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)

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
				2023	09	30

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: Oct 28, 2022

Outfall Num: 003	Reporting F	requency: Qua	rter							1	o. Oot Eo, Eoz
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF	A CONTRACTOR OF THE PROPERTY O
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
	REPORTD	10 -21	0.576	MGD	*****	*******	******	MED	0	1/3/4	G-RABE
001 FLOW	REORMNT	0,5+6	NL	MGD	******	*******	*******			1/3M	GRAB
	REPORTD	*******	*******	1	8.81	******	8.81	SU	0	1/3 M	GRAB
002 pH	REPORTD	*****	******		6.0	*****	9.0	SU		1/3M	GRAB
	REPORTD	*******	******	-	******	70	7,0	mall	0	1/3M	GRAB
004 TSS	REORMNT	*****	******	-	*****	30	60	MG/L		1/3M	GRAB

Additional Permit Requirements (Outfall 003):

Comments:

PERM ACILITY

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COMMONY

TH OF VIRGINIA DEPARTMENT OF _... IRONMENTAL QUALITY

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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.

ВҮРА	SS AND OVERFLOWS	3		
TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.		
0	0	0		

OPERATOR IN RESPONSIBLE CHARGE				DATE			
Michael Chopshi	Med for		2023	09	29		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY		
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE					
Michael Chapsti	Madly	540-705-7150	2:023	09	29		
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY		