**Portable Facility Registration Notification**

**For State Use Only**

Date received:\_\_\_\_\_\_\_\_\_\_\_\_\_

Date published or N/A:\_\_\_\_\_\_\_\_\_

**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: | | Phone: |
| Name (Print): | Title: | Email: |
| Signature: | | Date: |

**Notice of Operating Locations**

|  |  |  |  |
| --- | --- | --- | --- |
| **Location Name:** | | | |
| **Location Type:**  Temporary  Permanent | | | |
| **County:**  **Lat/Long:** | | | |
| **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: | | | |
| **Source Category to be operated at location** (complete for all that apply) | **Estimated Dates of Operation**  (At least 15 day prior to commencement) | **Type of Notification:** | |
| **Confirmed Operation** (within 10 days) | **Removal** (within 10 days) |
| **Crushing/Screening** | From:  To: | Date: | Date |
| **Concrete Batch Plant** | From:  To: | Date: | Date: |
| **Asphalt Plant (Drum)** | From:  To: | Date: | Date: |
| **Asphalt Plant (Batch)** | From:  To: | Date: | Date: |

**Form may be submitted electronically to** [DEQ-ARMB-Admin@mt.gov**.**](mailto:DEQ-ARMB-Admin@mt.gov.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Location Name:** | | | |
| **Location Type:**  Temporary  Permanent | | | |
| **County:**  **Lat/Long:** | | | |
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| **Confirmed Operation** (within 10 days) | **Removal** (within 10 days) |
| **Crushing/Screening** | From:  To: | Date: | Date |
| **Concrete Batch Plant** | From:  To: | Date: | Date: |
| **Asphalt Plant (Drum)** | From:  To: | Date: | Date: |
| **Asphalt Plant (Batch)** | From:  To: | Date: | Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Location Name:** | | | |
| **Location Type:** Temporary  Permanent | | | |
| **County:**  **Lat/Long:** | | | |
| **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: | | | |
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| **Asphalt Plant (Batch)** | From:  To: | Date: | Date: |