

**REQUEST FOR VARIANCE FROM 326 IAC 4-1 AND
VIGO COUNTY CODE 3-44-10C**

Please complete the following and return to the Vigo County Air Pollution Control Department at 201 Cherry Street, Terre Haute, Indiana 47807, 15 days prior to the proposed burning date. A list of names and addresses of all parties within 500 feet of the burning site, and of any other interested persons should accompany the application. If there are no interested parties, this should be indicated.

PLEASE COMPLETE THE FOLLOWING:

GENERAL INFORMATION:

TYPE OF VARIANCE: FIRE TRAINING_____ OPEN BURNING_____

PROPERTY OWNER: NAME_____ TELEPHONE:_____

ADDRESS_____

CITY_____ STATE_____ ZIP CODE_____

PERSON, NAME_____ TELEPHONE:_____

CONTRACTOR OR
DEPARTMENT
CONDUCTING THE
BURN (IF DIFFERENT)

ADDRESS_____

CITY_____ STATE_____ ZIP CODE_____

PERSON MAKING NAME_____ TELEPHONE:_____

REQUEST (if
different:)

ADDRESS_____

CITY_____ STATE_____ ZIP CODE_____

SITE INFORMATION:

LOCATION OR ADDRESS:_____

DIRECTIONS:_____

MATERIAL INFORMATION:

MATERIAL TO BE BURNED: _____

PROJECTED BURNING DATE: _____ TOTAL # OF HOURS OF BURNING TIME: _____

IF VARIANCE IS FOR FIRE TRAINING:

PURPOSE OF TRAINING: _____ NUMBER OF PERSONS _____

TYPE OF EQUIPMENT USED: _____

IF VARIANCE IS FOR OPEN BURNING:

NUMBER OF ACRES (IF CLEARING LAND): _____ OR TOTAL CUBIC FEET: _____

USE OF LAND AFTER CLEARING: _____

REASONS (OTHER THAN COSTS) WHY ALTERNATE METHODS OF DISPOSAL ARE UNDESIRABLE:

TYPE OF FIRE CONTROL TO BE ON SITE, AND FIRE DEPARTMENT HAVING JURISDICTION:

OPEN BURNING VARIANCE CRITERIA

A request for a variance from 326 IAC 4-1 may be recommended for denial if any of the following conditions exist:

1. Applicant has not demonstrated that alternative methods are impractical or prohibitively expensive. For example, clearing land for commercial/residential or industrial development is assumed, unless otherwise demonstrated, that alternative disposal methods are available and can be accounted in project costs.
2. The site is within:
 - a) 100' of a structure
 - b) 100' of a power line
 - c) 300' of a frequently traveled road
 - d) 300' of a highly flammable or hazardous material storage facility
3. There are five or more residences or structures within 500' of the proposed site.
4. There is a valid objection or past complaint filed by any person or local government office.
5. Materials include other than natural growth.
6. Generation of waste is continuous and a result of routine business operation.
7. There are past open burning violations at the site or by the applicant.
8. Violation of open burning by applicant is in litigation.
9. For State Highway projects, the Indiana Department of Highways must obtain the variance prior to awarding the contract.
10. When the material to be burned:
 - a) consists of 1000 cubic feet total
 - b) may create excessive emissions
 - c) is located in nonattainment area for particulate or ozone (warm months)

11. A structure for fire training has been demolished prior to training activities.
12. A structure for fire training contains asbestos or any other materials deemed hazardous if burned.
13. Material to be burned are stumps or trees.

ALTERNATE METHODS OF DISPOSAL

ALTERNATE METHODS OF DISPOSAL MAY INCLUDE THE FOLLOWING:

1. Chipping where natural growth is disposed of.
2. Burying the material on site. To ensure compliance with the rules, contact should be made with the Office of Solid and Hazardous Waste.
3. Hauling the material to an approved landfill.
4. Recycling material where appropriate and practical.
5. Windrowing natural growth, or allowing the material to remain on site.
6. Use of an air-curtain open-pit incinerator when prior written approval is received by the applicant from the Department of Environmental Management. Appropriate request form available upon request.
7. Allowing firewood to be removed from natural growth pile.

CERTIFICATION OF TRUTH AND ACCURACY:

I, HEREBY CERTIFY THAT THE INFORMATION ON THESE PAGES IS ACCURATE TO THE BEST OF MY KNOWLEDGE, AND THAT EVERYONE WITHIN 500 FEET OF THE PROPOSED BURN SITE HAS BEEN NOTIFIED.

SIGNATURE_____

DATE_____

TYPE OR PRINT NAME_____

TITLE_____

FOR DEPARTMENT USE ONLY:

DATE APPLICATION RECEIVED: _____

DATE SITE INSPECTED/REINSPECTED: _____

INSPECTOR-S SIGNATURE & DATE _____

DIRECTOR-S SIGNATURE & DATE _____

MONITORING DATES: _____

SPECIAL RECOMMENDATIONS: