



**REQUEST FOR VARIANCE FROM 326 IAC 4-1
FIRE TRAINING**

State Form 49634 (R4 / 9-09)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

**Indiana Department of Environmental Management
Office of Air Quality - Air Compliance Branch**
100 N. Senate Avenue
MC 61-50, Room 1003
Indianapolis, IN 46204-2251
Telephone (317) 233-5672 or
1-800-451-6027 (Indiana Residents Only)
<http://www.idem.IN.gov/4819.htm>

- NOTE**
- This is an application for open burning approval for fire training to comply with 326 IAC 4-1. Complete and return this application to the Office of Air Quality address provided in the upper right hand side of the form or FAX to 317-233-6865. In case of questions someone may be reached at 317-233-5672 or (in Indiana) 1-800-451-6027 press 0, and ask for extension 3-5672.
 - You can fill out this form electronically, using your mouse and keyboard. Simply click inside of the number one (1. Name) field to begin, and advance to the next fields using the "tab" key on your keyboard, or by clicking in the field with your mouse.

FOR OFFICE USE ONLY	
VARIANCE ID NUMBER	ASSIGNED TO

NOTE
▶ Please complete the following and return to the Office of Air Quality, Indiana Department of Environmental Management, MC 61-51, Room 1003, Indianapolis, Indiana 46204-2251, 60 days prior to the proposed burning date. A list of names & addresses of all parties potentially affected should accompany this application using State Form 49635 "Identification of Potentially Affected Persons"¹.

PART A: PERSON, CONTRACTOR, OR DEPARTMENT CONDUCTING BURN

1. Name	2. Title	
3. Organization name		
4. Address (number and street)		
5. City	6. State	7. ZIP code
8. Daytime telephone () -	9. FAX number () -	

PART B: PROJECT LOCATION

10. Site Address (Street or 911 address or directions from known roads/streets/intersection/and which side of road)	
11. City	12. County
13. Is burn site located in an unincorporated area? <input type="checkbox"/> YES <input type="checkbox"/> NO	14. Is the burn site within 100 feet of a structure? <input type="checkbox"/> YES <input type="checkbox"/> NO
15. 100 feet of a power line? <input type="checkbox"/> YES <input type="checkbox"/> NO	16. 300 feet of a frequently traveled road? <input type="checkbox"/> YES <input type="checkbox"/> NO
17. 300 feet of a fuel storage area or pipeline? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PART C: MATERIAL TO BE BURNED

18. Specify the type of material to be burned (check all that apply) <input type="checkbox"/> Wood construction waste <input type="checkbox"/> Tree waste (Vegetation) <input type="checkbox"/> Prescribed vegetation burn <input type="checkbox"/> Structure <input type="checkbox"/> Other (Specify)_____	
19. If requesting permission to burn wood waste from a structure, is the structure standing? <input type="checkbox"/> YES <input type="checkbox"/> NO	
20. Please check the type of structure. <input type="checkbox"/> Barn <input type="checkbox"/> House <input type="checkbox"/> Out building <input type="checkbox"/> Church <input type="checkbox"/> Garage <input type="checkbox"/> Commercial <input type="checkbox"/> House trailer <input type="checkbox"/> Other (Specify)_____	
21. If material to be burned is in a pile, how many piles are there?	22. If vegetation project, number of acres involved?
23. Each pile is approximately ____ feet long ____ feet wide ____ feet high; If a circular pile ____ feet diameter ____ feet high	

PART D: PROJECTED BURNING TIME

24. Projected burning date(s)(mm/dd/yyyy)	25. Total hours of burning time
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PART E: TRAINING ISSUES

26. Purpose of training
27. Type of equipment to be used
28. Number of individuals involved
29. Names of other departments

PART F: SIGNATURE

I hereby certify that the information above is accurate to the best of my knowledge.

Signature _____	Date (mm/dd/yyyy) _____
Type or print name _____	Title _____

¹ Available from the IDEM Office of Air Quality or on the Internet at <http://www.IN.gov/icpr/webfile/formsdiv/49635.pdf>