PERMITTED FACILITY

Rockydale - Broadway Quarry

2343 Highland Farm Road NW, Roanoke VA 24017

Permit Number: VAG840133

199 FLOW, PRECIPITATION

No Discharge:

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

	MONITORING PERIOD										
	YEAR	МО	DAY		YEAR	МО	DAY				
FROM	2021	01	0.7	то	2021	12	3/				

RETURN TO

Department of Environmental Quality

Valley Regional Office

4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801

(540) 574-7800

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

1/YR

EST

Outfall Num: 006	Reporting F	requency: Ann	<u>ual</u>			93				Run Dat	le: Jun 26, 2019
PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE	
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
000 11	REPORTD	*****	*******		50	*******		0	\$* . k.	2 22 24 25 25 25 25 25 25 25 25 25 25 25 25 25	
002 pH	REGRMNT	******	********	6	NL	*******	ΝL	รบ	Ø	1/YR	GRAB
004 TSS	REPORTO	*******	********		********	*******			100000		
	REORMNT	*******	********		*******	*******	NL	MG/L		1/YR	GRAB

MG

PRECEDING ME	ASURABLE STORM EVENT
Days	Hours

REPORTD

REQRMNT

NL

Additional Permit Requirements (Outfall 006):

Comments:

EVENT

PERN D FACILITY

Rockydale - Broadway Quarry

2343 Highland Farm Road NW, Roanoke VA 24017

Permit Number: VAG840133

COMMONY THE OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

RETURN TO

Department of Environmental Quality

Valley Regional Office

4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801
(540) 574-7800

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

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.

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

OPERATOR IN RESPONSIBLE CHARGE				DATE		
Tim Childers	Timoth Child		2022	्।	04	
TYPED OR PRINTED NAME SIGNATURE		CERTIFICATE NO.	YEAR	MO.	DAY	
PRINCIPAL EXECUTIVE	OFFICER OR AUTHORIZED AGENT	AUTHORIZED AGENT TELEPHONE				
Tim Childrens	Justly Chillen	540-682-3418	2027	01	04	
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	