**Air Quality Bureau ⚫ P.O. Box 200901 ⚫ Helena MT 59620-0901 ⚫ (406) 444-3490**

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| **MONTANA EMERGENCY OPEN BURNING PERMIT APPLICATION** |
| Permit Number: |  |
| 1. | Name of Applicant:  |  |
|  |  |
| 2. | Name of Contact: *(If different)* |  |
|  |  |  |
|  | Phone Number: |  | Email: |  |
|  |  |  |  |  |  |  |  |  |
| 3. | Mailing Address: |  |  |  |  |  |  |  |
|  |  | *PO Box or Street* |  | *City* |  | *State* |  | *Zip* |
|  |  |  |  |  |  |  |  |  |
| 4. | Legal description of burn site: |  |  |  |
|  |  | *Section, Township, Range* |  | *County* |
|  |  |  |  |  |
|  | General location of the burn: |  |
|  |  |  |
| 5. | Type of material to be burned: |  |
|  |  |  |
| 6. | Quantity of material to be burned: |  |
|  |  |
| 7. | Date of burn: |  |  |
| 8. | Why alternative means of disposal cannot be used: |  |
|  |  |
|  |  |
|  |  |  |
| 9. | Why the material presents an immediate threat to public health and safety, or plant and animal life: |
|  |  |
|  |  |
|  |  |
| 10. | Date & Time of spill: |  |
|  |  |
|  | Date & Time leak was noticed: |  |
|  |  |
| 11. | Signature |
|  |  |  |  |  |
|  | *Applicants Signature* |  | *Date* |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | A fee of **$100.00** is required within 10 working days of permit issuance. |  |
|  | Approved: | [ ]  | Yes |  | [ ]  | No |  |
|  |  | *Date* |  | *Date* |  |
|  |  |  |  |
| *Authorizing Signature* |  | *Date* |  |
|  |  | **RETURN THIS APPLICATION AND PROOF OF PUBLIC NOTICE TO:**MAIL: DEQ/Air Quality BureauP.O. Box 200901Helena, MT 59620OREMAIL: deq-armb-admin@mt.govORFAX: (406) 444-1499Questions: (406) 444-3490 |  |
|  | *The estimated time for the Department to process and act on a correctly completed application form is 2 days from the date of information submittal. The Department decision is final at the time of emergency open burn permit approval. Please refer to ARM 17.8.611.* |



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| **EMERGENCY OPEN BURNING PERMIT CONDITIONS** |
| Your emergency open burning permit is subject to the following conditions: |
| 1. | Burning will take place on days of good ventilation. This determination will be made by the Air Quality Bureau. |
| 2. | Adequate fire control will be present at all times and is the responsibility of the permittee.  |
| 3. | The fire must be completely extinguished by dark (hour after sunset). No smoldering piles will be allowed overnight unless approval is granted by the Department. |
| 4. | The burned material shall consist of only that material named in the application. Any other prohibited materials shall be removed prior to ignition. The burned material shall be free of contaminants which retard combustion. All recoverable material shall be removed prior to burning. |
| 5. | This permit is good for a single burn only. The actual burn date is left up to the person responsible for the burn. You must notify the Air Quality Bureau of the date selected (phone 444-3490). |
| 6. | The local county sanitarian must be notified prior to the burn.  |
| 7. | Adjacent residents and local fire control authority must be notified prior to ignition. They must be informed if otherwise prohibited materials are to be burned.  |
| 8. | Any public nuisance resulting from this open burning will be cause for revocation of this permit.  |
| 9. | Issuance of this permit does not release the operator from liability for any impacts from this burn.  |
| 10. | The proper fee must be submitted to the Department within 10 working days of permit issuance. |
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|  | Last Update: February 23, 2021 G:\AWM\Web\_Support\Air\AIR\_Emerg\_Burn\_Prmt.doc |