



Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Application for Authorisation/Renewal of Autorisation under Bio-Medical waste (management and handling) Rule, 1998

(To be submitted in triplicate to Sub-Regional Office/Regional Office/Head Office of the board)

From: Dr Chauhan`s Sanjeevani Hospital

To :The Member secretary,
Maharashtra Pollution Control Board
Regional Office - Mumbai, Kalpataru Point, 3rd & 4th floor,
Sion Matunga scheme, Road no. 8,
Opp. Sion Circle, Mumbai - 400 022

1) Particulars of Applicant

i) Name of Applicant(in block letters and in full)

Dr Vikas chauhan

ii) Name of institution

Dr Chauhan`s Sanjeevani Hospital

Address of institution

Pestom Sagar Road No:4, Opposite pestom Sagar Police Stataion, Chembur-w, Mumbai-89

Telephone

022-25252006

Fax

022-25252006

Email

drvikasricha@india.com

2) Activity for which authorization is sought

i) Generation

1

ii) Collection

1

iii) Reception

1

iv) Storage

1

v) Transportation

0

vi) Treatment

0

vii) Disposal

0

viii) Any other form of handing

N/A

3) Please state whether applying for fresh authorization or for renewal

Renewal

In case of renewal, previous authorization no.

MPCB/SROM-III/BMW/Auth-07

In case of renewal, previous authorization date

Jan 31, 2014

4) i) Address of the institution handling Bio Medical Waste

SMS Envoclean Private Limited

ii) Address of the place of treatment facility

Near Deonar Dumping Ground, Opposite sathe Nagar, Ghatkopar-Mankhurd Link Road, Deonar, Mumbai-43

iii) Address of the place of disposal of facility

Near Deonar Dumping Ground, Opposite sathe Nagar, Ghatkopar-Mankhurd Link Road, Deonar, Mumbai-4

5) i) Mode of transportation (if any) of Bio Medical Waste

M/S SMS Envoclean Private Limited

ii) Modes of treatment

Autoclave and Incineration

7) i) Category (see schedule I) of waste to be handled

ii) Quantity of waste (categorywise) to be handled per month.

8) Declaration

I do hereby declare that the statements made and information given above are true to the best of my knowledge and belief and that I have not concealed any information.

I do also hereby undertake to provide any further information sought by the prescribed authority in relation to these rules and to fulfill any conditions stipulated by the prescribed authority.

Annexure

Existing

1

New

0

Altered

0

(1) (a) Type of institution

Nursing Home

(b) Is the firm registered

Yes

Registered as

Nursing home,

(c) If registered, Give the registration number

761498191

Date of registration

Sep 16, 2005

The authority with whom registered

Municipal Corporation of Greater Mumbai

The authority with whom registered

Municipal Corporation of Greater Mumbai

(2) No. of beds

8

(3) No. of patients treated per month

200

(4) No. of animals treated per month

0

(5) No. of animals slaughtered per month

0

(6) No. of samples analysed per month

0

(7) Population of town/city where the Institution is located

12000000

(8) (a) Total capital investment of the project

600000

(b) Amount of fee paid

3750

(c) Demand draft no.

Demand draft date

Jan 1, 1900

Bank drawn on

(d) MPCB receipt no.

Receipt date

Jan 1, 1900

(9) Total quality of waste generated per month

15 kg per month

(10)Total quantity of BIO Medical Waste generated as er Bio Medical Waste management and handling, Rules 1989:

Name of waste	Quantity per month	Category	Mode of storage	Brief description of method of treatment and disposal
Category No. I	5	Category No. I	Yellow bag	Incineration and Deep Burial
Category No 4	4	Category No 4	Red Bag	Autoclave and Incineration

(11)Quantity and source of water for

	Quantity per month	Category
a) Process (m3/d)	300	Municipal tap water
b) Domestic use (m3/d)	100	Municipal Tap water
c) Other (m3/d)	0	Municipal tap water

(12)Sewage and trade effluent discharge

a) Quantum of discharge (m3/d)

400

b) Is there any effluent treatment plan

No

d) Is terminal facility provided by local body

No

e) Are facilities available with the applicant for carrying out the following tests of the water

	Already	Proposed
i) Physical	No	No
ii) Chemical	No	No
iii) Bacteriological	No	No
iv) Toxicological	No	No

g)Characteristics of final effluent

i) pH

N/A

ii) Suspended solids (mg/l)

N/A

iii) Total dissolved solids (mg/l)

N/A

iv) Oil and grease (mg/l)

N/A

v) Chemical oxygen demand (mg/l)

N/A

vi) Biochemical Oxygen demand(BOD)(mg/l)

N/A

vi) Parameters of self monitoring

Chemical testing

Frequency of self monitoring

every 3 months

h) Mode of disposal and final discharge point such as into river, creek, sea, nalla, municipal sewer or over land

Municipal sewer

[13\)Pertaining to stack \(chimney\) and vent emissions](#)

a) No. of stacks

0

Height

0

Diameter

0

No. of vents

0

Height

0

Diameter

0

b) Quality of stack emissions from each of the stacks particulate matter and sulphur dioxide(SO₂) (mg/m³)

0

Quantity of stack emissions from each of the stacks particulate matter and sulphur dioxide(SO₂) (mg/m³)

0

c) A brief account of the air pollution control unit for emission control

0

d) Parameters of self monitoring

N/a

Frequency of self monitoring

0

[14\) Incinerator details](#)

a) Combustion efficiency

N/a

b) Temperature of primary chamber

N/A

c) Temperature of secondary chamber

N/a

d) Particulate matter (mg/Nm³) at (12% CO₂: Correction)

N/a

e) Nitrogen oxides

N/A

f) HCL (ppm)

NA

g) Stack height(Mts)

0

h) Stack diameter(Mts)

0

i) Type of fuel used

0

j) Volatile organic compounds in ash(%)

0

k) Details of pollution control devices installed/retrofitted with the incinerator,if any

N/A

15) Autoclave details

a) Type	Temperature	Pressure	Residence time
Autoclave Gravity flow	250	15	45 min
Autoclave Vacuum	100	0	0

Others please specify

a) Type	Temperature	Pressure	Residence time
0	0	0	0

b) Results of validation test

i) Spore testing

N/A

ii) Routine test

Chemical testing

16) Microwave details

a) Type/Make

N/A

b) Results of efficacy test

N/A

c) Results of routine test

N/A

17) Deep burial details

a) Dimensions of trench or pit

N/A

b) Location of deep burial site

N/A

Place	Date	Designation
Mumbai	Oct 26, 2016	Owner

Task Flow Recommendations

MPCB-Officers	Recommendations
Shri. Nitin shinde (SRO-Mumbai III) on 06-01-2017 15:34:39	Process and putup
