

City of Albuquerque

Environmental Health Department Air Quality Division

11850 Sunset Gardens S.W., Albuquerque, New Mexico 87121 Phone: (505) 768-1972 Fax: (505) 768-1977



Smoke Management Program Waiver Request Form (PB-I & II)

The burner shall fill out this waiver request form completely if requesting a waiver from a requirement that can be waived by the Department under 20.11.21.15 NMAC "Smoke Management; Prescribed Burns; Wildfires". Please send the completed form to the address above, or fax to (505) 768-1977, send via email with electronic signature to gdingman@cabq.gov and jstonesifer@cabq.gov.

	nned prescribed burn: by Air Quality Division:	Submittal Date:
Burn Name: Contact Name	<u> </u>	ID #
Please select th	he appropriate type of burn and the req	quirement which the waiver(s) is being requested:
PB-I o	r Level I Prescribed Burn (20.11.21.15. Requirement 20.11.21.15.B(1)(a)(i) NI Ignite burns only during the hours fr sunset.	
	a. Submit waiver for this requirement to the planned burn project.b. Document reason(s) for requesting variations.	to the Department no fewer than two (2) weeks prior vaiver of this requirement
		one (1) mile (for SMP I) or 15 miles (for SMP II) of or non-attainment area, a map showing the burn area
		ment (AQB USE ONLY) Granted Denied o later than one (1) week prior to the planned burn ine:
	By: Comments:	Date:

PB-I or Level I Prescribed Burn (20.11.21.15.B NMAC)

a.	Submit waiver for this requirement to the Department no fewer than two (2) weeks prior to the planned burn project.
b.	Document reason(s) for requesting waiver of this requirement and why burning has to occur within 300 feet.
c.	Department approval of this requirement (AQB USE ONLY) Granted Denied Department notification to burner no later than one (1) week prior to the planned burn project: 7 Day notification deadline:
	By: Date:
Co	equirement 20.11.21.15.B(1)(b)(i) NMA onduct burn during times when the ventilation index category is rated "good" on
Co be a.	Submit waiver for this requirement to the Department no fewer than two (2) weeks prior to the planned burn project. Document reason(s) for requesting waiver of this requirement
Co be a.	Submit waiver for this requirement to the Department no fewer than two (2) weeks prior to the planned burn project.
Cobe a. b.	Submit waiver for this requirement to the Department no fewer than two (2) weeks prior to the planned burn project. Document reason(s) for requesting waiver of this requirement Include map identifying diurnal drainages Include map if project is within one (1) mile (for SMP I) or 15 miles (for SMP II) of a population, Class I area, and/or non-attainment area, a map showing the burn area and population, Class I and/or non-attainment area. Include smoke mitigation plan

Th 20	equirement 20.11.21.15(3) NMAC the burner shall implement at least one emission reduction technique included at 11.21.19 NMAC and shall document the techniques implemented on a form obtaining the Department.
a. b.	Submit waiver for this requirement to the Department no fewer than two (2) weeks per to the planned burn project. Document reason(s) for requesting waiver of this requirement
c.	Department approval of this requirement (AQB USE ONLY) Granted Department notification to burner no later than 10:00 am one week prior to the plan burn project: Notification deadline:
	By: Date:
	equirement 20.11.21.15(4) NMAC
Bu be a.	Submit waiver for this requirement to the Department no later than 10:00 am business day prior to the planned burn project.
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