

List of District Wise Suspected Contaminated Sites

S. No.	Name of suspected contaminated site	Geo-coordinates and Location
1.		
2.		

Attach separate sheet for each of suspected contaminated site as per the format below:

SI No.	Particulars	Details
1.	State & District	
2.	Serial number	
3.	Site ID	(State-district-xx) Example: Uttar Pradesh (UP), Ghaziabad (GZ) UP-GZ-01- 1 st Site UP-GZ-02 – 2 nd Site
4.	Site Name	
5.	Name of the site owner	
6.	Approximate area	
7.	Address (Street, Street number, postal code)	
8.	GPS coordinates /and elevation (latitude and longitude)	
9.	Land use (current)	
10.	Details of nearest industry to the suspected contaminated site	
11.	Type of contamination (if known)	
12.	Suspected cause of contamination (any industrial processes or any other activity which caused the contamination)	
13.	Contaminants of concern (if known)	
14.	Any study done on the site	If yes, a copy of the report to be attached
15.	Any Environmental Compensation imposed earlier, if yes, details to be provided	
16.	Any Court/ Tribunal case, if yes, details to be provided	

Place:

Date:

(Name of the local body or District Administration)

Form 2

[see rule 5(10)]

FORM FOR HALF-YEARLY PROGRESS REPORT OF CONTAMINATED SITES REMEDIATION TO BE SUBMITTED BY RESPONSIBLE PERSON TO THE STATE BOARD WITH INTIMATION TO CENTRAL BOARD

To,

Chairman,
State Pollution Control Board,

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1	Name of contaminated site	:	
2	Name and address of occupier	:	
	Telephone number		
	Fax number		

	E-mail		
3	Name and contact details of person in-charge dealing with the remediation of the contaminated site along with details of Remediation agency/contractor	:	
4	Physical progress of the remediation of contaminated site with regard to action plan	:	
5	Financial progress of the remediation of contaminated site with regard to action plan	:	

Place: _____

Date: _____

(Authorised Signatory)

Name:

Designation:

Copy to :-

Member Secretary,
Central Pollution Control Board,
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FORM 3
[see rule 6(9)]

FORMAT FOR REPORTING ACCIDENT

[To be submitted by the responsible person or transporter to the State Board]

To,

Chairman,
State Pollution Control Board,
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1. The date and time of the accident :
2. Sequence of events leading to accident :
3. Details of hazardous substances involved in accident :
4. The date for assessing the effects of the accident on health or the environment :
5. The emergency measures taken :
6. The steps taken to alleviate the effects of accidents :
7. The steps taken to prevent the recurrence of such an accident :

Date:

Place:

Signature:

Signature of the authorised person

Copy to:

Concerned District Magistrate