

**APPENDIX 2**  
**NORTHEAST AIR ALLIANCE**

**SMOKE MANAGEMENT PLAN**

For

Butte, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama

In accordance with the Air District's Smoke Management Program, this Smoke Management Plan (SMP) is to be completed by the applicant and submitted to the appropriate Air District Official as part of the overall burn plan review process. Once approved by the Air District, this SMP serves as a conditional permit to burn, when used in conjunction with its standard single-page Permit to Burn.

This SMP is required for all prescribed burns (Forest Management, Range Improvement and Wildland Vegetation Management Burning) conducted by land managers within the area encompassed by the Northeast Air Alliance (NEAA). This SMP is **NOT** required for prescribed burn projects less than ten acres in size.

The information required herein is considered the minimum needed to effectively evaluate the effectiveness of smoke management efforts. Individual Air Districts may require supplemental information if the proposed prescribed burn project is:

- 1) Extremely large,
- 2) Likely to adversely impact smoke sensitive areas, such as Class I airsheds,
- 3) Likely to have multi-jurisdictional smoke impacts, or
- 4) Contains other site-specific complexities, which would require the need for further information.

Information may need to be extracted from the project burn plan on an infrequent basis in order to supplement the SMP. Air District review of individual burn plans would be for informational purposes only. The Air District assumes no approval authority or liability for individual, project-specific burn plans. The Permittee is responsible for ensuring firefighter and public safety and all other plan elements, which pertain to matters not related to smoke management.

The terms used in this SMP have the same meaning as those defined in the Air District's open burning regulations or the California Code of Regulations, Title 17, Section 80101. Where differences occur, the Air District's definitions apply.

**I. General Information**

1. Permittee Name and Organization: \_\_\_\_\_

2. FIRE MANAGER/BURN BOSS NAME: \_\_\_\_\_

PHONE/DISPATCH \_\_\_\_\_

**B. Project Name:** \_\_\_\_\_

C. Permit Number: \_\_\_\_\_

D. Total Acres \_\_\_\_\_

E. Legal Location:        **Township** \_\_\_\_\_        **Range** \_\_\_\_\_

**Section(s)** \_\_\_\_\_

F. Air Quality Management District: \_\_\_\_\_

G. Indicate the category which best describes this prescribed burn project:

1. \_\_\_\_\_ **Forest Management Burning:** Use of open, outdoor fires as a part of forest management practice to remove forest debris or for forest management practices which include timber operations, silvicultural practices or forest protection practices.
2. \_\_\_\_\_ **Range Improvement Burning:** Use of open, outdoor fires to remove vegetation for wildlife, game or livestock habitat or for the initial establishment of an agricultural practice on previously uncultivated land.
3. \_\_\_\_\_ **Wildland Vegetation Management Burning:** 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 predominately covered by chaparral (as defined in the California Code of Regulations Title 14, Section 1561.1), trees, grass, or standing brush.
4. \_\_\_\_\_ **Wildfire Managed for Resource Benefit:** Use of naturally occurring fire (i.e., lightning) exceeding ten acres in size to achieve resource management objectives. Note: When a natural ignition fire 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, after consultation with the Air District, the Air District decides, for smoke management purposes, that the fire 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 a prescribed fire. A SMP must be submitted within 72 hours of project declaration for those fires that are expected to exceed 10 acres in size.

## II. Project Information

### A. Acres by type of Burn

- 1) Machine Pile Burn \_\_\_\_\_ 2) Hand Pile Burn \_\_\_\_\_ 3) Landing Pile Burn \_\_\_\_\_  
\_\_\_\_\_
- 4) Broadcast Burn \_\_\_\_\_ 5) Understory Burn \_\_\_\_\_

### B. Predominant Vegetation Type (check all that apply):

- 1) Brush \_\_\_\_\_ 2) Grass \_\_\_\_\_ 3) Timber Litter \_\_\_\_\_ 4) Timber Slash  
\_\_\_\_\_

C. Desired Season of Project: \_\_\_\_\_ Acceptable Alternative: \_\_\_\_\_

D. ARB 48/72-hour Controlled Burn Notice Required? **YES ?** **NO ?**

E. Spot Weather Forecast required? **YES ?** **NO ?**

F. Project/Unit Elevation (feet): Top: \_\_\_\_\_ Bottom: \_\_\_\_\_

G. Duration of Burn: 1) Ignition \_\_ Days 2) Burndown \_\_\_\_\_ Days 3) Total \_\_\_\_\_ Days

H. Drying Time Required for Hand and Machine Piles: \_\_\_\_\_ Days

### III. Emissions Estimates

A. Total Estimated Particulate Matter (PM10): \_\_\_\_\_ Tons

### IV. Wind Prescription

A. Surface Wind Speed and Direction < 20 feet: Ideal \_\_\_\_\_ Acceptable \_\_\_\_\_ Unacceptable \_\_\_\_\_

B. Wind Direction Aloft >20 feet: Ideal \_\_\_\_\_ Acceptable \_\_\_\_\_ Unacceptable \_\_\_\_\_

C. Identify potential meteorological conditions that would inhibit acceptable smoke dispersal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### V. Smoke Dispersal Surveillance and Monitoring

Smoke dispersal surveillance and monitoring will be accomplished by the following methods when indicated. If the project is conducted near smoke sensitive areas or if the smoke from the project may impact smoke sensitive areas, smoke monitoring is required on all projects over 250 acres/day and on those projects that would continue burning or producing smoke overnight. It is recommended that the Burner should obtain a current Smoke Transport and Stability Forecast from the Interagency Fire Forecast Warning Unit (IFFWU). The Internet Web Address is: <http://www.fs.fed.us/r5/fire/north/fwz>. A test burn shall be conducted on a small portion of the project area prior to project implementation. All weather and surveillance records shall be filed in the project folder and be available for Air District Review upon request.

