



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

MONTANA WINTERTIME OPEN BURNING REQUEST

- 1. Contact Information:
a. Your Name:
b. Mailing Address:
c. Telephone Number:
d. Email Address:
2. Justification to allow burning during the generally prohibited or restricted winter season [Dec. 1 through Feb. 28]
3. Location of each burn including: latitude and longitude with at least 5 digits past the decimal point or legal description
4. Distance from nearest town:
5. Include a drawing, sketch or topographic map of appropriate scale
6. Describe the location of any nearby sensitive areas
7. Size of the burn including number of acres, number of piles, and dimension of the piles at each location:
8. Type of material to be burned:
9. Expected duration of each burn:
10. Proposed dates for burning:
11. Dates when logging took place, if applicable:
12. Have adjacent landowners been notified?
13. Any other information you feel would help us with the evaluation of your proposal:

RETURN THIS APPLICATION TO:

DEQ - Air Quality Bureau
P.O. Box 200901
Helena, MT 59620
Or
DEQMTSmoke@mt.gov

Telephone: (406) 444-3490 FAX: (406) 444-1499