Appoma ame Company

2343 Highland Farm Road NW, Roanoke VA 24017

Permit Number: VAG840046

No Discharge:

COMMONY ALTH OF VIRGINIA
DEPARTMENT OF AVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

YEAR MO DAY YEAR MO DAY
FROM 2020 9 30

**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: 001 Reporting Frequency: Quarter

Run Date: Jul 25, 2019

Callan Mann. Con	Reporting	requericy. Que	arter							Tur De	210. Dui 20, 20 i
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
001 FLOW	REPORTD	0.14	0.14	MGD	*****	*****	****			11sm	EST
	REQRMNT	NL	NL	MGD	****	******	*****			1/3M	EST
000 -11	REPORTD	****	*****		8.26	*****	8.26	50		1/3 m	GERR
002 pH	REQRMNT	*****	******		6.0	******	9.0	SU		1/3M	GRAB
004 TSS	REPORTD	****	*****		****	ND	ND	MGIL		1/3 M	GEBP
	REQRMNT	*****	******		****	30	60	MG/L		1/3M	GRAB

Additional Permit Requirements (Outfall 001):

Comments:

## PERMITTED FACILITY

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## COMMONWEALTH OF VIRGINIA DEPARTMENT OF VIRONMENTAL QUALITY

## **RETURN TO**

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

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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.)					
	E						

	DATE				
Eric Stone	Brustu		2020	10	5
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE	OFFICER OR AUTHORIZED AGENT	TELEPHONE			
Eric Stone	EuShu	434-933-8258	2020	10	5
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY