day |

12. Fuel Consumption in t/day

| Fuel Name | Dally Comsumption(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 | So2 | 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 |
|-----------------------------------|--------|----------------------|

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 : ,
- (b) The annual maintenance cost of Pollution Control plant if any :
- (c) Further expenditure and the year of expenditure : ,
- (d) Details of further expenditure :
20. Other relevant information if any

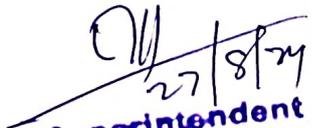
Signature :

(Name of the Occupier): Superintendent
Sub Divisional Hospital Athamallik

(Name of the Applicant): Superintendent
SDH Athamallik

(Designation): Superintendent

(Address of the applicant): At/Po-
Athamallik


27/8/24
Superintendent
SDH, Athamallik



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, Athamallik, At/Po-Athamallik
City:Angul
Tehsil:Athmallik
District:Angul

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, Athamallik** for a period from 01/04/2024 TO 31/03/2026 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 Sub Divisional Hospital
Athamallik

Name(s) of the Applicant(s):
Superintendent SDH Athamallik

Address of Applicant(s) with seal: At/Po-
Athamallik


Superintendent
SDH, Athamallik

Accompaniments:-

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: Apr to: Mar)
9. (a) No. of workers attending the factory :
- (b) No. workers residing in the premises :
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 |
|-------------------|------------------|--------|
|-------------------|------------------|--------|

- (b) List of the products and by-products manufactured and the production per month.

| Name of Products | Quantity | Unit |
|------------------|----------|--------------|
| Hospital Bed | 48.0 | Numbers/Year |

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

12. Water source and consumption details:

a)

| Source Type | Source Name | Quantity(KL/D) |
|--------------------------------|-------------|----------------|
| Ground Water (within premises) | Borewell | 3.0 |

b)

| Purpose | Quantity (KL/D) |
|----------|-----------------|
| Domestic | 2.0 |

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

1. CONSENT COMPLIANCE** (Attached)
2. KML FILE** (Attached)
3. project report (Attached)

*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 relevent one.

1. Full name of Applicant with address(in block letters) : Superintendent Sub Divisional Hospital Athamallik
Address: At/Po- Athamallik
Telephone: +91-9439981889
2. Full name of the land/premises/Area/ Institute/Factory/Industry/ Treatment plant with address. : At/Po-Athamallik
City:Angul
Tehsil:Athmallik
District:Angul
Industry Telephone:+91-9439981889
3. Revenue/Survey number of land premises for which the application is made stating District Subdivision and Village. : District:Angul
Town: Angul
Tehsil:Athmallik
City Survey no./Revenue Survey no.:
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,1925
5. State the Civil/Minister/Defence/Industrial etc. under whose administrative jurisdiction the applicant's land/Premises is situated. : Civil

District: Angul
Corporation: NO
Municipality: NO
Village Panchayat/Cantonment/Defence department: Athamallik

Post Trust: NO
State Government: Yes
Prohibited Area: No
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. :

(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 : NA,

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) |
|------------------|---------------------------------------|------------------|------------------------------|--|
| | | | | |

18. Is there any provision for equalizing or holding lagoons or tanks to store the effluents during unfavourable streams or tidal conditions

Already Made

Proposed to be made

(i) Domestic

(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 | -- | NA | NA |

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 |
| | | | | | | |

Signature(s) :

Name(s) of the Occupier(s):
Superintendent Sub Divisional Hospital
Athamallik

Name(s) of the Applicant(s):
Superintendent SDH Athamallik

Address of the applicant(s) with Seal:
At/Po- Athamallik

[Handwritten Signature]
**Superintendent
SDH, Athamallik**

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.

State Pollution Control Board, Odisha
Bhubaneswar

| | |
|-------------------------------------|---|
| Receipt No. | 847773590 |
| Depositor Name | Superintendent Sub Divisional Hospital Athamallik |
| Money Receipt Number | |
| Bank Name. | |
| Bank Id. | NA |
| Application No. | 5630162 |
| Name and Address of Industry | Sub Divisional Hospital, Athamallik, At/Po- Athamallik, Athmallik, Angul |
| Name of Regional Office | HO |
| Applied For | CTO - BOTHAW - RENEW |
| Payment Type | NORMAL |
| Payment Date | 27-08-2024 |
| Consent Fee | From : 01-04-2024 To : 31-03-2026 |
| Payment Details | |
| Financial Year | 2024 - 2025 |
| CTO (Rs.) | 1000.0 |
| Financial Year | 2025 - 2026 |
| CTO (Rs.) | 1000.0 |
| Total Amount Paid (Rs.) | 2000 |
| In Words. | Two Thousand |
| Transaction Status | Successfully Completed |

Print