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

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Rockydale - Flat Rock Quarry
ADDRESS: PO Box 8425

Roanoke VA 24014

FACILITY'S PHYSICAL ADDRESS: 477 Limestone Rd

Quicksburg VA 22847

PERMIT NUMBER	DISCHARGE NUMBER
VAG840043	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2018	7	1	TO	2018	9	30

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	UNITS			
001 FLOW	REPORTED	0.034	0.165	MGD	********	********	********	MGD	0	1/3M	EST
	REQUIREMENT	NL	NL	MGD	********	********	********			1/3M	EST
002 pH	REPORTED	********	********	SU	7.81	********	7.81	SU	0	1/3M	Grab
	REQUIREMENT	********	********		6.5	********	9.5	SU		1/3M	GRAB
004 TSS	REPORTED	********	********	mg/l	********	<1.0	<1.0	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		
	0	0		**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		540 597-5017	2018	10	9