

**PERMITTED FACILITY**

Rockydale - Broadway Quarry

2343 Highland Farm Road NW, Roanoke VA 24017

Permit Number: VAG840133

No Discharge: ☒**COMMONWEALTH 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.

MONITORING PERIOD								
YEAR		MO	DAY		YEAR		MO	DAY
FROM	2022	01	01	TO	2022	12	31	

Outfall Num: 005

Reporting Frequency: Annual

Run Date: Jun 26, 2019

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
002 pH	REPORTD	*****	*****			*****		0		
	REQRMNT	*****	*****		NL	*****	NL	SU	1/YR	GRAB
004 TSS	REPORTD	*****	*****		*****	*****		0		
	REQRMNT	*****	*****		*****	*****	NL	MG/L	1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****	0		
	REQRMNT	*****	NL	MG	*****	*****	*****		1/YR	EST

PRECEDING MEASURABLE STORM EVENT	
Days	Hours

Additional Permit Requirements (Outfall 005):

Comments:

**PERMITTED FACILITY**

Rockydale - Broadway Quarry

2343 Highland Farm Road NW, Roanoke VA 24017

Permit Number: VAG840133

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
NONMETALLIC MINERAL MINING  
DISCHARGE MONITORING REPORT (DMR)****RETURN TO**

Department of Environmental Quality

Valley Regional Office


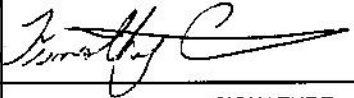
4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801

(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.)
0	0	0

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TIMOTHY CHILDERS			2022	12	31
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
TIMOTHY CHILDERS		540-682-3418	2022	12	31
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY