

Smoke Management Plan  
Check Off Sheet (for permittee use only)

Air District: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Check (✓) one of the following as a result of the information listed above or other pertinent information:

|  |  |
|--|--|
|  | Less than 1 ton of Particulate Matter (PM10) emissions and/or less than 10 acres in size, applicant must <b>complete</b> and comply with an Air District Burn Permit.                          |
|  | Between 1 ton and 10 tons of PM10 emissions and/or between 10 and 100 acres, <b>complete</b> sections 1, 2, 3, and 5 of the Smoke Management Plan.   |
|  | Over 10 tons of PM10 emissions and/or 100 acres <b>complete</b> sections 1-5 of the Smoke Management Plan.   |
|  | If over 250 acres, <b>complete</b> sections 1-6 of the Smoke Management Plan.  |
|  | Regardless of size or PM10 emissions, if smoke has the potential to impact a smoke sensitive area, <b>complete</b> those sections of the Smoke Management Plan identified by the Air District. |

Those Sections checked off (✓) are to be completed and submitted as the Smoke Management Plan to your local air district for review.

|  |  |
|--|--|
|  | Section 1 – GENERAL INFORMATION AND APPROVALS                          |
|  | Section 2 – PROJECT SPECIFIC INFORMATION                               |
|  | Section 3 – PUBLIC NOTIFICATION AND ALTERNATIVES                       |
|  | Section 4 – SMOKE DISPERSAL SURVEILLANCE AND MONITORING                |
|  | Section 5 – DAILY AUTHORIZATION REQUEST AND INFORMATION REPORTING FORM |
|  | Section 6 – AIR DISTRICT PROJECT POST BURN FORM                        |

Section 5 to be completed and submitted every day of active ignition.

Section 6 to be completed and submitted within 30 days after completion of project.

## **SMOKE MANAGEMENT PLAN 2014-15 BURN SEASON**

(May 31, 2001 TAC Approved)

In accordance with the air district's Smoke Management Program, this Smoke Management Plan (SMP) serves as part of the applicant's permit application. Once approved by the air district, this SMP serves as part of the conditional permit to burn, when combined with the standard single page permit to burn.

Final authorization to burn this project may be granted by the responsible air district staff 24 hours in advance of ignition and must be obtained for each day of actual ignition. Final authorization may be denied if the conditions set forth in this Smoke Management Plan have not been met by the day of the ignition. (CCR 80160(j))

This SMP is required for all prescribed burns (Forest Management Burning, Range Improvement Burning, and Wildland Vegetation Management Burning).

The information required herein is the minimum information needed to evaluate the effectiveness of smoke management efforts for this project. Further information may be needed if the proposed burn:

- 1) is large;
- 2) has the potential to impact a smoke sensitive area;
- 3) may have multi-jurisdictional smoke impacts;
- 4) have other complexities, which make more information necessary.

Information may need to be extracted from the project burn plan to supplement this SMP. Air district staff review of the burn plan is for informational purposes only. When the burn plan is reviewed, the air district staff assumes no approval authority or liability for approving the burn plan. The burn agency is responsible for providing firefighter and public safety, which is not the intent of the information included on this form.

Terms used in this form have the same meaning as those defined in the air district's open burning regulation definitions and/or the California Code of Regulations, Title 17, §80101. Where differences occur, the air district's definitions apply.

Once you have completed the SMP, please return the completed forms to:

Amador Air District  
810 Court Street  
Jackson, CA 95642

Our phone is 209/257-0112 if you have questions.

## SECTION 1 – GENERAL INFORMATION

### A. PROJECT INFORMATION: (CCR 80160(b))

|                            |   |   |   |                                   |  |  |  |
|----------------------------|---|---|---|-----------------------------------|--|--|--|
| <b>Project Name/Number</b> |   |   |   | <b>Air District Permit Number</b> |  |  |  |
| <b>Legal Location</b>      | T | R | S | <b>Project Acres</b>              |  |  |  |
| <b>Street/Crossroads</b>   |   |   |   |                                   |  |  |  |

