



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://deq.mt.gov/Air/PublicEngagement>.

1. Registrant InformationOwner/Operator Information:Owner/Operator Name: LHC, IncMailing Address: P.O. Box 7338City: Kalispell, State: MT Zip Code: 59904-0338Company Name and Mailing Address: Check if same as Owner/Operator

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person:Name: Frank Tabish Title: Compliance

Affiliation (if different than Owner/Operator): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

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	MT Air Quality Permit (MAQP) #	Date of Issuance
<u>3860-02</u>	<u>1/30/2018</u>	<u>3047-02</u>	<u>1/16/2002</u>
<u>2615-16</u>	<u>4/20/2018</u>	<u>3048-02</u>	<u>1/16/2002</u>
<u>3050-04</u>	<u>4/4/2018</u>	<u>3049-02</u>	<u>1/16/2002</u>
<u>3047-03</u>	<u>1/3/2019</u>	<u>3197-01</u>	<u>3/28/2003</u>
<u>2925-08</u>	<u>5/5/2009</u>	<u>4741-01</u>	<u>8/25/2012</u>

3391-02 7/13/2007
 Air Quality Bureau • P.O. Box 200901 • Helena, MT 59601-0901 • (406) 444-3490

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): Frank Tabish

Title: Compliance

Signature: 

Date: 05/07/2019

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

FOR STATE OF MONTANA USE ONLY

Account Name: LHC, INC.

Registration Fee Paid in Full? Yes No

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

Date Notice Published: _____ Initials: _____

Lat/Long = Section 13 per ARCGIS verification. ds

Location Name: <u>TRL</u>		Location Type: <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Permanent		
Legal Description	Quarter: <u>SW</u> Section: <u>14</u> Township: <u>21N</u> Range: <u>29W</u>	Lat./Lon. Decimal Degrees: <u>47.5780721-115.260955</u>		
	County: <u>Sanders</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>TBD</u> To: <u>TBD</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____
Concrete Batch Plant	From: _____ To: _____	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____
Asphalt Plant (Drum)	From: <u>7/1/2019</u> To: <u>8/1/2019</u>	<input checked="" 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: _____

Location Name: _____		Location Type: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		
Legal Description	Quarter: _____ Section: _____ Township: _____ Range: _____	Lat./Lon. Decimal Degrees: _____ / _____		
	County: _____			
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: _____ To: _____	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	<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: _____

Attach additional sheets as necessary.