DATE RECEIVED Received Electronically 5/30/2019

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: REMP SAND & GRAVEL, INC.

Mailing Address: P.O. BOX 653

City: LIBBY State: MT Zip Code: 59923

Company Name and Mailing Address:

☐ Check if same as Owner/Operator

Company Name:

Mailing Address:

City: State: Zip Code:

Contact Person:

Name: KATHY REMP Title: OWNER

Affiliation (if different than Owner/Operator):

Mailing Address: P.O. BOX 653

City: LIBBY State: MT Zip Code: 59923

Phone: 406-293-5573 E-mail: kathy@remps.net

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)
3029-04			

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): Kathy Remp

Title: OWNER

Signature: Kathy Remp Date: 5/30/2019

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS	**FOR STATE OF MONTANA USE ONLY** Account Name: Remp Sand & Gravel, Inc. Registration Fee Paid in Full? ☐ Yes ☐ No Amount Paid: _____ Check #: _____ Date Notice Published: _____ Initials: _____

DEQ Montana Department of Environmental Quality

Air Quality Registration Notification
Attachment A – Location Notice & Update Form
Revised: 5/1/2019

This form serves to provide notification of facility locations as required by the Administrative Rules of Montana Title 17, chapter 8, subchapter 18. (1) The owner/operator of registered crushing and screening, concrete, or asphalt plants must submit to the Department notice of proposed location(s) for each source category at least 15 calendar days before commencing operation at the location. The owner/operator may not operate at a location for 15 days after the Department receives a complete notification. Once the Department receives notice of a location, owners/operators may move equipment to and from the location without submitting additional notice, except as required for initial confirmation of occupancy or for final removal of equipment. (2) Within 15 days after receiving a complete notification, the Department will publish notification of new locations at http://deq.mt.gov/Air/PublicEngagement. (3) Within 10 days after commencing operation at any new location, the owner/operator must contact the Department to confirm that the location is active. (4) The owner/operator must notify the Department within 10 days after removing all equipment of a single source category from a location.

Owner/Operator Certification
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.

Name (print): REMP SAND & GRAVEL, INC. Title: OWNER

Phone: 406-293-5573 Email: kathy@remps.net

Signature: Kathy Remp Date: 5/30/2019

For State of Montana Use Only

Date Received: Received Electronically 5/30/19

Date Notice Published (or NA): 6/3/2019

Notice of Montana Operating Locations

Location Name: NICKELBACK ROCK QUARRY

Location Type: ◉ Temporary ○ Permanent

Legal Description

Quarter: Section: 30 Township: 31N Range: 31W

County: LINCOLN Lat/Long Decimal Degrees: 48.418980 /-115.616597

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: To:	□	□ Date:	□ Date:
Asphalt Plant (Drum)	From: To:	□	□ Date:	□ Date:
Asphalt Plant (Batch)	From: To:	□	□ Date:	□ Date:

Print