



**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 653City: LIBBY State: MT Zip Code: 59923Company 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 653City: LIBBY State: MT Zip Code: 59923Phone: 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)

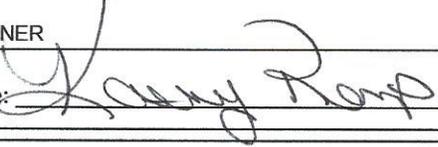
MT Air Quality Permit (MAQP) #	Date of Issuance (if known)	MT Air Quality Permit (MAQP) #	Date of Issuance (if known)
<u>3029-04</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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): Kathy Remp

Title: OWNER

Signature:  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: \_\_\_\_\_

<b>Location Name:</b> SILVER BUTTE ROCK QUARRY		<b>Location Type:</b> <input checked="" type="radio"/> Temporary <input type="radio"/> Permanent		
<b>Legal Description</b>	Quarter: _____ Section: 36	Township: 30.N	Range: 30W	
	County: LINCOLN	Lat/Long Decimal Degrees: 47.978665 / -115.403913		
<b>Montana Sage Grouse Conservation Program Applicability</b> Visit <a href="https://sagegrouse.mt.gov">https://sagegrouse.mt.gov</a> 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		
<b>Source Category to be Operated at Location (complete for all that apply)</b>				
	<b>Estimated Dates of Operation</b>	<b>Type of Notification</b>		
		<i>New</i>	<i>Confirmation</i>	<i>Removal</i>
<b>Crushing/Screening</b>	From: _____ To: _____	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____
<b>Concrete Batch Plant</b>	From: _____ To: _____	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____
<b>Asphalt Plant (Drum)</b>	From: _____ To: _____	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____
<b>Asphalt Plant (Batch)</b>	From: _____ To: _____	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____

<b>Location Name:</b> _____		<b>Location Type:</b> <input type="radio"/> Temporary <input type="radio"/> Permanent		
<b>Legal Description</b>	Quarter: _____ Section: _____	Township: _____	Range: _____	
	County: _____	Lat/Long Decimal Degrees: _____ / _____		
<b>Montana Sage Grouse Conservation Program Applicability</b> Visit <a href="https://sagegrouse.mt.gov">https://sagegrouse.mt.gov</a> 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		
<b>Source Category to be Operated at Location (complete for all that apply)</b>				
	<b>Estimated Dates of Operation</b>	<b>Type of Notification</b>		
		<i>New</i>	<i>Confirmation</i>	<i>Removal</i>
<b>Crushing/Screening</b>	From: _____ To: _____	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____
<b>Concrete Batch Plant</b>	From: _____ To: _____	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____
<b>Asphalt Plant (Drum)</b>	From: _____ To: _____	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____
<b>Asphalt Plant (Batch)</b>	From: _____ To: _____	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____

*Attach additional sheets as necessary.*