PERMITTEE N VADDRESS(INCLUDE FACILITY DCATION IF DIFFERENT) NAME

Appomattox Lime Company ADDRESS 143 Quarry Road

FACILITY'S Appointed
PHYSICAL 143 Quarry Rd
ADDRESS Appomattox

VA 24522

Appomattox

VA 24522

COMMONWEALTH OF VIRGINIA DEPARTMENT IVIRONMENTAL QUALITY NONL.

DISCHARGE MONITORING REPORT(DMR)

VAG840046 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

YEAR MO DAY YEAR MO DAY FROM 2018

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.	FREQUENCY	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	
001 FLOW	REPORTED	0.37	0.37	MGD	*******	******	*******	1	+-	11000	1-6-
	REQUIREMENT	NL	NL	MGD	*******	*******				1/3 M	EST
002 рн				1 1100	1		*******	1	1	1/3M	EST
	REPORTED	*****	*******		7.98	*******	7.98	100		1 1 100	1000
	REQUIREMENT	******	*******					SU	-	Meli	GRAD
004 TSS					6.0	*******	9.0	รบ		1/3M	GRAB
	REPORTED	*******	*******		*******	5.0	5.0	100,11		i ii i	1000
	REQUIREMENT	*******	*****				60	MOLL		13M	GRAB
	The same of the sa				*******	30		MG/L		1/3M	GRAB

DEQ Comments:

BYPASSES AND OVERFLOWS	OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN		DATE			
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS MERE PREPARED UNDER MY DIRECTION OR SUPENVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERTY CATHER AND EVALUATE THE INFORMATION SUPENITED. BASED ON MY INQUIPY OF THE PERSON OR PERSONS WHO HANGE THE SYSTEM OR PROSES PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY WHOMLEDGE AND RELIEF TRUE. ACCURATE ONLY OF THE ANALTIES FOR SUBMITTING ALSO COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING ALSO INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR BOWHING VIOLATIONS.			TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY	
			PRINCIPAL EXECUTIVE OFFIC	TELEPHONE		I			
			TYPED OR PRINTED NAME Enc Store	SIGNATURE	434	YEAR 2018	MO.	VAD 8S	