

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)

VAGB40030			002		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2018	04	01	2018	07	30

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				*****	*****	*****			
	REQUIREMENT	NL	NL	MGD	*****	*****	*****			
002 PH	REPORTED	*****	*****			*****			1/3M	EST
	REQUIREMENT	*****	*****		6.5	*****	9.0	SD		
004 TSS	REPORTED	*****	*****		*****				1/3M	GRAB
	REQUIREMENT	*****	*****		*****	30	60	MG/L		
	REPORTED									
	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		
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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 THIS 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		YEAR	MO.	DAY
				JASON M. BURTON	<i>Jason Burton</i>	(540) 886-2111	2018	07	9