

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)

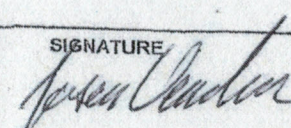
Valley Regional Office
4411 Early Road
P.O. Box 3000

Harrisonburg VA 22801
NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

VAG840030			002		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2018	07	01	2018	09	30

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	*****	*****	*****			1/3M	EST
002 PH	REPORTED	*****	*****			*****					
	REQUIREMENT	*****	*****		6.5	*****	9.0	SU		1/3M	GRAB
004 TSS	REPORTED	*****	*****		*****						
	REQUIREMENT	*****	*****		*****	30	60	MG/L		1/3M	GRAB
	REPORTED										
	REQUIREMENT										
	REPORTED										
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	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
<p>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 USE 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 REPEATED VIOLATIONS.</p>				<p>TYPED OR PRINTED NAME</p> <p>JASON VANDERMARK</p>	<p>SIGNATURE</p> 	<p>CERTIFICATE NO.</p> <p>540-886-2111</p>	<p>YEAR</p> <p>2018</p>	<p>MO.</p> <p>10</p>	<p>DAY</p> <p>01</p>