

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY
 Blue Ridge Regional Office
 3019 Peters Creek Road
 Roanoke VA, 24019

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

TYPE: **STORMWATER**
BENCHMARK MONITORING
 LIME AND GYPSUM PRODUCT
 MANUFACTURERS (SIC 3274, 3275)

VAR052303	1
PERMIT NUMBER	OUTFALL NO.

PERMITTEE NAME Rockydale Quarries Corporation

FACILITY NAME Starkey Lime Plant

ADDRESS 5925 Starkey Road
Roanoke VA 24018

CONTACT PERSON Keith Holt

TELEPHONE 540-597-5017

Check One	MONITORING PERIOD						
	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2014	July	1		2014	December	31
	2015	January	1		2015	June	30
	2015	July	1		2015	December	31
	2016	January	1		2016	June	30
	2016	July	1		2016	December	31
	2017	January	1		2017	June	30
	2017	July	1		2017	December	31
✓	2018	January	1		2018	June	30
	2018	July	1		2018	December	31
	2019	January	1		2019	June	30

PARAMETER		CONCENTRATION				NO EX
		MINIMUM	AVERAGE	MAXIMUM	UNITS	
002 pH	REPORTED	6.73	*****	6.78	SU	0
	BENCHMARK CONC	6.0	*****	9.0	SU	
004 TOTAL SUSPENDED SOLIDS	REPORTED	154	165	176	mg/l	2
	BENCHMARK CONC	*****	*****	100	mg/L	
361 IRON TOTAL RECOVERABLE	REPORTED	2.01	3.52	5.03	mg/l	2
	BENCHMARK CONC	*****	*****	1.0	mg/L	
	REPORTED					
	BENCHMARK CONC					
	REPORTED					
	BENCHMARK CONC					
	REPORTED					
	BENCHMARK CONC					

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
	18	3	28
DURATION	HRS	MIN	
	24	6	
RAINFALL TOTAL (IN)	1.07		
PRECEDING EVENT	DAYS	HRS	
	7	0	

COMMENTS

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.

PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE
Keith Holt	18 7 18
TYPE D OR PRINTED NAME	SIGNATURE
	YR MO DAY