



**TITLE V PERMIT APPLICATION
 OPEN BURNING**

GENERAL IDENTIFICATION AND DESCRIPTION

1. Company name:		
Mailing address (ST/RD/P.O. BOX):	City, zip code:	
Address of burning site:	City:	County where burn will be conducted:
Name of official contact:	Official's title:	Telephone number (with area code):

OPEN BURNING DESCRIPTION

2. Material to be burned:		
	Pounds per day	
Trees, limbs, brush:	_____	Total weight of material to be burned: _____ tons/year
Wood products:	_____	On what date is it desired to begin such open burning? _____
Household waste, except garbage:	_____	How long will such open burning continue? _____
Petroleum waste:	_____	During what hours of the day will burning be conducted: _____ to _____
Other (describe):	_____	Frequency of burning: _____ days/week
3. Give reasons which in your opinion justify disposal by burning rather than other methods creating less air pollution.		
4. Will an air curtain destructor be used to conduct this burning (yes/no)?		
5. What plans have been made to reduce or eliminate open burning at this site?		
6. On a map with a scale of not less than 1:24,000, show the location of the following: A. The burning site. B. A road or highway within one mile of the site. C. Airports, hospitals, schools, or nursing homes within one mile of the site. D. Nearest incorporated town. E. Sanitary landfill or similar facility, within 1000 feet of the site F. Nearest residence not on the same property as the burning site. G. National reservation, wildlife area, state park or forest within 1/2 mile of the burning site.		
7. Page number:	Revision number:	Date of revision: