

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

**SMP-II Smoke Dispersion Waiver Form**

**BURN NAME** \_\_\_\_\_ **ID #** \_\_\_\_\_

**NEAREST POPULATION** \_\_\_\_\_

**DAILY BURN INFORMATION:**

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

**WAIVER REQUEST:**

VENTILATION CATEGORY  
 “FAIR” AND DISTANCE TO  
 POPULATION

STATE THE CIRCUMSTANCES THAT REQUIRE BURNING WHEN THE VENTILATION CATEGORY IS “FAIR” AND A POPULATION IS WITHIN 10 MILES OF THE PLANNED BURN PROJECT IN THE DOWNWIND TRAJECTORY. STATE THE WIND DIRECTION AND DISTANCE TO POPULATION.

VENTILATION CATEGORY  
 “POOR”

STATE THE CIRCUMSTANCES THAT REQUIRE BURNING WHEN THE VENTILATION CATEGORY IS “POOR”. STATE THE WIND DIRECTION AND DISTANCE TO POPULATION.

DEMONSTRATION THAT A WAIVER SHOULD BE GRANTED FROM WAQSR CH. 10, SEC. 4(g)(i)(D)(II):

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- MAP IDENTIFYING DIURNAL DRAINAGES
- MAP SHOWING THE PLANNED BURN PROJECT AREA AND POPULATION(S) WITH WIND DIRECTION
- SMOKE MITIGATION PLAN

**COMMENTS** \_\_\_\_\_

*Please note that approval of the SMP-II 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](mailto:smoke.management@wyo.gov)

307-777-7391

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

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

