



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>.

<p>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.</p> <p>Name (print): _____ Title: _____</p> <p>Company: _____</p> <p>Phone: _____ Email: _____</p> <p>Signature: _____ Date: _____</p>	<p>For State of Montana Use Only</p> <p>Date Received: _____</p> <p>Date Notice Published (or NA): _____</p>
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Notice of Montana Operating Locations

Location Name: _____		Location Type: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	
Physical Location	County: _____ Lat./Lon. Decimal Degrees: _____ / _____		
<p style="text-align: center;">Montana Sage Grouse Conservation Program Applicability</p> <p>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.</p>	<p>This location is within sage grouse habitat: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, I have consulted with the MT Sage Grouse Habitat Conservation Program: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Source Category to be Operated at Location (complete for all that apply)	Type of Notification		
	<i>New</i>	<i>Confirmation</i>	<i>Removal</i>
Crushing/Screening	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____
Concrete Batch Plant	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____
Asphalt Plant (Drum)	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____
Asphalt Plant (Batch)	<input type="checkbox"/>	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Date: _____

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

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Attach additional sheets as necessary.