

|  |  |                               |
|--|--|-------------------------------|
| <b>1. Incident Name:</b><br>Audubon WMD –<br>Butte WPA | <b>2. Incident Location:</b><br>McLean County. Unit is 5 miles south and 2 miles west of Butte ND, along 6 <sup>th</sup> Ave NW<br>Intersection of 6 <sup>th</sup> Ave NW & 24 <sup>th</sup> ST NW, Butte, ND 58723                      47.7651° -100.7246° | <b>3. Operational Period:</b> |
|--|--|-------------------------------|

## AGENCY ADMINISTRATOR IGNITION AUTHORIZATION (Prescribed Fire Plan, Element 2A)

Instructions: The Agency Administrator Ignition Authorization must be completed before a prescribed fire can be implemented. If ignition of the prescribed fire is not initiated prior to expiration date determined by the agency administrator, a new authorization will be required.

Prior to signature the agency administrator should discuss the following key items with the fire management officer (FMO) or burn boss. Attach any additional instructions or discussion documentation (optional) to this document.

### Key Discussion Items

|    |   |
|----|---|
| A. | Has anything changed since the Prescribed Fire Plan was approved or revalidated?<br><br><i>Such as drought or other climate indicators of increased risk, insect activity, new subdivisions/ structures, smoke requirements, Complexity Analysis Rating.</i>  |
| B. | Have compliance requirements and pre-burn considerations been completed?<br><br><i>Such as preparation work, NEPA mitigation requirements, cultural, threatened and endangered species, smoke permits, state burn permits/ authorizations.</i>                |
| C. | Can all of the elements and conditions specified in Prescribed Fire Plan be met?<br><br><i>Such as weather, scheduling, smoke management conditions, suitable prescription window, correct season, staffing and organization, safety considerations, etc.</i> |
| D. | Are processes in place to ensure all internal and external notifications and media releases will be completed?  |
| E. | Have key agency staffs been fully briefed about the implementation of this prescribed fire?   |
| F. | Are there circumstances that could affect the successful implementation of the plan?<br><br><i>Such as preparedness level restrictions, resource availability, other prescribed fire or wildfire activity</i>   |
| G. | Have you communicated your expectations to the Burn Boss and FMO regarding if and when you are to be notified that contingency actions are being taken?   |
| H. | Have you communicated your expectations to the Burn Boss and FMO regarding decisions to declare the prescribed fire a wildfire?   |

Implementation Recommended by:

FMO or Prescribed Fire Burn Boss Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am authorizing ignition of this prescribed fire between the dates of \_\_\_\_\_ and \_\_\_\_\_. It is my expectation that the project will be implemented within this time frame and as discussed and documented and attached to this plan. If the conditions we discussed change during this time frame, it is my expectation you will brief me on the circumstances and an updated authorization will be negotiated if necessary.

Additional Instructions or Discussion Documentation attached (Optional): Yes  No

Ignition Authorized by:

Agency Administrator Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_