



**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**  
**Bureau of Environmental Field Services**

**APPLICATION FOR APPROVAL  
OPEN BURNING OPERATION**

According to the Kansas Administrative Regulation 28-19-647, each person seeking an approval to conduct an open burning operation pursuant to this Regulation shall submit a written request to the Kansas Department of Health and Environment containing the following:

**APPLICANT INFORMATION** (Please Print or Type)

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

Company \_\_\_\_\_

Address \_\_\_\_\_ KS, \_\_\_\_\_  
(City) (Zip)

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Individual(s) responsible for conducting the burn if other than applicant:

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

Company \_\_\_\_\_

Address \_\_\_\_\_ KS, \_\_\_\_\_  
(City) (Zip)

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

**OPEN BURNING DESCRIPTION**

Location (address and/or legal description) \_\_\_\_\_

Estimated amount to be burned \_\_\_\_\_

Nature of material to be burned \_\_\_\_\_

Proposed frequency of burning \_\_\_\_\_ Duration of burn \_\_\_\_\_

Calendar schedule of the burning \_\_\_\_\_

Size of area to which burning will be confined \_\_\_\_\_

Method of igniting the material \_\_\_\_\_

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Page 2 of 2**

**JUSTIFICATION**

State why the proposed open burning is necessary and in the public interest if not listed in K.A.R. 28-19-647(c).

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**ATTACHMENTS**

Attach a sketch identifying the burn site. Show the location of public roadways and occupied dwellings within 1,000 feet, and airports within one mile.

If the material to be burned is a fire training structure, the Department requires an inspection for asbestos by an accredited inspector and a report of the findings provided ten working days prior to burning. All asbestos shall be removed prior to burning. Attach a copy of the completed Asbestos Demolition Form ET ASB-10.

**ACKNOWLEDGMENT**

I have read the Kansas Open Burning Regulation and agree to conduct all open burning in accordance with the required conditions. It is mutually understood that representatives from the Division of Environment may make unannounced inspections to determine compliance with the Regulations and any approvals granted. It is further understood that Department may revoke any approval upon thirty (30) days notice if approval from the local authority is withdrawn.

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

**LOCAL AUTHORITY APPROVAL**

Attach evidence that the open burning has been approved by the fire control authority having jurisdiction over the area (such as a signed statement or permit from the fire chief or county emergency management, etc.) or they may sign this completed application.

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Signature \_\_\_\_\_ Date \_\_\_\_\_  
Fire Department: \_\_\_\_\_ Title: \_\_\_\_\_  
Provide email or address to receive copy of approval.

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Submit application with attachments to:

Air Quality Representative  
North Central District Office  
Kansas Department of Health and Environment  
2501 Market Place, Suite D  
Salina, KS 67410

(785) 827-9639  
(785) 827-1544 fax  
[www.kdheks.gov](http://www.kdheks.gov)