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: TMC Inc
   Mailing Address: PO Box 69
   City: Belgrade State: MT Zip Code: 59714

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

   Contact Person:
   Name: Ken Stoeber Title: General Manager
   Affiliation (if different than Owner/Operator):
   Mailing Address: PO Box 69
   City: Belgrade State: MT Zip Code: 59714
   Phone: 406-388-6844 E-mail: ken@tmc-belgrade.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)
   5052-01 03/28/17
   □ □ □ □
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): Ken Stoeber
Title: General Manager
Signature: ___________________________ Date: 5/22/19

FOR STATE OF MONTANA USE ONLY
Account Name: TMC Inc
Registration Fee Paid in Full? □ Yes ☒ No
Amount Paid: N/A Check #: N/A
Date Notice Published: ___________ Initials: _____

RETAINT A COPY OF THIS FORM FOR YOUR RECORDS
## Attachment A – Location Notice & Update Form

### Location Name: Main Pit

<table>
<thead>
<tr>
<th>Legal Description</th>
<th>Location Type:</th>
<th>Location Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter: NW Section: 17</td>
<td>Temporary</td>
<td>Permanent</td>
</tr>
<tr>
<td>County: Gallatin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Montana Sage Grouse Conservation Program Applicability**

Visit [https://sagegrouse.mt.gov](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)

<table>
<thead>
<tr>
<th>Source Category</th>
<th>Estimated Dates of Operation</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crushing/Screening</td>
<td>From: 10/19 To:</td>
<td></td>
</tr>
<tr>
<td>Concrete Batch Plant</td>
<td>From: To:</td>
<td></td>
</tr>
<tr>
<td>Asphalt Plant (Drum)</td>
<td>From: To:</td>
<td></td>
</tr>
<tr>
<td>Asphalt Plant (Batch)</td>
<td>From: To:</td>
<td></td>
</tr>
</tbody>
</table>

### Location Name: Cameron Springs Pit

<table>
<thead>
<tr>
<th>Legal Description</th>
<th>Location Type:</th>
<th>Location Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter: NW Section: 19</td>
<td>Temporary</td>
<td>Permanent</td>
</tr>
<tr>
<td>County: Gallatin</td>
<td></td>
<td></td>
</tr>
</tbody>
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**Montana Sage Grouse Conservation Program Applicability**

Visit [https://sagegrouse.mt.gov](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)

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