#### PERMITTED FACILITY

Rockydale Quarries Carp - Jacks Mountain Quarry 2343 Highland Farm Rd NVV, Roanoke VA 24019

Permit Number: VAG840050

No Discharge:

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
ROM	1505	01	01	то	1202	12	31			

### RETURN TO

Department of Environmental Quality Blue Ridge - Roanoke Regional Office 901 Russell Drive, Salem VA 24153

(540) 562-6700

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

Run Date: Jul 19, 2019

Outfall Num: 001	Reporting Fi					OUALITY OD COM	CENTRATION		NO	FREQUENCY OF	SAMPLE
PARAMETER		QUANTITY OR LOADING  AVERAGE MAXIMUM UNIT:		UNITS	QUALITY OR CONCENTRATION  MINIMUM AVERAGE MAXIMUM UNITS			UNITS	NO. EX.	ANALYSIS	TYPE
	REPORTO	AVERAGE *******	*******	ONITS	7.55	*************************************	7.55	SU		1/YR	GRAB
002 pH	REQRMNT	******	****		NL	******	NL	SU		1/YR	GRAB
	REPORTD	次表面长女女女女	******		******	******	1.5	MG/L		1/48	GRAB
004 TSS	REQRMNT	*****	*******		女女女女女女女女	由大量的自由的大	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION	REPORTD	卖卖卖卖卖卖卖卖	0.000189	M6/D	杂杂杂杂杂杂杂价	*****	*****			1/YR	EST
EVENT	REORMNT	由安全和安全的	NL	MG	安全安全的	女头老朱帝的女女	*****			1/YR	EST

Additional Permit Requirements (Outfall 001):

Comments:

#### PERMITTED FACILITY

Rockydale Quarries Corp - Jacks Mountain Quarry 2343 Highland Farm Rd NW, Roanoke VA 24019 Permit Number: VAG840050

# COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR) RETURN TO

Department of Environmental Quality
Blue Ridge - Roanoke Regional Office
901 Russell Drive, Salem VA 24153
(540) 562-6700

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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 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.

- Contraction of the last	BYPASS AND OVERFLOWS						
	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)				

OPERATOR IN RESPONSIBLE CHARGE			DATE			
Michael Delasquale	12/2		7021	12	30	
TYPED OR PRINTED NAME	SIGNATURE	SIGNATURE CERTIFICATE NO. YE		MO.	DAY	
PRINCIPAL EXEC	UTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE				
Michael Defosquale	12 /2	540-728-0695	2021	12	30	
TYPED OR PRINTED NAME	SIGNATURE.		YEAR	MO.	DAY	