

## [FORM II]

(See Rule 4(4))

### Format of Annual Report to be submitted by the Municipal Authority.

- (i) Name of the City/Town .....
- (ii) Population.....
- (iii) Name of Municipal body .....  
and address .....  
.....  
Telephone No: .....  
Fax: .....
- (iv) Name of Incharge dealing with municipal solid wastes.....  
With designation.....

### 1. Quantity and Composition of solid wastes

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

(iv) Total quantity of wastes disposed by land filling

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(a)	No of landfill sites used	:		
(b)	Area used	:		
(c)	Whether Weigh Bridge 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)	Provisions for gas venting provided	:	Available (Yes/No)	Not Available
(k)	Provision for leachate Collection	:	Provisions	Provisions not

## 2. Storage Facilities

- (i) Area covered 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) Number for future.  
.....
- (a) RCC Bins(Capacity) :
- (b) Trolleys (Capacity) :
- (c) Containers (Capacity) :
- (d) Dumper places :
- (e) Others, please specify :
- (v) Whether all bins/collection spots are attended for daily lifting of garbage : Yes No
- (vi) Whether lifting of garbage from dustbins is manual or mechanical i.e for example by using of front-end loaders(please tick mark) please specify. : Manual Loaders Others.

### 3. Transportation

.....		
	Existing	Actually Required/Proposed number
.....		
(i)	Truck	:
(ii)	Truck-Tipper	:
(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 wastes management practices

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

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	Waste utilization Technology	Proposal Steps taken (Quantity to be proposed)
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(i)	Composing	:
(ii)	Vermiculture	:
(iv)	Pelletisation	:
(v)	Others if any, Please specify	:

**6. What provisions are available and how these are implemented to check unhygienic operations of:**

- (i) Dairy 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. : Yes No**

[If yes how many cases registered & settled during last three years (give year wise details)]

**9. Hospital Waste Management.**

- (i)How many Hospitals/Clinics 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 of Common treatment facility for disposal of bio-medical wastes.
- (iv)How many private Nursing Homes, Clinics etc. are operating in the city/town and what steps have been taken to check disposal of their wastes :

Dated:

Signature of Municipal Commissioner.