



REQUEST FOR APPROVAL TO OPEN BURN

North Dakota Department of Health

Division of Air Quality

SFN 60925 (08-15)

Agency Name	Primary Contact	Phone
Address	City/State	ZIP Code
Year	Proposed Start Date	Proposed End Date

BURN UNIT INFORMATION

	UNIT NAME Wildlife Mgmt. Area	COUNTY	SECTION	TOWNSHIP	RANGE	TOTAL UNIT ACRES	ACRES TO BE BURNED	# DAYS REQUIRED
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Send Completed application to:
 North Dakota Department of Health
 Division of Air Quality
 918 E Divide Avenue, 2nd Floor
 Bismarck, ND 58501-1947