

DATE RECEIVED JUN 11 2019



**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: KNIFE RIVER CORPORATION - NORTH CENTRAL

Mailing Address: 3303 ROCK ISLAND PLACE

City: BISMARCK State: NORTH DAKOTA Zip Code: 58503

Company Name and Mailing Address:

☐ Check if same as Owner/Operator

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person:

Name: LUCI SNOWDEN Title: ENVIRONMENTAL MANAGER

Affiliation (if different than Owner/Operator): \_\_\_\_\_

Mailing Address: 3303 ROCK ISLAND PLACE

City: BISMARCK State: NORTH DAKOTA Zip Code: 58503

Phone: 701.530.1302 E-mail: LUCI.SNOWDEN@KNIFERIVER.COM

**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>5039 ASPHALT PLT 2</u>	_____	_____	_____
<u>5119 CRUSHER</u>	_____	_____	_____
<u>5188 ASPHALT PLT 1</u>	_____	_____	_____
<u>5120 ASPHALT PLT3</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): LUCI SNOWDEN

Title: ENVIRONMENTAL MANAGER

Signature: 

Date: 6/6/19

**RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

**FOR STATE OF MONTANA USE ONLY**

Account Name: Knife River - North Central

Registration Fee Paid in Full? ☐ Yes ☒ No

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

Date Notice Published: 6/11/2019 Initials: ds



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.

<p><b>Owner/Operator Certification</b> 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.</p> <p>Name (print): <u>LUCI SNOWDEN</u> Title: <u>ENVIRONMENTAL MANAGER</u></p> <p>Phone: <u>701.530.1302</u> Email: <u>LUCI.SNOWDEN@KNIFERIVER.COM</u></p> <p>Signature: <u><i>Lucille Snowden</i></u> Date: <u>6/16/19</u></p>	<p><b>RECEIVED</b></p> <p><b>For State of Montana Use Only</b></p> <p>Date Received: <u>MT Dept. of Environmental Quality Air, Energy &amp; Mining Division Air Quality Bureau</u></p> <p>Date Notice Published (or NA): <u>6/11/2019</u></p>
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**Notice of Montana Operating Locations**

Location Name: <u>ANDERSON PIT</u>		Location Type: <input type="radio"/> Temporary <input checked="" type="radio"/> Permanent		
<b>Legal Description</b>	Quarter: <u>NE</u> Section: <u>13</u> Township: <u>24N</u> Range: <u>59E</u> County: <u>RICHLAND</u> Lat/Long Decimal Degrees: <u>47.847594</u> / <u>-104.083458</u>			
<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>		
		<b>New</b>	<b>Confirmation</b>	<b>Removal</b>
<b>Crushing/Screening</b>	From: <u>6/21/2019</u> To: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____
<b>Concrete Batch Plant</b>	From: <u>6/21/2019</u> To: <u>12/31/2020</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____
<b>Asphalt Plant (Drum)</b>	From: <u>6/21/2019</u> To: _____	<input checked="" 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: _____

**Print**