DATE RECEIVED _____

DEQ Montana Department of Environmental Quality

Air Quality Registration Notification
Crushing and Screening, Concrete, and Asphalt Plants

Revised: 7/18/2019

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 review the guidance available on the Department's website at http://deq.mt.gov/Air/BI/NewFacility and may 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: Tom Roe & Son Construction Inc.

Mailing Address: PO Box 905

City: Big Timber State: MT Zip Code: 59011

Company Name and Mailing Address:

■ Check if same as Owner/Operator

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person:

Name: Chip Roe Title: President/ Owner

Affiliation (if different than Owner/Operator): _____

Mailing Address: PO Box 905

City: Big Timber State: MT Zip Code: 59011

Phone: 406-220-7049 E-mail: mroe@mtintouch.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	MT Air Quality Permit (MAQP) #	Date of Issuance

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 the duty to comply with all applicable requirements of the Administrative Rules of Montana Title 17, Chapter 8.

Owner/Operator Designated Representative Name (print): President/Owner

Title: President/Owner

Signature: Charles A Ross Date: Mar 18 - 2020

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

FOR STATE OF MONTANA USE ONLY
Account Name: _____
Registration Fee Paid in Full? ☐ Yes ☐ No
Amount Paid: _____ Check #: _____
Date Notice Published: _____ Initials: _____

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

Print Email

DEQ Montana Department of Environmental Quality

Air Quality Registration Notification
Attachment A – Location Notice & Update Form
Revised: 7/18/2019

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. Guidance for filling out this form can be found on the DEQ website at http://deq.mt.gov/Air/BI/NewFacility.

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): Charles Roe Title: President/Owner

Company: Tom Roe & Son Construction

Phone: 406-220-7049 Email: mroe@mtintouch.net

Signature: Charles J Roe Date: Mar 18-2020

For State of Montana Use Only

Date Received:

Date Notice Published (or NA):

Notice of Montana Operating Locations

Location Name: Sweet Grass Gravel **Location Type:** ○ Temporary ◉ Permanent

Physical Location County: Sweet Grass County Lat./Lon. Decimal Degrees: 45° 49' 57" N / 109° 55' 12" W

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)	**Type of Notification**		
	New	***Confirmation***	***Removal***
Crushing/Screening	☑	□ Date:	□ Date:
Concrete Batch Plant	☐	□ Date:	□ Date:
Asphalt Plant (Drum)	☐	□ Date:	□ Date:
Asphalt Plant (Batch)	☐	□ Date:	□ Date:

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