PERMITTED FACILITY

Rockydale Quarries Corporation - Rockydale Plant 2343 Highland Farm Rd NW, Roanoke VA 24017

Permit Number: VAG840067

Discharge:

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

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
 2021	07	01	TO	2021	09	30	

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 23, 2019

Outfall Num: 003	Reporting Fi	requency: Ann	ual CADING	3	C	QUALITY OR CON	CENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Jutian Num. 000		QUAN	III TOR LOADING	UNITS	MINIMUM	AVERAGE	MAXIMUM	DIVITO	-	ILVE	GRAB
PARAMETER		AVERAGE	MAXIMUM	UNITS	7 70	*******	6,78	50	0	1771	GRAB
	REPORTD	******	*******		0.70	*******	NL	SU		1/YR	- A A D
002 pH	REQRMNT	********	*******		NL	*******	37.2	MALL	0	1/YR	GKAK
002 pH		*******	******		*******		NII.	MG/L	1	1/YR	GRAB
	REPORTO		*******		*******	*******	NL	1	10	1/VP	EST
004 TSS	REGRMNT	*******		MACA	*******	*******	*******		0	1/YR	EST
	REPORTD	*******	0,072	MED	*******	*******	*******	1		1 1/11	
199 FLOW, PRECIPITATION	REQRMNT	********	NL	MG	***************************************						

Additional Permit Requirements (Outfall 003):

Comments:

PERMITTED FACILITY

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

RETURN TO

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901 Russell Drive, Salem VA 24153

(540) 562-6700

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2343 Highland Farm Rd NW, Roanoke VA 24017 Permit Number: VAG840067

Rockydale Quarries Corporation - Rockydale Plant

\_RTIFY 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.

BYPASS AND OVERFLOWS						
TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)				
0	0	0				

	DATE				
Michael Chopski	Miller		2021	09	30
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	FICER OR AUTHORIZED AGENT	TELEPHONE			
Michael Chopski	Malle	540-705-7150	2021	09	30
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY