



# AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET  
UKIAH, CA 95482  
(707) 463-4354

## 2017-SMOKE MANAGEMENT PLAN AIR QUALITY BURN PERMIT APPLICATION FORM

### Section I

#### TYPE OF APPLICATION

- ☐ Smoke Management Plan (SMP) - Potential to impact sensitive receptors \*
- ☐ Smoke Management Plan (SMP) – Burning past 3:00 P.M. and overnight burns \*
- ☐ Smoke Management Plan (SMP) - More than 10 acres broadcast or 50 tons piled fuels\*
- ☐ Smoke Management Plan (SMP) – Burning 100+ acres \*

\*All SMP applicants must complete the Authorized Contact List Form

### Section II

#### APPLICATION INSTRUCTIONS

- A. This application must be filled out completely with all statements answered. Please type or print in black or blue ink. For permitting assistance, please call the District office at 463-4354.
- B. Applications must be accompanied by one copy of each location map or drawing required, with burn sites and/or piles located and marked. Include access direction to site(s).
- C. This application must be signed by the owner/operator or a responsible member of the organization that is responsible for the burn.
- D. Incomplete applications will delay the review process.
- E. Mail the application with appropriate fee amount to: Mendocino County AQMD, 306 E Gobbi Street Ukiah, CA, 95482
- F. Complete a Post-Burn\*\* report in January and submitted by fax 707-463-5707 or email [mcaqmd@co.mendocino.ca.us](mailto:mcaqmd@co.mendocino.ca.us).

No burning can occur until the District issues a Permit and the applicant has fully complied with any permit conditions.

\*\*Additional fees will be assessed on the amount of burned material completed in the fiscal year.

### Section III

#### APPLICANT INFORMATION

Name of Business or Organization (DBA)

Permit Will be Issued to:

Legal Owner (if different from DBA)

Type of Ownership: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Government Agency ☐ Other

Mailing Address

City:

State:

ZIP:

### Section IV

#### OBJECTIVE

**Purpose of the Open Burning:**

Estimated Starting Date :

Completion Date :

### Section V

#### AUTHORIZED REPRESENTATIVE INFORMATION

Preparer's Statement: To the best of my knowledge the information submitted in this application is complete and accurate. I also agree to apply and follow all SMP conditions provided by the District.

(District Use Only) District Receipt Stamp:

Signature of Owner/Operator

Date

Name (Please Print)

Title

Telephone Number

Cell Phone Number

SMP Application #:

Email address:

Facility ID #:



# AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET  
UKIAH, CA 95482  
(707) 463-4354

SMP Application #:

## Section VI SMOKE MANAGEMENT PLAN (SMP) INFORMATION

Site Address: \_\_\_\_\_ Nearest City/Town: \_\_\_\_\_

If no street address, please provide the following property information: THP #: \_\_\_\_\_

APN(s): \_\_\_\_\_ Legal: T \_\_\_\_\_ R \_\_\_\_\_ Sec \_\_\_\_\_

Describe access route to property: \_\_\_\_\_ Top Elevation: \_\_\_\_\_ Ft.

Bottom Elevation: \_\_\_\_\_ Ft.

Complete the following as applicable:

Project Area (acres): \_\_\_\_\_ Number of Piles: \_\_\_\_\_ Average Pile Size: \_\_\_\_\_ X \_\_\_\_\_

Broadcast Area (acres): \_\_\_\_\_ Vegetation Fuel Load per Acre: \_\_\_\_\_

Total Project Fuel Loading: \_\_\_\_\_ (tons vegetation)

Vegetation Type (%):

☐ Brush \_\_\_\_\_ ☐ Timber Slash \_\_\_\_\_ ☐ Underbrush \_\_\_\_\_ ☐ Grass \_\_\_\_\_

☐ Other (Describe): \_\_\_\_\_

Vegetation Condition:

☐ Machine Pile ☐ Slash / Landing Pile ☐ Treated

☐ Hand Pile ☐ Broadcast/ Standing Brush ☐ Other \_\_\_\_\_

Ignition Technique: \_\_\_\_\_ Expected Fire Intensity: ☐ High ☐ Low

Expected Burn Duration (ignition to complete extinction): \_\_\_\_\_ (Hours / Days)

Check as Applicable:

☐ This burn could have an impact on smoke sensitive areas and Air District policies require that information on meteorological conditions for ignition and contingency planning be provided – I have filled out and attached Section A.

☐ This burn is greater than 100 acres (or is estimated to produce greater than 5 tons of particulate matter) – I have filled out and attached Section B.

Preparer's Statement: To the best of my knowledge the information submitted in this application is complete and accurate.

