## 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: ARG500076

AFIN: 42-00401

Permittee Name: River Valley Quarries, LLC

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:	Ozark Quarry	
	9446 N. Highway 309	
	Ozark, AR 72949	A
Facility Mailing Address:	PO Box 988	
ти на при	Pryor, OK 74362	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Responsible Official:	James Kemp	
Responsible Official Email:	VVIII TO THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OT	
Cognizant Official:	James Kemp	
Cognizant Official Email:		
Contact Person:	James Keinp	
Phone Number:	918-825-3370	THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PE

Have you attached an updated disclosure statement?

Yes or No

call 8:22am

Is the invoice address the same as the mailing address above? Yes or No

If "No" please provide invoice address

#### Outfall Currently Listed in ADEO's Database\*

Outfall Number	Latitude Longitude					
001, Type 101	35°	231	47"	93°	47'	51"

<sup>\*</sup> 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:

Responsible Official Title:

Responsible Official Signature:

Date:

c. <u>00-7-7-7-</u>

Return the NOI form to the address below or send it electronically to: 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



Search Incorporations, Cooperatives, Banks and Insurance Companies Printer Friendly Version

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

Begin New Search

For service of process contact the Secretary of State's office.

Corporation Name

RIVER VALLEY QUARRIES, LLC

Fictitious Names

Filing #

811007081

Filing Type Filed under Act Limited Liability Company

Domestic LLC; 1003 of 1993

Status

Good Standing

Principal Address

P.O. BOX 1788 FAYETTEVILLE, AR 72702

Reg. Agent

JOHN P. NEIHOUSE

Agent Address

75 N. EAST AVENUE

FAYETTEVILLE, AR 72701

Date Filed

11/22/2011

Officers

JAMES A KEMP 0, Manager

JOHN P. NEIHOUSE 0, Incorporator/Organizer FLEMING & ASSOCIATES, Tax Preparer MELINDA S KEMP 0, Manager

Foreign Name

N/A

Foreign Address

State of Origin

N/A

**Purchase a Certificate of Good** 

Pay Franchise Tax for this

**Standing for this Entity** 

corporation



GEOLOGICAL ENGINEERING SOLUTIONS FOR TODAY'S ENVIRONMENTAL CONCERNS P.O. BOX 1507 • PITTSBURG, KS 66762 • (620) 231-5660 • FAX (620) 231-5661 triad@triad-es.com

DECEIVED
DEC 14 2015
313 4070

8 December 2015

Sent by Certified Mail 7010 0640 00007 1672 2855

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

Re:

River Valley Quarries, LLC – Ozark Quarry Permit # ARG500076

Recertification Notice Of Intent Under Permit ARG-500000

Dear Madam or Sir,

Submitted on behalf of our Client, River Valley Quarries, LLC, enclosed please find a completed Recertification NOI Form for coverage of our Client's facility near Ozark in Logan County and an updated Disclosure Statement.

If any questions arise in regard to the submission, please contact Chet Hiatt Triad Environmental Services (triad@triad-es.com or 620-231-5660).

Thank you for your cooperation in this matter and your timely review of the project.

Respectfully,

Chet D. Hiatt CHMM

cc:

J. Kemp

File

River Valley Quarries, LLC

# ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of thi	s Document:
A. Individuals, firms or other legal entities with no changes to ar complete items 1 through 5 and 18.	n ADEQ Disclosure Statement,
B. Individuals who never submitted an ADEQ Disclosure Statem and 16 through 18.	nent, complete items 1 through 4, 6, 7,
C. Firms or other legal entities who never submitted an ADEQ D through 4, and 6 through 18.	Disclosure Statement, complete 1
Mail to:	Hand Deliver to:
ADEQ	ADEQ
DISCLOSURE STATEMENT	DISCLOSURE STATEMENT
List Proper Division(s)]	[List Proper Division (s)]
5301 Northshore Drive	5301 Northshore Drive
North Little Rock, AR 72118-5317	North Little Rock, AR 72118-5317
1. APPLICANT: (Full Name)	
River Valley Quarries, LLC  2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route):	
P. O. Box 988	
B. CITY, STATE, AND ZIPCODE:	v - x
ryor, Oklahoma 74362	
4. (check all that apply.)	
☐ Individual	
Permit License Certification Operational Authority	*
New Application Modification Renewal Application (If no changes from pre-	vious disclosure statement, complete number 5 and 18.)
Air Water Hazardous Waste Regulated Storage Tank Mining	Solid Waste
Environmental Preservation and Technical Service	* .
Delender CN CI	
5. <u>Declaration of No Changes:</u> The violation history, experience and credentials, involvement in current or pending environmental ast Disclosure Statement I filed with ADEQ on 11/22/2011	lawsuits, civil and criminal, have not changed since the
(ha/lp	
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.)	
NA NA	
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:	
<ol> <li>Administrative enforcement actions resulting in the imposition of sanctions;</li> <li>Permit or license revocations or denials issued by any state or federal authority;</li> </ol>	
<ol> <li>Actions that have resulted in a finding or a settlement of a violation; and</li> <li>Pending actions.</li> </ol>	
(Attach additional pages, if necessary.) NA	
	- 1

8. List all officers of the Applicant. (Add addi	itional pages, if necessary.)
NAME: NA	TITLE:
CITY, STATE, ZIP:	
NAME:	TITLE:
NAME:	TITLE:
9. List all directors of the Applicant. (Add add	
NAME: NA	TITLE:
STREET:	
	TITLE:
STREET:	
CITY, STATE, ZIP:	
NAME:	TITLE:
CITY, STATE, ZIP:	
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10. List all partners of the Applicant. (Add ad	ditional pages, if necessary.)
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10. List all partners of the Applicant. (Add ad NAME: NA STREET: CITY, STATE, ZIP:  NAME: STREET: CITY, STATE, ZIP:  NAME: STREET: CITY, STATE, ZIP:  11. List all persons employed by the Applicant in NAME: NA STREET: CITY, STATE, ZIP:  NAME: NA STREET: CITY, STATE, ZIP: NAME: NA	ditional pages, if necessary.)  TITLE:  TITLE:  TITLE:  TITLE:  In a supervisory capacity or with authority over operations of the facility subject to this application.  TITLE:  TITLE:
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10. List all partners of the Applicant. (Add ad NAME: NA STREET:	ditional pages, if necessary.)  TITLE:

	own or control more than five percent (5%) of the Applicant's debt or equity.
	TITLE:
CITY, STATE, ZIP:	
NAME.	TITLE:
	THLE:
C111, S11112, Z111	
NAME	
	TITLE:
CITT, STATE, ZIT.	
13. List all legal entities, in which the Ap	plicant holds a debt or equity interest of more than five percent (5%).
	TITLE:
STREET:	
	TITLE:
CITY, STATE, ZIP:	
NAME:	TITLE:
STREET:	
CITY, STATE, ZIP:	
14 1 1:4	The state of the s
14. List any parent company of the Appli	cant. Describe the parent company's ongoing organizational relationship with the Applicant.
NA	
NAME: NA	
STREET:	
CITY, STATE, ZIP:	
Organizational Relationship:	
15. List any subsidiary of the Applicant.	Describe the subsidiary's ongoing organizational relationship with the Applicant.
NAME: NA	
STREET:	
CITY, STATE, ZIP:	
Organizational Relationship:	

16. List any person who is not now in compliance jurisdiction and who through relationship by blothe Applicant in a manner which could adversely	e or has a history of noncompliance with the environmental laws or regulations of this state or any other good or marriage or through any other relationship could be reasonably expected to significantly influence y affect the environment.
	TITLE:
CITY, STATE, ZIP:	
NAME: NA	TITLE:
STREET:	
CII 1, STATE, ZIF:	
17. List all federal environmental agencies and a	ny other environmental agencies outside this state that have or have had regulatory responsibility over the
Applicant. NA	

### 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 Oklahoma
County of Mayes
I,, 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:
COMPANY TITLE: River Valley Quarries, LLC
DATE:
SUBSCRIBED AND SWORN TO BEFORE ME THIS
NOTARY PUBLIC NOTARY PUBLIC
MY COMMISSION EXPIRES: OF OKLASION
5-12-18