



**DEPARTMENT OF ENVIRONMENT**  
**QUARRY APPLICATION FORM**

***QUARRY APPLICATION***  
***UNDER***  
***THE ENVIRONMENTAL QUALITY ACT 1974***  
***AND***  
***THE REGULATIONS UNDER IT***

To ensure efficient processing of your application:

- Complete all sections of this application form
- Ensure all supporting documents are submitted with the application form

Please submit completed form to the Department of Environment (State Office) where the project/premise is located. The application form is to be submitted after the EIA report has been approved.

**JABATAN ALAM SEKITAR**  
**KEMENTERIAN SUMBER ASLI DAN ALAM SEKITAR**  
**DEPARTMENT OF ENVIRONMENT**  
**MINISTRY OF NATURAL RESOURCES AND ENVIRONMENT**

**QUARRY APPLICATION UNDER THE ENVIRONMENTAL QUALITY ACT 1974  
AND  
THE REGULATIONS UNDER IT**

**A IDENTIFICATION**

1. (i) Name of applicant \_\_\_\_\_
- (ii) Identity Card. Number \_\_\_\_\_
- (iii) Address of applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (iv) Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_  
e-mail address \_\_\_\_\_
2. (i) Name of premise \_\_\_\_\_
- (ii) Address of premise \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_
- (iii) Latitude of site/premise \_\_\_\_\_ degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds  
Longitude of site/premise \_\_\_\_\_ degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds
4. Consultant/Agent (if applicable)
- (i) Name of company \_\_\_\_\_
- (ii) Contact person \_\_\_\_\_
- (iii) Telephone Number \_\_\_\_\_ e-mail address \_\_\_\_\_

**B. LOCATION OF PROPOSED QUARRY**

5. Please attach a location plan and/or map that provide sufficient details on it to enable the site to be located for inspection and to assist in describing your proposal. Maps/plans are required to show the following:



(ii) Chemical (s)

Name(s): \_\_\_\_\_

Quantity stored: \_\_\_\_\_ kg or L

9. Production capacity and list of products

Aggregate size (mm)	Quantity per month (metric tons)
_____	_____
_____	_____
_____	_____
_____	_____

**E INFORMATION ON WATER SUPPLY AND CONSUMPTION**

10. Water use	Source	Average quantity per day (m <sup>3</sup> )
(i) Potable water	_____	_____
(ii) Water for water sprayer system	_____	_____
(iii) Others	_____	_____

**F SEWAGE TREATMENT AND DISPOSAL**

- 11 (i) Number of employees Maximum \_\_\_\_\_
- (ii) Type of sewage treatment system \_\_\_\_\_  
Capacity (Population Equivalent/PE) \_\_\_\_\_
- (iii) Estimated quantity of treated sewage discharged \_\_\_\_\_ m<sup>3</sup>/day Flow meter will be installed?  
(Please circle): Yes/No
- (iv) Quality of the treated sewage to be discharged in terms of BOD<sub>5</sub>, SS\* \_\_\_\_\_
- (v) Describe sewage treatment system maintenance activity and schedule\*  
\_\_\_\_\_
- (vi) Describe method of disposal of sludge from sewage treatment system \*  
\_\_\_\_\_

\*(please use attachment if required)

**G STORMWATER MANAGEMENT AND DISPOSAL**

12. (i) Attach Erosion and Sediment Control Plan (ESCP) approved by the relevant authority
- (ii) Describe the storm water management proposals for the quarry, overburden storage and processing areas.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(iii) Provide design calculations and drawings of the sediment pond(s).

Maximum discharge: \_\_\_\_\_ L/S

(iv) Describe the maintenance procedure of the sediment pond(s)

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(v) Explain how accumulated material in the sediment pond will be managed

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(vi) Describe and attach drawings showing the location of discharge point(s) identifying the names of water courses to which the discharge occurs

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(vii) Any outlet structure? Yes/No  
(Please circle)

Please describe : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(viii) Describe monitoring method (for suspended solids) and frequency of discharge from sediment pond

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(ix) Identify the competent person who will be responsible for the above responsibilities (maintenance and monitoring of the sediment basins)

Name: \_\_\_\_\_

Qualification: \_\_\_\_\_

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**DISCHARGE OF EFFLUENT\***

13. (i) Describe effluent management proposal (ex. Effluent resulting from the use of spray system)

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(ii) Describe and attach drawings showing the location of all discharge points and identify the names of water courses to which the discharge occurs (if different from the discharge point identified in section G)

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(\* Effluent is understood to mean wastewater produced by reason of the production processes taking place at any industrial facility)

**I VEGETATION CLEARING, TOPSOIL AND OVERBURDEN MANAGEMENT**

**Vegetation Clearing**

14. (i) Describe the method of vegetation clearing to be practiced in order to minimize the potential for run off and soil erosion

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(ii) Describe the method of biomass disposal

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**Topsoil Management**

15. (i) Describe and attach drawings showing the location and how top soil removed during vegetation clearing will be managed for future use and in order to reduce the potential for soil erosion

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**Overburden Management**

16. (i) Describe and attach drawings showing the location of overburden dumps in relation to the quarry operations

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(ii) Describe how these areas are managed to ensure the potential for run off and erosion is minimized

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**J**

**DRILLING AND BLASTING**

**Drilling**

17. (i) Drilling operation hours: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

(ii) Drilling machine

Type: \_\_\_\_\_

Model: \_\_\_\_\_

(iii) Type dust pollution control (please check where relevant)

Dust extraction system

Water injection

(iii) Noise suppression (please describe) :

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**Blasting**

18. (i) Operation hours of blasting activity: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

(ii) Type of detonators used (please check)

Electronic detonators

Electric (NONEL) detonators  with multirow blasting  delay/hole design

(iv) Typical airblast overpressure expected.....db(A)

(v) Involve secondary blasting ? (please circle) Yes/No

If Yes, type of blasting to be used: hydraulic rock breakers  or  
by explosive

(vi) Identify the competent person approved by the relevant authority who will be responsible for the above responsibilities (blasting and noise measurement)

Name: \_\_\_\_\_

Qualification: \_\_\_\_\_

**Vibration control**

19. (i) Describe method of vibration control instituted/practiced

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(ii) Typical Peak Particle Velocity expected.....mm/s , .....Hz

(iii) Identify the competent person approved by the relevant authority who will be responsible for the above responsibilities (vibration measurement)

Name: \_\_\_\_\_

Qualification: \_\_\_\_\_

**K**

**DUST EMISSION AND CONTROL**

**Non fugitive sources (from processing activities)**

20. (i) Describe the processes and activities that may result in the discharge of dust into the air. Provide a schematic di agram

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(ii) Moisture content of raw material/product.....%

21. Crusher processes (please check where relevant)

	<b>Yes</b>	<b>No</b>
(i) totally contained	<input type="checkbox"/>	<input type="checkbox"/>
(ii) totally enclosed	<input type="checkbox"/>	<input type="checkbox"/>
(iii) fitted with a water spray system over the crusher aperture.*	<input type="checkbox"/>	<input type="checkbox"/>
(iv) if water suppression used, crusher fitted with water flow detectors?	<input type="checkbox"/>	<input type="checkbox"/>
(v) discharge from crusher enclosed ?	<input type="checkbox"/>	<input type="checkbox"/>
(vi) water suppression system required pressure.....		
Extra pumps required ?	<input type="checkbox"/>	<input type="checkbox"/>
(vii) secondary crushing operations conducted?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, dust controlled by: enclosure	<input type="checkbox"/>	<input type="checkbox"/>
And ventilated through air pollution control equipment	<input type="checkbox"/>	<input type="checkbox"/>





**Fugitive sources (approach roads, haul roads, stock piles, etc)**

26. (i) Describe all fugitive sources of dust emission. Provide relevant drawings/plans where relevant

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(ii) Describe the measures and management procedures that will be put in place to minimize and control fugitive dust emissions

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(iii) Describe the method of monitoring the effectiveness of the above measures, record keeping procedure and format and who would be put in charge of this responsibility

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**Competent Person**

27. Competent Person

Identify the name and qualification of the personnel who will be in charge of the operation and maintenance including the performance monitoring of the pollution control system to minimize dust emission (wet dust suppression system and dry control system)

Name: \_\_\_\_\_

Qualification: \_\_\_\_\_

28. Describe measures to be taken to control noise level including at the planning stage and engineering measures. Attach plans/drawings where relevant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Please check where relevant

(i) Enclosures provided around (please check where relevant):

Crushing plant: Yes  No  Screening plant: Yes  No

Other machinery/plant (please describe)

\_\_\_\_\_  
\_\_\_\_\_

(ii) Solid barrier (e.g. bund walls, topographical features) used as 'in-line' sound level reduction measure? (please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(iii) Vegetation belt provided? (please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(iv) Silencers fitted on.. (please check where relevant)

Compressors: Yes  No  Rotary engines: Yes  No   
Generators: Yes  No  Exhausts: Yes  No

Plans/Drawings attached:

Descriptions: \_\_\_\_\_

Reference Numbers: \_\_\_\_\_

**M****VISUAL IMPACT REDUCTION**

30. Describe planning and engineering measures to be instituted to minimize the concern of visual impact due to quarry activities (attach drawings where applicable)

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**N****MANUFACTURING PROCESS AND MACHINERIES EMISSION POINTS**

31. Please provide the following

- (i) Production process flow chart showing points of air emission and effluent generation.
- (ii) Working engineering drawings/plans of the machineries in plan view and in elevation
- (iii) List of all production machineries (including fuel burning equipment\*, if any)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

(\*Note: Fuel burning equipment needs prior written approval before installation. Use the relevant application form)

**O****REHABILITATION AND AFTER USE**

32. Describe plans for rehabilitating the site which include stabilization, regressing and replanting and final land use after closure.

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**P**

**DECLARATION**

I \_\_\_\_\_ the applicant/authorized agent\*\*\* of the applicant, hereby declare that all the information given in this application is to the best of my knowledge and belief true and correct.

Date: \_\_\_\_\_ Signature of applicant/\*\*\* \_\_\_\_\_  
Authorized agent: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Full Name: \_\_\_\_\_

I.C. Number \_\_\_\_\_

Fax Number: \_\_\_\_\_ Designation: \_\_\_\_\_

Official Stamp of the Company: \_\_\_\_\_

For and on behalf of: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\*\*\* Delete whichever is not applicable

Dated: September 2007

