

**PERMITTED FACILITY**

Rockydale Quarries Corporation - Rockydale Plant  
 2343 Highland Farm Rd NW, Roanoke VA 24017  
 Permit Number: VAG840067

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
2020	01	01	2020	12	31

FROM

TO

Run Date: Jul 23, 2019

Outfall Num: 003

Reporting Frequency: Annual

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
002 pH	REPORTD	*****	*****		7.7	*****	7.7	SU	0	1/YR	GRAB
	REQRMNT	*****	*****		NL	*****	NL	SU		1/YR	GRAB
004 TSS	REPORTD	*****	*****		*****	*****	16	mg/L	0	1/YR	GRAB
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	0.0533	MGD	*****	*****	*****			1/YR	EST
	REQRMNT	*****	NL	MG	*****	*****	*****			1/YR	EST

Additional Permit Requirements (Outfall 003):  
 Comments:

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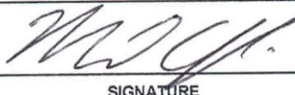
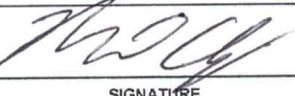
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I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED 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		
Michael Chopski			2020	02	27
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
Michael Chopski		540-705-7150	2020	02	27
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY