

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Staunton Lime/Belmont Quarry  
 ADDRESS 251 National Avenue  
 FACILITY'S Staunton VA 24401  
 PHYSICAL 251 National Avenue  
 ADDRESS Staunton VA 24401

COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING  
 DISCHARGE MONITORING REPORT (DMR)

VAG840030	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
2018 01 01	2018 03 31

10/22/2012

DEPT. OF ENVIRONMENTAL QUALITY  
 (REGIONAL OFFICE)

Valley Regional Office  
 4411 Early Road  
 P.O. Box 3000  
 Harrisonburg VA 22801

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
001 FLOW	REPORTED	129.6	129.6		*****	*****	*****		1/3m	Est
	REQUIREMENT	NL	NL	MGD	*****	*****	*****		1/3M	EST
002 PH	REPORTED	*****	*****		8.25	*****	8.25	SU	1/3m	Grab
	REQUIREMENT	*****	*****		6.5	*****	9.0	SU	1/3M	GRAB
004 TSS	REPORTED	*****	*****		*****	2.7	2.7	mg/l	1/3m	Grab
	REQUIREMENT	*****	*****		*****	30	60	MG/L	1/3M	GRAB
	REPORTED									
	REQUIREMENT									
	REPORTED									
	REQUIREMENT									
	REPORTED									
	REQUIREMENT									
	REPORTED									
	REQUIREMENT									

Comments:

Total for 3 months - 11,404 max

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHEMENTS 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.				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE				
				K. PEON VANDERMARK	<i>[Signature]</i>	(540) 886-2111	2018	04	02