	Projec	t Name:			PN:
Form 3 - Pre-Burn Inform	matio	n			
date. Attach map showing day	time s	·	ghttime smoke path, a	/day. Complete this form two (2) weeks prior to the and down-drainage flow for a minimum of 15 mile	
Date: , 2	2014	Submitted by:			
Agency email address:			If Other s	selected write in and fax:	
Burn Manager:			Office phone:	Cell phone:	
Burn objective(s):					
Other:					
Other:					
Sensitive receptors/air miles away	y from	burn site / degrees from site, eg. S	Salina/22 miles at 260 c	degrees from site	
1)	N	Name of receptor/	miles at	degrees from site	
2)	N	Name of receptor/	miles at	degrees from site	
3)	N	Name of receptor/	miles at	degrees from site	

Dilution:

Planned smoke mitigation method(s): Avoidance:

Emission reduction techniques applied	<b>:</b>		
		Percent of area:	
If other:			
If other:			
Smoke Dispersion Model used:	Other:		

Anticipated wind flow:

Daytime:

Mph

to

degrees, looking from burn site

Nighttime:

Mph

to

degrees, looking from burn site

**Send to: Director** 

Attn: Utah Smoke Management Program Coordinator

**Division of Air Quality** 195 North 1950 West

Salt Lake City, Utah 84114-4820

Email Form to: dwashing@blm.gov with cc: dwashington@utah.gov

Or Fax form to Smoke Program Coordinator at the Division of Air Quality: 801.536.0031