

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

NAME: Rockydale Quarries Corporation - Rockydale
 ADDRESS: Plant
 PO Box 8425

FACILITY'S PHYSICAL ADDRESS: Roanoke VA 24014
 4754 Old Rocky Mount Road

Roanoke VA 24014

DEPARTMENT OF ENVIRONMENTAL QUALITY
 NONMETAL MINERAL MINING
 DISCHARGE MONITORING REPORT (DMR)

VAG840067			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2019	01	01		2019	12	31

DEPT. OF ENVIRONMENTAL QUALITY
 (REGIONAL OFFICE)

Blue Ridge Regional Office
 3019 Peters Creek Road

Roanoke VA 24019

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	UNITS			
001 FLOW	REPORTED	*****	0.0240	MGD	*****	*****	*****			1/YR	EST
	REQUIREMENT	*****	NL	MG	*****	*****	*****			1/YR	EST
002 pH	REPORTED	*****	*****		8.64	*****	8.64	SU	0	1/YR	Grab
	REQUIREMENT	*****	*****		NL	*****	NL	SU		1/YR	GRAB
004 TSS	REPORTED	*****	*****		*****	*****	78	mg/L	0	1/YR	Grab
	REQUIREMENT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB

DEQ Comments :

PRECEDING MEASURABLE STORM EVENT	
DAYS	HOURS
4	

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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.				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
				TYPED OR PRINTED NAME			SIGNATURE		
				Michael Chopski			540-705-7150		
							2019 03 04		