ED FACILITY

Rockydale - Broadway Quarry

2343 Highland Farm Road NW, Roanoke VA 24017

Permit Number: VAG840133

	~ .	4 :
NΛ	(liecharde:	3 :
110	Discharge:	ž

LTH OF VIRGINIA **DEPARTMENT OF ENVIRONMENTAL QUALITY**

NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	МО	DAY			
ROM	2020	4	7	то	2020	.6	31			

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.

Outfall Num: 001	Reporting Frequency: Quarter							Run Date: Jun 26, 2019			
PARAMETER	QUANTITY OR LOADING			G	QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
001 FLOW	REPORTD	-324	.324	MEI	*****	*******	*****	160	0	1/3/1	£57
OUT FLOW	REQRMNT	NL	NL	MGD	****	*****	*****			1/3M	EST
000-11	REPORTD	******	******	501	8.08	******	8.08	SU	0	1/3/1	Grab
002 pH	REORMNT	******	*****		6.5	*****	9.5	SU		1/3M	GRAB
004 TSS	REPORTD	*****	*****	MG/L	*****	2.4	2.4	MG/L	0	1/311	Evab
	REQRMNT	******	******		******	30	60	MG/L		1/3M	GRAB

Additional Permit Requirements (Outfall 001):

Comments:

PERM FACILITY

Rockydaie - Broadway Quarry

2343 Highland Farm Road NW, Roanoke VA 24017

Permit Number: VAG840133

COMMONW ... TH OF VIRGINIA DEPARTMENT OF L... /IRONMENTAL 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.

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			
Tim Childrens	in Children Limsthy Children		2020	6	30
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE	TELEPHONE				
Tim Childers	Timothy Chilles	540-682-3418	zere	6	30
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY