



STATE OF ILLINOIS  
 ENVIRONMENTAL PROTECTION AGENCY  
 DIVISION OF AIR POLLUTION CONTROL  
 P. O. BOX 19506  
 SPRINGFIELD, ILLINOIS 62794-9506

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

For Agency Use Only

I.D. \_\_\_\_\_

Permit \_\_\_\_\_

**APPLICATION FOR OPEN BURNING PERMIT**

**1. APPLICANT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. TYPE OF PERMIT APPLICATION**

Firefighting Instruction/Research  Prairie or Forest Ecology Management  
 Disaster Waste  Landscape Waste, With Air Curtain Destructor  
 Other (Specify): \_\_\_\_\_

**3. GENERAL JUSTIFICATION FOR OPEN BURNING**

Reasons why alternatives to open burning are not available: \_\_\_\_\_

\_\_\_\_\_

Reasons why such burning is in the public interest: \_\_\_\_\_

\_\_\_\_\_

**4. SITE**

Address: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_

Attach to this application (1) a sketch of the immediate vicinity of the site, and (2) a printed map of the general area with the site and nearby features marked. Together these maps must describe the site and provide the distance to nearby features, including adjacent structures, residences, populated areas, roadways, airports, lakes and waterways, hospitals, nursing homes and schools.

**5. DURATION AND SCHEDULE**

Estimated duration of Open Burning: \_\_\_\_\_ Total Hours

If Open Burning will occur over more than one day: \_\_\_\_\_ Hours/Day

Scheduled Date(s): \_\_\_\_\_ Alternate Date(s): \_\_\_\_\_

Name of individual to contact on-site to verify date(s) for Open Burning: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. MATERIALS TO BE BURNED

<u>Item</u>	<u>Amount/Size</u>	<u>Composition/Description/Contents</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Specify total amounts of material to burned at the site. Include material(s) used to start the fire and any supplemental material(s) used to maintain the fire. Describe items in appropriate terms, that is

Prairies: Acres - Type and extent of vegetation

Chemicals: Volume or weight - chemical constituents

Buildings: Stories, rooms, square feet - type of construction, state of deterioration, roofing & siding materials, remaining furnishings, other contents

7. CONTAMINANT EMISSIONS

Particulate Matter \_\_\_\_\_ LB    Sulfur Dioxide \_\_\_\_\_ LB    Nitrogen Oxide  
\_\_\_\_\_ LB    Organic Material \_\_\_\_\_ LB    Carbon Monoxide \_\_\_\_\_ LB  
Other ( \_\_\_\_\_ ) \_\_\_\_\_ LB

Attach calculations or other means by which the above data was obtained. (This Section need not be completed for burning of vegetation, landscpae waste, building debris, and agricultural waste. If the materials are adequately described in Section 6).

8. RESIDUE DISPOSAL

Method to be used to dispose of the residue from Open Burning: \_\_\_\_\_  
\_\_\_\_\_

9. ABATEMENT

Steps taken in planning for Open Burning to minimize emissions and air quality impacts:

Amount of Material    Scheduling    Site Selection    Other ( \_\_\_\_\_ )

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Methods used during Open Burning to reduce contaminant emissions and minimize impact on air quality:

Water-Fog Curtain    Controlled Burn    Other ( \_\_\_\_\_ )

Explanation: \_\_\_\_\_  
\_\_\_\_\_

10. NOTIFICATION

Have individuals living or working near the site been notified of the proposed Open Burning?

Yes  No If "Yes", explain method of notice and any additional measures to be taken to respond to concerns:

---

---

---

11. ADDITIONAL INFORMATION -LANDSCAPE WASTE DISPOSAL ONLY!

Name of air curtain destructor or comparable device: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

Attach a copy of the manufacturer's written instructions for use of the device to the application. A copy of these instructions should be available at the Open Burning site.

12. ADDITIONAL INFORMATION - DISASTER WASTE DISPOSAL ONLY!

Type of Disaster:  Tornado  Ice Storm  Flood  Other (Specify): \_\_\_\_\_

Disaster Declared By:  Governor Of Illinois  President Of The United States  
Will material other than clean wooden building debris, landscape waste or agricultural waste, caused by the disaster, be burned?  Yes  No

13. ADDITIONAL INFORMATION -FIREFIGHTING INSTRUCTION/RESEARCH ONLY!

Participation in the exercise:	<u>Organizations or Departments</u>	<u>Estimated Number of participants</u>
--------------------------------	-------------------------------------	---

_____	_____
_____	_____
_____	_____

Scope of Training Exercise:  Use Of Extinguishers  Forceable Entry  
 Rescue Techniques  Use of Smoke Masks and Breathing Apparatus  Other (Specify): \_\_\_\_\_

Description of Open Burning as related to the training exercise (plan of fire, phases of training, methods of ignition, extinguishment methods, etc.): \_\_\_\_\_

---

---

---

Attach written plan for exercise or similar exercise, if available

List of other training activities in the last 12 months including all Open Burning exercises:

---

---

---

---

**AUTHORIZED SIGNATURE**

The undersigned hereby makes application for an Open Burning Permit and certifies that the statements contained herein are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Or Printed Name Of Signer: \_\_\_\_\_

Title Of Signer: \_\_\_\_\_

Additional Comments: