

PERMITTEE NAME ADDRESS (INCLUDE FACILITY NAME) LOCATION IF DIFFERENT

NAME Appomattox Lime Company
ADDRESS 143 Quarry Road

FACILITY'S ADDRESS Appomattox VA 24522

PHYSICAL ADDRESS 143 Quarry Rd

ADDRESS 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	TO YEAR MO DAY
2018	7	1	2018 9 30

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	*****	*****		8.3	*****	8.3	SU		1/3m	GRAB
	REQUIREMENT	*****	*****		6.0	*****	9.0	SU		1/3M	GRAB
004 TSS	REPORTED	*****	*****		*****	1.5	1.5	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			
<p>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.</p>				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE					
				TYPED OR PRINTED NAME			SIGNATURE			YEAR MO. DAY		
				Eric Stone			Eric Stone			434 933-8258 2018 9 28		