

PERMITTED FACILITY

Rockydale Quarries Corporation - Rockydale Plant
2343 Highland Farm Rd NW, Roanoke VA 24017

Permit Number: VAG840067

No Discharge:

**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.

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
FROM	2023	01	01	TO	2023	12	31

Outfall Num: 002

Reporting Frequency: Annual

Run Date: Oct 28, 2022

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****		8.02	*****	8.02	SU	0	1/YR	GRAB
	REQRMNT	*****	*****		NL	*****	NL	SU		1/YR	GRAB
004 TSS	REPORTD	*****	*****		*****	*****	7.5	mg/L	0	1/YR	GRAB
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	0.0345	MGD	*****	*****	*****	MGD	0	1/YR	EST
	REQRMNT	*****	NL	MG	*****	*****	*****			1/YR	EST

Additional Permit Requirements (Outfall 002):

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.)
0	0	0

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Michael Chopski			2023	03	31
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
Michael Chopski		540-705-7150	2023	03	31
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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YEAR	MO	DAY		YEAR	MO	DAY
FROM 2023	01	01	TO	2023	03	31

Outfall Num: 003

Reporting Frequency: Quarter

Run Date: Oct 28, 2022

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.864	0.864	MGD	*****	*****	*****	MGD	0	1/3M	GRAB
	REQMNT	NL	NL	MGD	*****	*****	*****			1/3M	GRAB
002 pH	REPORTD	*****	*****		7.58	*****	7.58	SU	0	1/3M	GRAB
	REQMNT	*****	*****		6.0	*****	9.0	SU		1/3M	GRAB
004 TSS	REPORTD	*****	*****		*****	17.0	17.0	mg/L	0	1/3M	GRAB
	REQMNT	*****	*****		*****	30	60	MGL		1/3M	GRAB

Additional Permit Requirements (Outfall 003):

Comments:

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