|  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | **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 Avenue  MC 61-50, Room 1003  Indianapolis, IN 46204-2251  Telephone (317) 233-5672  E-mail: [burnapprovals@idem.IN.gov](mailto:burnapprovals@idem.IN.gov)  Website: [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*](mailto: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](mailto: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. | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **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)