



Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Form 4

See rules 6(5),13(8),16(6) and 20(2) of Hazardous and other wastes 2016

FORM FOR FILING ANNUAL RETURNS

[To be submitted to state pollution control board/pollution control committee by 30th June of every year for the preceeding period April to march]

Unique Application Number:

MPCB-HW_ANNUAL_RETURN-0000031255

Submitted On:

06-07-2022

Industry Type :

Generator

Submitted for Year:

April 2021 to March 2022

1. Name of the generator/operator of facility

M/S SHRI KARVIR NIVASSINI MAHALAXMI ISPAT PVT. LTD.

Address of the unit/facility

PLOT NO. A-6, A-7/2 MIDC, GOKUL SHIRGAON, TAL-KARVEER, DIST-KOLHAPUR

1b. Authorization Number

CONSENT-BO/JD(APC)TB-3/UAN NO. 71667/R/CC-814

Date of issue

Feb 15, 2020

Date of validity of consent

Jun 30, 2023

2. Name of the authorised person

JITENDRA PUKHRAJ GANDHI

Full address of authorised person

PLOT NO. A-6, A-7/2 MIDC, GOKUL SHIRGAON, TAL-KARVEER, DIST-KOLHAPUR

Telephone

9823071945

Fax

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Email

mhlaxmitmt@gmail.com

3. Production during the year (product wise), wherever applicable

Product Type *	Product Name *	Consented Quantity	Actual Quantity	UOM
Steel and Steel Products including coke plants.	MS CASTING (INGOTS)	30000.0000	00.0	MT/A
Steel and Steel Products including coke plants.	MS ROLLED BARS	48000.0000	18291.00	MT/A

PART A: To be filled by hazardous waste generators

1. Total Quantity of waste generated category wise

Type of hazardous waste	Wate Name	Consented Quantity	Quantity	UOM
	NA	0.000	00	MTA

2. Quantity dispatched category wise.

Type of Waste	Quantity of waste	UOM	Dispatched to	Facility Name
	00	MTA	0	NA

3. Quantity Utilised in-house, If any

Type of Waste	Name of Waste	Quantity of Waste	UOM
	NA	00	MTA

4. Quantity in storage at the end of the year

Type of Waste	Name of Waste	Quantity of Waste	UOM
	NA	00	MTA

5. Quantity disposed in landfills as such and after treatment

Type	Quantity	UOM
Direct landfilling	NA	KL/Anum

Landfill after treatment NA KL/Anum

6. Quantity incinerated (if applicable) **UOM**

NA MTA

PART B: To be filled by Treatment, storage, and disposal facility operators

1. Total Quantity received **UOM** **State Name**

NA KL/Anum Maharashtra

2. Quantity in stock at the beginning of the year **UOM**

NA KL/Anum

3. Quantity treated **UOM**

NA KL/Anum

4. Quantity disposed in landfills as such and after treatment

Type **Quantity** **UOM**

Direct landfilling NA KL/Anum

Landfill after treatment NA KL/Anum

5. Quantity incinerated (if applicable) **UOM**

NA KL/Anum

6. Quantity processed other than specified above **UOM**

NA KL/Anum

7. Quantity in storage at the end of the year. **UOM**

NA KL/Anum

PART C: To be filled by recyclers or co-processors or other users

1. Quantity of waste received during the year

Waste Name/Category	Country Name	State Name	Quantity of waste received from domestic sources	Quantity of waste imported (If any)	Units
NA	India	Maharashtra	NA	NA	KL/Anum

2. Quantity in stock at the beginning of the year

Waste Name/Category	Quantity	UOM
NA	NA	KL/Anum

3. Quantity of waste recycled or co-processed or used

Name of Waste	Type of Waste	Quantity	UOM
NA	NA	NA	KL/Anum

4. Quantity of products dispatched (wherever applicable)

Name of product	Quantity	UOM
NA	NA	KL/Anum

5. Total quantity of waste generated

Waste name/category	quantity	UOM
NA	NA	KL/Anum

6. Total quantity of waste disposed

Waste name/category	quantity	UOM
NA	NA	KL/Anum

7. Total quantity of waste re-exported (If Applicable)

Waste name/category	quantity	UOM
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NA

NA

KL/Anum

8. Quantity in storage at the end of the year

Waste name/category

NA

quantity

NA

UOM

KL/Anum

9. Quantity disposed in landfills as such and after treatment

Type

Direct landfilling

Quantity

NA

UOM

KL/Anum

Landfill after treatment

NA

KL/Anum

10. Quantity incinerated (if applicable)

NA

UOM

KL/Anum

Personal Details

Place

Kolhapur

Date

2022-07-06

Designation

DIRECTOR