FACILITY NAME/L ( ) ION IF DIFFERENT) NAME Cox Lime Company ADDRESS 14

uarry Road

FACILITY'S Appomattox

VA 24522

PHYSICAL 143 Quarry Rd ADDRESS Appomattox

VA 24522

DEPARTMENT OF F IRONMENTAL QUALITY

DISCHARGE

FROM

ÖRING REPORT(DMR)

VAG840046 005 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO DAY

12/09/~

DEPT. OF ENVIRONMENT/ (REGIONAL OFFIL.

Blue Ridge Regional Office 7705 Timberlake Rd

Lynchburg

VA 24502

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM

| PARAMETER    |             | QUA     | NTITY OR LOADING | 2     | 1       |                          |         |       |     |             |        |
|--------------|-------------|---------|------------------|-------|---------|--------------------------|---------|-------|-----|-------------|--------|
|              |             | AVERAGE | MAXIMUM          | -     |         | QUALITY OR CONCENTRATION |         |       | NO. | FREQUENCY   | SAMPLE |
| CO1 FLOW     | REPORTED    | -       | IVIANIMUM        | UNITS | MINIMUM | AVERAGE                  | MAXIMUM | UNITS | EX. | OF ANALYSIS | TYPE   |
|              |             | 0.20    | 0.50             | MGD   | ******  | *****                    | ******* |       | 1   | 111         |        |
|              | REQUIREMENT | NL      | NL               | MGD   | >====== | *****                    |         |       | -   | ilsm        | EST    |
| 002 рН       | REPORTED    | ****    | *******          | -     | 1       |                          | ******* |       |     | 1/3M        | EST    |
|              | REQUIREMENT | ******  |                  |       | 8.16    | *******                  | 8.16    | SU    |     | 1/3m        | GRAG   |
| 004 TSS      |             |         | ******           |       | 6.0     | *****                    | 9.0     | SU    |     |             | GRAB   |
|              | REPORTED    | *****   | *****            |       | ******  | 27.6                     | 271     | 1,00  |     | 1,1         |        |
|              | REQUIREMENT | *****   | *******          |       |         |                          | 27.6    | MGIL  |     | 1/3/2       | GRAC   |
| DEQ Comments |             |         |                  |       | *****   | 30                       | 60      | MG/L  |     | 1/3M        | GRAB   |

| TOTAL<br>OCCURRENCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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