NCUAQMD SMOKE MANAGEMENT PLAN (SMP) SPREADSHEET

Company Name: _____ **Date Submitted:**_____ **Page** _____ **of** _____

Burn Permit #: _____ **Amended (Date):** _____

Project Name or Number	Burn Location - Legal Description	Broadcast or Piles	# Acres	# of Piles & Size	Wind Prescription	Remarks - Identify Sensitive Receptors within 5 miles

Smoke Management Plan is valid through December 31, _____ **Approved:**_____ **SMP#**_____