PERMITTED FACILITY

Rockydale - Flatrock Quarry

2343 Highland Farm Rd NW, Roanoke VA 24017

Permit Number: VAG840043

No Discharge: 🂢

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING
DISCHARGE MONITORING REPORT (DMR)

	MONITORING PERIOD										
	YEAR	МО	DAY		YEAR	МО	DAY				
FROM	2019	1	01	то	2019	12	3/				

RETURN TO

Department of Environmental Quality

Valley Regional Office

4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801

(540) 574-7800

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

Outfall Num: 006	Reporting F	requency: Ann	ıual							Run Da	te: Jun 26, 2019
		QUAN	ITITY OR LOADING	}	QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE
PARAMETER	1		1		T	T			1		

PARAMETER		QUAN	TITT OR LOADING	3	!	GOALITT OR CON	CENTRATION		NO.	FREQUENCY OF	SAMPLE
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
002 pH	REPORTD	*******	******			*******					
	REGRMNT	*******	******		NL	******	NL	SU		1/YR	GRAB
DOA TOO	REPORTD ******** *********	!									
004 TSS	REQRMNT	******	******		*****	******	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION	REPORTD	******			******	4 4 4 4 4 4 4 4 4 4	*****				
EVENT	REQRMNT	*******	NL	MG	****	*******	******			1/YR	EST

PRECEDING ME.	ASURABLE STORM EVENT
Days	Hours

Additional Permit Requirements (Outfall 006):

Comments:

PERMIN-LD FACILITY

Rockydale - Flatrock Quarry

2343 Highland Farm Rd NW, Roanoke VA 24017

Permit Number: VAG840043

COMMONW LITH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC 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

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE 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 AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

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

- NEW TOTAL	DATE				
Timothy Childres	Twoodly Children	R9841153	2019	12	3/
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIV	'E OFFICER OR AUTHORIZED AGENT	TELEPHONE		1	
Timothy Childres	Timothy Children	540-682-3418	2019	12	3/
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY