

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

NAME: Staunton Lime/Belmont Quarry
 ADDRESS: 251 National Avenue

FACILITY'S PHYSICAL ADDRESS: Staunton VA 24401
 251 National Avenue
 Staunton VA 24401

*ND
No Discharge*

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NONMETALLIC MINERAL MINING
 DISCHARGE MONITORING REPORT (DMR)

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.

VAGB40030			002		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2018	01	10	2018	03	31

FROM 20180110 TO 20180331

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

Comments:

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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 INDUJRY OF THE PERSON OR PERSONS WHO HANDLE 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.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
		JASON VANDERHART	<i>[Signature]</i>	(540) 886-2111	2018	04	02		