

MARSH MANAGEMENT FIRE SMOKE MANAGEMENT PLAN

(Please complete the following information)

Property Numb	er & Name:			2. T	Total Acreage to be burned:		
3. Property Location: (Provide only <u>one</u> of the following location descriptions) Legal: Township Range Section(s) or,							
· ·	•	<u> </u>					
_	North Latitude						
	West Longitude_	_					
4. Fire Agency:				5. (County:		
6. Burner's Name:			7. Pl	none Number			
8. Burner's Address (street, city, zipcode):							
Note: Please include 3 copies of your property map with this document							
9. Field Contact N	ame:		10. 2	4-Hour Phone	e Number		
11. Burn Season:	Fall / Spring	Year					
12. Proposed maxi	mum number of a	acres to be bu	ırned per day:				
13. Specify number of people on burn site during burn:							
14. Vegetation type	e(s) to be burned:						
Tall Emergent (ca	ttails, tules, phr		Number of Acres:				
		1	Average height				
Average % cover	_	1 to 5 ft	5 to 8 ft	8 to 10 ft	10 ft and over		
76-100% 52-75%					H		
26-50%		ä	H	ä	ä		
0-25%							
Low Emergent (sa	alt grass, baltic r	Number of Acres:					
			Average height				
Average % cover	0 to 1 ft	1 to 5 ft	5 to 8 ft	8 to 10 ft	10 ft and over		
76-100% 52-75%	H			H			
26-50%			ä				
0-25%							

Upland Grasslands (Annual grass, rye, vetch, etc.)					Number of Acres:	Number of Acres:	
Average height							
Avera	ge % cover 76-100% 52-75% 26-50% 0-25%	0 to 1 ft	1 to 5 ft	5 to 8 ft	8 to 10 ft	10 ft and over	
15. De	15. Describe the specific resource management objective(s) and goal(s) of burn:						
	Open up seedbed for planting						
pro go:	 16. Have other activities (i.e., alternatives to burning) such as discing, mowing, or water management on the proposed burn site been considered or tried at achieving the desired habitat management objectives and goals of your property? ☐ YES ☐ NO If no, explain why not (e.g., vegetation too thick to penetrate by mechanical means, soils are too wet, etc.) 						
If yes, explain the extent and success of your efforts.							
	Create fire b	oreaks		Minimize area	to be burned wi	te potential adverse impacts: th mowing and/or discing	
	☐ Flood ditches prior to burning ☐ Other (specify):						
	☐ Pressurized diesel torches ☐ Propane or LPG torches ☐ Commercial petroleum gel materials ☐ Napalm or Blivets ☐ Commercial safety fuses ☐ Commercial type ignition grenades ☐ Fuses ☐ Commercial fuses ☐ Lighters or matches ☐ Orchard Torches ☐ Drip Torches						
19. Co	•	ental firebreal	•	☐ Have w	ater pump and	oke impacts begin to occur:	
	20. Contingency actions or measures the burner will take in the event that the burn is declared "out of control" and continues to advance after 3:00 p.m. or a peat fire is ignited and continues to burn after 3:00 p.m.:						
	Flood fields	ental firebreal and ditches fy):		-	nguish fire with e department as	n water pump and hose on-site sistance	;

21.	1. Range of surface wind conditions acceptable to burner for satisfactory burn:							
	Wind Speed(minimum & maximum, miles/hour)							
	Wind Direction(s)							
	ote: depending on property location in the Suisun Marsh, a North wind blows smoke into ttsburgh/Antioch, and a Southeast wind blows smoke into Fairfield and Cordelia.							
22.	22. Describe planned method(s) of estimation and interval of weather observations:							
	Method ☐ On burn site, visual ☐ Hand held anemometer ☐ Remote weather station ☐ Other (specify):	n (at clubhouse, etc.)						
	Frequency ☐ Every 30 min. ☐ Hourly ☐ Other (specify):							
23. Identify <u>all</u> sensitive receptor areas within a 10-mile radius from the burn site and indicate the dista and direction(s) from the burn site to each sensitive receptor area:								
	Smoke Sensitive Rece	eptor Area	Distance (miles)	Direction From Burn Site				
affe	OTE: Sensitive receptor areas are populated ect public health and welfare. Examples of spitals, nursing homes, schools and airports.	such areas include, but are						
La	ndowner's Certification:							
acc	Marsh Management Fire may be c cordance with all applicable rules an this Smoke Management Plan is com	d regulations. By signi	ng below, I certify th	nat the information submitted				
Laı	ndowner's Signature			Date				
Print Name		_ Phone Number () F	FAX ()				
Ma	ailing Address (street, city, zip code)):						
Em	nail Address							
For	rmMM-1x2.doc-8/13							