#### PERMITTED FACILITY

Rockydale - Staunton Quarry

2343 Highland Farm Road, NW, Roanoke VA 24017

Permit Number: VAG840030

No Discharge:

Outfall Num: 001

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

		M	ОТІИС	RING	PERIO	)	
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	PDG	01	10	то,	2019	19	31

### **RETURN TO**

Department of Environmental Quality

Valley Regional Office

4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801

(540) 574-7800

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

	CONTROL OF THE PROPERTY OF THE	
Reporting Frequency: Annual		Run Date: Jun 24, 2019

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

1,000	100
Days	Hours

Additional Permit Requirements (Outfall 001):

Comments:

#### PERMITTED FACILITY

Rockydale - Staunton Quarry 2343 Highland Farm Road, NW, Roanoke VA 24017

Permit Number: VAG840030

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NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

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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.

BYPA	ASS AND OVERFLOWS	
TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	_	
$\Diamond$	0	

	DATE				
JASON VANDERMAJEN	Joven Charles		9019	12	3/
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE (	TELEPHONE				
CHSOH VANDERM HOL	Jaron Vailend	(540) 886-2111	2019	12	3/
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY