



Air Quality Registration Notification Crushing and Screening, Concrete, and Asphalt Plants

Revised: 5/1/2019

Complete this registration notification and submit it to the Department with the appropriate associated fees. By submitting this form, the owner/operator agrees to operate and maintain the facility and equipment in accordance with the applicable registration provisions in the Administrative Rules of Montana Title 17, chapter 8, subchapter 18. The owner/operator is encouraged to contact the Department with any questions related to this form. Within 15 days after receiving a complete registration notification, the Department will publish this form at <http://deg.mt.gov/Air/PublicEngagement>.

1. Registrant InformationOwner/Operator Information:Owner/Operator Name: JTL Group Inc. dba Knife River - BillingsMailing Address: PO Box 80066City: Billings State: MT Zip Code: 59108Company Name and Mailing Address:☒ Check if same as Owner/Operator

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person:Name: Brian Nickel Title: Environmental Engineer

Affiliation (if different than Owner/Operator): _____

Mailing Address: PO Box 80066City: Billings State: MT Zip Code: 59108Phone: (406) 651-2476 E-mail: Brian.Nickel@kniferiver.com**2. Source Category Information**

Check the box(es) to indicate which source type/category you are registering. In Attachment A, you will also be asked to identify which source type will be operated at each location. The owner/operator is only authorized to operate equipment of the source type(s) identified with this registration or future updates.

☒ Nonmetallic Mineral Crushing/Screening ☐ Asphalt Plant ☐ Concrete Batch Plant

3. Montana Operating Location Information (See Attachment A)

You must notify the Department of all locations of operation at least 15 days before operating at the location.

- ☐ Unknown at this time (applicant must submit Attachment A prior to operating in Montana)
☒ Permanent and/or Temporary Location(s) are identified in Attachment A

4. MAQP Revocation Request

☒ With this registration notification, I am requesting registration in lieu of permitting and revocation of the following Montana Air Quality Permits (attach additional as necessary)

MT Air Quality Permit (MAQP) #	Date of Issuance (if known)	MT Air Quality Permit (MAQP) #	Date of Issuance (if known)
<u>2570-04</u>	<u>2-4-12</u>	<u>3134-02</u>	<u>6-19-08</u>
<u>2689-04</u>	<u>6-18-08</u>	<u>4163-00</u>	<u>2-13-08</u>
<u>3096-02</u>	<u>4-22-13</u>	_____	_____
<u>3100-01</u>	<u>8-06-08</u>	_____	_____
<u>3133-01</u>	<u>5-23-01</u>	_____	_____

5. No fee is due at the time of registration for notifications received on or before 12/31/2019. Please note, as of the date of this document, the Department is developing a fee structure to cover the cost of administering this program. The new fee structure may include a registration fee and/or an annual operating fee for all registered facilities.

I hereby certify that, to the best of my knowledge, information, and belief, formed after reasonable inquiry, the information provided in this notification is true, accurate, and complete. Further, I hereby acknowledge duty to comply with all applicable requirements of the Administrative Rules of Montana Title 17, Chapter 8.

Owner/Operator Designated Representative Name (print): Brian Nickel

Title: Environmental Engineer

Signature: Brian Nickel

Date: 5-28-19

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

FOR STATE OF MONTANA USE ONLY

Account Name: Knife River - Billings

Registration Fee Paid in Full? ☐ Yes ☒ No

Amount Paid: N/A Check #: N/A

Date Notice Published: 6/4/2019 Initials: DS

Attachment A – Location Notice & Update Form

Location Name: <u>Wilson</u>		Location Type: <input type="radio"/> Temporary <input checked="" type="radio"/> Permanent	
Legal Description	Quarter: <u>SE 1/4</u> Section: <u>6</u> Township: <u>1N</u> Range: <u>27E</u>		
	County: <u>Yellowstone</u> Lat/Long Decimal Degrees: <u>45.85896</u> / <u>-108.41127</u>		
Montana Sage Grouse Conservation Program Applicability Visit https://sagegrouse.mt.gov to determine if the location is located within sage grouse habitat as recognized by the Montana Sage Grouse Habitat Conservation Program.		This location is within sage grouse habitat: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, I have consulted with the MT Sage Grouse Habitat Conservation Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Source Category to be Operated at Location (complete for all that apply)			
	Estimated Dates of Operation	Type of Notification	
		New	Confirmation
			Removal
Crushing/Screening	From: <u>1-1</u> To: <u>12-31</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Date: <u>5-28-19</u> <input type="checkbox"/> Date: _____
Concrete Batch Plant	From: _____ To: _____	<input type="checkbox"/>	<input type="checkbox"/> Date: _____ <input type="checkbox"/> Date: _____
Asphalt Plant (Drum)	From: _____ To: _____	<input type="checkbox"/>	<input type="checkbox"/> Date: _____ <input type="checkbox"/> Date: _____
Asphalt Plant (Batch)	From: <u>1-1</u> To: <u>12-31</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Date: <u>5-28-19</u> <input type="checkbox"/> Date: _____

Location Name: <u>East</u>		Location Type: <input checked="" type="radio"/> Temporary <input type="radio"/> Permanent	
Legal Description	Quarter: <u>NE 1/4</u> Section: <u>6</u> Township: <u>1N</u> Range: <u>27E</u>		
	County: <u>Yellowstone</u> Lat/Long Decimal Degrees: <u>45.86792</u> / <u>-108.40521</u>		
Montana Sage Grouse Conservation Program Applicability Visit https://sagegrouse.mt.gov to determine if the location is located within sage grouse habitat as recognized by the Montana Sage Grouse Habitat Conservation Program.		This location is within sage grouse habitat: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, I have consulted with the MT Sage Grouse Habitat Conservation Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Source Category to be Operated at Location (complete for all that apply)			
	Estimated Dates of Operation	Type of Notification	
		New	Confirmation
			Removal
Crushing/Screening	From: <u>1-1</u> To: <u>12-31</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Date: <u>5-28-19</u> <input type="checkbox"/> Date: _____
Concrete Batch Plant	From: _____ To: _____	<input type="checkbox"/>	<input type="checkbox"/> Date: _____ <input type="checkbox"/> Date: _____
Asphalt Plant (Drum)	From: _____ To: _____	<input type="checkbox"/>	<input type="checkbox"/> Date: _____ <input type="checkbox"/> Date: _____
Asphalt Plant (Batch)	From: _____ To: _____	<input type="checkbox"/>	<input type="checkbox"/> Date: _____ <input type="checkbox"/> Date: _____