Check (✓) the category (ies) of prescribed burning that applies to this project:

|  |  |
|--|--|
|  | <b>Forest Management Burning:</b> 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.   |
|  | <b>Range Improvement Burning:</b> use of outdoor fires to remove vegetation for a wildlife, game, or livestock habitat or for the initial establishment of an agricultural practice on previously uncultivated land.   |
|  | <b>Wildland Vegetation Management Burning:</b> 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. |
|  | <b>Naturally Ignited Wildland Fire Managed for Resource Benefits.</b> <i>(Refer to the Procedures page for requirements)</i> (CCR 80160(h)(ii))  |
|  | <b>Improvement of Land for Wildlife or Game Habitat:</b> include with this SMP a statement from the California Department of Fish and Game, which certifies that this burn is desirable and proper. This CDFG statement may specify the amount of brush treatment that is appropriate for this project (for non-federal lands). (CCR 80160(p))<br><i>Comments:</i>       |

Check off (✓) the Types of Burn Project(s):

|                          |                        |                          |
|--------------------------|------------------------|--------------------------|
| <b>Machine Pile Burn</b> | <b>Hand Pile Burn</b>  | <b>Landing Pile Burn</b> |
| <b>Broadcast Burn</b>    | <b>Understory Burn</b> | <b>Other</b> _____       |

Check off (✓) the Type of Vegetation(s):

|                              |                    |                      |
|------------------------------|--------------------|----------------------|
| <b>Brush</b>                 | <b>Grass</b>       | <b>Timber Litter</b> |
| <b>Residual Timber Slash</b> | <b>Other</b> _____ |                      |

Fill In the following Information:

|   |                     |                             |            |
|---|---------------------|-----------------------------|------------|
| Burn Window/Season:   |                     |                             |            |
| Desired Season for Burn:  |                     | Acceptable Season for Burn: |            |
| Project/Unit Elevation (ft):  |                     |                             |            |
| Top of Unit(s):   |                     | Bottom of Unit(s):          |            |
| Duration of Burn: (CCR 80160(b))  |                     |                             |            |
| Ignition _____ days   | Burndown _____ days | Total _____ days            |            |
| <b>Will an ARB Controlled Burn Notice 48/72/96 be requested?</b><br>(Refer to the Procedures for the use of the CB-3 form.) |                     |                             | <b>Yes</b> |
|   |                     |                             | <b>No</b>  |

**B. EMISSIONS ESTIMATES (Fill In):**

|  |      |
|--|------|
| EPA-approved method used to calculate emissions      |      |
| Total estimated emissions: Particulate Matter (PM10) | tons |

See Attached Calculations

**C. IDENTIFICATION OF SMOKE SENSITIVE AREAS: (CCR 80160(b))**

Smoke Sensitive Areas (SSA) include population centers (e.g. towns, villages, developments), hospitals, schools, daycare centers, nursing homes, shopping centers, public events, and may include campgrounds and trails inhabited by significant numbers of people.

|  |                                     |                                |            |           |
|--|-------------------------------------|--------------------------------|------------|-----------|
| <b>Please Fill In and/or Check Off ✓</b>   |                                     |                                | <b>Yes</b> | <b>No</b> |
| <b>Could any Smoke Sensitive Areas be affected by project?</b>   |                                     |                                |            |           |
| <b>SSA</b>   | <b>Distance/Direction From Burn</b> | <b>Unacceptable Conditions</b> |            |           |
|  |                                     |                                |            |           |
|  |                                     |                                |            |           |
|  |                                     |                                |            |           |
|  |                                     |                                |            |           |
|  |                                     |                                | <b>Yes</b> | <b>No</b> |
| <b>Does the planned project have the potential to impact a Class I area?</b><br>If yes, why:                       |                                     |                                |            |           |
| <b>Does the planned project have the potential to impact another air district or state?</b><br>If yes, why?        |                                     |                                |            |           |
| <b>Is the planned project located in more than one air district?</b><br>If yes, list.                              |                                     |                                |            |           |
| <b>Historically, has burning in this area impacted any SSA?</b><br>If yes, list conditions that led to the impact: |                                     |                                |            |           |

If burning this project on a day concurrent with other burn projects or this is a multi-day burn which might cause a smoke impact on any SSA, it is the burn agency's responsibility to communicate daily and coordinate this burn project with the air district staff and/or the ARB, and other burners to minimize or avoid these impacts. (CCR 80160(e))

Check Off the Attached Maps

|          |   |
|----------|---|
| <b>✓</b> | <b>Smoke Management Plan Maps</b>                                     |
|          | Desired range of daytime plume path during ignition map (CCR80160(c)) |
|          | Possible night time smoke path map (CCR 80160(c))                     |
|          | Smoke sensitive areas map (CCR 80160(b))                              |
|          | Interior cut off lines map (Estimate/Potential)                       |
|          | Project map   |

**D. APPROVAL**

I, the undersigned permittee, understand that this SMP, once approved by the Air District (District) and/or California Air Resources Board, is a condition of the Air District burn permit. This information is true to the best of my knowledge.

