FACILITY NAME (PERMITTEE NAME, ADDRESS (INCLUDE .TION IF DIFFERENT)

NAME Rock e - Broadway Quarry
ADDRESS PO Box 8425

FACILITY'S PHYSICAL ADDRESS Roanoke VA 24014
11261 Turleytown Rd

Linville VA 22834

DEPARTMENT OF E NVIRONMENTAL QUALITY
NONMETA INERAL MINING
DISCHARGE M ORING REPORT(DMR)

VAG840133	004
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY

DEPT. OF ENVIRONMENTAL TY
(REGIONAL OFFICE,
Valley Regional Office
4411 Early Road
P.O. Box 3000
Harrisonburg VA 22801

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

This is Representative Outfall 004. Submission of DMRs for the Substantially Identical Outfalls is not required.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	*********	No Flow		*********	*********	*********				
No Flow	REQUIREMENT	*********	NL	MG	*********	*********	*********			1/YR	EST
002 pH	REPORTED	*********	*********			*********					
	REQUIREMENT	*********	*********		6.5	*********	9.5	SU		1/YR	GRAB
004 TSS	REPORTED	*********	*********		*********	*********					
	REQUIREMENT	*********	*********		*********	*********	NL	MG/L		1/YR	GRAB

DEQ Comments :

PRECEDING MEASURABLE STORM EVENT	
DAYS	HOURS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	

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.

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME Keith Holt	SIGNATURE	540 597-5017	YEAR 2019	MO. 1	DAY 2