

PERMITTED FACILITY

Rockydale Quarries Corp - Jacks Mountain Quarry

2343 Highland Farm Rd NW, Roanoke VA 24019

Permit Number: VAG840050

No Discharge: ☐

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

RETURN TO

Department of Environmental Quality

Blue Ridge - Roanoke Regional Office

901 Russell Drive, Salem VA 24153

(540) 562-6700

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	12	31

Outfall Num: 002

Reporting Frequency: Annual

Run Date: Jul 19, 2019

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****		7.28	*****	7.28	SU		1/YR	GRAB
	REQRMNT	*****	*****		NL	*****	NL	SU		1/YR	GRAB
004 TSS	REPORTD	*****	*****		*****	*****	17.7	MG/L		1/YR	GRAB
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	0.0045	MG/D	*****	*****	*****			1/YR	EST
	REQRMNT	*****	NL	MG	*****	*****	*****			1/YR	EST

Additional Permit Requirements (Outfall 002):

Comments:

PERMITTEE **QUALITY**

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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		
Michael DePasquale			2020	12	16
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
Michael DePasquale		540-728-0695	2020	12	16
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY