

NOTIFICATION OF FIRE TRAINING **BURN EXEMPTION**

State Form 54801 (9-11) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

- 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.
- INSTRUCTIONS: This form is to be completed and submitted to the Indiana Department of Environmental Management by the municipal fire

Indiana Department of Environmental Management Office of Air Quality

Air Compliance & Enforcement Branch

100 North Senate Avenue MC 61-50, Room 1003 Indianapolis, IN 46204-2251 Telephone (317) 233-5672 or 1-800-451-6027 (Indiana residents only) www.idem.IN.gov

FOR OFFICE USE ONLY

TRACKING ID NUMBER

		conducting the training his from is to be postn burn.									
MUNICIPAL FIRE DEPARTMENT											
Name											
Fire De	partment Na	me									
Addres	ss (number an	d street)									
City						State		ZIP code			
Daytim	e telephone		Email address					1			
LOCATION OF PLANNED BURN SITE											
Site Address (number and street)											
City		I	State		ZIP code		County				
Planned date(s) of burn			1	I	Start Tim	ie	- 1	End Time			
Has the structure been demolished? ☐ YES ☐NO											
Is burn site located in an unincorporated area? YES NO Is the burn site within 100 feet of a str								of a structure	? 🗌 YE	S 🗌 NO	
100 feet of a power line?								d road?	☐ YE	S NO	
300 feet of a fuel storage area or pipeline? YES NO											
PROPERTY OWNER INFORMATION Is this a single family dwelling? Yes No											
Is this a single family dwelling?										=	
Has the structure been inspected by a licensed asbestos inspector?									es .	□ No	
Has the asbestos notification form been submitted to IDEM?									es_	∐ No	
Will all interested or affected parties, county health department, and/or county sheriff's department been notified per 326 IAC 4-13(c)(9)(B&C)								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	⁄es	☐ No	
Have a	Have all materials, identified in 326 IAC 4-1-3(c)(9)(D&F), been removed from the property or										
disposed of properly?											
Provid	e additional i	nformation:	ADD	ITIONAL	INFORMA	TION					
The in	formation abo	ve is accurate to t	he best of m	y knowle	dge.						
(Signature) (Date:								(Date: mm/dd	/yy)		
(Type or print name)							(Title)				