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		DAY			YEAR MO				
MOS	2021	10	0		ТО	202	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 23, 2019

Outfall Num: 006	Reporting Frequency: Quarter QUANTITY OR LOADING			QUALITY OR CONCENTRATION .					FREQUENCY OF		
PARAMETER	1		MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS 1/3 M 1/3M	TYPE
TATOMETER.		AVERAGE	MINATINION	5111.0	*********	*******	*******		0		EST
	REPORTD				********	*******	********			1/3M	EST
001 FLOW	REQRMNT	NL	NL	MGD	********	1		-	-	1244	
	REPORTO	*******	******			*******			0	113M	61-5
002 pH		*******	*******		6.0	*******	9.0	SU		1/3M	GRAB
002 pri	REQRMNT			+	.,,,,,,,,		T	T	0	1/3M	Brob
004 TSS	REPORTD	*******	*******					MG/L		1/3M	GRAB
	RECEMENT	******	*******		********	30	60	IVIGIL		1,0141	011110

Additional Permit Requirements (Outfall 006): Comments:

No Flow

PERMITTED FACILITY

Permit Number: VAG840067

Rockydale Quarries Corporation - Rockydale Plant

2343 Highland Farm Rd NW. Roanoke VA 24017

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 note: read permit and general instructions before completing this form and returning it.

ZERTIFY 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.)				
D	0	D				

	DATE				
Michael Chapshi	16061		2021	01	03
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Michael Chapsai	MOG.	540-705-7150	1202	01	03
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY