

PERMIT FACILITY

Rockydale - Broadway Quarry
2343 Highland Farm Road NW, Roanoke VA 24017
Permit Number: VAG840133

No Discharge: ☒

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NONMETALLIC MINERAL MINING
DISCHARGE MONITORING REPORT (DMR)**

RETURN TO

Department of Environmental Quality
Valley Regional Office
4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801
(540) 574-7800

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

| MONITORING PERIOD | | | | | | | | | |
|-------------------|--|--|------|-----|----|------|------|----|-----|
| YEAR | | | MO | DAY | | YEAR | | MO | DAY |
| FROM | | | 2020 | 01 | 01 | TO | 2020 | 03 | 31 |

Outfall Num: 001

Reporting Frequency: Quarter

Run Date: Jun 26, 2019

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX. | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------|---------|---------------------|---------|-------|--------------------------|---------|---------|-------|------------|--------------------------|----------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| 001 FLOW | REPORTD | | | | ***** | ***** | ***** | | | | |
| | REQRMNT | NL | NL | MGD | ***** | ***** | ***** | | | 1/3M | EST |
| 002 pH | REPORTD | ***** | ***** | | | ***** | | | | | |
| | REQRMNT | ***** | ***** | | 6.5 | ***** | 9.5 | SU | | 1/3M | GRAB |
| 004 TSS | REPORTD | ***** | ***** | | ***** | | | | | | |
| | REQRMNT | ***** | ***** | | ***** | 30 | 60 | MG/L | | 1/3M | GRAB |

Additional Permit Requirements (Outfall 001):

Comments:

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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.) |
| | | |

| OPERATOR IN RESPONSIBLE CHARGE | | | DATE | | |
|---|-------------------------|---------------------|-------------|-----------|-----------|
| <i>Timothy Childers</i> | <i>Timothy Childers</i> | <i>R984153</i> | <i>2020</i> | <i>04</i> | <i>09</i> |
| TYPED OR PRINTED NAME | SIGNATURE | CERTIFICATE NO. | YEAR | MO. | DAY |
| PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | TELEPHONE | | |
| <i>Timothy Childers</i> | <i>Timothy Childers</i> | <i>540-682-3418</i> | <i>2020</i> | <i>04</i> | <i>09</i> |
| TYPED OR PRINTED NAME | SIGNATURE | | YEAR | MO. | DAY |