Montana Department of Environmental Quality

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: _____ _____ _____
   PO Box or Street *City* *State* *Zip*

   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:

   _____ _____ _____ _____
   Latitude and Longitude *Section, Township, Range* *Elevation* *County*

   Distance from 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:

   _____

   _____ _____ _____
   Acres *number of piles* *Dimensions*

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
1520 East 6th Avenue
P.O. Box 200901
Helena, MT 59620
Telephone: (406) 444-3490
FAX: (406) 444-1499