

# Discharge Monitoring Report (DMR) - Stormwater

version 1.10

(Submission #: HQ0-GCJB-3Z2EY, version 1)

## Details

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**Originally Started By** Dallas T Satterfield

**Permit #** VAR052303 - (07/01/2023-12/31/2023-Benchmark)

**Submission ID** HQ0-GCJB-3Z2EY

**Status** Submitting

**Active Steps** Send Data to CEDS

## Form Input

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### Permittee/Facility

**Permit Number**

VAR052303

**Permittee Name**

Rockydale Quarries Corporation

**Facility Name**

Rockydale Quarries Corp - Starkey Lime Plant

**Monitoring Period Start Date**

07/01/2023

**Monitoring Period End Date**

12/31/2023

**Form Type**

Benchmark

**Report Due Date**

01/10/2024

**Facility Mailing Address**

**Address**

2343 Highland Farm Rd NW  
Roanoke, VA 24017-1210

**Facility Physical Address**

**Address**

5925 Starkey Road  
Roanoke, VA 24018

**Is all of the information above accurate?**

Yes

**Discharge Information**

**Were there any Representative/Substantially Identical Outfalls for this monitoring period?**

No (most common)

**Discharge Information**

Outfall #	Representative Outfall Number (leave blank if N/A)	Did a discharge occur?	Did adverse weather conditions prevent data collection?	Comments	DEQ Comments
001		Yes	No	NONE PROVIDED	NONE PROVIDED
002		Yes	No	NONE PROVIDED	NONE PROVIDED

**OUTFALL 001 (1 of 1)**

**004 TSS**

**Quality or Concentration**

Reported or Requirement?	Minimum	Average	Maximum	Unit
Reported	*****	*****	40.5	MG/L

Reported or Requirement?	Minimum	Average	Maximum	Unit
Requirement	*****	*****	100	MG/L

Concentration Minimum Comment	Concentration Average Comment	Concentration Maximum Comment
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED

### Analysis

Reported or Requirement?	Frequency of Analysis	Sample Type	Number of Exceedances
Reported	1/6M	GRAB	0

Reported or Requirement?	Frequency of Analysis	Sample Type	Number of Exceedances
Requirement	1/6M	GRAB	NONE PROVIDED

Sample Frequency Comment	Sample Type Comment	Number of Exceedances Comment
1/6M	Grab	0

### Parameter

004 TSS

## OUTFALL 002 (1 of 1)

### 004 TSS

### Quality or Concentration

Reported or Requirement?	Minimum	Average	Maximum	Unit
Reported	*****	*****	74.0	MG/L
Requirement	*****	*****	100	MG/L

Concentration Minimum Comment	Concentration Average Comment	Concentration Maximum Comment
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED

### Analysis

Reported or Requirement?	Frequency of Analysis	Sample Type	Number of Exceedances
Reported	1/6M	GRAB	0

Reported or Requirement?	Frequency of Analysis	Sample Type	Number of Exceedances
Requirement	1/6M	GRAB	NONE PROVIDED

Sample Frequency Comment	Sample Type Comment	Number of Exceedances Comment
1/6M	Grab	0

**Parameter**  
004 TSS

### Storm Event Information (1 of 2)

001

#### Storm Event Information

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**Date**  
12/27/2023

#### Duration

Hours	Minutes
8	0

**Rainfall Total (inches)**  
2.25

#### Preceding Event

Days	Hours
0	0

**Is storm event information unavailable due to the stormwater discharge coming from a stormwater management structure or snowmelt?**  
No (most common)

### Storm Event Information (2 of 2)

002

**Storm Event Information**

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**Date**

12/27/2023

**Duration**

Hours	Minutes
8	0

**Rainfall Total (inches)**

2.25

**Preceding Event**

Days	Hours
0	0

**Is storm event information unavailable due to the stormwater discharge coming from a stormwater management structure or snowmelt?**

No (most common)

**Operator**

**Operator Name**

Mike Chopski

**Operator Certification Number**

NONE PROVIDED

**Operator Phone Number**

540-705-7150

**Comments/Attachments**

**Comments - Please provide an explanation below if you were not able to obtain the permit required sample within the first 30 minutes of the discharge. The information provided below shall also be retained with the SWPPP.**

NONE PROVIDED

**Attachments**

NONE PROVIDED

**Comment**

NONE PROVIDED

## Status History

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	User	Processing Status
1/8/2024 11:12:21 AM	Dallas T Satterfield	Draft
1/8/2024 1:22:59 PM	Dallas T Satterfield	Signing
1/8/2024 1:22:59 PM	Dallas T Satterfield	Submitting

## Processing Steps

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Step Name	Assigned To/Completed By	Date Completed
Send Data to CEDS		
Send to ECM		

# Agreements and Signature(s)

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## **SUBMISSION AGREEMENTS**

- I am the owner of the account used to perform the electronic submission and signature.
- I have the authority to submit the data on behalf of the facility I am representing.
- I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- I have reviewed the electronic form being submitted in its entirety, and agree to the validity and accuracy of the information contained within it to the best of my knowledge.

*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.*

**Signed** Dallas T Satterfield on 01/08/2024 at 1:22 PM  
**By**