



South Coast Air Quality Management District

Form 444-E

Rule 444 Emergency Burn Plan



Mail To:
SCAQMD—Area Sources
21865 Copley Dr
Diamond Bar, CA 91765

Burn Hot-Line: (909) 396-3403
www.aqmd.gov

For on-line instructions and current fees, [click here](#).

Section A - Agricultural Operator Information

1. Facility Name : _____	2. Valid SCAQMD Facility ID (Leave Blank If A New Business) _____
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Section B - Facility Business Information

3. What type of business is being conducted at this equipment location? _____	4. What is your business primary NAICS Code? (North American Industrial Classification System) _____
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Section C - Facility Location Address	Section D - Mailing Address
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5. _____ Street Address _____ City _____, CA Zip _____ Contact Name _____ Title _____ Phone # _____ Ext. _____ E-Mail: _____	6. Check here if same as equipment location address Address _____ City _____, State _____ Zip _____ Contact Name _____ Title _____ Phone # _____ Ext. _____ E-Mail: _____
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Section E - Land Owner Information	Section F - Burn Location
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7. Land Owner Authorization Letter for Burner: Yes (ATTACH A COPY) N/A Land Owner Name _____ Address Line 1 _____ Address Line 2 _____ Phone# _____	8. _____ Address Line 1 _____ Address Line 2 _____ GPS Coordinates: _____ LATITUDE _____ LONGITUDE _____
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Section G - Project Information

9. Agricultural Crop Burned: _____	10. Amount of Crop Burned: _____ Acres _____ Tons
11. Type of Crop Protected: _____	12. Estimated Potential Economic Loss _____

13. Identification and location of all Smoke Sensitive Areas

14. Fire Mitigation Resources

15. Local Fire Department : _____ Permit # : _____
Address _____ Phone # : _____

Section H - Company Information

16. Company Name: _____ Mailing Address: _____	17. Contact Person: _____ Contact Phone#: _____ Email: _____
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SCAQMD USE ONLY	APPLICATION TRACKING #	CHECK #	AMOUNT RECEIVED \$	PAYMENT TRACKING #	VALIDATION				
DATE	APP REJ	DATE	APP REJ	CLASS I III	BASIC CONTROL	EQUIPMENT CATEGORY CODE	TEAM	ENGINEER	REASON/ACTION TAKEN



CONDITIONS OF APPROVAL

It is the responsibility of the permittee to ensure that conditions of this plan are met on the day of the burn including the following conditions:

1. Agricultural burning shall be allowed when the temperature is or is reasonably anticipated to be below 40° Fahrenheit.
2. Agricultural burning shall not include items, such as, plastic, rubber, chemically treated wood, or material containing asbestos, garbage, oil filters, tires, tar paper, pesticide and fertilizer containers or packaging materials, or any materials excluded from the definition of agricultural waste by Rule 444(c)(3).
3. The permittee shall obtain authorization to burn from the SCAQMD no more than 24 hours prior to ignition by calling (909)396-3403.
4. Permittee shall notify the SCAQMD no more than 24 hours following authorized burn to report the total amount of agricultural material burned by calling (909)396-3403.
5. All fuel sources used for crop protection from frost damage shall be extinguished by 7:00 AM, with no visible emissions emanating from the fuel source.

This plan approval is contingent upon the requirements stated in Health & Safety Code 41862, allowing a district to issue a permit to authorize agricultural burning on designated non-burning days by the State Air Resources Board when denial of such a permit would threaten imminent and substantial economic loss.

The Agricultural Operator or Authorized Representative shall be responsible for all SCAQMD Rules & Regulations and applicable state law provisions including, but no limited to, Health & Safety Code 41701, Rule 401 - Visible Emissions, Health & Safety Code 41700, Rule 402 - Nuisance, Health & Safety Code 48150 et seq., and Rule 444 -Open Burning.

The permittee will obtain authorization to burn from SCAQMD (909)396-3403 no more than 24 hours prior to ignition and no later than 4:00 PM on the day prior to the burn.

Section I - Authorization/Signature		<i>I hereby certify that all information contained herein and information submitted with this application are true and correct.</i>	
Signature of Responsible Official:		Title of Responsible Official:	
Print Name:		Date:	