|  |  |  |  |
| --- | --- | --- | --- |
|  | **REQUEST FOR FIRE TRAINING APPROVAL UNDER 326 IAC 4-1 – STATIONARY FACILITY** |  | **INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT****OFFICE OF AIR QUALITY – COMPLIANCE & ENFORCEMENT**100 N. Senate AvenueMC 61-50, Room 1003Indianapolis, IN 46204-2251Telephone (317) 233-5672E-mail: burnapprovals@idem.IN.govWebsite: [www.in.gov/idem/openburning](http://www.in.gov/idem/openburning) |
| State Form 55543 (R2 / 1-22) |  |
|  |  |
|  |  |  |
| *NOTES:** *This form is used to request an approval to conduct live fire training at a stationary facility, in accordance with 326 IAC 4-1.* *Complete and return this form, along with the Identification of Potentially Affected Persons (State Form 49635) form, to the Office of Air Quality email address provided in the upper right-hand corner.*
* *In case of questions, call (317) 233-5672 or e-mail* *burnapprovals@idem.IN.gov**.*
 |  |
|  |  |  |
| **FOR OFFICE USE ONLY** |
| **APPROVAL ID NUMBER** | **ASSIGNED TO** |
|       |       |
| INSTRUCTIONS |
| ►Part A requires contact information of the responsible party conducting the fire training. Part B requires information on the physical location of the stationary fire training facility and training information. If required, include a mitigation statement describing steps that will be taken to ensure the identified item(s)/area(s) are protected from adverse impacts from smoke and fire during trainings. Part C requires the duration of the open burning approval being requested. Part D requires information on the fuel type(s) and amount(s) to be used during each training evolution. Part E is a checklist of supporting documentation to be included with the approval request. Once completed, sign and date this form in Part F and submit it, along with the signed “Identification of Potentially Affected Persons”[[1]](#footnote-1) (State Form 49635), at least sixty (60) days prior to the projected training start date to burnapprovals@idem.IN.gov. |
| **PART A: RESPONSIBLE PARTY CONDUCTING FIRE TRAINING** |
| Name: | Title: | E-mail Address: |
|       |       |       |
| Company Name: | Company Mailing Address: | Telephone Number: |
|       |       |       |
| **PART B: STATIONARY FIRE TRAINING FACILITY LOCATION AND TRAINING INFORMATION** |
| Site Name: | Site Physical Address/Location: |
|       |       |
| County: | Number of Students Per Training Event: |
|       |       |
| Number of Evolutions Conducted Per Training Day: | Number of Training Days Per Year: |
|       |       |
| The training facility is located within (\*mitigation statement required): | Mitigation Statement (if applicable): |
| * An incorporated area
 | [ ]  Yes\* [ ]  No |  |
| * 100 feet of a structure
 | [ ]  Yes\* [ ]  No |
| * 100 feet of a power line
 | [ ]  Yes\* [ ]  No |
| * 300 feet of a fuel storage area or pipeline
 | [ ]  Yes\* [ ]  No |
| * 300 feet of a frequently traveled road
 | [ ]  Yes\* [ ]  No |
| Name(s) of other fire departments and/or organizations utilizing the training facility: |       |
| **PART C: BURN APPROVAL DURATION** |
| Requested approval duration (years): | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 |
| Nighttime training approval requested: | [ ]  Yes [ ]  No |
| Note: An approval cannot be issued for more than one year if the fire training facility is located in Lake, Porter, Clark, or Floyd counties. |

|  |
| --- |
| **PART D: FUEL USAGE INFORMATION** |
| Provide information on fuel type(s) and amounts used per training evolution for each training structure and / or prop. |
| **Live Fire Training Structure/Prop:** | **Fuel Type(s)** | **Fuel Use (Per Evolution)** | **Fuel Use (Per Year)** |
| [ ]  Training Structure (i.e., tower) |       |       |       |
| [ ]  Training Structure (i.e., container) |       |       |       |
| [ ]  Training Prop:       |       |       |       |
| [ ]  Training Prop:       |       |       |       |
| [ ]  Training Prop:       |       |       |       |
| [ ]  Other:       |       |       |       |
| [ ]  Other:       |       |       |       |
| **PART E: SUPPORTING DOCUMENTATION CHECKLIST** |
| The following supporting documentation should be included as part of the burn approval request, as applicable: | Included: |
| * Detailed burn plan (required to be submitted for approvals more than one (1) year in duration)
 | [ ]  Yes [ ]  No |
| * Training facility site map, with legend, identifying training structures/props, roads, right of ways, and smoke sensitive areas
 | [ ]  Yes [ ]  No |
| * Identification of Potentially Affected Persons (State Form 49635)
 | [ ]  Yes [ ]  No |
| PART F: SIGNATURE |
| I hereby certify the information above and attached is accurate to the best of my knowledge. |
| Signature: | Title: | Company Name: |
|  |       |       |
| Printed Name: | E-mail Address: | Date: |
|       |       |       |

1. Identification of Potentially Affected Persons (State Form 49635) available online at [www.in.gov/idem/forms/idem-agency-forms/#oaq\_compliance](https://www.in.gov/idem/forms/idem-agency-forms/#oaq_compliance) [↑](#footnote-ref-1)