



# REQUEST FOR AIR CURTAIN DESTRUCTOR APPROVAL UNDER 326 IAC 4-1

State Form 43688 (R9 / 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  
 Email: [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 operate an air curtain destructor, 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 email [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 air curtain destructor (ACD) operator requesting the approval. Part B requires information on the physical location of the ACD, which may include parcel numbers, nearby intersections, or 911 address. Provide 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 operation. Provide information on the type and total amount of all material to be burned. Part C requires ACD manufacturer specifications. Part D is a checklist of supporting documentation to be included with the approval request. Once completed, **sign and date** this form in Part E 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: AIR CURTAIN DESTRUCTOR OPERATOR CONTACT INFORMATION**

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

**PART B: AIR CURTAIN DESTRUCTOR SITE LOCATION AND MATERIAL INFORMATION**

Site Name:	Site Physical Address/Location:
County:	Projected Burning Date(s):
Projected Amount of Material to Burn (ft <sup>3</sup> ):	Projected Burning Total Time (days):
Total Number of Acres Cleared (if applicable):	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>• 250 feet of a private residence or structure <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> <li>• 250 feet of a public roadway <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> <li>• 250 feet of a power line <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> <li>• 500 feet of a fuel storage area or pipeline <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> <li>• 1,000 feet of a landfill or transfer station <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> </ul>	Mitigation Statement (if applicable):
Material to be Burned:	<input type="checkbox"/> Tree waste (vegetation) <input type="checkbox"/> Tree stumps <input type="checkbox"/> Other:
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:

<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 C: AIR CURTAIN DESTRUCTOR INFORMATION**

Manufacturer:	Model:	Burning Capacity: tons/hour
Blower Rated Capacity (velocity at nozzle): feet/minute	Air flow: ft <sup>3</sup> /min/foot of length of nozzle	

**PART D: SUPPORTING DOCUMENTATION CHECKLIST**

The following supporting documentation should be included as part of the ACD approval request, as applicable:	Included:
<ul style="list-style-type: none"> <li>Burn site map, with legend, identifying clearing area, ACD location, right of ways, and smoke sensitive areas</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Identification of Potentially Affected Persons (State Form 49635)</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART E: 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: