

TYPE: SWI GP
Benchmark Monitoring

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)
DISCHARGE MONITORING REPORT (DMR)
NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
West Central Regional Office
3019 Peters Creek Road
Roanoke, VA 24019

FACILITY: Rockdale Quarries Corp - Starkey Lime Plant
NAME: 2343 Highland Farm Rd NW
ADDRESS: Roanoke, VA 24017
FACILITY: 5925 Starkey Road
LOCATION: Roanoke, VA 24018

| | |
|-------------------|----------------|
| VAR052303 | 001 |
| PERMIT NUMBER | OUTFALL NUMBER |
| MONITORING PERIOD | |
| YEAR MO DAY | YEAR MO DAY |
| 2020 07 01 | 2020 12 31 |

- No Discharge
- Adverse Weather Conditions
- Representative Outfall
- Substantially Identical Outfall

| Parameter | REPORTED | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. OF ANALYSIS | FREQUENCY | SAMPLE TYPE |
|-----------------|----------|--------------------------|---------|---------|-------|---------------------|-----------|-------------|
| | | MINIMUM | AVERAGE | MAXIMUM | | | | |
| TSS | REQ/PMN | ***** | ***** | 100 | MG/L | | 1/SM | GRAV |
| PARAM CODE: 004 | REQ/PMN | ***** | ***** | 100 | MG/L | | 1/SM | GRAV |

| STORM EVENT INFORMATION | | |
|-------------------------|------|--------|
| DATE | HR | MO/DAY |
| | | |
| DURATION | | |
| HR | MINS | |
| | | |
| RAINFALL TOTAL (IN.) | | |
| | | |
| PRECIPITATING EVENT | | |
| DAYS | HRS | |
| | | |

VAR/COMMENTS:
GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:
PARAMETER-SPECIFIC 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 review 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 criminal sanctions for knowing violations.

| PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |
|---|-----------|---------------------|
| TYPED OR PRINTED NAME | SIGNATURE | DATE |
| | | 2021-01-08 15:14:14 |

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| | |
|-------------------|----------------|
| VAR052303 | 002 |
| PERMIT NUMBER | OUTFALL NUMBER |
| MONITORING PERIOD | |
| YEAR MO DAY | YEAR MO DAY |
| 2020 07 01 | 2020 12 31 |

- No Discharge
- Adverse Weather Conditions
- Representative Outfall
- Substantially Identical Outfall

| Parameter | REPORTED | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. OF ANALYSIS | FREQUENCY | SAMPLE TYPE |
|-----------------|----------|--------------------------|---------|---------|-------|---------------------|-----------|-------------|
| | | MINIMUM | AVERAGE | MAXIMUM | | | | |
| TSS | REQ/PMN | ***** | ***** | 100 | MG/L | | 1/SM | GRAV |
| PARAM CODE: 004 | REQ/PMN | ***** | ***** | 100 | MG/L | | 1/SM | GRAV |

| STORM EVENT INFORMATION | | |
|-------------------------|------|--------|
| DATE | HR | MO/DAY |
| | | |
| DURATION | | |
| HR | MINS | |
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| RAINFALL TOTAL (IN.) | | |
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