



Portable Facility Registration Notification Attachment A – Location Notice & Update Form

For State Use Only

Date received: _____

Date published or N/A: _____

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: <input type="checkbox"/> Temporary <input type="checkbox"/> 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.			
<ul style="list-style-type: none"> • This location is within sage grouse habitat: <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, date they were consulted: _____ 			
Source Category to be operated at location <small>(complete for all that apply)</small>	Estimated Dates of Operation <small>(At least 15 day prior to commencement)</small>	Type of Notification:	
		Confirmed Operation <small>(within 10 days)</small>	Removal <small>(within 10 days)</small>
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.



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Concrete Batch Plant	From: To:	Date:	Date:
Asphalt Plant (Drum)	From: To:	Date:	Date:
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Location Name:			
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