

**PERMITTED FACILITY**

Rockydale Quarries Corp - Jacks Mountain Quarry  
2343 Highland Farm Rd NW, Roanoke VA 24019

Permit Number: VAG840050

No Discharge: ☐

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

|                   |  |    |     |  |      |  |    |     |
|-------------------|--|----|-----|--|------|--|----|-----|
| MONITORING PERIOD |  |    |     |  |      |  |    |     |
| YEAR              |  | MO | DAY |  | YEAR |  | MO | DAY |
| 2022              |  | 01 | 01  |  | 2022 |  | 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 19, 2019

Outfall Num: 001

Reporting Frequency: Annual

| PARAMETER                        |         | QUANTITY OR LOADING |         |       | QUALITY OR CONCENTRATION |         |         |       | NO.<br>EX. | FREQUENCY OF<br>ANALYSIS | SAMPLE<br>TYPE |
|----------------------------------|---------|---------------------|---------|-------|--------------------------|---------|---------|-------|------------|--------------------------|----------------|
|                                  |         | AVERAGE             | MAXIMUM | UNITS | MINIMUM                  | AVERAGE | MAXIMUM | UNITS |            |                          |                |
| 002 pH                           | REPORTD | *****               | *****   |       | 6.73                     | *****   | 6.73    | su    | 0          | 1/YR                     | GRAB           |
|                                  | REQRMNT | *****               | *****   |       | NL                       | *****   | NL      | SU    |            | 1/YR                     | GRAB           |
| 004 TSS                          | REPORTD | *****               | *****   |       | *****                    | *****   | 47.2    | MG/L  | 0          | 1/YR                     | GRAB           |
|                                  | REQRMNT | *****               | *****   |       | *****                    | *****   | NL      | MG/L  |            | 1/YR                     | GRAB           |
| 199 FLOW, PRECIPITATION<br>EVENT | REPORTD | *****               | 0.00103 | MG    | *****                    | *****   | *****   |       | 0          | 1/YR                     | EST            |
|                                  | REQRMNT | *****               | NL      | MG    | *****                    | *****   | *****   |       |            | 1/YR                     | EST            |

Additional Permit Requirements (Outfall 001):

Comments:

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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        |           |           |
|---|--|---------------------|-------------|-----------|-----------|
| <i>Michael Debasquale</i>                       |   |                     | <i>2022</i> | <i>12</i> | <i>30</i> |
| TYPED OR PRINTED NAME                           | SIGNATURE  | CERTIFICATE NO.     | YEAR        | MO.       | DAY       |
| PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |  |                     | TELEPHONE   |           |           |
| <i>Michael Debasquale</i>                       |  | <i>540-728-0695</i> | <i>2022</i> | <i>12</i> | <i>30</i> |
| TYPED OR PRINTED NAME                           | SIGNATURE  |                     | YEAR        | MO.       | DAY       |