



# REQUEST FOR TREE OR CLEAN WOOD WASTE BURN APPROVAL UNDER 326 IAC 4-1

State Form 43692 (R6 / 1-22)

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)

**NOTES:**

- This form is used to request an approval to conduct open burning of tree or clean wood waste, 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 individual requesting the approval. Part B requires contact information of the responsible party conducting the burn. Part C requires information on the physical location of the burn, which may include parcel numbers, nearby intersections or 911 address. Include contact information of the fire department having jurisdiction of the site and, 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 burn. Part D requires information on the type and origination of the material to be burned. Part E requires cost estimates for alternative means of disposal. Part F is a checklist of supporting documentation to be included with the approval request. Once completed, **sign and date** this form in Part G and submit it, along with the **signed** "Identification of Potentially Affected Persons"<sup>1</sup> (State Form 49635), at least sixty (60) days prior to the projected burn start date to [burnapprovals@idem.IN.gov](mailto: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 BURN

Name:	Title:	E-mail Address:
Company Name:	Company Mailing Address:	Telephone Number:

### PART C: BURN SITE LOCATION AND INFORMATION

Site Name:	Site Physical Address/Location:
County:	Projected Burn Date(s):
Projected Total Volume of Material to Burn (ft <sup>3</sup> ):	Projected Burning Total Time (hours):
Purpose of Burn:	Local Fire Department Name and Address:
The burn site is located within (*mitigation statement required): <ul style="list-style-type: none"> <li>• An incorporated area <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• 100 feet of a structure <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> <li>• 100 feet of a power line <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> <li>• 300 feet of a frequently traveled road <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> <li>• 300 feet of a fuel storage area or pipeline <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> </ul>	Mitigation Statement (if applicable):

<sup>1</sup> Identification of Potentially Affected Persons (State Form 49635) available online at [www.in.gov/idem/forms/idem-agency-forms/#oag\\_compliance](http://www.in.gov/idem/forms/idem-agency-forms/#oag_compliance)

**PART D: MATERIAL TO BE BURNED**

Material to be Burned:	<input type="checkbox"/> Tree waste	<input type="checkbox"/> Structure (collapsed/remnants)	<input type="checkbox"/> Other:
	<input type="checkbox"/> Tree stumps	<input type="checkbox"/> Structure (standing)	
Source of Material:	<input type="checkbox"/> Storm damage	<input type="checkbox"/> Driftwood	<input type="checkbox"/> Housing/building development
	<input type="checkbox"/> Property maintenance	<input type="checkbox"/> Road construction	<input type="checkbox"/> Other:
Structure Type to be Burned:	<input type="checkbox"/> N/A	<input type="checkbox"/> Shed/Out Building	<input type="checkbox"/> Commercial
	<input type="checkbox"/> House	<input type="checkbox"/> Garage	<input type="checkbox"/> Multi-Dwelling Unit
	<input type="checkbox"/> Barn	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Other:
Burning will occur on property where material was derived:	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Material originated on property in unincorporated area:	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Total Number of Burn Piles:			
Burn Pile(s) Dimensions:	Length (feet):	Diameter (feet):	
<input type="checkbox"/> N/A	Width (feet):	OR	Height (feet):
	Height (feet):		

**PART E: ALTERNATE METHODS OF DISPOSAL COST ANALYSIS**

Provide cost estimates for each alternative method of disposal:

Open burning:	\$	Air curtain destructor:	\$	Haul to mulch or compost facility <sup>2</sup> :	\$
Chipping:	\$	Haul to approved landfill:	\$	Other:	\$

Provide reasons, other than financial, why the above alternative methods of disposal are undesirable or unachievable:

**PART F: SUPPORTING DOCUMENTATION CHECKLIST**

The following supporting documentation should be included as part of the burn approval request, as applicable:	Included:
• Burn site map with legend identifying burn site, right of ways, and smoke sensitive areas	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Identification of Potentially Affected Persons (State Form 49635)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART G: SIGNATURE**

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

Signature:	Title:	Company Name:
Printed Name:	E-mail Address:	Date:

<sup>2</sup> Yard waste and composting information available online at [www.in.gov/idem/waste/waste-industries/yard-waste-and-composting-facilities/](http://www.in.gov/idem/waste/waste-industries/yard-waste-and-composting-facilities/)