

**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.*

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**CONTACT INFORMATION:**

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

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**BURN NAME** \_\_\_\_\_ **ID #** *To Be Assigned by WDEQ*

**LOCATION:**

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

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**NEAREST POPULATION: (VOLUNTARY)**

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**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** \_\_\_\_\_

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

*[smoke.management@wyo.gov](mailto:smoke.management@wyo.gov)*

*307-777-7391*

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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