

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Rockydale - Broadway Quarry
ADDRESS PO Box 8425

FACILITY'S Roanoke VA 24014
PHYSICAL 11261 Turleytown Rd
ADDRESS Linville VA 22834

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NONMETALLIC MINERAL MINING

DISCHARGE MONITORING REPORT(DMR)

VAG840133			001				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	18	4	1		18	6	30

06/25/2014

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Valley Regional Office
4411 Early Road
P.O. Box 3000

Harrisonburg VA 22801

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
001 FLOW	REPORTED	1.985	1.985	MGD	*****	*****	*****	MGD	0	1/3M EST
	REQUIREMENT	NL	NL	MGD	*****	*****	*****		1/3M	EST
002 pH	REPORTED	*****	*****	mg/l	7.75	*****	7.75	SU	0	1/3M GRAB
	REQUIREMENT	*****	*****		6.5	*****	9.5	SU		1/3M GRAB
004 TSS	REPORTED	*****	*****	mg/l	*****	2.3	2.3	MG/L	0	1/3M GRAB
	REQUIREMENT	*****	*****		*****	30	60	MG/L		1/3M GRAB

DEQ Comments :

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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.	TYPED OR PRINTED NAME		SIGNATURE		CERTIFICATE NO.	YEAR	MO.	DAY	
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
	TYPED OR PRINTED NAME		SIGNATURE			YEAR	MO.	DAY	
	Keith Holt		[Signature]		540-597-3017	16	7	10	