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

ADDRESS 1535 Jacks Creek Rd

Union Hall

FACILITY 1535 Jacks Creek Rd

NAME

Jacks Mountain Quarry

VA 24092

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT(DMR)

VAG840050

002

PERMIT NUMBER DISCHA

DISCHARGE NUMBER

FROM

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2016
 1
 1
 TO
 2016
 12
 3

06/23/2004

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

West Central Regional Office 3019 Peters Creek Road

Roanoke

VA 24019

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

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	LA.	ANALYSIS	
001 FLOW	REPORTED	0.00576	0.00576	MGD		******	*******	MGD		1/41.	EST
	REQUIREMENT	NA	NL	MG	NA	*****	*******			1/YR	EST
002 PH	REPORTED	******	******	SU		7.33		SU			Greb
	REQUIREMENT	******	******		NL	NA	NL	SU		1/YR	GRAB
004 TSS	REPORTED	******	******			3	100	ms/1			Greb
	REQUIREMENT	******	******		NA	NA	NL	MG/L		1/YP	GRAB
	REPORTED										
	REQUIREMENT										
	REPORTED										
	REQUIREMENT										
	REPORTED										
	REQUIREMENT										
	REPORTED										
	REQUIREMENT										
	REPORTED										
	REQUIREMENT										

B\'PASSES AND	TOTAL TOTAL FLOW(M.G.) TOTAL BOD5(K.G.)			OPERATOR IN RESPONSIBLE CHARGE				DATE		
OVERFLOWS										
TO ABBURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MAMAGE THE SYSTEM OR				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY	
				PRINCIPAL EXECUTIVE OFFIC	TELEPHONE					
				Keith H. Holt	Kloda	540.597.5017	2018	2	8	
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	