

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NONMETALLIC MINERAL MINING**

06/24/2014

**DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)**

PERMITTEE NAME ADDRESS (INCLUDE FACILITY NAME) LOCATION IF DIFFERENT

NAME Rockydale - Flat Rock Quarry
ADDRESS PO Box 8425

FACILITY'S PHYSICAL ADDRESS Roanoke VA 24014
477 Limestone Rd

Quicksburg VA 22847

DISCHARGE MONITORING REPORT (DMR)

VAG840043	002
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
2019 04 01	2019 06 30

FROM

TO

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			
001 FLOW	REPORTED	.034	.165	MGD	*****	*****	*****		1/3M	Est
	REQUIREMENT	NL	NL	MGD	*****	*****	*****		1/3M	EST
002 pH	REPORTED	*****	*****	SU	7.78	*****	7.78	SU	1/3M	Grab
	REQUIREMENT	*****	*****		6.5	*****	9.5	SU	1/3M	GRAB
004 TSS	REPORTED	*****	*****	Mg/L	*****	3.4	3.4	Mg/L	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		
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	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.				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
				Timothy Childers	Timothy Childers	540-682-3418	2019	06	27