DATE RECEIVED Received Electronically 5/08/2019

DEQ Montana Department of Environmental Quality

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 Information

Owner/Operator Information:

Owner/Operator Name: LHC, Inc

Mailing Address: P.O. Box 7338

City: Kalispell, State: MT Zip Code: 59904-0338

Company 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
3860-02	1/30/2018	3047-02	1/16/2002
2615-16	4/20/2018	3048-02	1/16/2002
3050-04	4/4/2018	3049-02	1/16/2002
3047-03	1/3/2019	3197-01	3/28/2003
2925-08	5/5/2009	4741-01	8/25/2012
3397-02	7/13/2007		

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: _____

Attachment A – Location Notice & Update Form

Location Name: Big Sky		**Location Type:** ☑ Temporary ☐ Permanent	
Legal Description	Quarter: SW Section: 32 Township: 6S Range: 3E County: Madison Lat./Lon. Decimal Degrees: 45.261390 / -111.373862		
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: ☐ Yes ☑ No If yes, I have consulted with the MT Sage Grouse Habitat Conservation Program: ☐ Yes ☐ 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: ____	☐	☐ Date: ____	☐ Date: ____
Concrete Batch Plant	From: Existing To: 12/31/19	☑	☐ Date: Existing	☐ Date: ____
Asphalt Plant (Drum)	From: ____ To: ____	☐	☐ Date: ____	☐ Date: ____
Asphalt Plant (Batch)	From: ____ To: ____	☐	☐ Date: ____	☐ Date: ____

Location Name: Trumble Creek		**Location Type:** ☑ Temporary ☐ Permanent	
Legal Description	Quarter: SE Section: 27 Township: 30N Range: 21W County: Flathead Lat./Lon. Decimal Degrees: 48.331604 / -114.266160		
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: ☐ Yes ☑ No If yes, I have consulted with the MT Sage Grouse Habitat Conservation Program: ☐ Yes ☐ 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: 6/10/19 To: 7/10/19	☑	☐ Date: ____	☐ Date: ____
Concrete Batch Plant	From: ____ To: ____	☐	☐ Date: ____	☐ Date: ____
Asphalt Plant (Drum)	From: ____ To: ____	☐	☐ Date: ____	☐ Date: ____
Asphalt Plant (Batch)	From: ____ To: ____	☐	☐ Date: ____	☐ Date: ____