

PERMITTEE ADDRESS (INCLUDE FACILITY NAME AND LOCATION IF DIFFERENT)

NAME ydale - Flat Rock Quarry  
 ADDRESS PO Box 8425

FACILITY'S ADDRESS Roanoke VA 24014  
 PHYSICAL ADDRESS 477 Limestone Rd  
 ADDRESS Quicksburg VA 22847

DEPARTMENT OF ENVIRONMENTAL QUALITY  
 NONMETALLIC MINERAL MINING

DISCHARGE MONITORING REPORT (DMR)

VAG840043			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2018	10	1		2018	12	31

DEPT. OF ENVIRONMENTAL QUALITY  
 (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.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
001 FLOW	REPORTED	0.034	0.165	MGD	*****	*****	*****	MGD	0	1/3	Est
	REQUIREMENT	NL	NL	MGD	*****	*****	*****			1/3M	EST
002 pH	REPORTED	*****	*****	SU	8.01	*****	8.01	SU	0	1/3M	Grab
	REQUIREMENT	*****	*****		6.5	*****	9.5	SU		1/3M	GRAB
004 TSS	REPORTED	*****	*****	MG/L	*****	2.2	2.2	MG/L	0	1/3M	Grab
	REQUIREMENT	*****	*****		*****	30	60	MG/L		1/3M	GRAB

DEQ Comments :

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
		0	0		TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.
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.				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE	540 597-5017	YEAR	MO.	DAY
				Keith Holt			2019	1	2