

STATE OF WYOMING
DEPARTMENT OF ENVIRONMENTAL QUALITY – AIR QUALITY DIVISION

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):

COMMENTS _____

Please note that approval of the SMP-I Smoke Dispersion Waiver must be granted by the WDEQ-AQD prior to igniting the planned burn project.

This form shall be submitted to the WDEQ-AQD by 10:00 am one business day prior to ignition.

smoke.management@wyo.gov

307-777-7391

SIGNATURE _____

DATE _____

If SMP-I Smoke Dispersion Waiver Form is submitted electronically, the electronic signature will be attributed to the sender.

To be Completed by WDEQ Only

SMP-I SD WAIVER

APPROVED

NOT APPROVED

CONDITIONS

APPROVED BY _____

DATE _____

To be Completed by WDEQ Only