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	MO	DAY			
ROM	2020	01	01	то	2020	12	31			

RETURN TO

Department of Environmental Quality

Valley Regional Office

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

(540) 574-7800

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

Outfall Num: 005	Reporting Frequency: Annual	Run Date: Jun 26, 2019

DAMARATTED		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE	
PARAMETER	Sec.	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
000	REPORTO	*****	******			******					
002 pH	REGRMNT	1211111	******		NL	******	NL	SU		1/YR	GRAB
	REPORTD	*******	*******		******	******					
004 TSS	REGRMNT	******	******		******	*******	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION	REPORTD	******			******	*******	****				
EVENT	REQRMNT	*******	NL.	MG	*******	*****	****			1/YR	EST

PRECEDING MEASURABLE STORM EVENT					
Days Hours					

Additional Permit Requirements (Outfall 005):

Comments:

PERM FACILITY

Rockydale - Flatrock Quarry

Permit Number: VAG840043

2343 Highland Farm Rd NW, Roanoke VA 24017

COMMONW .TH OF VIRGINIA
DEPARTMENT OF LIVINGONMENTAL 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

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

IMPRISONMENT FOR KNOWING VIOLATIONS.

OPERATOR IN RESPONSIBLE CHARGE				DATE			
Timothy Daniel Childres I	Timothy Chelles I	R9841153	2020	12	3/		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY		
PRINCIPAL EXECUTIV	TELEPHONE			•			
Timothy Doniel Childres I	Tently Chiller I	540-682-3418	2020	12	31		
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY		