

STATE of NEVADA – BUREAU OF AIR QUALITY PLANNING
OPEN BURN APPLICATION

Agency/Contact Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____ **Fax:** _____

Location of Burn: _____

Lat/Long preferred, street address,
township/range/section, and site name

Date(s) of Burn: _____

Burn Duration (hrs): _____

Both flame and smoldering phases

Reason for Open Burn: _____

Fuel reduction, fire training, debris abatement, weed abatement, habitat restoration, rangeland restoration

Acres/Piles to Burn: _____

Material to Burn: _____

FCC code, Conifer slash, grass, sage brush, wetland vegetation, training fuels

Total Volume/Weight of Material: _____

Tons/acre, tons/pile, pounds, cubic feet, gallons, etc.

Emission Reduction Techniques _____

Preferred weather conditions, burn before green up, rapid mop up, pile burning, backing fire, AND percent estimated reduction, may need additional room

Notification: Will the burn emissions exceed 10 T PM₁₀ and be within 15 miles of; a State border,
Washoe or Clark Counties, or Tribal Lands? If “yes” you must notify the local air regulator. YES / NO
Refer to Appendix 2 of the Smoke Management Plan for contact information.

Signature: _____ **Date:** _____

(Applicant hereby certifies that alternative techniques to burning were considered and burning has been deemed the most efficient and effective method to utilize while maintaining compliance with the requirements of the Clean Air Act.)

Return Application To: Nevada Division of Environmental Protection
Bureau of Air Quality Planning **Hotline** (775) 687-9360
901 S. Stewart St., Suite 4001 **FAX** (775) 687-6396
Carson City, NV 89701-5249 **smoke@ndep.nv.gov**

This portion to be completed by the Bureau of Air Quality Planning **PERMIT#** _____

AUTHORIZATION

Under the provisions of Nevada Administrative Code 445B.22067, permission is hereby granted to the applicant to conduct open burning as described above. This authorization is limited by the following conditions: 1) All open burning must be attended and controlled at all times to eliminate fire hazards (per NAC 445B.22067.3); and, 2) This authorization is in effect from _____ through _____. This authorization does not prohibit in any way the extinguishing of any fire by local fire department if a fire hazard exists or develops during the course of burning. This authorization is subject to revocation at the discretion of the State Bureau of Air Quality Planning, County Health Officer or Fire Marshal, or if a practical available alternate method for the disposal of the material to be burned is found. The applicant may be required to comply with additional State and local laws regarding air pollution and fire safety including obtaining required permits or approvals. Notification must be made to the Bureau of Air Quality Planning at least (1) working day prior to **each** burn. Prior notice may also be required by the local fire department or fire warden of the time and place of each fire. Prudent precautions should be taken in regard to safety and air pollution control.

FAILURE TO SATISFY ALL CONDITIONS OF THIS AUTHORIZATION AND THOSE WITHIN THE BURN PLAN, WILL RESULT IN THE ISSUANCE OF A NOTICE OF ALLEGED VIOLATION

Date: _____ By: _____

Smoke Management Coordinator
Nevada Bureau of Air Quality Planning

Instructions for Open Burn Authorization applications

1. Please fill out the application completely.
2. Each burn site will require its own permit. Blanket permits will no longer be issued. Burn plans may include all burn dates anticipated for long term planning but each phase of the plan will need its own authorization.

For the application:

- < NAME: Include the agency requesting the authorization and the responsible person.
- < PHONE: Where you can best be reached < FAX: Where you want to receive the permit
- < LOCATION of BURN: Include street address, Township, Range, Section, Latitude/longitude, etc.
- < ACRES to BURN: Indicate the total acres, or piles, you intend to burn under this authorization.
- < DATE(S) of BURN: Indicate the dates the burn is expected to take place.
- < DURATION of OPEN BURN: Indicate the start time and the total burn hours.
- < REASON for OPEN BURN: For example: fuel reduction, fire training, debris abatement, weed abatement, etc.
- < MATERIAL to BURN: Be very specific. Any materials not specified in the permit found burning during an inspection will be considered a violation of the permit. The burning of refuse, waste, garbage or oil or for any salvage operations, except as specifically exempted, is prohibited.
- < VOLUME/WEIGHT of MATERIALS: Indicate the total amount of material to be burned under this authorization. Staff uses this number to estimate the tons of PM₁₀ emissions.
- < EMISSION REDUCTION TECHNIQUES: List any emission reduction techniques planned to be used such as: preferred weather conditions, burn before green up, rapid mop up, pile burning, and backing fire. You will also need to include the percent estimated reduction in smoke created. This questions may need may need additional room.
- < NOTIFICATION: Will the burn emissions exceed 10 Tons PM₁₀ and be within 15 miles of; a State border, Washoe or Clark Counties, or Tribal Lands? If "yes" you must notify that air regulator. Refer to Appendix 2 of the Smoke Management Plan for contact information.

You may use additional sheets attached to the application. When additional sheets are used please insert "see attached" in the blanks of the open burn request.

Notify this office at least 1 working day prior to the start of any burn. Please leave your name, phone number, permit number, and amount you intend to burn.

To Notify:

Call: (775) 687-9360

e-mail: smoke@ndep.nv.gov

Bureau of Air Quality Planning
Smoke Management Program Contact
901 S. Stewart St., Suite 4003
Carson City NV 89701-5249