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|  | **REQUEST FOR PRESCRIBED VEGETATION BURN APPROVAL UNDER 326 IAC 4-1** |  | **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 50864 (R6 / 1-22) |  |
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| *NOTES:** *This form is used to request an approval to conduct prescribed vegetation burning, 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 e-mail address provided in the upper right-hand corner.*
* *In case of questions, call (317) 233-5672 or e-mail* *burnapprovals@idem.IN.gov**.*
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| **FOR OFFICE USE ONLY** |
| **APPROVAL ID NUMBER** | **ASSIGNED TO** |
|       |       |
| INSTRUCTIONS |
| ►Part A requires contact information of the individual requesting the approval. Part B requires contact information of the responsible party conducting the burning. Part C requires information on the physical location of the burn site, which may include parcel numbers, nearby intersections, GPS, Public Land Survey System (PLSS), or 911 address. Part D requires the duration of the approval being requested. Part E is a checklist of supporting documentation to be included with the approval request. Part F requires information for each of the burn units where prescribed burning will be conducted. 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 the burning. Once completed, sign and date this form in Part G 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 burn start date to burnapprovals@idem.IN.gov. |
| PART A: INDIVIDUAL REQUESTING APPROVAL |
| Name: | Title: | E-mail Address: |
|       |       |       |
| Company Name: | Company Mailing Address: | Telephone Number: |
|       |       |       |
| PART B: RESPONSIBLE PARTY CONDUCTING PRESCRIBED BURN |
| Name: | Title: | E-mail Address: |
|       |       |       |
| Company Name: | Company Mailing Address: | Telephone Number: |
|       |       |       |
| PART C: PRESCRIBED BURN LOCATION AND INFORMATION |
| Site Name: | Site Location: |
|       |       |
| County: | Projected Burn Date(s) or Burn Season(s): |
|       |       |
| Total Number of Acres to Be Burned: | Local Fire Department Name and Mailing Address: |
|       |       |
| Purpose of Prescribed Burn: | [ ]  Invasive species management | [ ]  Maintain biodiversity of an established natural area |
| [ ]  Control successional growth | [ ]  Reintroduction of natural fire for seed propagation |
| [ ]  Other:       |
| **PART D: BURN APPROVAL DURATION** |
| Requested approval duration (years): | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 |
| Note: An approval cannot be issued for more than one year if the prescribed burn site is located in Lake, Porter, Clark, or Floyd counties. |
| **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 burn approvals more than one (1) year in duration)
 | [ ]  Yes [ ]  No |
| * Burn site map, with legend, identifying overall site, each burn unit, right of ways, and smoke sensitive areas
 | [ ]  Yes [ ]  No |
| * Copy of prescribed burn/fire behavior training certificate(s)
 | [ ]  Yes [ ]  No |
| * Identification of Potentially Affected Persons (State Form 49635)
 | [ ]  Yes [ ]  No |

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| PART F: BURN UNIT DETAILS |
| ►A burn unit is a defined area located within a burn site. A mitigation statement is required for a burn unit if one or more of the conditions indicated with an asterisk (\*) are selected. The mitigation statement should describe steps that will be taken to ensure the identified item(s)/area(s) are protected from adverse impacts from smoke and fire during the burning. If the necessary mitigation statement(s) are included in an included burn plan, state “See attached burn plan”. Copies of this form section may be attached to identify additional burn units, if necessary. |
| Burn Unit Name/ID: | Number of Acres: | Vegetation Type(s) (genus, species, or plant family) to be Burned: |
|       |       |       |
| The burn unit is located within (\*mitigation statement required): | Mitigation Statement (if applicable): |
| * An incorporated area
 | [ ]  Yes [ ]  No |       |
| * 100 feet of a structure, powerline, or utility
 | [ ]  Yes\* [ ]  No |
| * 300 feet of a frequently traveled road
 | [ ]  Yes\* [ ]  No |
| * 300 feet of a fuel storage area, or pipeline
 | [ ]  Yes\* [ ]  No |
| * 500 feet of a railroad
 | [ ]  Yes\* [ ]  No |
| Burn Unit Name/ID: | Number of Acres: | Vegetation Type(s) (genus, species, or plant family) to be Burned: |
|       |       |       |
| The burn unit is located within (\*mitigation statement required): | Mitigation Statement (if applicable): |
| * An incorporated area
 | [ ]  Yes [ ]  No |       |
| * 100 feet of a structure, powerline, or utility
 | [ ]  Yes\* [ ]  No |
| * 300 feet of a frequently traveled road
 | [ ]  Yes\* [ ]  No |
| * 300 feet of a fuel storage area, or pipeline
 | [ ]  Yes\* [ ]  No |
| * 500 feet of a railroad
 | [ ]  Yes\* [ ]  No |
| Burn Unit Name/ID: | Number of Acres: | Vegetation Type(s) (genus, species, or plant family) to be Burned: |
|       |       |       |
| The burn unit is located within (\*mitigation statement required): | Mitigation Statement (if applicable): |
| * An incorporated area
 | [ ]  Yes [ ]  No |       |
| * 100 feet of a structure, powerline, or utility
 | [ ]  Yes\* [ ]  No |
| * 300 feet of a frequently traveled road
 | [ ]  Yes\* [ ]  No |
| * 300 feet of a fuel storage area, or pipeline
 | [ ]  Yes\* [ ]  No |
| * 500 feet of a railroad
 | [ ]  Yes\* [ ]  No |
| Burn Unit Name/ID: | Number of Acres: | Vegetation Type(s) (genus, species, or plant family) to be Burned: |
|       |       |       |
| The burn unit is located within (\*mitigation statement required): | Mitigation Statement (if applicable): |
| * An incorporated area
 | [ ]  Yes [ ]  No |       |
| * 100 feet of a structure, powerline, or utility
 | [ ]  Yes\* [ ]  No |
| * 300 feet of a frequently traveled road
 | [ ]  Yes\* [ ]  No |
| * 300 feet of a fuel storage area, or pipeline
 | [ ]  Yes\* [ ]  No |
| * 500 feet of a railroad
 | [ ]  Yes\* [ ]  No |
| PART G: SIGNATURE |
| I hereby certify the information above and attached are 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)