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| **MONTANA LANDFILL OPEN BURNING** **PERMIT APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | 1. Landfill Name: |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Landfill MT Solid Waste License Number: | | | | | | | | | | | |  | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Mailing Address: | | | |  | | | | | | | | |  |  | | | | | |  | MT | |  |  |
|  |  | | | | *PO Box or Street* | | | | | | | | |  | *City* | | | | | |  | *State* | |  | *Zip* |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Contact Person: | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Telephone Number: | | | | | |  | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Email Address: | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Legal description of burn site: | | | | | | |  | | | | | | | | | | |  |  | | | | | |
|  |  | | | | | | | *Latitude & Longitude or Section, Township, Range* | | | | | | | | | | |  | *County* | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Type of material typically burned: | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Discussion of why alternative disposal methods cannot be used: | | | | | | | | | | | | | | | | |  | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Adjacent land use: | |  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Industrial, Residential, Agricultural | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Distance and direction to nearest residence or other sensitive areas (schools, hospitals, etc.): | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7. | Authorized Applicant Signature: | | | | | | | | | |  |  | | | | | | | | | | |  | | |
|  |  | | | | | | | | | |  |  | | | | | | | | | | |  |  | |
|  | Authorized Signature | | | | | | | | | |  | Printed Name | | | | | | | | | | |  | *Date* | |
| **RETURN THIS APPLICATION & PROOF OF PUBLICATION OF PUBLIC NOTICE TO:**  DEQ  Air Quality Bureau  P.O. Box 200901  Helena, MT 59620  Or  [deq-armb-admin@mt.gov](file:///\\DEQAEM001\AEM\AQ\Open%20Burning\Minor%20Open%20Burning\Applications\deq-armb-admin@mt.gov)  Telephone: (406) 444-3490 | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Instructions to Applicants for Landfill Open Burning Permit Application** | | | | | |
| * The notice below must be published no earlier than 10 days prior to the date your application will be submitted to the Department, and no later than 10 days following the date of submittal. * The notice is to be published **once** in the legal notice section of a newspaper of general circulation in the area affected. Questions regarding an appropriate newspaper should be addressed to the Air Quality Bureau. * Any fees associated with publication of this notice are the responsibility of the permit applicant. * A copy of the published notice and the affidavit of publication must be submitted to DEQ before the application can be processed. | | | | | |
| *This notice is required by ARM 17.8.612 Conditional Air Quality Open Burning Permits.* | | | | | |
| **PUBLIC NOTICE** | | | | | |
| Notice of Application for Air Quality Permit (pursuant to Section 75-2-211, MCA, and ARM Title 17, Chapter | | | | | |
| 8, Subchapter 6, Open Burning), | |  | | | |
|  | | *name of applicant(s)* | | | |
|  | | | on or about |  | an application for a conditional |
| *has filed/will file* | | |  | *date* |  |
| air quality open burning permit from the Air, Energy & Mining Division of the Montana Department of Environmental Quality (Department). Applicant(s) seeks approval of its/their application to open burn | | | | | |
|  | | | | | |
|  | | | | | |
| *[brief description of type of material to be burned]* | | | | | |
| At |  | | | | |
|  | | | | | |
| *[location of proposed operation including 1) a narrative description related to nearby towns, roads, landmarks, etc., and 2) the section, township, and range]* | | | | | |
| Any member of the public with questions or who wishes to receive notice of the Department's determination, and the location where a copy of the application and the Department's analysis of it can be reviewed, or to submit comments on the application, must contact the Department at P.O. Box 200901, Helena, Montana 59620-0901, or phone (406) 444-3490.  Any comments on the application must be submitted to the Department within 20 days after publication of this notice or filing of the application, whichever is later. The Department's decision to approve or deny an application for a conditional open burning permit may be reviewed by the Board of Environmental Review (Board) according to the following procedure:  When the Department approves or denies the application for a conditional open burning permit under this section, a person who is jointly or severally adversely affected by this decision may request, within 15 days after we render our decision, upon affidavit setting forth the grounds therefor, a hearing before the Board. A hearing shall be held under the provisions of the Montana Administrative Procedures Act.  The decision on the application is not final unless 15 days have elapsed and there is no request for a hearing under this section. The filing of a request for a hearing postpones the effective date of the Department's decision until the conclusion of the hearing and issuance of a final decision by the Board. | | | | | |
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| MONTANA LANDFILL OPEN BURNING REQUEST FORMNOTICE OF INTENT TO BURN | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Landfill General Information | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Landfill Name: |  | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Landfill Solid Waste License Number: | | | | | | |  | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Landfill Open Burning Permit Number: | | | | | | |  | | | | | | | | | | | | | | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Landfill Contact Information | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Contact Name: | |  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Mailing Address: | | |  | | | | | | | |  |  | | | | | | | |  | MT |  |  | |
|  |  | | | *PO Box or Street* | | | | | | | |  | City | | | | | | | |  | State |  | Zip | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Telephone Number: | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Email Address: |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Date(s) of proposed burn: | | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 4. | Quantity and type of material to be burned: | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | | | | | |
| 5. | Have adjacent landowners been notified of proposed burn? | | | | | | | | | | | | | |  | Yes | | |  | No | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Wood-waste pile inspected and determined to contain only untreated wood wastes. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. County Sanitarian Certification of Inspection | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *Authorized Signature* | | | | | |  | | *Printed Name* | | | | | | | | | | | |  | *Date Inspected* | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Authorized Applicant Signature: | | | | | | | | |  | | |  |  | | | |  | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *Applicant Signature* | | | | | |  | | *Printed Name* | | | | | | | | | | | |  | *Date* | | | |
|  | | | | | | |  | |  | | | | | | | | | | | |  |  | | | |
| * **A landfill open burning request form must be submitted to the Department for each proposed burn during the permit term.** * **Each request form must be received at least 10 days prior to each proposed burn date.**   DEQ - Air Quality Bureau  P.O. Box 200901  Helena, MT 59620  Or  [deq-armb-admin@mt.gov](file:///\\DEQAEM001\AEM\AQ\Open%20Burning\Minor%20Open%20Burning\Applications\deq-armb-admin@mt.gov)  Telephone: (406) 444-3490 | | | | | | | | | | | | | | | | | | | | | | | | | |