## 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)

		MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY		
FROM	2021	01	01	TO	1502	63	31		

## RETURN TO

Department of Environmental Quality
Blue Ridge - Rosnoke 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	g Frequency: Quarter QUANTITY OR LOADING			QUALITY OR CONCENTRATION				-	FREQUENCY OF	SAMPLE
Commission of the second		445.45			MINIMUM	AVERAGE	MUMIXAM	UNITS	EX.	ANALYSIS	-
PARAMETER		AVERAGE	MAXIMUM	UNITS			********		0	1/3 M	EST
	REPORTD	0.1656	0.864	MGD	*********	********		-		1/3M	EST
	KEPUKIU			MGD	*********	*********	********			1/O(A)	
001 FLOW	REQRMNT	NL	NL	NIGO	7 92	*******	- 7.93 SU	SU	0	1/3/4	GRAF
	REPORTO	********	********		***	*******	9.0	SU	111	1/3M	GRAB
002 pH	REGRANT	********	********		6.0			1 71	14	1/3M	GRAS
					********	2,6	2.6	MG/L	0	1/3/1	
	REPORTD	********	1.0101000000000000000000000000000000000	+		30	60	MG/L		1/3M	GRAB
004 TSS	REGRMNT	********	********	********	13/19/19/19			-			

Additional Permit Requirements (Outfall 006):

Comments:

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.

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

OPERATOR IN RESPONSIBLE CHARGE				DATE		
Michael Chopski	111/11.		2021	03	30	
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY	
PRINCIPAL EXECUTIVE OFF	TELEPHONE					
Michael Chooski	12/11	540-705-7150	2021	03	30	
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	