Air Quality Registration Form
for Crushing and Screening, Concrete, and Asphalt Plants

1. Regrant Information
   Owner/Operator Information:
   Owner/Operator Name: KLE Construction, LLC
   Mailing Address: 1035 Cerise Road
   City: Billings  State: MT  Zip Code: 59101

   Company Name and Mailing Address:
   [ ] Check if same as Owner/Operator
   Company Name:
   Mailing Address:
   City:  State:  Zip Code:

   Contact Person:
   Name: Chuck Bates  Title: Aggregates Manager
   Affiliation (if different than Owner/Operator):
   Mailing Address: 1035 Cerise Road
   City:  State: MT  Zip Code: 59101
   Phone: 406-969-1079  E-mail: chuckb@kleconstruction.net

2. Source Category Information
   Check the box(es) to indicate which source type/category you are registering. In the 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. No fee is due at the time of registration. Annual operating fees for registered facilities are based on a sliding scale dependent on annual emission rates with a minimum of $500 to a maximum of $13,000 per year. Fees calculations can be found on our website https://deq.mt.gov/Air/Assistance - Existing Facilities - Registered Sources.

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 the duty to comply with all applicable requirements of the Administrative Rules of Montana Title 17, Chapter 8. The owner/operator is encouraged to review the guidance available on the Department’s website at https://deq.mt.gov/Air/Assistance and may contact us with any questions related to this form. Within 15 days after receiving a complete registration notification, the Department will publish this form at https://deq.mt.gov/air/resources.

Owner/Operator Designated Representative Name (print): Jason Everett
Title: COO
Signature: ____________________________  Date: 06/15/2022

Form may be submitted electronically to DEQ-ARMB-Admin@mt.gov.

Air Quality Bureau • P.O. Box 200901 • Helena, MT 59601-0901 • (406) 444-3490
Portable Facility Registration Notification
Attachment A – Location Notice & Update Form

1. The owner/operator must submit notice of estimated dates of operation and proposed location(s) for each source category at least 15 calendar days before commencing operation at the location.

2. DEQ will publish location after receiving a complete notification at https://deq.mt.gov/Air/Resources under Public Notification – Emission Source Location.

3. The owner/operator must contact DEQ to confirm that the location is active within 10 days of commencing operation at the new location.

4. The owner/operator must notify DEQ within 10 days after removing all equipment of a single source category from a location, DEQ will then remove the source category from the above website.

*Note: This form will be submitted to DEQ 3 times per source category: estimated date, confirmed operation date, and removal date.

(Administrative Rules of Montana Title 17, chapter 8, subchapter 18.)

Owner/Operator Certification.
I hereby certify that, to the best of my knowledge, information, and belief, formed after reasonable inquiry, the information provided in the notification is true, accurate and complete.

Company: KLE Construction, LLC
Phone: 406-969-1079
Name (Print): Jason Everett
Title: COO
Email: jason@kleconstruction.net
Signature: ____________________________
Date: 06/15/2022

Notice of Operating Locations

<table>
<thead>
<tr>
<th>Location Name:</th>
<th>Kembel Pit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Type:</td>
<td>□ Temporary □ Permanent</td>
</tr>
<tr>
<td>County:</td>
<td>Yellowstone</td>
</tr>
<tr>
<td>Lat/Long:</td>
<td>45°50'7.45&quot;N, 108°24'43.7&quot;W</td>
</tr>
</tbody>
</table>

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, date they were consulted: _______________

<table>
<thead>
<tr>
<th>Source Category to be operated at location (complete for all that apply)</th>
<th>Estimated Dates of Operation (At least 15 day prior to commencement)</th>
<th>Type of Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Confirmed Operation (within 10 days)</td>
<td>Removal (within 10 days)</td>
</tr>
<tr>
<td>Crushing/Screening K400, 3 deck screen</td>
<td>From: 7-1-2022 To: 7-1-2022</td>
<td>Date: Date</td>
</tr>
<tr>
<td>Concrete Batch Plant</td>
<td>From:</td>
<td>To:</td>
</tr>
<tr>
<td>Asphalt Plant (Drum)</td>
<td>From:</td>
<td>To:</td>
</tr>
<tr>
<td>Asphalt Plant (Batch)</td>
<td>From:</td>
<td>To:</td>
</tr>
</tbody>
</table>

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