FORM 2A - Additional Locations (Auto-fill format: Use “Tab” or up/down arrows to enter information.)

13. Supply at least ONE of the following Location Descriptions (attach Form 2A with additional locations):
   □ Latitude/Longitude ___° ___’ ___“ ___° ___’ ___“ OR Decimal ___ ___ by ___

   □ Universal Trans Meridian (UTM): Zone 10 ___ E ___ N (if not NAD83, Datum: ___)

   □ PLSS data: Town: ___ Range: ___ Section: ___ □ Parcel/Plot Number: ___

   □ Address, town, names and distance/direction to nearest crossroads/ Other:

14. Distance to Nearest Receptor Location: ___ feet

15. Is Engine Located within ¼ mile of a permanent residence, school, or business? □ Yes □ No If “Yes”, Please continue: Receptor Type: □ Residence □ School □ Business

   Distance to Receptor: ___ feet Direction to Receptor: ___ Location of Receptor

   Please provide at least ONE:
   □ Latitude/Longitude ___° ___’ ___“ ___° ___’ ___“ OR Decimal ___ ___ by ___

   □ Universal Trans Meridian (UTM): Zone 10 ___ E ___ N (if not NAD83, Datum: ___)

   □ PLSS data: Town: ___ Range: ___ Section: ___ □ Parcel/Plot Number: ___

   □ Address, town, names and distance/direction to nearest crossroads/ Other:

13. Supply at least ONE of the following Location Descriptions (attach Form 2A with additional locations):
   □ Latitude/Longitude ___° ___’ ___“ ___° ___’ ___“ OR Decimal ___ ___ by ___

   □ Universal Trans Meridian (UTM): Zone 10 ___ E ___ N (if not NAD83, Datum: ___)

   □ PLSS data: Town: ___ Range: ___ Section: ___ □ Parcel/Plot Number: ___

   □ Address, town, names and distance/direction to nearest crossroads/ Other:

14. Distance to Nearest Receptor Location: ___ feet

15. Is Engine Located within ¼ mile of a permanent residence, school, or business? □ Yes □ No If “Yes”, Please continue: Receptor Type: □ Residence □ School □ Business

   Distance to Receptor: ___ feet Direction to Receptor: ___ Location of Receptor

   Please provide at least ONE:
   □ Latitude/Longitude ___° ___’ ___“ ___° ___’ ___“ OR Decimal ___ ___ by ___

   □ Universal Trans Meridian (UTM): Zone 10 ___ E ___ N (if not NAD83, Datum: ___)

   □ PLSS data: Town: ___ Range: ___ Section: ___ □ Parcel/Plot Number: ___

   □ Address, town, names and distance/direction to nearest crossroads/ Other:

16. Printed Name of Owner/Operator: __________________________

   Title: __________________________

17. Signature of Owner/Operator: __________________________

   Date: __________________________