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Smoke Management Program
SMP II Registration Form
Field Crops and Orchards

YEAR BURN WILL TAKE PLACE: _____

BURN NAME: _____ ID # (will be given after you submit this form. Write it down and keep for your records)

CONTACT INFORMATION

Name: _____ Phone: _____
Agency/Company Name (if applicable): _____
Address: _____ FAX (if available) _____
City: _____ E-mail (if available) _____
State: _____ Zip: _____
Project type: Federal State Municipal Private

BURN LOCATION INFORMATION (Locational data is 1 point for the center of the burn area.)

County _____ Elevation (feet) _____

Latitude _____ Degrees _____ Minutes _____ Seconds
Longitude _____ Degrees _____ Minutes _____ Seconds

If latitude/longitude is not available, you can provide UTM or Township, Range, and Section instead.

UTM Easting _____ UTM Northing _____ UTM Zone _____

Township _____ Range _____ Section _____

VEGETATION TYPE (Check appropriate / best fit box(es))

Field Crops Orchard trimmings

TIME OF YEAR EXPECTED TO BURN (check all that apply)

March-May June-August September-November December-February

ACREAGE, PILE VOLUME AND FUEL LOADING

Expected burn duration in days: _____

For Broadcast burn, total projected acres: _____ Maximum daily acreage: _____
For Pile burn, total projected pile volume (cf): _____ Maximum daily pile volume: _____ cu ft

ALTERNATIVES TO BURNING - Give reason(s) why not used (For pile burning, only mechanical alternatives are applicable)

Chemical: _____

Mechanical: _____

Biological: _____

Total fuel loading by Vegetation Type (tons/acre). Use appropriate/best fit fuel type.

	Acres	Tons/Acre		Acres	Tons/Acre	Orchard Trimmings or other piled material in cubic feet	
Alfalfa			Pecans				Cubic Feet
Barley			Pistachio			Clean piles	
Corn			Sorghum			Average piles	
Cotton			Wheat			Tractor piles	
Grass			Weeds			Crane piles	
Hay			Ditches				
Oats			Avg. Field Crops				
Peanuts			Avg. Orchard Crops				

PLANNED ACTIONS TO MINIMIZE EMISSIONS (ERTs) Check all that apply. At least one ERT must be checked unless a waiver is requested.

- | | | |
|--------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------|
| burn concentrations:..... <input type="checkbox"/> | burn before precip: <input type="checkbox"/> | less-than-annual field burning:..... <input type="checkbox"/> |
| isolate fuels: <input type="checkbox"/> | burn before large fuels cure: ... <input type="checkbox"/> | soil incorporation / conservation tillage: <input type="checkbox"/> |
| mosaic: <input type="checkbox"/> | burn before litter fall:..... <input type="checkbox"/> | alternative crops:..... <input type="checkbox"/> |
| removal:..... <input type="checkbox"/> | burn before green-up:..... <input type="checkbox"/> | high moisture non-target fuels: <input type="checkbox"/> |
| processing: <input type="checkbox"/> | burn piles or windrows:..... <input type="checkbox"/> | chemical pretreatment: <input type="checkbox"/> |
| utilization: <input type="checkbox"/> | backing fire: <input type="checkbox"/> | grazing: <input type="checkbox"/> |
| dry conditions: <input type="checkbox"/> | site conversion: <input type="checkbox"/> | rapid mop-up:..... <input type="checkbox"/> |
| land use change: <input type="checkbox"/> | aerial / mass ignition:..... <input type="checkbox"/> | Air Curtain Incinerator:..... <input type="checkbox"/> |
| high moisture in large fuels: <input type="checkbox"/> | moist litter / duff: <input type="checkbox"/> | other (specify): _____ <input type="checkbox"/> |

PUBLIC NOTIFICATION

Check appropriate box(es) if any of the following are within 15 miles (radius if no prescribed wind direction; downwind if prescribed wind direction) and list planned methods of Public Notification.

Populations Class I Areas Nonattainment Areas

Plans for public notification: _____

VENTILATION CATEGORY EXPECTED TO BURN UNDER (check all that apply)

Excellent Very Good Good Fair Poor

For Broadcast burns only:

If **Fair** or **Poor** are checked: Request for waiver is attached (required if Poor is requested).
OR
 Will follow statewide waiver for broadcast burns (not allowed if Poor is requested).

For Pile burns only:

If **Fair** or **Poor** are checked: I agree to the conditions of the statewide waiver for pile burns.
OR
 Request for individual waiver is attached.

If waiver requested, distance & direction to burn project from populations, Class I areas, and/or nonattainment areas (include map): _____

Planned wind direction during burn (if applicable): _____

SMOKE MANAGEMENT EDUCATION

Have reviewed and understand materials provided by AQB.
or
 Have completed federal smoke management training.

AIR QUALITY MONITORING

Will perform and document visual monitoring.

Plan to use instruments at the following locations (optional): _____

Type of instrument: Real time FRM

COMMENTS: _____
