

**Recertification Notice of Intent (NOI)**  
**NPDES General Permit for Aggregate Facilities ARG500000**

You must complete and certify this Recertification Notice of Intent (NOI) form and return it to the Department, with an updated disclosure statement, in order to continue permit coverage under the General Permit ARG500000. You must submit this form no later than January 31, 2016. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG500002                      AFIN: 72-00763  
 Permittee Name: Les Rogers, Inc

If any changes need to be made to the information shown below, please update the new information in the corrections section below and/or attach documentation.

	Current Information in ADEQ's Database	Corrections, If Needed
Facility Physical Address:	Les Rogers Sand and Gravel 707 South Main Greenland, AR 72737	
Facility Mailing Address:	627 East 15th Street Fayetteville, AR 72701	
Responsible Official:		
Responsible Official Email:		
Cognizant Official:	Les Rogers	
Cognizant Official Email:		
Contact Person:	Les Rogers	
Phone Number:	479-443-3190    479-443-9130 JT	

**RECEIVED**  
 SEP 10 2015  
 30935 KB

1. Have you attached an updated disclosure statement?                       Yes or No
2. Is the invoice address the same as the mailing address above?                       Yes or No                      If "No" please provide invoice address \_\_\_\_\_

Outfall Currently Listed in ADEQ's Database\*

Outfall Number	Latitude			Longitude		
	001-No Discharge	35°	58'	58.74"	94°	10'

\* If a change to the above outfall is needed, please be sure to provide the outfall number, coordinates, and an explanation of the required changes.

Additional Comments: \_\_\_\_\_

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

I certify that I have read and will comply with all the requirements of the NPDES General Permit ARG500000 for Aggregate Facilities.

Responsible Official Name: Les Rogers                      Responsible Official Title: Owner  
 Responsible Official Signature: Les Rogers                      Date: 8-20-15

Return the NOI form to the address below or send it electronically to: [water.permit.application@adeq.state.ar.us](mailto:water.permit.application@adeq.state.ar.us)

Water Division, General Permits Section  
 Arkansas Department of Environmental Quality  
 5301 Northshore Drive  
 North Little Rock, AR 72118-5317

**SCANNED**  
 SEP 09 2015  
**MAILROOM**

## Temple, Jessica

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**From:** casey rogers <lesrogersinc@hotmail.com>  
**Sent:** Wednesday, November 11, 2015 1:29 PM  
**To:** Temple, Jessica  
**Subject:** Pond Coordinates

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Jessica

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Here are the coordinates for the outlet location for the pond for Les Rogers Inc. gravel quarry. Let us know if you need anything else. N 35 58 717, W 094 10 623

Thanks  
Chris Rogers

# ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

## Instructions for the Completion of this Document:

- A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.

Mail to:  
ADEQ  
DISCLOSURE STATEMENT  
[List Proper Division(s)]  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Hand Deliver to:  
ADEQ  
DISCLOSURE STATEMENT  
[List Proper Division (s)]  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name) Les Rogers RMC.

2. MAILING ADDRESS (Number and Street, P.O. Box Or Rural Route):  
3151 E. Edwards Rd.

3. CITY, STATE, AND ZIP CODE:  
Fayetteville Ar 72701

4. (check all that apply.)

- Individual  Corporate or Other Entity
- Permit  License  Certification  Operational Authority
- New Application  Modification  Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
- Air  Water  Hazardous Waste  Regulated Storage Tank  Mining  Solid Waste
- Environmental Preservation and Technical Service

### 5. Declaration of No Changes:

The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement I filed with ADEQ on 8-2010

Les Rogers President

Signature of Individual or Authorized Representative of Firm or Legal Entity  
(Also complete #18.)

6. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)

Les Rogers, Inc. has been in the Construction, gravel mining and material handling business since since the 1980's. They have multiple sites currently permitted for mining and storm water pollution prevention. Additionally they have permitted many construction sites for storm water management.

7. List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant \* in the last ten (10) years including:

1. Administrative enforcement actions resulting in the imposition of sanctions;
2. Permit or license revocations or denials issued by any state or federal authority;
3. Actions that have resulted in a finding or a settlement of a violation; and
4. Pending actions.

(Attach additional pages, if necessary.)

*None*

\* Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 8-16 of this Disclosure Statement.

8. List all officers of the Applicant. (Add additional pages, if necessary.)

NAME: Les Rogers TITLE: President  
STREET: 3151 Ed Edwards Rd.  
CITY, STATE, ZIP: Fayetteville Ar 72701

NAME: Debbie Rogers TITLE: V.P. Treasurer  
STREET: 3151 Ed Edwards Rd.  
CITY, STATE, ZIP: Fayetteville Ar 72701

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: None TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: None TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

11. List all persons employed by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application.

NAME: Willie Kennedy TITLE: Foreman  
STREET: 1009 Smokeblear Rd  
CITY, STATE, ZIP: Fayetteville Ar 72701

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

12. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.

NAME: None TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

13. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

NAME: None TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

14. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant.

NAME: None \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Organizational Relationship:

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: None \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Organizational Relationship:

16. List any person who is not now in compliance or has a history of noncompliance with the environmental laws or regulations of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment.

NAME: None TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.

18. VERIFICATION AND ACKNOWLEDGEMENT

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

State of Arkansas

County of Washington

I, Les Rogers, swear and affirm that the information contained in this Disclosure Statement is true and correct to the best of my knowledge, information and belief.

APPLICANT SIGNATURE:

Les Rogers

COMPANY TITLE:

Les Rogers DNC, President

DATE:

9-14 2015

SUBSCRIBED AND SWORN TO BEFORE ME THIS 14 DAY OF Sept 20 15

**Jeri Webb**  
**Notary Public**  
**Arkansas**  
**Washington County**  
**My Commission Expires 03/03/2018**

Jeri Webb  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

3/3/18



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COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:

I, Les Rogers, certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violation.

APPLICANT  
SIGNATURE:

Les Rogers

TITLE:

President

DATE:

9-14-15