PERMITTED FACILITY Rockydale - Flatrouk Quarry 2343 Highland Farm Rd NW, Rosnoka VA 24017 Permit Number VAG840045

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY
NONAETALLIC MINERAL MINER
DISCHARGE MONITORING REPORT (DMR)

District month of the left (Swill)								
	MONITORING PERIOD							
	Y'AR	MO	DAY		YEAR	MU	DAY	
FROM	20.7	07	47	TO	201/	A	30	

Department of Environmental Quality Valley Regional Office 4411 Early Road, P.O. Box 3000, Hautsonburg VA 22801 (540) 5/4-7800

RETURN TO

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

Outfall Num: 002	Reporting F	requency: Qua	rtor							Run De	te: Jun 26, 201
		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO.	FREQUENCY OF	SAMPLE	
PARAMETER		AVERAGE	MAXINUM	UNITS	CHNIMUM	AVERAGE	MUMIXAM	UNITS		TYPE	
	DEFORTO	-034	165	MED	*********	P444=3141	- ipodiála	MGD		1/5/1	F.St
301 FLOW '	REORMAT	NL	NL	MGD	A14944444	P4464Pisa	*********			1/3M	EST
	REFURTO	******	1********	54.	9.03	262:34000	9.05	54		1/3/1	book
002 pH	REGRAMIT	*******	210887866		6.5	948830400	9.5	SÚ		1/3M	GRAR
	REPOPID	#444EE P#	tetabadik	16/2	4545995)+	2.6	2.6	1/4/1		1/319	Enolo
004 TSS	REGREAT	paye146 3	£11112070	0	pinessbar	30	υO	MG/L.		1/3M	GRAB

11: (7:) (2: 1:)

Additional Permit Requirements (Outfall 602):

Comments:

No Discharge:

PERMITTED FACILITY
Rockydele - Fletrock Quarry
2343 Highland Farn Rd NW, Roenoke VA 24017
Permit Number: VAG840043

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NORMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

RETURN TO
Department of Environmental Quality
Valley Regional Office
4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801
(540) 574-7800
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COMPLETING THIS FORM AND RETURNING IT.

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 AMARKE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

BYPASS AND OVERFLOWS						
TOTAL FLOW(M.G.)	TOTAL BODS(K.G.)					

	DATE				
Findby Childres	Smithy Chillen	R9841153	2019	09	05
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIV	E OFFICER OR AUTHORIZED AGENT	TELEPHONE			
Richard M. Stor	Rind Mitte	(540) 597-5017	2.19	10	16
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY