



**TAMIL NADU POLLUTION CONTROL BOARD
FORM-I**

Application for consent under section 21 of the Air (Prevention and Control of Pollution) Act 1981, as amended (Central Act 14 of 1981)

(See rule 7 of Tamil Nadu Air (Prevention and Control of Pollution) Rules, 1983)

(To be submitted in Duplicate)

1. [a] Full Name of the applicant : DR.A.KESAVAN
(Occupier of the unit)
- [b] Designation :
- [c] Office address with pin code : MEDICAL OFFICER,
GOVERNMENT UPGRADED
PRIMARY HEALTH CENTRE,
KAIKATTI,
MANNAVANUR,
KODAIKANAL TALUK,
DINDIGUL DIST.,624103
- [d] Factory address with pin code : KAIKATTI
MANNAVANUR,624103
- [e] Phone no. with STD code : -
- [f] Fax no. with STD code : -
- [g] Email Id : ma08phc@gmail.com
- [h] Website address :
- [i] Mobile No. : 7639996662
2. Full Name of the Unit : GOVERNMENT UPGRADED
PRIMARY HEALTH CENTRE
3. Location of the unit :
 - [a] Survey No/TS No :
 - [b] Village/Town : MANNAVANOOR
 - [c] Taluk : KODAIKKAANAL
 - [d] District : Dindigul
4. Local body Name & Type : KODAIKANAL Panchayat Union
5. Land Status : Owned
 - Rent per Year(in Lakhs) :
 - Extent of land (in Hectares) :
 - [a] Total : 0.1982
 - [b] Build up area : 0.0607
 - [c] Solid waste Storage/Disposal area : 0.01
 - [d] Green Belt/Irrigation area : 0.0809
 - [e] Vacant area {a-(b+c+d)} : 0.0466
6. Details of raw materials used :

SL.No.	Name of the raw material	Quantity	Unit	Principal Use
1.	GLOVES	0.5	KG	PERSONAL PROTECTION
2.	SYRINGES	3200	KG	FOR INJECTION
3.	MASK	1500	KG	FOR PROTECTION

7. Details of fuel used :

SL.No.	Name of fuel	Points of use	Quantity in T/d	Calorific Value	Ash Content	Sulphur Content
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8. Details of products manufactured :

SL.No.	Name of the product	Quantity	Unit	End Use
Products				
1.	CHEMICALS (LYSOL)	5	LTRS	CONSUMABLES
2.	HYPOCHLORIDE	20	LTRS	CONSUMABLES
By Products				
Intermediate Products				

9. Manufacturing Process :

HEALTH FACILITY CARE / TREATMENT FOR INPATIENT AND OUTPATIENT / NO OPERATION THEATRE

10. No. of Employees working per day (including contract workers) : 7

11. Date of commissioning : 15/04/2019

12. (a)Details of Point source emission with stacks :

SL.No.	Stack No	Source	Control Measures	Top dimension	Height above GL	Material of Construction	Exit Gas Velocity	Exit Gas Temp	Max Discharge
1.	1	GENERATOR	Acoustic enclosures with stack	0.15	3.0	Under operable condition			

12. (b)Details of Fugitive or Noise emission :

SL.No.	Source of Fugitive or Noise emission	Type of emission	Pollution Control Measures	Capacity in HP
1.	Bathroom and toilet fleshing	Fugitive	SOAK PIT	5
2.	Equipment cleaning and floor washing	Fugitive	SOAK PIT	2

13. Total Gross Fixed Assets (GFA) (Rs. in Lakhs) : 50.0
14. Cost of Air Pollution Control Measures (Rs. in Lakhs) :
15. Details of habitation: (All the habitation located within 1KM radius of the unit) :

SL.No.	Name of habitation	Distance in Kms	Population
1.	KOOKAL	10	6442

16. [a] Name of the nearby Roadways : SH-MANNAVANUR TO KODAIKANAL
- [b] Distance from the site in Kms : 1
17. [a] Land use classification of the site : Non Urban use zone
- [b] Authority which classified the land use : D T C P
18. Name and distance of the sensitive area like places of Archeological importance, National Park, Wild Life World Sanctuary, Marine National Park, Mangrove Forests, Reserved Forests, Marsh Lands if any located within 10 KM radius of the unit :
19. Is the unit is located within 1 Km from marine coastal area (sea, estuaries, back waters) : NO
- If yes please mention the distance from the unit (In Meter) :
20. Name and address of all Directors/Partners :

SL.No.	Name of Partner	Designation	Address
1.	DR.K.KOLANDASAMY	DIRECTOR	O/O DIRECTOR OF PUBLIC HEALTH AND PREVENTIVE MEDICINE, CHENNAI-06

List of Documents as per rule:-

1. Copy of sale Deed /Lease Deed or any other relevant documents as proof to ensure possession of the site/factory for which application is made by the applicant. (Attached)
2. Copy of Memorandum of Articles in case of Public/Private sectors or registered partnership deed in case of partnership company. (Attached)
3. Detailed manufacturing process for each product along with detailed process flow chart. (Attached)
4. A covering requisition letter stating the status of the industry and activities clearly. (Attached)
5. Consent fee under Water and Air Acts payable to the Board. (Attached)

6. Details of Water Balance and wastewater balance for process. (Attached)
7. Land use classification certificate as obtained from CMDA / DTCP/LPA. (Attached)
8. Details of Material balance for each products and process. (Attached)
9. Audited Balance sheets indicating the existing Gross fixed Assets of the industry alone for the periods ending Previous financial Years (or) Auditor Certificate with break up details for the Existing Gross fixed Assets for the periods ending Previous financial Years duly certified by a Chartered Accountant in the prescribed format. (Attached)
10. Topo sketch showing the distance of water bodies, roads, existing/proposed residential areas, agricultural lands, important religious locations, educational institutions, ancient monuments, archeological places and other sensitive areas for 1 KM. radius from the units. (Attached)
11. Layout plan showing the location of various process equipments, utilities like boiler, generator etc, effluent treatment plant, outlet location, non-hazardous and hazardous waste storage yard. (Attached)

Declaration

1. I certify that all the information / data supplied are true and I have not suppressed any relevant information. I am aware that furnishing incorrect information / suppression of relevant information attracts the penal action under Chapter VI of the Air (Prevention & Control Of Pollution) Act, 1981 as amended.
2. I hereby undertake to make a fresh application for consent in case of change in either of a product/point of discharge or in quantity of emission or of its quality.
3. I hereby undertake to abide by the directions/instructions issued by the Board from time to time.
4. I hereby undertake to apply for consent to operate/renewal of consent along with the required details 30 days prior to the expiry of consent order.

Signature of the Applicant
Name and Designation

Place :
Date :