



MONTANA TRADE WASTE OPEN BURNING PERMIT APPLICATION

1. Applicant Information

- a. Company Name: _____
b. Mailing Address: _____ PO Box or Street City State Zip
c. Contact Person: _____
d. Telephone Number: _____
e. Email Address: _____

2. Trade Waste Burn Detail

- a. Legal description & elevation of site: _____ Lat/Long to 5 numbers past decimal point County Elevation
b. Type of material to be burned: _____
c. Quantity to be burned per year: _____ Tons or Acres
d. Estimated number of burns per year needed to dispose of the waste material: _____
e. Identify means for ash and any burn pile debris disposal: _____

3. State why burning constitutes the best available disposal method and why alternative disposal methods cannot be used:

4. Permit Application fee (\$100) check: [] Enclosed Check No.: _____ [] Not Enclosed

5. Authorized Applicant Signature:

_____ Authorized Signature Printed Name Date

- A Trade Waste Open Burn Request Form - Notice of Intent to Burn must be submitted to the Department for each proposed burn.

MAIL THIS APPLICATION AND PROOF OF PUBLIC NOTICE TO:

DEQ- Air Quality Bureau
P.O. Box 200901
Helena, MT 59620
OR
deq-armb-admin@mt.gov



MONTANA TRADE WASTE OPEN BURNING PERMIT APPLICATION

Public Notice Instructions for Trade Waste Open Burning Permit

- Use the template below for your Public Notice.
• The notice must be published no earlier than 10 days prior to the date your application will be submitted to DEQ, 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.
• Any fees associated with publication of this notice are the responsibility of the permit applicant.
• A newspaper copy of the published notice(s) and the affidavit of publication must be submitted to DEQ.

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),

has filed/will file on or about Name of applicant(s) an application for a conditional air quality open burning permit from the Air, Energy & Mining Division of the Montana Department of Environmental Quality. Applicant(s) seeks approval of its/their application to open burn

At: brief description of type of material to be burned [location of proposed operation including 1) a narrative description related to nearby towns, roads, landmarks, etc., and 2) the latitude/longitude]

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 1520 East Sixth Ave., P.O. Box 200901, Helena, Montana 59620-0901 Phone (406) 444-3490 Email DEQ-ARMB-Admin@mt.gov.

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 the Department's decision may request, within 15 days after the Department renders its 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 Department's 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.



MONTANA TRADE WASTE OPEN BURNING REQUEST – NOTICE OF INTENT TO BURN

1. General Information

- a. Company Name: _____
- b. Trade Waste Open Burn Permit Number: _____
- c. Contact Name: _____
- d. Mailing Address: _____ MT _____
PO Box or Street City State Zip
- e. Telephone Number: _____
- f. Email Address: _____

2. Burn Details:

- a. Date(s) of proposed burn: _____
 - b. Physical Location same as identified on Trade Waste Open Burn Application: Yes No
- Quantity of material to be burned*: _____

** Dimension and number of pile(s) to be burned*

- 3. Have adjacent landowners been notified of proposed burn? Yes No
- 4. Wood-waste pile inspected and determined to contain only untreated wood wastes. Yes No

a. County Sanitarian Certification of Inspection

| | | |
|-----------------------------|---------------------|-----------------------|
| <i>Authorized Signature</i> | <i>Printed Name</i> | <i>Date Inspected</i> |
|-----------------------------|---------------------|-----------------------|

b. Authorized Applicant Signature:

| | | |
|----------------------------|---------------------|-------------|
| <i>Applicant Signature</i> | <i>Printed Name</i> | <i>Date</i> |
|----------------------------|---------------------|-------------|

- **This form must be submitted to the Department for each proposed burn during the permit term.**
- **This form must be received by the Department at least 10 days prior to each proposed burn date.**

DEQ- Air Quality Bureau
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