D FACILITY

Rockydale - Broadway Quarry

2343 Highland Farm Road NW, Roanoke VA 24017

Permit Number: VAG840133

No Discharge:

## DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

	MONITORING PERIOD							
	YEAR	MO	DAY	8 6	YEAR	MO	DAY	
FROM	2022	4	0/	то	2022	06	30	

## **RETURN TO**

Department of Environmental Quality

Valley Regional Office

4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801

(540) 574-7800

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

Outfall Num: 001	Reporting F	requency: Qua	arter							Run Da	te: Jun 26, 201
		QUAN	ITITY OR LOADIN	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY OF	SAMPLE
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
001 FLOW	REPORTO	405	405	MAN	*******	********	****	MAD	0	1/311	Est
	REQRMINT	NL	NL	MGD	*****	********	*****			1/3M	EST
002 pH	REPORTO	******	******	1 No. 10 10 10 10 10 10 10 10 10 10 10 10 10	7.25	*********	7.25	Su	0	1/3M	fresh
	REQRMNT	******	*****	1000000 3000	6.5	******	9.5	SU		1/3M	GRAB
004 TSS	REPORTD	****	*****		*******	<1.0	<1.0	MGIL	6	1/3/4	Anh
	REORMNT	*****	******		******	30	60	MG/L		1/3M	GRAB

Additional Permit Requirements (Outfall 001):

Comments:

PERI D FACILITY

Rockydale - Broadway Quarry

2343 Highland Farm Road NW, Roanoke VA 24017

COMMON\ )LTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NONMETALLIC MINERAL MINING
DISCHARGE MONITORING REPORT (DMR)

Department of Environmental Quality
Valley Regional Office
4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801
(540) 574-7800

**RETURN TO** 

Permit Number: VAG840133

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

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.

BYPASS AND OVERFLOWS					
TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)			
0	*1				

**************************************	DATE				
Tim Childors	Timothy Challe		2022	07 Mo.	05 DAY
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR		
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		1	4
Tim Childers	Terrolly C	540-682-3418	2022	07	05
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY