

Form - II

[See rule 4(4)]

Format of Annual Report to be submitted by the Municipal Authority

i. Name of City/ Town:

Name of Municipal body & address:

Phone No.:

e-mail (if any):

Fax No.:

ii. Population (As per Census 2011):

iii. Total no. of wards :

iv. Total Area (In Sq. Km) :

v. Name of In-charge dealing with municipal solid wastes with designation and mobile no. :

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 per day for:

a. Composting:

b. Vermiculture:

c. Pellets:

d. Others, if any, please specify:

(iv) Total quantity of waste disposed by landfilling:

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, Compactors etc. available :

(if yes Please specify)

g. Total Manpower available at landfill 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 : Yes/No

k. Provision for leachate collection : Yes/No

2. Storage facilities

(i) Existing Collection & storage System for MSW

<i>Total nos. of wards</i>	<i>House to House collection system</i>			<i>Other method for collection of MSW</i>		
	<i>No. of ward covered</i>	<i>Collection schedule (Daily/Alternate day)</i>	<i>Cost for collection</i>	<i>No. of ward covered</i>	<i>Collection schedule (Daily/Alternate day)</i>	<i>Cost for collection</i>

- (ii) Area covered for collection of wastes :
- (iii) No. of houses covered :
- (iv) Whether house-to-house collection is practiced (if :
yes, whether done by Municipality or through
Private Agency or Non-Governmental
Organization)

(v)	Bins	Specifications (Shape & Size)	Existing Numbers	Proposed for future
	(a) RCC Bins (Capacity)			
	(b) Trolleys (Capacity)			
	(c) Containers (Capacity)			
	(d) Dumper Placers			
	(e) Others, if any,			

(vi) Whether all bins/collection spots are : (Yes/No)
attended for daily lifting of garbage

(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/Loader/Others

3. Transportation

		Existing Number	Actually Required/Proposed
a. Trucks	:		
b. Trucks-Tipper	:		
c. Tractor-Trailor	:		
d. Refuse collector	:		
e. Dumper placers	:		
f. Animal cart	:		
g. Tricycle	:		
h. Hand carts	:		
i. Secondary transfer point	:		
j. Others (please specify)	:		

4. Whether any proposal has been made to improve solid wastes management practices:

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

	Waste Utilisation Technology	Proposals	Steps taken (Quantity to be processed)
i.	Composting :		
ii.	Vermiculture :		
iii.	Pelletisation :		
iv.	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 unauthorised slaughtering :
- iii. Malba (cnstruction 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 ULB :

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 :

Signature of Municipal Commissioner/Executive Officer

Dated: