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 NOMMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

	MONITORING PERIOD							
	YEAR	МО	DAY		YEAR	MO	DAY	
FROM	2020	01	01	ТО	OSOS	03	31	

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.

Run Date: Jul 23, 2019

Outfall Num: 006	Reporting F	requency: Qu	arter						-	1	ato. our Eo, Eo
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION .				NO.	FREQUENCY OF	110000000000000000000000000000000000000
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
001 FLOW	REPORTD		0.0324	MGD	******	*****	*******		0	1/3 M	EST
	REQRMNT	NL	NL	MGD	*******	*******	*******			1/3M	EST
002 pH	REPORTD	******	******		8.9	*******	8.9	50	0	1/3 M	GRAB
	REQRMNT	*******	******		6.0	******	9.0	SU		1/3M	GRAB
004 TSS	REPORTD	******	*******		*******		11.8	Mail		1/3M	GRAB
	REGRMNT	******	*******		4*****	30	60	MG/L		1/3M	GRAB

Additional Permit Requirements (Outfall 006):

PERMITTED FACILITY

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

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.

ERTIFY 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.

BYPA	ASS AND OVERFLOWS	3
TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
0	0	0

OPERATOR IN RESPONSIBLE CHARGE				DATE		
Michael Chopski	200/11		2020	02	27	
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY	
PRINCIPAL EXECUTIVE	OFFICER OR AUTHORIZED AGENT	TELEPHONE				
Michael Chopski	MO U.S.	540-705-7150	2020	02	27	
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	