



## Temporary Waiver Stage 1

Solid fuel-fired heating devices on properties located in the Fairbanks North Star Borough (FNSB) Nonattainment Area are subject to use restrictions if fine particulate matter (PM<sub>2.5</sub>) reaches unhealthy levels for sensitive individuals and the department has called an air quality episode (Alert) under 18 AAC 50.246. An owner or operator of a solid fuel-fired heating device may continue to use their device during a Stage 1 curtailment if a written temporary waiver is received. **THIS WAIVER DOES NOT ALLOW CONTINUED USE OF THE APPLIANCE(S) DURING A STAGE 2 ALERT.**

In order to receive a temporary Stage 1 waiver, the following must apply:

### Eligibility

- 1) The solid fuel-fired heating device must be State listed and EPA certified with an emissions rating of 2.5 g/hr or less;
- 2) Masonry heaters and cook stoves may apply for a Stage 1 waiver and, if the waiver is granted, continue to use their appliance(s).
- 3) The device is located within the nonattainment area. Please see map below, call Division of Air Quality, or see website for zoomable map of nonattainment area.

### Criteria

- 1) Documentation that all solid fuel-fired heating devices on the property meet State Standards (EPA certified AND 7.5 g/hr or .32 lbs/mmBTU or less).
  - a. Picture of device label
  - b. Picture of device
  - c. Device label examples (PDF)
- 2) Documentation verifying that the devices was manufactured after 1988
- 3) If device is equipped with a catalyst, proof that the catalyst is working properly/replaced in accordance with manufacturer recommendations or specifications (if applicable).
- 4) Documentation of ability to properly store wood.
  - a. Picture of wood storage
- 5) Documentation/date of last chimney sweep (must be within the last 12 months).
  - a. Receipt from chimney sweep or date stamped picture of chimney being swept
- 6) Verification of Proper Installation
- 7) Location (address) of devices(s)
- 8) Taken class or training in proper wood burning techniques
- 9) Must be signed up to receive text alerts or emails
  - a. Sign up to Receive Text or E-mail Alerts

If the Stage 1 waiver is granted, the resident may continue to use their solid fuel-fired heating device during Stage 1 air alerts. However, operation of the device is still subject to 18 AAC 50.075 – visible emission standards. Solid fuel-fired heating devices should be able to meet opacity limits if burning dry wood, which is required under 18 AAC 50.076 (b)(1).

## Application for DEC Stage 1 Waiver

Complete one form per building and return the form(s) and accompanying documents to **Division of Air Quality, 610 University Ave., Fairbanks, AK 99709**. For more information call (907) 451-2132 or visiting our Fairbanks North Star Borough (FNSB) PM2.5 Hot Topics section on our website at [dec.alaska.gov/air](http://dec.alaska.gov/air). **The Department is subject to the Alaska Public Records Act, AS 40.25 et seq. and this application document may be subject to public disclosure under state law.**

I \_\_\_\_\_, the owner or other person with property or managerial  
(Printed Name)  
 interest in a building located at

\_\_\_\_\_  
(property address, including zip code)

request a Stage 1 waiver to allow the use of the following solid fuel burning device(s) located on the property identified above during air alerts as set forth by 18 AAC 50.246 for the following reason(s). I understand that the solid fuel-fired heating device being used to heat the structure must meet current State Standards.

I am requesting the Stage 1 waiver for the following appliance(s):

(Please fill out the following information to the best of your ability. All information will be reviewed by the Air Quality staff prior to granting a Stage 1 waiver. If information cannot be verified, a waiver will not be granted.)

Make/Model/Serial Number of device.	EPA Certified? (Circle one)	If yes, emission rating? (must be 7.5 g/hr/ .32 MMBtu or less)	Device Manufacture Date	Year Device was installed
1)	Yes No N/A			
2)	Yes No N/A			
3)	Yes No N/A			

**Burn Right Program Certification (Required for masonry heaters):**

The Burn Right Program is a voluntary program to provide acknowledgement and recognition to those who demonstrate they meet or exceed those qualities that ensure limited emissions from wood-burning. This Stage-1 application may also be considered for application into the Burn Right Program at the applicant's discretion. Continued inclusion in the Burn Right Program will require annual waiver reapplication.

I have reviewed the options presented to me and have chosen (check one):

- I do not want to participate in the Burn Right Program but wish to continue to apply for a waiver.
- I wish to be considered for admission to the Burn Right Program.

Waiver applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

I also understand that the following documentation must be completed and/or submitted for each application (initial each requirement):

\_\_\_\_\_ Pictures of each appliance for which you are requesting the waiver -- Pictures should clearly show the front and side of the appliance(s) and, if possible, the EPA certified data plate on the back of the device. The Air Quality office should be able to clearly identify an appliance from the pictures that are submitted.

\_\_\_\_\_ Picture(s) demonstrating your ability to properly store wood – Per 18 AAC 50.076(b), proper wood storage is defined as “covering the top of the wood pile to protect from rain and snow, leaving sides of the stack open to breathe.” For more information, visit <https://dec.alaska.gov/air/burnwise/>.

\_\_\_\_\_ Wood stored on property that is to be used for winter heating is properly seasoned before use and can meet a moisture content of 20% or less.

\_\_\_\_\_ Burn Wise – Watch the Burn Wise videos (available on our website at <https://dec.alaska.gov/air/burnwise> or on a DVD from the AQ Office).

\_\_\_\_\_ Sign up to receive alerts – Go to: <https://fnsb.alertmedia.com/public> to sign up for text or email notifications. Sign up will be verified prior to waiver issuance unless there is an inability to comply, if so, call the DEC wood burning waiver program at (907)451- 5172. For additional information regarding regulations, and air quality in general, visit Air Online Services (AOS) on the Division of Air Quality webpage to sign up for this additional information.

\_\_\_\_\_ Notice of Restrictions – Read through the form for a quick summary of the Department’s air quality regulations, and then sign acknowledging that you have read the information. **(Attachment A)**

\_\_\_\_\_ Documentation (e.g., receipts, invoices, affidavits) that the chimney has been swept within the last 12 months. **(Attachment B)**

\_\_\_\_\_ If the SFBA has a catalyst, proof (e.g., receipts, invoices, affidavits) that that the catalyst has been maintained in accordance with manufacturer recommendations or specifications. **(Attachment C)**

\_\_\_\_\_ Completion of the installation verification affidavit. **(Attachment D)**

\_\_\_\_\_ Documentation showing communication with the Fairbanks North Star Borough Air Quality Department (FNSB AQ) regarding possible heating improvement options. **(Attachment E)**

## Certification

I understand that by signing below I am requesting a Stage 1 waiver from the Department of Environmental Conservation, Division of Air Quality, to be able to use the appliance(s), listed in this application, during Stage 1 air alerts or curtailments. I also understand that a Stage 1 waiver is an exemption only with respect to the restrictions imposed during a Stage 1 air alert, that the exemptions only apply as long as the factual circumstances indicated continue to exist, and the exemption does not excuse compliance with any other air quality control measures imposed by State law. I understand that I am required to burn dry wood and I am still subject to the opacity requirements. I also understand that if approved, the issued approval will include an expiration date, after which I will be required to re-apply.

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

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**PLEASE NOTE:** This affidavit must be notarized (see below) in order to be processed by the Department Air Quality Division. A notary is available in the Air Quality office for your convenience.

## ACKNOWLEDGMENT

STATE OF ALASKA )

) ss

FOURTH JUDICIAL DISTRICT )

On \_\_\_\_\_, 202\_\_, \_\_\_\_\_ personally appeared before me,  
\_\_\_\_\_ who is personally known to me  
\_\_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_  
to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

\_\_\_\_\_  
Notary Public Signature

(Seal)

My commission expires: \_\_\_\_\_

**Please note:** Once the application and all supporting documentation have been submitted, and you have signed up to receive alerts, please allow 1-2 weeks for the Department's Stage 1 waiver determination. Air Quality staff will process applications as quickly as possible, in the order they are received, and in many instances an exemption may be granted the same day an application is submitted.

**For Office Use Only:**

Year building(s) built: \_\_\_\_\_

Age of Appliances: \_\_\_\_\_

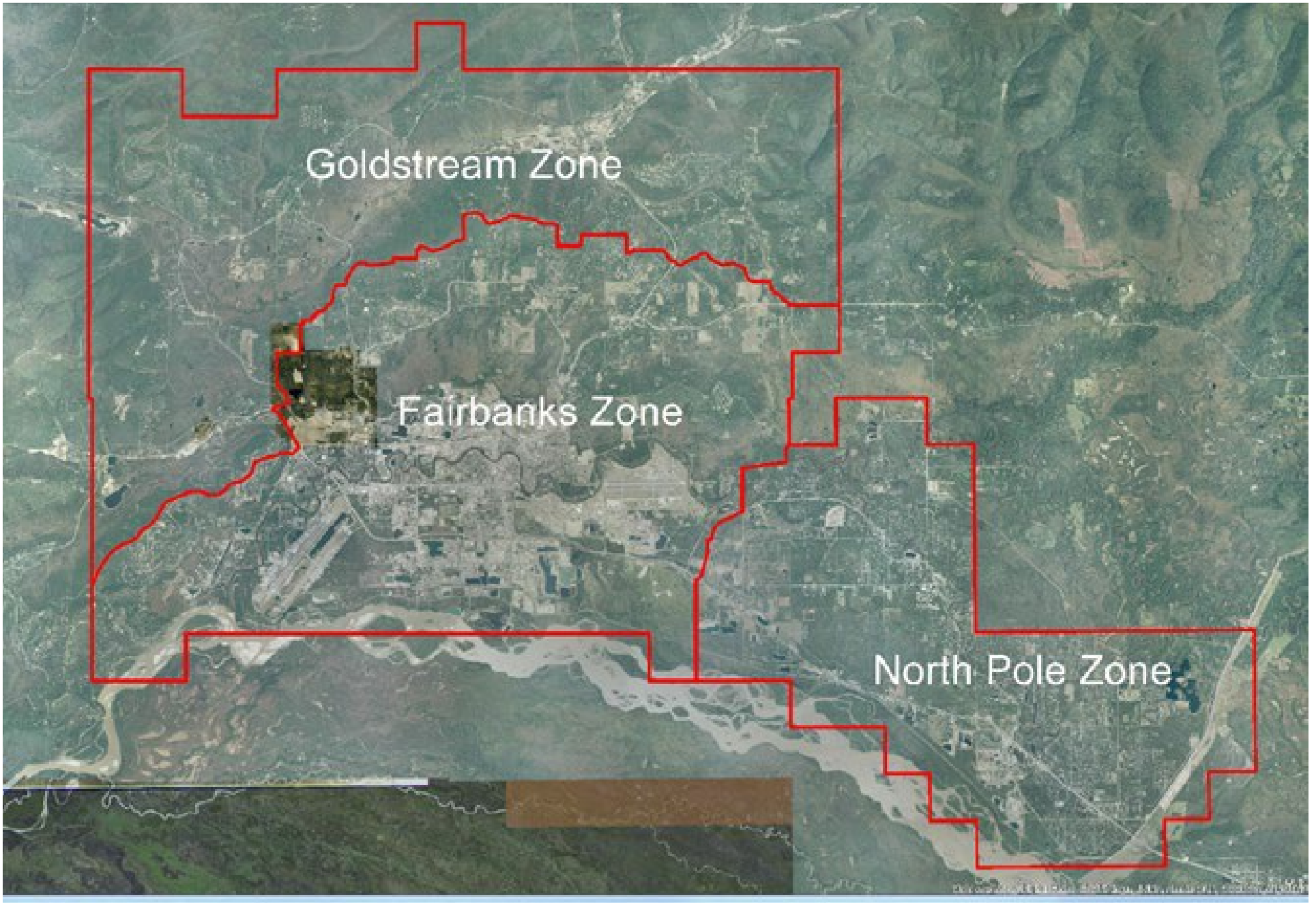
- Received the following:  Pictures of appliance(s)  Picture(s) of proper wood storage  
 Notice of Restrictions  Signed up for alerts  
 If the SFBA has a catalyst, proof that that the catalyst has been maintained in accordance with manufacturer recommendations or specifications  
 Proof that that the chimney has been serviced/cleaned in the past 12 months  
 Professional Installation Verified  
 Pre-application FNSB form

Waiver Status (circle all that apply): Approved Appliance(s) 1 2 3  
Denied Appliance(s) 1 2 3

If any appliances denied, reason:

\_\_\_\_\_  
\_\_\_\_\_

Department AQ Staff: \_\_\_\_\_  
Signature Printed Name Date





## ATTACHMENT A

### Notice of Restrictions for Solid Fuel Burning Appliances

In December 2009, the EPA designated a portion of the Fairbanks North Star Borough (FNSB) as a nonattainment area for fine particulate matter (PM<sub>2.5</sub>). In order to reduce emissions and clean up FNSB's air, the Department of Environmental Conservation (the Department) developed regulations and a State Implementation Plan which created guidelines and restrictions on the installation and operation of solid fuel burning appliances (SFBA). DISCLAIMER: Below is a general summary that is not inclusive of all Air Quality regulations and only references SIP Section III.D.5.11.

A complete copy of Department Air Quality regulations can found online at:

<http://dec.alaska.gov/media/1038/18-aac-50.pdf>

A copy of Section III.D.5.11 may be found at:

<http://dec.alaska.gov/media/6996/iii-d-5-11-emergency-episode-plan-12817-final.pdf>

#### **Nonattainment Area-Wide Regulations**

\* **Prohibited Fuels** - Only clean wood that is **20% MOISTURE CONTENT OR LESS** is allowed to be burned in a wood burning appliance. Clean wood is defined as natural wood that has not been painted, varnished or coated with a similar material, has not been treated with preservatives, and does not contain resins or glues as in plywood or other composited wood products. There are many other prohibited fuels (e.g., garbage, glossy or colored paper, etc.). 18 AAC 50.076.

#### **Nonattainment Area Regulations**

\* State Standards for solid fuel-fired heating devices - Only those devices that meet state standards may be installed (18 AAC 50.077), which are as follows: EPA certified wood and pellet stoves with an emissions rating of 2.5 g/hr or less, EPA certified hydronic heaters with an emissions rating of 0.32 lbs/million btu or less, masonry heaters, cook stoves, and fireplaces.

\*Outdoor Open Burn Restrictions – Between November 1 and March 31st, 18 AAC 50.065 prohibits open burning.

\*Opacity Requirements – 18 AAC 50.075(f) – A person may not operate a solid fuel-fired heating device in a manner that causes visible emission exceed 20% opacity for the first 15 minutes after initial firing of the device and no more than 6 minutes in any one hour. This requirement can be met if burning dry wood.

By signing below, I confirm that I have received and read the above notice.

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

Printed Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Vendor Name (if applicable): \_\_\_\_\_



## ATTACHMENT B Chimney Cleaning Affidavit

A clean and clear chimney/exhaust is required for proper draft and achieving optimal efficiency both in regards to emissions and burn times. All manufacturers are required to recommend maintenance in their manuals for keeping the device operating as efficiently as possible. Though manufactures each have a recommended cleaning schedule in general at a minimum a chimney/exhaust should be cleaned once a year.

**Has the chimney/exhaust of the device seeking a waiver been serviced, replaced, or inspected in the past year?**  
\_\_\_\_\_ (yes/no).

**If yes:**

Option 1: Professionally cleaned

Date of service \_\_\_\_\_ by \_\_\_\_\_  
(Individual & company name)

\_\_\_\_\_  
Servicer Signature

\_\_\_\_\_  
Date

Attach the invoice for the cleaning or service.

Invoice attached

Option 2: Owner cleaned

If the owner of the device or property is attesting to the cleaning then a date stamped photograph must be submitted with this form showing the cleaning taking place.

Photos attached

**If no:**

**If the chimney has not been cleaned in the past 12 months, then device is ineligible for a waiver until the chimney has been cleaned and supporting documentation provided. If the device is less than 1 year old, attach invoice that shows purchase date of less than 1 year.**

Device is less than one year old. Attached is proof of purchase.

**I certify that the statements and information in and attached to this document, are true, accurate, and complete.**

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date





# ATTACHMENT C Catalyst Maintenance Affidavit

Federal regulations recommend a catalyst be visually inspected at least 3 times each burn season. Although device manufacturers have warranties that cover catalysts, a catalyst can easily be rendered inoperable if not used properly or if it has been contaminated by burning anything other than clean dry wood. If the catalyst is not operating or operating poorly then there is no control on particulate matter emitted when using the device. You should refer to your wood stove's user manual for proper catalyst operation, inspection, and troubleshooting.

**In order to qualify for a waiver, the applicant must ensure that the device's catalyst is working, inspect it periodically and replace it when necessary.**

Original purchase date of device: \_\_\_\_\_.

Device Manufacturer and Model: \_\_\_\_\_.

**Has the catalyst been serviced, replaced, or inspected within the last year?  (yes/no).**

**If yes:**

Date of service \_\_\_\_\_ by \_\_\_\_\_ (individual & company name).

\_\_\_\_\_  
Servicer Signature

\_\_\_\_\_  
Date

If the replacement/repair/inspection was performed by the owner of the device or property where the device is located, please provide a receipt for the new catalyst (if applicable) and a date stamped photo showing the replacement/repair/inspection being performed. **All maintenance, service and replacement must done in accordance with the device's owner's manual.**

- Photos attached
  - ✓ Photo of cold catalyst showing condition
  - ✓ Photo of catalyst in operation
  - ✓ Photo of replacement/service (if applicable)
- Applicable Invoice/receipts attached (if applicable)
  - ✓ Receipt for new catalyst
  - ✓ Receipt for service/repairs

**If no**, and if the current date is less than 1 year from original purchase, then please sign and attach documentation listing the installation date. Please note, that a service, repair or visual inspection will be required once the initial year has passed, and periodically thereafter. \_\_\_\_\_ (initial).

**I certify that the statements and information in and attached to this document, are true, accurate, and complete.**

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

**ATTACHMENT D**  
**Installation Verification Affidavit**



Federal Regulations require that device installation meets the manufactures recommendations for optimal emissions performance. Various devices and their manufacturers have specific requirements. A device installed improperly can perform poorly and inefficiently. If the device is not installed properly, it can also lead to more particulate matter emitted when using the device.

Therefore, ensuring that the device is installed properly is required in order to qualify for a waiver.

**Was the device professionally installed?**  (yes/no).

**If yes:**

Original installation date of device: \_\_\_\_\_.

Company or name of installer: \_\_\_\_\_.

Device Manufacturer and Model: \_\_\_\_\_.

**If the device was not professionally installed an inspection verifying proper installation must be conducted by a certified professional.**

Date of inspection \_\_\_\_\_ by \_\_\_\_\_ (individual and company name)

\_\_\_\_\_  
Inspector Accreditation

\_\_\_\_\_  
Date of Accreditation

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Date

**I certify that the statements and information in and attached to this document, are true, accurate, and complete.**

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date



# ADEC NOASH and Stage 1 Waiver Pre-Application

In order to qualify for a NOASH and/or Stage 1 waiver, the Alaska Department of Environmental Conservation (ADEC) requires an applicant to verify that they have inquired with the Fairbanks North Star Borough (FNSB) to determine if they may qualify for the FNSB's enhanced voluntary removal, replacement and repair program (known as the "change-out program" or "WSCOP"). The waiver applicant must complete the "PRIOR to FNSB review" portion of this form. This information will enable the FNSB to complete their portion of the form and return it to applicant. The applicant will then finish by completing the "AFTER FNSB review" for verification of change out program options and submit with waiver application to ADEC. If unable to submit this document by email at [aqip@fnsb.gov](mailto:aqip@fnsb.gov), a hardcopy can be mailed to FNSB Air Quality, 3175 Peger Rd, Fairbanks, AK 99709.

**NOTE: ADEC NOASH OR STAGE 1 WAIVER APPLICATION DOES NOT REQUIRE PARTICIPATION IN THE WSCOP.**

The following information is necessary for the FNSB to determine eligibility for its programs (this information must match the application used for the waiver):

----- **To be filled in by waiver applicant **PRIOR** to FNSB review** -----

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Property address where appliance is located: \_\_\_\_\_  
Are you the legal owner(s) of the property? YES NO (Only legal owner(s) of the property can apply for change out program)  
Type of appliance (circle): wood stove pellet stove hydronic heater fireplace other: \_\_\_\_\_  
Manufacturer of appliance: \_\_\_\_\_ Manufactured Date: \_\_\_\_\_  
Model: \_\_\_\_\_

I understand that: (Initial each statement)  
\_\_\_\_ The options presented by FNSB are based on a preliminary determination, subject to additional requirements;  
\_\_\_\_ This document is not an application to the FNSB change out program; and,  
\_\_\_\_ This document does not guarantee approval for any of the FNSB checked options below.

By signing below, I attest that all information provided is true and accurate to the best of my knowledge.

Waiver applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

----- **To be filled in by FNSB Change-Out Program Staff** -----

<b>Replacement Appliance Options:</b>		<b>Other Available Options:</b>	<b>Ineligible:</b>
<input type="checkbox"/> Natural Gas/Propane	<input type="checkbox"/> Emergency Power Back-up	<input type="checkbox"/> Appliance Removal only	<input type="checkbox"/> Funding Limitation
<input type="checkbox"/> Home Heating Oil	<input type="checkbox"/> Electric	(without replacement)	<input type="checkbox"/> Noncompliance
<input type="checkbox"/> Cert. Catalytic Wood Stove	<input type="checkbox"/> Hot Water District Heat	<input type="checkbox"/> Appliance Repair	
<input type="checkbox"/> Pellet Stove / HH		<input type="checkbox"/> NOASH Reduction Program	

Program Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Program Staff Printed Name: \_\_\_\_\_

----- **To be filled in by waiver applicant **AFTER** FNSB review** -----

I have reviewed the options presented to me by the FNSB. I have chosen to (check one):  
\_\_\_\_ Not to participate in the Change Out Program  
\_\_\_\_ I will apply to the Change Out Program, but wish to continue to apply for a waiver  
Waiver applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_