PERMITTED FACILITY

Appomattox Lime Company

2343 Highland Farm Road NW, Roanoke VA 24017

Permit Number: VAG840046

No Discharge:

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

		M	ONITO	RING	PERIO)	***************************************
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2019	R		то	2019	12	31

RETURN TO

Department of Environmental Quality Blue Ridge - Roanoke Regional Office 901 Russell Drive, Salem VA 24153 (540) 562-6700

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

Outfall Num: 003	Reporting F	requency: Ann		100.1110	10 00	1112 3				Run Da	te: Jul 25, 2019
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
002 pH	REPORTD	*****	*****	The state of the s		*****		1		-	

PARAMETER	1	The state of the s			QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE
The second of th		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
002 pH	REPORTD	****	*****			*****		-	-	-	
002 pr 1	REQRMNT	*****	****		NL	*****	NL	SU		1/YR	GRAB
004 TSS	REPORTD	******	*****	T	****	****		T T		1	
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	****	NL	MG	*****	*****	****			1/YR	EST

Additional Permit Requirements (Outfall 003): Comments:

N-1

PERMITTED FACILITY

Appornattox Lime Company 2343 Highland Farm Road NW, Roanoke VA 24017 Permit Number: VAG840046

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

RETURN TO

Department of Environmental Quality
Blue Ridge - Roanoke Regional Office
901 Russell Drive, Salem VA 24153
(540) 562-6700
NOTE: READ PERMIT 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.)				

	DATE				
Fric Stone	Eru Da		2019	W	20
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIV	E OFFICER OR AUTHORIZED AGENT	TELEPHONE			
Eric Stone	Erus		2019	12	20
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY