PERMITTED FACILITY

Rockydale Quarries Corporation - Rockydale Plant 2343 Highland Farm Rd NW, Roanoke VA 24017

Permit Number: VAG840067 o Discharge:

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

		MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY				
ROM	2022	01	01	то	2022	12	31				

RETURN TO

Department of Environmental Quality Blue Ridge - Roanoke Regional Office 901 Russell Drive, Salem VA 24153 (540) 562-6700

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND RETURNING IT.

h	Run	Date	Jul	23,	201	18

_utfall Num: 002	Reporting F	requency: An								Run Da	te: Jul 23, 2
PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE	
PARAMETER		AVERAGE	MUMIXAM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
000 -11	REPORTD	*******	********		8.95	********	8:95	50	0	1/48	GRAH
002 pH	REQRMNT	*******	*******		NL	******	NL	SU		1/YR	GRAB
	REPORTD	******	********	T	********	******	51,3	Mg/L	D	1/YR	GRAF
004 TSS	REQRMNT	4	*******		********		NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTO		0.0370	MGD					0	C/YR	EST
	REQRMNT	*******	NL	MG	*******	******	*******			1/YR	EST

Additional Permit Requirements (Outfall 002):

Comments:

PERMITTED FACILITY

Rockydale Quarries Corporation - Rockydale Plant 2343 Highland Farm Rd NW. Roanoke VA 24017 Permit Number: VAG840067

BYPASS AND OVERFLOWS

TOTAL OCCURRENCES TOTAL FLOW(M.G.) TOTAL BOD5(K.G.)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING
DISCHARGE MONITORING REPORT (DMR)

RETURN TO

Department of Environmental Quality
Blue Ridge - Roanoke Regional Office
901 Russell Drive, Salem VA 24153
(540) 562-6700
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COMPLETING THIS FORM AND RETURNING IT.

ERTIFY 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 AMARKE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

0	0	0		*		
		OPERATOR IN RESPONSIBLE CHARGE			DATE	
Michael (Thoost	110/16		2022	04	01
TYPED OR PRINT		SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINC	UDAL EXECUTIVE	SEICER OR AUTHORIZED AGENT	TELEPHONE			

Michael Chapse: SIGNATURE CERTIFICATE NO. YEAR MO. DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME

SIGNATURE

540-705-7150

TYPED OR PRINTED NAME

SIGNATURE

YEAR MO. DAY