

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)

		MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	2020	01	01	то	2020	12	3/	

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.

Run Date: Jun 26, 2019

Outfall Num: 003	Reporting F	requency: Ann	ual	30	30003311000004 362702 0046034	5 X 164 X 34 50 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				Run Da	te: Jun 26, 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	******	******			*****					
	REORMNT	******	******		NL.	*****	NL	SU		1/YR	GRAB
004 TSS	REPORTD	*******	******		******	******					
	REQRMNT	******	******		******	*******	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	******			******	*******	******				
	REQRMNT	*****	NL.	MG	****	42144224	444444			1/YR	EST

PRECEDING MEASURABLE STORM EVENT							
Days Hours							

Additional Permit Requirements (Outfall 003):

Comments:

PERM ACILITY
Rockydale - Broadway Quarry
2343 Highland Farm Road NW, Roanoke VA 24017

Permit Number: VAG840133

COMMONW TH 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.

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						
OTAL BOD5(K.G.)						
_						

		DATE			
Timothy Daniel Children II	Timothy Children II	R9841153	2020	12	31
TYPED OR PRINTED NAME	YPED OR PRINTED NAME SIGNATURE		YEAR	MO.	DAY
PRINCIPAL EXECUTIVE	TELEPHONE			1	
Timothy Daniel Children II	Twoolly Children TO	340-682-5418	2020	12	7)
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY