

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Rockydale - Flat Rock Quarry
 ADDRESS PO Box 8425
 Roanoke VA 24014
 FACILITY'S PHYSICAL ADDRESS 477 Limestone Rd
 Quicksburg VA 22847

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NONMETALLIC MINERAL MINING

DISCHARGE MONITORING REPORT(DMR)

VAG840043	002
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
FROM	TO
18 4 1	18 6 30


06/24/2014

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.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
001 FLOW	REPORTED	0.034	0.165	MGD	*****	*****	*****	MGD	0	1/3M Est
	REQUIREMENT	NL	NL	MGD	*****	*****	*****			1/3M EST
002 pH	REPORTED	*****	*****	SU	7.90	*****	7.90	SU	0	1/3M Grd
	REQUIREMENT	*****	*****		6.5	*****	9.5	SU		1/3M GRAB
004 TSS	REPORTED	*****	*****	mg/l	*****	21.0	21.0	mg/l	0	1/3M Grd
	REQUIREMENT	*****	*****		*****	30	60	MG/L		1/3M GRAB

DEQ Comments :

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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.				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
				TYPED OR PRINTED NAME Keith Holt			SIGNATURE 		
				YEAR			MO.		
				18			7		
				DAY			16		