

06/24/2014

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NONMETALLIC MINERAL MINING

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 Roanoke VA 24014
PHYSICAL 477 Limestone Rd
ADDRESS Quicksburg VA 22847

DISCHARGE MONITORING REPORT(DMR)

VAG840043			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2018	7	1		2018	9	30

Valley Regional Office
4411 Early Road
P.O. Box 3000
Harrisonburg VA 22801
NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

FROM

TO

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	0.0972	0.165	MGD	*****	*****	*****	MGD	0	1/3m	Grab EST.
	REQUIREMENT	NL	NL	MGD	*****	*****	*****			1/3M	EST
002 pH	REPORTED	*****	*****		8.2	*****	8.2	SU	0	1/3m	Grab
	REQUIREMENT	*****	*****		6.5	*****	9.5	SU		1/3M	GRAB
004 TSS	REPORTED	*****	*****		*****	2.2	2.2	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
	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	540	YEAR	MO.	DAY
				Keith Holt		597-5017	2018	10	9