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

|                              |                   |                 |  |
|------------------------------|-------------------|-----------------|--|
| SMP Preparing Agency:        | Telephone Number: |                 |  |
| SMP Preparer's Name (print): |                   | Title:          |  |
| Signature:                   |                   | Submittal Date: |  |

|   |  |
|---|--|
| ✓ | <b>AIR DISTRICT USE ONLY BELOW THIS LINE</b>   |
|   | ARB Consultation (Required for multi-day or projects greater than 250 acres) (CCR 80160(g))                            |
|   | Approved as<br>submitted: _____ Date _____<br><i>Air District Staff Signature</i>                                      |
|   | Approved with changes or conditions:<br>_____ Date _____<br><i>Air District Staff Signature</i><br>Changes/conditions: |
|   | DISAPPROVED as submitted: _____<br>Date _____<br><i>Air District Staff Signature</i><br>For the Following Reasons:     |

## **SECTION 2 – PROJECT SPECIFIC INFORMATION**

### **A. WIND PRESCRIPTION: (CCR 80160(c))**

|   |                   |
|---|-------------------|
| <b>Fill in the Surface Wind Direction.</b>  |                   |
| <b>Ideal:</b>   | <b>Allowable:</b> |
| <b>Fill in the Wind Direction Aloft (Transport Direction).</b>                                      |                   |
| <b>Ideal:</b>   | <b>Allowable:</b> |
| <b>Identify potential meteorological conditions that would prohibit acceptable smoke dispersal:</b> |                   |
|   |                   |

Note: The air district may require additional on-site weather observations and/or spot weather forecasts.

**B. MITIGATIONS: (CCR 80160(m) (n) and (o))**

Please check off the mitigations below, which will be implemented to reduce smoke impacts, especially if the smoke will impact a smoke sensitive area.

| ✓ | Mitigations  |
|---|--|
|   | Vegetation will be in the following condition during combustion, considering fire safety and other factors:  |
|   | Vegetation will be piled and prepared where possible so that it can be burned with a minimum amount of smoke, unless good silvicultural or ecological practices dictate otherwise.                 |
|   | Limit burning to _____ Piles or _____ acres per day.   |
|   | No more than _____ piles shall be burning at one time  |
|   | Allow _____ hours between ignition of _____ (piles/units).   |
|   | Mop up will begin within: <input type="checkbox"/> 18 hrs <input type="checkbox"/> 24 hrs <input type="checkbox"/> 48 hrs <input type="checkbox"/> 72 hrs <input type="checkbox"/> after ignition. |
|   | Special weather condition forecast:  |
|   | Burn window: Begin ignitions (time): _____ Terminate ignitions (time): _____   |
|   | Other, explain:  |

**C. CONTINGENCIES: (CCR 80160(c))**

Please check off the contingency actions that can be practically and safely implemented if smoke impacts a smoke sensitive area. Adequate resources must be provided for contingency actions.

| ✓ | Contingencies   |
|---|---|
|   | Stop ignitions, except as needed to maintain control of fire (allow fire to burn to contingency control lines). |
|   | Fire suppression.   |
|   | Begin mop up immediately.   |
|   | Begin mop up within _____ hours of problem identification.  |
|   | Begin complete mop up within _____ hours of smoke problem identification.                                       |
|   | Discontinue mop-up if favorable conditions return.  |
|   | Other, explain:   |

**D. SMOKE IMPACT COMPLAINT PROCEDURES:** (CCR 80160(I))

1. All smoke related complaints shall be forwarded within two (2) hours or as soon as practical to the air district and either the Prescribed Fire Manager, Burn Boss and/or Incident Commander via fax or telephone.
2. The permittee will attempt to obtain at least the following minimum information from complainants and forward it to the air district:
  - a. date of complaint
  - b. time of complaint
  - c. complainant's name
  - d. complainant's address
  - e. complainant's telephone #
  - f. nature of the complaint (smoke impacts, visibility, fear of fire)
3. The Prescribed Fire Manager, Burn Boss and/or Incident Commander, in coordination with the Air District staff, shall seek resolution for all complaints, as necessary.
4. A log of all complaint calls related to a burn project shall be kept in the project file folder for a period of one year from the conclusion of the burn project.

**E. CONTACTING RESPONSIBLE OFFICIALS:** (CCR 80160(I))

**Note: Do not display or release personal phone information in burn or smoke plans.**  
Make available to the Air District:

1. Who is the Prescribed Fire Manager/Burn Boss/Incident Commander?  
\_\_\_\_\_
2. How can this person be reached at the burn project? \_\_\_\_\_  
\_\_\_\_\_



## **SECTION 3 – PUBLIC NOTIFICATION AND ALTERNATIVES**

### **A. PUBLIC NOTIFICATION:** (CCR 80160(c.6)(l))

Check off below all of the actions, to minimize the impact of smoke that will be taken to advise the SSA that burning is planned. When the burning is imminent, known sensitive receptors will be contacted.

| ✓ | Type Of Notification   | Describe The Activity And Timing |
|---|------------------------|----------------------------------|
|   | Radio Station          |                                  |
|   | Newspaper              |                                  |
|   | Posters/Flyers/Letters |                                  |
|   | Television             |                                  |
|   | Door to Door           |                                  |
|   | Signage                |                                  |
|   | Personal Phone Calls   |                                  |
|   | Other, explain:        |                                  |

### **B. EVALUATION OF ALTERNATIVES TO BURNING:** (CCR 80160(c))

| <b>Have alternative treatments other than burning been considered for this project?</b><br>No. Please explain why burning was chosen over any alternatives. |                                       |                              |
|---|---------------------------------------|------------------------------|
| Yes. Please list alternatives below.  |                                       |                              |
| Alternative   | Extent Used                           | Particulate Reduction (tons) |
|   |                                       |                              |
|   |                                       |                              |
|   |                                       |                              |
|   | Yes, part of NEPA/CEQA documentation. |                              |
|   | Attached                              |                              |
|   | On File with:                         |                              |

## **SECTION 4 – SMOKE DISPERSAL SURVEILLANCE AND MONITORING** (CCR 80160(d))

Check off ( ✓ ) all of the activities procedures used for smoke surveillance and monitoring. (e.g. before, during and post-burn). (Note: indicate timing of each item.) All weather and surveillance records shall be filed in the project folder and be available for air district review upon request.

| ✓                                       | Smoke Dispersal Surveillance And Monitoring |
|---|---|
|   | Test Fire                                   |
|   | Balloon(s)                                  |
|   | Weather Collection (i.e. RAWS)              |
|   | Aircraft                                    |
|   | Weather Forecast                            |
|   | Visual Monitoring                           |
|   | Other:                                      |
| Method/Location of Visual Monitors:     |   |
| Interval of smoke dispersal monitoring: |   |

If this project is larger than 250 acres or if there is the potential for impacts to SSAs, a Post-Burn Evaluation will be required from the burner within 30 days after completion of the burn.  
(CCR 80160(k))

This information must be submitted to the Air District before 3:30 p.m. (1530 hours) daily FAX to **209/257-0116**

This information must be submitted to the Air District before 3:30 p.m. (1530 hours) daily FAX to **209/257-0116**

FAX#

[illegible]

**\*\*The smoke management plan and meteorological conditions, special permit conditions (if applicable) have been completed and adjacent burn agencies or land managers have been contacted.**

Contact the District office at 209/257-0112 if you wish to submit via email.

## SECTION 6 - AIR DISTRICT PROJECT POST BURN FORM

Complete the following for burns greater than 250 acres, burns that created smoke impacts, burning on a no burn day or as required by the Air District. Forward completed reports to the Air District within 30 calendar days of completion of the burn.

### A. GENERAL INFORMATION:

|                                     |          |  |          |  |                                   |  |                      |
|-------------------------------------|----------|--|----------|--|-----------------------------------|--|----------------------|
| <b>Burner/Agency/Permittee Name</b> |          |  |          |  |                                   |  |                      |
| <b>Project Name/Number</b>          |          |  |          |  | <b>Air District Permit Number</b> |  |                      |
| <b>Legal Location</b>               | <b>T</b> |  | <b>R</b> |  | <b>S</b>                          |  | <b>Project Acres</b> |
| <b>Street/Crossroads</b>            |          |  |          |  |                                   |  |                      |

