



# Lincoln-Lancaster County Health Department

## Air Quality Program

### Open Burning Permit Application Instructions

The Lincoln-Lancaster County Health Department (LLCHD) Air Quality Program enforces laws and regulations designed to provide clean and healthy air to the residents of Lancaster County by preventing and controlling air pollution. Open burning is a source of air pollution and local regulations require that any person seeking an open burning permit must give reasons why no other practicable method except open burning can be employed to dispose of the refuse.

#### **INSTRUCTIONS TO APPLICANT**

1. Open burning permit applications will only be considered if there is no other practical method except open burning which can be employed to dispose of the refuse involved.
2. All open burning permit applications must be filled out on the form provided. All applications made by commercial or industrial businesses must be accompanied by a permit fee for each day burning is to take place. The permit fee is stated on the application form, and is established in Lincoln Municipal Code (LMC) Chapter 8.06.145(a).
3. The applicant must submit the completed application to the LLCHD. The Health Director will forward the application to the appropriate Fire and Rescue Department. In addition to obtaining an open burning permit from the LLCHD, applicants must also obtain a Nebraska State Fire Marshal Burn Permit from their local Fire and Rescue Department. These approvals and permits may take up to two weeks to obtain.
4. Applicants planning to conduct a land management burn must submit a burn safety plan to the appropriate Fire and Rescue Department as required under Nebraska Revised Statute 81-520.05.
5. The Health Director will make the final determination to approve or deny issuance of an open burning permit. If the permit is denied, the LLCHD will notify the applicant of the reason(s) for permit denial. If the permit is approved, the LLCHD will return the approved permit with specific requirements to the applicant. The approved permit must be on the premises when the open burning takes place, and must be made available to the Fire and Rescue Department and the LLCHD at their request.

#### **GENERAL INFORMATION**

If an open burning permit is issued, it will contain conditions under which the open burning shall be conducted. Specific conditions may include, but not be limited to, the following:

1. Open burning of the following materials is prohibited: garbage, salvage materials, petroleum products, solvents, treated lumber, wood paneling, particle board, rubber products, plastics, asphaltic products (tar products and tar paper, shingles, asphaltic siding, etc.), chemicals, or chemical/pesticide containers. Liquid petroleum products (gasoline, oil, kerosene, diesel fuel, etc.) may not be used to accelerate or sustain the fire.
2. Open burning may only be conducted by adults at least 19 years of age or older. An adult shall be present at the burn site at all times while burning is in progress.
3. Open burning may not create a nuisance to people in neighboring residences, businesses, or recreational areas. Open burning that impacts visibility for traffic on public roadways, or that causes significant health impacts to people at neighboring residences, businesses, schools or other institutions, parks, or recreation areas is prohibited and must be extinguished.
4. Open burning may not be conducted when atmospheric conditions may cause smoke to endanger the health and/or safety of people. The open burning permit will include requirements addressing atmospheric conditions.
5. Open burning may not be conducted earlier than one hour after sunrise, and the fire(s) must be completely extinguished no later than 2 hours prior to sunset. The LLCHD may grant exceptions for ceremonial and recreational fires.
6. The applicant must notify the Lancaster County Emergency Communications Center at (402) 441-7245 at least 24 hours prior to burning. The applicant may also be required to notify neighboring residences and businesses up to ¼ mile away at least 24 hours prior to conducting the burn.



# OPEN BURNING PERMIT APPLICATION FORM

Lincoln-Lancaster County Health Department Environmental Public Health Division – Air Quality Program  
3131 O Street, Lincoln, NE 68510 ph: (402) 441-8040

[lincoln.ne.gov/City/Departments/Health-Department/Environmental/Air](http://lincoln.ne.gov/City/Departments/Health-Department/Environmental/Air)

LLCHD Office Use Only

Permit Number

Applicant name:		Phone #:	
-----------------	--	----------	--

Company, institution, organization, or government entity name: (if applicable) \_\_\_\_\_

Applicant address: \_\_\_\_\_  
Street Address City State ZIP Code

Address of proposed burning: \_\_\_\_\_  
Street Address, OR City State ZIP Code  
 Distance & Direction from Nearest Intersection (include Intersection)

Location of burn on the property: \_\_\_\_\_  
Describe the location of the burn on the property, including distance and direction from structures, roads, landmarks, etc.

Indicate the purpose of the open burning to be conducted:

Remove Crop / Grass Residue     Recreational / Ceremonial     Firefighter / Fire Safety Training

Solid Waste Disposal (includes trees, brush, and untreated lumber)

Type of material to be burned:		If burning crop / grass residue, how many acres will be burned?	_____ acres
--------------------------------	--	---	-------------

Average dimensions of refuse pile(s):	Length:	_____ feet	Width:	_____ feet
	Height:	_____ feet	Number of piles:	_____

Distance to nearest neighboring occupied dwelling/business, school/institution, or park: \_\_\_\_\_ feet

Distance to nearest public roadway (feet): \_\_\_\_\_ feet

Date range in which open burning is to occur:	____-____-____ <small>MM-DD-YYYY</small>	Thru	____-____-____ <small>MM-DD-YYYY</small>	# of burning days:	_____
---	---	------	---	--------------------	-------

If the open burning is for solid waste disposal, then in the space provided below, indicate the reason(s) why there is no practical method except open burning that can be employed to dispose of the waste.

I certify that all statements and information contained in this application are true, and agree to abide by all conditions established by the Health Director.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Is this application being filed on behalf of a commercial or industrial business?

YES     NO

If "YES", calculate fee and include payment of calculated fee with this application.

\_\_\_\_\_ × \$175.00 = \_\_\_\_\_  
# of Burn Days Per-Day Fee Total Permit Fee

<<<<<<<BOXES BELOW ARE FOR LLCHD & FIRE DEPARTMENT USE ONLY>>>>>>>

APPROVED     DISAPPROVED

Fire Chief: \_\_\_\_\_  
Signature

Fire Chief: \_\_\_\_\_  
Print Name

Fire Dept.: \_\_\_\_\_

Date: \_\_\_\_\_  
MM-DD-YYYY

APPROVED     DISAPPROVED

LLCHD Staff: \_\_\_\_\_  
Signature

LLCHD Staff: \_\_\_\_\_  
Print Name

Date: \_\_\_\_\_  
MM-DD-YYYY

Conditions of approved permit, or reasons for permit denial, shall be attached upon permit approval/denial.

**Electronic Funds Transfer Notification**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.