

FACILITY NAME (If Different)
 NAME ydale - Flat Rock Quarry
 ADDRESS PO Box 8425

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

DEPARTMENT OF ENVIRONMENTAL QUALITY
 NONMETAL MINING

DISCHARGE MONITORING REPORT (DMR)

VAG840043			004			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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.

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			
001 FLOW <i>No Flow</i>	REPORTED	*****	<i>No Flow</i>		*****	*****	*****			
	REQUIREMENT	*****	NL	MG	*****	*****	*****		1/YR	EST
002 pH	REPORTED	*****	*****			*****				
	REQUIREMENT	*****	*****		NL	*****	NL	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.)	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 DAMAGE 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 ()	AUTHORIZED AGENT	TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE	540	YEAR	MO.	DAY
				Keith Holt		597-5017	2019	1	2