



MONTANA WINTERTIME OPEN BURNING REQUEST

- 1. Contact Information:
a. Your Name:
b. Mailing Address:
c. Telephone Number:
d. FAX Number:
e. Email Address:

2. Justification to allow burning during the generally prohibited or restricted winter season [Dec. 1 through Feb. 28] (i.e., why wasn't burning conducted during the open burn season or fall ventilation season)

- 3. Location of each burn including; latitude and longitude with at least 5 digits past the decimal point, legal description (Section, Township, Range), elevation, county and distance from the nearest town:

4. Include a drawing, sketch or topographic map of appropriate scale (maximum scale 1" = 500', measurement to nearest 20'), showing the location of the property with respect to streets, state highways, interstate highways, all adjacent properties, buildings on adjacent properties, and residences on adjacent properties. Indicate adjacent land uses.

5. Describe the location of any nearby sensitive areas (schools, hospitals, residential areas, parks, wilderness areas, etc.):

- 6. Size of the burn including; number of acres, number of piles, and dimension of the piles at each location:

The estimated time for DEQ to process and act on a correctly completed application form is 10 days from the date of submittal.

7. Type of material to be burned: _____

8. Expected duration of each burn: _____

9. Proposed dates for burning: _____
start date *end date*

10. Dates when logging took place, If applicable: _____
start date *end date*

11. Have adjacent landowners been notified? Yes No
 No nearby landowners

12. Any other information you feel would help us with the evaluation of your proposal:

MAIL THIS APPLICATION TO:

Montana Department of Environmental Quality
Air, Energy & Mining Division
Air Quality Bureau
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P.O. Box 200901
Helena, MT 59620
E-Mail: DEQMTSmoke@mt.gov
Telephone: (406) 444-3490
FAX: (406) 444-1499