PERMITTED FACILITY

Rockydale - Staunton Quarry

2343 Highland Farm Road, NW, Roanoke VA 24017

Permit Number: VAG840030

No Discharge:

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD								
YEAR	MO	DAY		YEAR	MO	DAY		
1020			1	2020	13	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.

Run Date: Jun 24, 2019

Outfall Num: 001	Reporting Fr	requency: Ann	ual								e. Jun 24, 20
Julian Num. 001		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				-	FREQUENCY OF	SAMPLE
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
	REPORTD	******	******			*****					
002 pH	REQRMNT	*****	******		NL	******	NL	SU		1/YR	GRAB
	REPORTD	*****	******		*****	*****					
004 TSS	REQRMNT	******	******		******	*****	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION	REPORTD	*****			****	******	*****				
FVFNT	REQRMNT	*****	NL	MG	去去去去去去去去	******	*****			1/YR	EST

PRECEDING MEAS	SURABLE STORM EVENT
Days	Hours

Additional Permit Requirements (Outfall 001):

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.

BYPA	SS AND OVERFLOWS	3
TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	8	0

OPERATOR IN RESPONSIBLE CHARGE				DATE			
JASON VANDERMARK	loson bulle		2021	01	06		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY		
PRINCIPAL EXECUTIVE C	TELEPHONE						
JUSON VANDERMAIZA	1010M/aulius	(540) 886-2111	2021	01	Ole		
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY		