

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)**

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

TYPE: **STORMWATER**  
**BENCHMARK MONITORING**  
 MULCH, WOOD, AND BARK FACILITIES (SIC  
 24991303)

**DISCHARGE MONITORING REPORT (DMR)**  
 NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE  
 COMPLETING THIS FORM.

VAR052303	2
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 540-597-1039

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	
003 BOD5	REPORTED	*****	*****			
	BENCHMARK CONC	*****	*****	30	mg/L	
004 TOTAL SUSPENDED SOLIDS	REPORTED	*****	*****			
	BENCHMARK CONC	*****	*****	100	mg/L	
002 pH	REPORTED		*****			
	BENCHMARK CONC	6.0	*****	9.0	SU	
361 IRON TOTAL RECOVERABLE	REPORTED	*****	*****			
	BENCHMARK CONC	*****	*****	1.0	mg/L	
	REPORTED					
	BENCHMARK CONC					
	REPORTED					
	BENCHMARK CONC					

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
DURATION	HRS	MIN	
RAINFALL TOTAL (IN)			
PRECEDING EVENT	DAYS	HRS	

COMMENTS

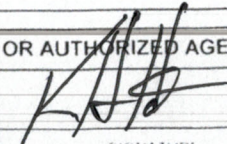
No Flow

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

Keith H. Holt

TYPED OR PRINTED NAME



SIGNATURE

DATE

18 7 10

YR MO DAY