### B. BURN INFORMATION:

| Date Of Burn | Burn Day Status | Ignition Time | Planned Acres | Actual Acres | Tonnage Consumed | Completion Date Of Burn |
|--------------|-----------------|---------------|---------------|--------------|------------------|-------------------------|
|              |                 |               |               |              |                  |                         |
|              |                 |               |               |              |                  |                         |
|              |                 |               |               |              |                  |                         |

### C. EMISSIONS INFORMATION:

| POLLUTANT        | TOTAL EMISSIONS (tons/burn) |
|------------------|-----------------------------|
| PM10             |                             |
| Other Pollutants |                             |

### D. NARRATIVE INFORMATION:

1. Was this burn conducted as per the Smoke Management Plan's air quality conditions? \_\_\_\_\_
2. Were there any smoke impacts, including impacts to Smoke Sensitive Areas, neighboring air districts and or states? If yes, list areas and duration of impacts. \_\_\_\_\_  
\_\_\_\_\_
3. List reason(s) for impacts. \_\_\_\_\_
4. Number of complaints received? (Forward complaints to Air District) \_\_\_\_\_
5. List contingency actions initiated to reduce impacts. \_\_\_\_\_  
\_\_\_\_\_
6. List recommendations to utilize for future burns in this area to minimize impacts. \_\_\_\_\_  
\_\_\_\_\_
7. Was the burn successful with regards to air quality? \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

| Air District Use Only |                |              |
|-----------------------|----------------|--------------|
| Staff Reviewer:       | Date Reviewed: | Date Logged: |

## **PROCEDURES**

### **Use of the 48/72/96 forecast: (CCR 80145(f))**

Fill in the requested information for the project on the supplied ARB Control Burn Notice - CB-3 form, being specific as to when the proposed burn will take place. In the first position of the "Person to be notified" column write in the name and phone number of the Air District where the burn will take place. In the second position, fill in your name or agency name and phone number. Fax this form to the ARB (916-445-0786) and either send or fax a copy to the Air District seven (7) days prior to the start of the burn. The ARB will then notify the Air District of the forecast for the burn and the Air District will relay this information to you on a daily basis. Please notify the Air District and ARB within 24 hours when this burn is canceled, postponed, deactivated, or completed.

### **Naturally Ignited Wildland Fires Managed For Resource Benefit**

A Smoke Management Plan (SMP) shall be completed and submitted to the appropriate Air District within 72 hours from the start of the fire if the size of the burn is expected to exceed ten acres in size. (CCR 80160(i))

When a natural ignition occurs on a no-burn day, the initial "go/no-go" decision to manage the fire for resource benefit will be a "no-go" unless:

1. After consultation with your Air District, the Air District staff decide, for smoke management purposes, that the burn can be managed for resource benefit; or
2. For periods of less than 24 hours, a reasonable effort has been made to contact the District, or if the District is not available, the Air Resources Board (ARB); or
3. After 24 hours, the District has been contacted, or, if the District is not available, the ARB has been contacted and concurs that the burn can be managed for resource benefit.

A "no-go" decision does not necessarily mean that the fire must be extinguished, but that the fire cannot be considered as a prescribed fire. (CCR 80160(h))

## PM10 EMISSIONS CALCULATIONS FOR DIFFERENT PILE SIZES

1. Choose the pile size most represented on your burn site.
2. Multiply the number of piles in your project with the corresponding "Tons of PM10" values to get the total PM10 tonnage.

| PM10 EMISSIONS FOR SPECIFIED PILE SIZES   |              |
|---|--------------|
| Revised 10/3/00   |              |
| Tonnage was calculated using 38 lbs/cu.ft.  |              |
| U.S. Forest Service's Conformity Handbook, Table 6 Emissions Factor of 19 pounds/ton of fuel burned - average pile and burn slash |              |
|   |              |
| GENERIC PILE BURNING in feet, tonnage   | TONS OF PM10 |
| 4 width x 3 height, 0.18 tons   | 0.002        |
| 5 width x 4 height, 0.36 tons   | 0.003        |
| 6 width x 5 height, 0.63 tons   | 0.006        |
| 8 width x 6 height, 1.24 tons   | 0.012        |
| 10 width x 6 height, 1.80 tons  | 0.017        |
| 12 width x 8 height, 3.41 tons  | 0.032        |
| 15 width x 8 height, 5.10 tons  | 0.048        |
| 20 width x 10 height, 11.04 tons  | 0.105        |
| 25 width x 10 height, 16.90 tons  | 0.161        |

See Exhibit A and B for additional information on calculation emissions.