A. Balloon \_\_\_\_ RAWS \_\_\_\_\_ Aircraft \_\_\_\_ Visual Monitoring \_\_\_\_ Weather Forecast \_\_\_\_\_  
Hygrothermograph \_\_\_\_\_ Belt Weather Kit \_\_\_\_\_

B. Method/location of visual monitoring: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Interval between dispersal monitoring observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### VI. Identification of Smoke Sensitive Areas (SSA)

Smoke Sensitive Areas (SSA's) include, but are not limited to the following: Population Centers (towns, villages, home sites, subdivisions), hospitals, schools, daycare centers, nursing homes, shopping centers, populated recreation areas, well-attended public events, major roads, airports, mandatory Class I Airsheds, and may include campgrounds and trails extensively used by recreationalists.



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## IX. Contingencies

Actions shall be taken if adverse smoke impacts affect smoke sensitive areas. Adequate resources or assets will be provided for the items checked below.

- A.  Halt Ignitions, except as needed to maintain control of fire.
- B.  Allow fire to burn to contingency control lines.
- C.  Suppress fire.
- D.  Begin immediate mop up.
- E.  Begin mop up within \_\_\_\_\_ hours of problem identification.
- F.  Complete mop up within \_\_\_\_\_ hours of initiation.
- G.  Discontinue mop up if favorable conditions return.
- H.  Other (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## X. Public Notification

All of the actions checked below will be taken in order to advise the public and known sensitive receptors that prescribed burning will be conducted in their vicinity and to assure the public that measures will be taken to minimize the smoke impacts.

<b>A. Type of Notification</b>	<b><u>Describe Activity and</u></b>
<b><u>Timing</u></b>	
_____ Radio.....	_____
_____ Newspaper.....	_____
_____ Television.....	_____
_____ Posters/Flyers/Letters.....	_____
_____ Personal Contact.....	_____

\_\_\_\_\_ Signing at appropriate sites .....\_\_\_\_\_

\_\_\_\_\_ Other (Explain).....\_\_\_\_\_

**B.** If potential impacts were identified in Section VI, additional notifications may be required within the potentially impacted area. If required, describe supplemental notifications that will be undertaken to mitigate adverse impacts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**XI. Complaint Procedures**

Specific information concerning smoke complaints must be given by any complainant. Refusal by the complainant to provide essential information to officials regarding smoke impacts could minimize the urgency of the individual complaint. The person receiving a smoke complaint should make a good faith effort to obtain the following information:

**A.** Name, location, phone number, and a short description of the situation, the areas affected by the smoke, whether people are physically suffering from smoke exposure and whether there is a public safety concern due to reduced visibility.

**B.** All smoke-related complaints shall be forwarded as soon as possible to the Air District, but no later than 24 hours after the receipt of the complaint.

**C.** The Air District will forward to the appropriate Burners any smoke-related complaints, which are received at the Air District Office as soon as possible, but no later than 24 hours after receipt of the complaint.

**D.** A log of all complaint calls related to burn projects shall be kept in the project file for a period, of no less than, one year after completion of the specific project.

**XII. Contacting Responsible Officials**

**DO NOT DISPLAY PERSONAL PHONE NUMBER INFORMATION IN BURN OR SMOKE PLANS!**

Make available to the Air District the names of the Prescribed Fire Manager/Burn Boss/Incident Commander and how they can be reached at all times (See General Information Section I.A.2). Include cell phone numbers, pager numbers, dispatch number and any other pertinent contact information. Burners are required to contact the Air District on a daily basis to verify that conditions are still favorable when implementing multi-day projects.

**XIII. Certification**

If the burn project is to be implemented primarily for wildlife and game habitat improvement, the Applicant shall file with the Air District a statement from the California Department of Fish and Game certifying that the burn is desirable and proper. The statement shall also specify if any brush treatment or other desired objective is required by the California Department of Fish and Game.

## **XIV. Maps**

A map must be attached to this Smoke Management Plan that identifies nearby smoke sensitive areas, burn unit perimeters, available interior control lines (if suitable for this project), and areas subject to smoke inversions due to the burn project. Also, the map must indicate estimated path of unacceptable smoke transport.

## **XV. Reports**

For fires greater than 250 acres, a post-burn smoke management evaluation/summary is required to be kept in the project folder. The post burn smoke management evaluation may be subject to review by the Air District.

## **XVI. Approvals**

### **Smoke Management Plan**

Submittal of this Smoke Management Plan (SMP) acknowledges that ignition of this burn project will not occur unless all conditions and requirements as stated in this SMP are met prior to ignition on the day of the burn event, the ARB and the Air District have both declared the day to be a burn day, and the Air District has authorized the burn on the day of the burn.

1. Prepared By: \_\_\_\_\_ 2. Title: \_\_\_\_\_  
\_\_\_\_\_

3. Preparer's Organization: \_\_\_\_\_  
\_\_\_\_\_

4. Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

### **B. Air District SMP Decision**

1. Air Quality Management District Name: \_\_\_\_\_  
\_\_\_\_\_

2. Approved as Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

3. Approved with Changes or Conditions By: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

4. ARB Notification By: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

5. Document Changes or Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Disapproved as Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ For the Following Reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_