

**STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL  
APPLICATION FOR AGRICULTURAL/SILVICULTURAL OPEN BURNING**

AQM-OB03  
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**Approval of this application does not relieve the applicant from complying with all applicable federal, state or local regulations, health, safety codes, and legal restrictions.**

Date Received:

Please be aware your burning activity may be terminated if it causes any unreasonable interference with a person's health, safety, comfort, or use or enjoyment of his or her real property. (See Reg. No. 1113, Section 4.4.2. and 4.9)

OB Tracking #

**AGENCY/COMPANY INFORMATION:** To be completed by person(s) conducting the burning activity.

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

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PROPERTY DESCRIPTION:** To be completed by Property Owner.

Address of Burn: \_\_\_\_\_

GPS Coordinates of Burn: \_\_\_\_\_ Tax Parcel Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone#: \_\_\_\_\_ County: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BURNING ACTIVITY DESCRIPTION:**

Date of Burn: \_\_\_\_\_ Start Time: \_\_\_\_\_ Duration of Burn: \_\_\_\_\_

Type of Burn:

Agricultural     Silviculture (forestry service)     Delaware Forest Service Wildfire Training

Vegetation Management Objective:

Pest Control     Livestock Habitat Improvement     Crop Residue Removal     Wildfire Training Exercise

Agricultural Field Maintenance     Initial Establishment of an Agricultural Practice on Previously Uncultivated Land

Vegetation Type (Percentage):

\_\_\_\_\_ % Brush                      \_\_\_\_\_ % Grass                      \_\_\_\_\_ % Timber Litter                      \_\_\_\_\_ % Timber Slash

\_\_\_\_\_ % Crop Residue (Describe): \_\_\_\_\_                      \_\_\_\_\_ % Other (Describe): \_\_\_\_\_

Vegetation Condition:     Machine Pile Burn     Hand Pile Burn     Understory     Landing Pile Burn     Broadcast

Project Area (acres): \_\_\_\_\_ Number of Piles: \_\_\_\_\_ Average Pile Size (L x W x H): \_\_\_\_\_

**AFTER HOURS BURNING:** If applicable, please describe in detail how the need to burn outside the hours of 8:00 am - 4:00 pm will lead to smoke reduction or a more efficient, complete, or safer burn:

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**LANDCLEARING CERTIFICATION STATEMENT (Required for land clearing only)**

I, \_\_\_\_\_ (property owner) certify under penalty of law that I understand that the ability to utilize open burning for purposes of clearing land pursuant to Regulation 1113 does not apply to land on which residential, industrial or commercial house, dwellings or other structures are constructed within a period of five years after the land clearing by burning takes place. In the event that I or any future owner of this property is found to have violated the requirements of this requirement, in that actions are taken after the burn so that the burn no longer qualifies as allowable because it falls outside the scope of this exception, the Department, in addition to pursuing an enforcement action for violating this regulation, may recover through its enforcement action an amount equal to the savings that the violator incurred by clearing the land by burning as opposed to using traditional clearing methods.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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

**OZONE SEASON CERTIFICATION STATEMENT (required for Ozone Season)**

Explain why not burning during the ozone season would pose a more serious threat than the threat to the health, safety, or welfare of persons if the burn is allowed. \_\_\_\_\_

Explain what best management practices would be utilized for the open burn. \_\_\_\_\_

**DEPARTMENT OF AGRICULTURE REVIEW: (Required for Ozone Season)**

The Department of Agriculture has consulted with the applicant and has reviewed the above information and agrees that what the applicant has proposed to utilize does constitute best management practices for the Burn.

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

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

**DNREC: (Required for Ozone Season)**

The Department approves the open burn pursuant to Reg. 5.1 based 1) upon the Applicant's certification concerning the need for the open burn and representations that failure to burn poses a more serious threat to the health, safety or welfare of persons than the proposed opening burning and 2) upon Department of Agriculture's concurrence that the Applicant's proposed practices constitute Best Management Practices for the Burn.

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

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

Submit application and all attachments to the Air Quality Management Section at the address or fax number listed below. If you have any questions, please call (302) 739-9402. The Department will notify you of its decision.

**DNREC – Division of Air Quality  
ATTN: Open Burning  
State Street Commons  
100 W. Water Street, Suite 6A  
Dover, Delaware 19904  
PHONE (302) 739-9402  
FAX (302) 739-3106**

FOR DNREC USE:  Photographs Taken for Land Clearing Burn  
Department of Agriculture Review  Yes  No DNREC - Office of the Secretary Review  Yes  No

Reviewed by \_\_\_\_\_ Approval by: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Approval Faxed: \_\_\_\_\_ (date)