

PERMITTED FACILITY

Rockydale Quarries Corporation - Rockydale Plant
 PO Box 8425, Roanoke VA 24014
 Permit Number: VAG840067

No Discharge:

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

RETURN TO

Department of Environmental Quality
 Blue Ridge Regional Office
 3019 Peters Creek Road, Roanoke VA 24019
 (540) 562-6700

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

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2019	01	01	TO	2019	12	31

FROM

TO

Run Date: Sep 25, 2017

Outfall Num: 006

Reporting Frequency: Annual

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	*****	0.0332	MGD	*****	*****	*****			1/YR	EST
	REQRMNT	*****	NL	MG	*****	*****	*****			1/YR	EST
002 pH	REPORTD	*****	*****		8.19	*****	8.19	SU	0	1/YR	Grab
	REQRMNT	*****	*****		NL	*****	NL	SU		1/YR	GRAB
004 TSS	REPORTD	*****	*****		*****	*****	13	mg/L	0	1/YR	Grab
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB

PRECEDING MEASURABLE STORM EVENT	
Days	Hours
4	

Additional Permit Requirements (Outfall 006):

Comments:

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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.)
0	0	0

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
Michael Chopski		540-705-7150	2019	03	04
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY