

PERMITTED FACILITY

Rockydale Quarries Corporation - Rockydale Plant
 2343 Highland Farm Rd NW, Roanoke VA 24017

Permit Number: VAG840067

Discharge:

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

RETURN TO

Department of Environmental Quality
 Blue Ridge - Roanoke Regional Office
 901 Russell Drive, Salem VA 24153
 (540) 562-6700

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2020	04	01	2020	06	30

Outfall Num: 006

Reporting Frequency: Quarter

Run Date: Jul 23, 2019

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
001 FLOW	REPORTD		0.0864	MGD	*****	*****	*****	0	1/3M	EST
	REQMNT	NL	NL	MGD	*****	*****	*****		1/3M	EST
002 pH	REPORTD	*****	*****		8.9	*****	8.9	SU	0	1/3M GRAB
	REQMNT	*****	*****		6.0	*****	9.0	SU		1/3M GRAB
004 TSS	REPORTD	*****	*****		*****		17.0	MG/L	0	1/3M GRAB
	REQMNT	*****	*****		*****	30	60	MG/L		1/3M GRAB

Additional Permit Requirements (Outfall 006):

Comments:

PERMITTED FACILITY

Rockydale Quarries Corporation - Rockydale Plant
2343 Highland Farm Rd NW, Roanoke VA 24017
Permit Number: VAG840067

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


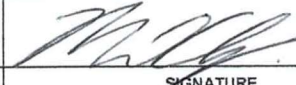
RETURN TO

Department of Environmental Quality
Blue Ridge - Roanoke Regional Office
901 Russell Drive, Salem VA 24153
(540) 562-6700

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.)
0	0	0

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Michael Chopst			2020	06	09
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Michael Chopst		540-705-7150	2020	06	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY