



REQUEST FOR VARIANCE FROM 326 IAC 4-1 TREE WASTE OR CLEAN WOOD WASTE

State Form 43692 (R4 / 9-09)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Indiana Department of Environmental Management Office of Air Quality - Air Compliance Branch

100 N. Senate Avenue
MC 61-50, Room 1003
Indianapolis, IN 46204-2251
Telephone (317) 233-5672 or
1-800-451-6027 (Indiana residents only)
<http://www.idem.IN.gov/4819.htm>

- NOTE:**
- This is an application for open burning approval 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.

FOR OFFICE USE ONLY	
VARIANCE ID NUMBER	ASSIGNED TO

NOTE

► Please complete the following and return to the Office of Air Quality, Indiana Department of Environmental Management, MC 61-50, Room 1003 Indianapolis, Indiana 46204-2251, 60 days prior to the proposed burning date. A list of names and addresses of all parties potentially affected should accompany this application using State Form 49635 "Identification of Potentially Affected Persons¹".

PART A: PERSON MAKING REQUEST

1. Name	2. Organization name	
3. Address (number and street)		
4. City	5. State	6. ZIP code
7. Daytime telephone () -	8. FAX number () -	

PART B: PERSON, CONTRACTOR, OR DEPARTMENT CONDUCTING BURN

9. Name	10. Organization name	
11. Address (number and street)		
12. City	13. State	14. ZIP code
15. Daytime telephone () -	16. FAX number () -	

PART C: PROJECT LOCATION

17. Site Name and Address (Street or 911 address or directions from known roads, streets, and intersection and which side of road/intersection):	
18. City	19. County
20. Fire department having Jurisdiction (include address)	
21. Is burn site located in an unincorporated area? <input type="checkbox"/> YES <input type="checkbox"/> NO	
22. Did material originate on property located in an unincorporated area? <input type="checkbox"/> YES <input type="checkbox"/> NO	
23. Are you requesting permission to burn on property where waste was derived? <input type="checkbox"/> YES <input type="checkbox"/> NO	
24. Is the burn site within 100 feet of a structure? <input type="checkbox"/> YES <input type="checkbox"/> NO	25. 100 feet of a power line? <input type="checkbox"/> YES <input type="checkbox"/> NO
26. 300 feet of a frequently traveled road? <input type="checkbox"/> YES <input type="checkbox"/> NO	
27. 300 feet of a fuel storage area or pipeline? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PART D: MATERIAL TO BE BURNED

28. Specify the type of material to be burned (check all that apply)		
<input type="checkbox"/> Tree waste (vegetation)	<input type="checkbox"/> Tree stumps	<input type="checkbox"/> Standing structure
<input type="checkbox"/> Collapsed structure	<input type="checkbox"/> Remnants of a structure	
<input type="checkbox"/> Other (specify):		

¹Available from the IDEM Office of Air Quality or in the Internet at www.IN.gov/icpr/webfile/formsdiv/43692.pdf

29. Please check the type of structure:
 Barn House Out building Church Garage Commercial House trailer
 Other (specify): _____

30. Please check the source of waste:
 Road construction Housing or other building development Property maintenance
 Storm damage Drift wood from river, stream, or creek
 Other (specify): _____

31. If material to be burned is in a pile, how many piles are there?

32. Each pile is approximately _____ **feet long** _____ **feet wide** _____ **feet high** (or) _____ **feet diameter** _____ **feet high**

33. Please check the type of materials mixed in the waste:
 None Painted wood Treated wood Insulation Wiring
 PVC pipe Carpet Furniture Appliances Asphalt roofing
 Vinyl or asphalt siding Other (specify) _____

PART E: PURPOSE FOR BURNING

34. Please check the purpose of burning:
 Recreational Disposal

PART F: PROJECTED BURNING INFORMATION

35. Projected burning date(s) (mm/dd/yyyy) _____ **36. Total hours of burning time** _____

PART G: ALTERNATE METHODS OF DISPOSAL

37. Approximate cost of disposal
 Open burning \$ _____ Chipping \$ _____ Hauling to an approved landfill \$ _____
 Air curtain destructor \$ _____ Other (specify): _____ \$ _____

38. Reasons, other than costs, why alternative methods of disposal are undesirable:

PART H: SIGNATURE

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

Signature

Date: (mm/dd/yyyy)

Type or print name

Title