

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

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
NONMETALLIC MINERAL MINING

DISCHARGE MONITORING REPORT(DMR)

VAG840043	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
2011 4 1	12 6 30

FROM

TO

06/24/2014

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.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
001 FLOW	REPORTED	0.0972	0.165	MGD	*****	*****	*****	MGD	0	1/3M EST
	REQUIREMENT	NL	NL	MGD	*****	*****	*****			1/3M EST
002 pH	REPORTED	*****	*****		7.10	*****	7.10	SU	0	1/3M Grab
	REQUIREMENT	*****	*****		6.5	*****	9.5	SU		1/3M GRAB
004 TSS	REPORTED	*****	*****		*****	4.2	4.2	mg/l	0	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
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	CERTIFICATE NO.	YEAR	MO.	DAY
				Keith Holt		540-597-8217	12	7	10