

IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

State Form 49635 (R7 / 1-22)

This form identifies surrounding property owners who may be considered an affected person upon issuance of an open burning approval. As part of the open burning approval process, and to comply with the Administrative Orders and Procedures Act (IC 4-21.5-3-5), this form must be included when submitting an open burning approval request. This form, along with the applicable open burning request form, should be submitted to the Office of Air Quality email address provided in the upper right-hand

In case of guestions, call (317) 233-5672 or e-mail burnapprovals@idem.IN.gov.

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: <u>burnapprovals@idem.IN.gov</u> Website: www.in.gov/idem/openburning

INSTRUCTIONS

▶ Part A requires the name, physical location, and owner contact information of the burn site property. Part B requires the public utility/right of way (ROW) owner contact information if the burn site is located within 100 feet of a roadway or power or communication line, within 300 feet of a pipeline, or within 500 feet of a railroad. Part C identifies the total number of affected persons located within 500 feet of the burn site. If there are fifteen (15) affected persons or fewer located within 500 feet of the burn site, each property owner and mailing address should be included in Part D. The Office of Air Quality will provide those listed in Part D with a copy of the decision. If there are more than fifteen (15) affected persons, select the appropriate box and skip Part D as a public notice of the approval will be issued. Once completed, sign and date this form in Part E and submit it, along with the applicable open burning request form¹, at least sixty (60) days prior to the projected burn start date to burnapprovals@idem.IN.gov.

PART A: BURN SITE PROPERTY INFORMATION					
Property Name:		Burn Site Property Physical Address:			
Property Owner Name:		Property Owner Mailing Address:			
Property Owner Telephone Number:		Property Owner E-mail Address:			
PART B: PUBLIC UTILITY/RIGHT OF WAY (ROW) OWNERS CONTACT INFORMATION					
Provide public utility/right of way (ROW) owner contact information if burn site is located within 100 feet of roadway, power, or communication line, 300 feet of pipeline, or 500 feet of a railroad.					
ROW Company:	ROW Company Mailing Address:				
ROW Contact Name:	E-mail Address:		Telephone Number:		
ROW Company:	ROW Company Mailing Address:				
ROW Contact Name:	E-mail Address:		Telephone Number:		
ROW Company:	ROW Company Mailing Address:				
ROW Contact Name:	E-mail Address:		Telephone Number:		
PART C: NUMBER OF AFFECTED PERSONS					
Fifteen (15) affected persons or fewer are located within 500 feet of the burn site. • All affected persons are to be listed in Part D.					
 More than fifteen (15) affected persons are located within 500 feet of the burn site. Approval will be public noticed. Do not list all affected persons in Part D. 					

¹ Open burning approval request forms available online at www.in.gov/idem/forms/idem-agency-forms/#oag compliance

PART D: POTENTIALLY AFFECTED PERSONS						
Property Owner Name and Mailing Address:		Property Owner Name a	nd Mailing Address:			
Property Owner Name and Mailing Address:		Property Owner Name at	nd Mailing Address:			
Property Owner Name and Mailing Address:		Property Owner Name a				
Property Owner Name and Mailing Address:		Property Owner Name a	nd Mailing Address:			
Property Owner Name and Mailing Address:		Property Owner Name and Mailing Address:				
Property Owner Name and Mailing Address:		Property Owner Name a	nd Mailing Address:			
Property Owner Name and Mailing Address:		Property Owner Name and Mailing Address:				
PART E: SIGNATURE I hereby state that I have listed all affected persons to the best of my knowledge. If none are listed, it signifies that no such persons own						
or rent property within 500 feet of the burn site Signature:	e. Title:		Company Name:			
Printed Name:	E-mail Address:		Date:			

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