

PERMITTEE NAME ADDRESS(INCLUDE FACILITY NAME) LOCATION IF DIFFERENT)

NAME Appomattox Lime Company  
ADDRESS 143 Quarry Road

FACILITY'S ADDRESS Appomattox VA 24522  
143 Quarry Rd  
Appomattox VA 24522

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
NONMETALLIC MINERAL MINING

DISCHARGE MONITORING REPORT(DMR)

VAG840046	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
2019 1 1	2019 3 31

FROM

TO

04/2  
DEPT. OF ENVIRONMENTAL QUALITY  
(REGIONAL OFFICE)  
Blue Ridge Regional Office  
7705 Timberlake Rd

Lynchburg VA 24502  
NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	0.28	0.28	MGD	*****	*****	*****			1/3M	EST
	REQUIREMENT	NL	NL	MGD	*****	*****	*****			1/3M	EST
002 pH	REPORTED	*****	*****		8.5	*****	8.5	SU		1/3M	GRAB
	REQUIREMENT	*****	*****		6.0	*****	9.0	SU		1/3M	GRAB
004 TSS	REPORTED	*****	*****		*****	1.7	1.7	MG/L		1/3M	GRAB
	REQUIREMENT	*****	*****		*****	30	60	MG/L		1/3M	GRAB

DEQ Comments :

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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.				TYPED OR PRINTED NAME			YEAR MO DAY		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
				TYPED OR PRINTED NAME			YEAR MO DAY		
				Eric Stone			Eric Stone		