

STATE OF WYOMING
DEPARTMENT OF ENVIRONMENTAL QUALITY – AIR QUALITY DIVISION

SMP-I Notification Form

*Notification information may be submitted by phone, or fax or email.
Use of this form is optional.*

CONTACT INFORMATION:

NAME _____ PHONE _____
ADDRESS _____ FAX _____
CITY _____ E-MAIL _____
STATE _____ ZIP _____
AGENCY/COMPANY (IF APPLICABLE) _____

LOCATION:

COUNTY _____ ELEVATION (FEET) _____
LEGAL: SECTION _____ TOWNSHIP _____ RANGE _____
LATITUDE _____ LONGITUDE _____ DATUM _____
UTM: ZONE _____ EAST _____ NORTH _____ DATUM _____

NEAREST POPULATION: (VOLUNTARY)

DAILY BURN INFORMATION: (VOLUNTARY)

	DATE(S) (MONTH/DAY/YR)	VEGETATION TYPE(S)	AREA (ACRES) Max. Possible	PILE VOL. (CU-FT) Max. Possible
DAY 1				
DAY 2				
DAY 3				
DAY 4				
DAY 5				
DAY 6				
DAY 7				

COMMENTS _____

This form shall be submitted to the WDEQ-AQD no later than one hour prior to ignition.

SIGNATURE _____ **DATE** _____
If SMP-I Notification Form is submitted electronically, the electronic signature will be attributed to the sender.

**STATE OF WYOMING
DEPARTMENT OF ENVIRONMENTAL QUALITY – AIR QUALITY DIVISION**

SMP-I Post Burn Reporting Form

CONTACT INFORMATION:

NAME _____ PHONE _____
 ADDRESS _____ FAX _____
 CITY _____ E-MAIL _____
 STATE _____ ZIP _____
 AGENCY/COMPANY (IF APPLICABLE) _____

BURN NAME _____ **ID #** *To Be Assigned by WDEQ*

LOCATION: COUNTY _____ ELEVATION (FEET) _____
 LEGAL: SECTION _____ TOWNSHIP _____ RANGE _____
 LATITUDE _____ LONGITUDE _____ DATUM _____
 UTM: ZONE _____ EAST _____ NORTH _____ DATUM _____

LAND OWNERSHIP: FEDERAL STATE MUNICIPAL PRIVATE

NEAREST POPULATION _____

PUBLIC INFORMATION:

JURISDICTIONAL FIRE NAME _____ DATE/TIME _____
AUTHORITY(IES): NAME _____ DATE/TIME _____
PUBLIC DATE _____

NOTIFICATION: AREA OF LOW POPULATION DENSITY WITHIN 0.5-MILE RADIUS

FOR FOREST, GRASSLAND, & SHRUB LAND ONLY: RESTORATION MAINTENANCE

DAILY BURN INFORMATION:

DATE (MONTH/DAY/YR)	VEGETATION TYPE (SEE LIST)	PILE VOL. (CU-FT)	ACRES	LOADING (TONS/ACRE)	PERCENT CONSUMPTION

SMOKE DISPERSION:

WAIVER - DATE APPROVED _____

DATE (MONTH/DAY/YR)	TIME OF DAY	WIND SPEED	WIND DIRECTION	DISTANCE TO POPULATION	VENT. CAT. (OPTION)

AIR QUALITY MONITORING:

ATTENDED AND OBSERVED PERIODICALLY, SPECIFY:
 NUMBER OF TIMES _____ FREQUENCY _____

ATTENDED AND OBSERVED AT ALL TIMES

OPTION TO ATTEND AND OBSERVE: CONDUCTED VISUAL MONITORING, IDENTIFY:
 DOCUMENTATION ATTACHED _____

SMOKE MANAGEMENT EDUCATION: (VOLUNTARY)

WDEQ-AQD SMOKE MANAGEMENT EDUCATION MATERIAL REVIEWED ON _____
 _____ TRAINING PROGRAM COMPLETED ON _____

EMISSION REDUCTION TECHNIQUES: (VOLUNTARY)

VEGETATION TYPE (SEE LIST)	EMISSION REDUCTION TECHNIQUE(S) (SEE LIST)	ACRES

COMMENTS _____

This form shall be submitted no later than six weeks following planned burn project completion.

SIGNATURE _____ **DATE** _____
If SMP-I Post Burn Reporting Form is submitted electronically, the electronic signature will be attributed to the sender.

VEGETATION TYPE LIST

Lodgepole Pine / Fir: little dead & down Forest: heavy dead & down with brush Thinning Unit: not piled with red needles Logging Slash: mod. accumulations Logging Slash: clearcut Logging Slash Piles: hand Logging Slash Piles: tractor, clean Logging Slash Piles: tractor, dirty Logging Slash Piles: landing	Ponderosa Pine: open canopy Ponderosa Pine: closed canopy Juniper Sagebrush Mountain Brush Short Grasses Tall Grasses Weeds	Barley Corn Hay Oats Seeds: Alfalfa Seeds: Grass Wheat CRP Ditches
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EMISSION REDUCTION TECHNIQUE LIST

<u>Reduce Area Burned</u> Burn Concentrations Isolate Fuels Mosaic Burning Alternate Year Burning	<u>Reduce Fuel Load</u> Mechanical Removal Mechanical Processing Firewood Sales Biomass: Electric Generation Biomass Utilization Ungulates Incorporation into Soil	<u>Increase Combustion Efficiency</u> Burn Piles or Windrows Backing Fires Dry Conditions Rapid Mop-Up Residue Moisture Air Curtain Incinerators (WAQSR Ch 6, Sec 2 permit required) Aerial Ignition / Mass Ignition Into-the-Wind Striplighting Mobile Field Sanitizer Maintaining Fire Line Intensity
<u>Reduce Fuel Production</u> Chemical Treatments Site Conversion Land Use Change	<u>Reduce Fuel Consumption</u> High Moisture in Large Woody Fuels Moist Litter and/or Duff Burn before Precipitation Burn before Large Fuel Cures Burn when Green	Other (specify)
<u>New Fuels</u> Burn before Litter Fall Burn before Green-Up		

STATE OF WYOMING
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SMP-I Smoke Dispersion Waiver Form

CONTACT INFORMATION

NAME _____ PHONE _____
 ADDRESS _____ FAX _____
 CITY _____ E-MAIL _____
 STATE _____ ZIP _____
 AGENCY/COMPANY (IF APPLICABLE) _____

BURN NAME _____ **ID #** *To Be Assigned by WDEQ*

LOCATION: COUNTY _____ ELEVATION (FEET) _____
 LEGAL: SECTION _____ TOWNSHIP _____ RANGE _____
 LATITUDE _____ LONGITUDE _____ DATUM _____
 UTM: ZONE _____ EAST _____ NORTH _____ DATUM _____

NEAREST POPULATION _____

DAILY BURN INFORMATION:

	DATE(S) (MONTH/DAY/YR)	VEGETATION TYPE(S)	AREA (ACRES) Max. Possible	PILE VOL. (CU-FT) Max. Possible
DAY 1				
DAY 2				
DAY 3				
DAY 4				
DAY 5				
DAY 6				
DAY 7				

WAIVER REQUEST:

TIME OF DAY		STATE THE CIRCUMSTANCES THAT REQUIRE NIGHTTIME BURNING AND INDICATE THE PLANNED TIME OF IGNITION.
WIND SPEED		STATE THE CIRCUMSTANCES THAT REQUIRE BURNING WHEN THERE IS NOT AT LEAST A SLIGHT BREEZE.
WIND DIRECTION AND DISTANCE TO POPULATION		STATE THE CIRCUMSTANCES THAT REQUIRE BURNING WHEN A POPULATION IS WITHIN 0.5 MILE OF THE PLANNED BURN PROJECT IN THE DOWNWIND TRAJECTORY. STATE THE WIND DIRECTION AND DISTANCE TO POPULATION.

DEMONSTRATION THAT A WAIVER SHOULD BE GRANTED FROM WAQSR Ch. 10, SEC. 4(f)(iii):