**Burn authorization coordination to be determined by the Air Quality Management District.**

It is the responsibility of the permittee to ensure that conditions of the SMP are met on the day of the burn. The permittee will obtain authorization to burn from the Air District contact listed below no more than 24 hours prior to ignition.

**District Name: Mendocino County AQMD**

**Address: 306 E. Gobbi Street**

**Ukiah, CA 95482**

**Email: mcaqmd@co.mendocino.ca.us**

**District Contact: Warren Massie**

**Telephone: (707) 463-4354**

**Fax: (707) 463-5707**

**Burn Information Line: (707) 463-4391**



# AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET

UKIAH, CA 95482

(707) 463-4354

SMP Application #:

Duplicate this page as necessary for each location or attach maps to the application.

## Section VII

### BURN LOCATION MAP

Mark burn pile locations, access roads, approximate boundaries for broadcast burns, etc.

N↑



# AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET

UKIAH, CA 95482

(707) 463-4354

## Section VIII

## General Information and Requirements

### Description of Burn Types

Forest Management Burning is the use of open fires, as part of a forest management practice, to remove forest debris or for forest management practices which include timber operations, silvicultural practices, or forest protection practices.

Range Improvement Burning is the use of outdoor fires to:

- ♦ **remove vegetation for wildlife or game habitat**
- ♦ **remove vegetation for livestock habitat**
- ♦ **remove vegetation for the initial establishment of an agricultural practice on previously uncultivated land**

Wildland Vegetation Management Burning is the use of prescribed burning conducted by a public agency, or through a cooperative agreement with a private manager or contract involving a public agency, to burn land predominantly covered with chaparral (as defined in Title 14, California Code of Regulations, section 1561.1), trees, grass, or standing brush.

### Conditions of Vegetative Material to be Burned (CCR section 80160 (m – p))

Material should be:

- ♦ **in a condition that will minimize the smoke emitted during combustion when feasible, considering fire safety and other factors**
- ♦ **piled where possible, unless good silvicultural practices or ecological goals dictate otherwise**
- ♦ **prepared so that it will burn with a minimum of smoke**

### Determination of Smoke Sensitive Areas

Smoke sensitive areas are defined as “populated areas and other areas where an Air Quality Management District determines that smoke and air pollutants can adversely affect public health or welfare.” Such areas can include, but are not limited to, towns and villages, campgrounds, trails, populated recreational areas, hospitals, nursing homes, schools, roads, airports, public events, shopping centers, and Class I Areas (areas that are mandatory visibility protection areas designated pursuant to section 169A of the federal Clean Air Act. Your Air Quality Management District can tell you if your burn is in a Class I Area. If a burn is near a populated area, has potential for substantial emissions, has a long duration, or has the potential for poor smoke dispersion, a smoke sensitive area could be impacted and Section A of the SMP should be completed. Burners may obtain Air Quality Management District assistance in determining if Section A should be completed.

### Procedures for Permittees to Report Public Smoke Complaints to Air Districts (CCR section 80160(l))

1. The permittee shall immediately report any air quality smoke complaints received about this burn project to the Air District with jurisdiction over the burn. A phone call to the District during normal seasonal business hours will suffice. During non-business hours a fax or voicemail message will suffice.
2. The complaint report shall include the following: the location of the smoke impact, a short description of the smoke behavior including wind direction and speed, visibility, and public safety impacts if available from the complainant.
3. The permittee shall inform the complainant that he or she may also contact the District directly and shall provide the District name, telephone number and address.
4. The permittee shall, in coordination with the Air Quality Management District, seek resolution for all complaints, as necessary.

### SMP Conditions Must Be Met on Day of Burn (CCR section 80160(j))

Ignition of this burn project will not occur unless all conditions and requirements stated in this SMP are met prior to ignition on the day of the burn event, the ARB and the District have both declared the day to be a burn day, and the District has authorized the burn on the day of the burn.\*

### Department of Fish and Game Certification (CCR 80160 (p))

**Permit applicants are required to file with the Air Quality Management District a statement from the Department of Fish and Game certifying that the burn is desirable and proper if the burn is to be done primarily for improvement of land for wildlife and game habitat. The Department of Fish and Game may specify the amount of brush treatment required, along with any other conditions it deems appropriate. Air District staff can provide further clarification on this requirement.**

\* CCR 80120(e) provides that an Air Quality Management District may, by special permit, authorize agricultural burning, including prescribed burning, on days designated by the ARB as no-burn days if the denial of such permit would threaten imminent and substantial economic loss

**MENDOCINO COUNTY AIR QUALITY MANAGEMENT DISTRICT  
SMOKE MANAGEMENT PLAN AUTHORIZED CONTACTS LIST**

AUTHORIZED CONTACTS – SMOKE MANAGEMENT PLAN # \_\_\_\_\_

Only the persons listed below are authorized to contact the District regarding this SMP.

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_