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 | MO | DAY | | YEAR | МО | DAY | |
| FROM | 2021 | 01 | 07 | то | 2021 | 12 | 37 | |

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.

Outfall Num: 004

Reporting Frequency: Annual

Run Date: Jun 26, 2019

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY OF | SAMPLE |
|----------------------------------|---------|---------------------|---------|-------|--------------------------|----------|---------|-------|-----|--------------|--------|
| |] | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | EX. | ANALYSIS | TYPE |
| 002 pH | REPORTD | ******* | ****** | | | ******* | | | | | |
| | REGRANT | ******* | ******* | | NL | ******* | NL | SU | | 1/YR | GRAB |
| 004 TSS | REPORTD | ******** | ******* | | ****** | ******* | | | | | |
| | REORMNT | ******** | ******* | | ******** | ******** | NL | MG/L | | 1/YR | GRAB |
| 199 FLOW, PRECIPITATION EVENT | REPORTD | ******* | 1 | | ******** | 444444* | ******* | 7 | | | |
| | REORMNT | ******** | NL | MG | ******* | 40477744 | ******* | 155 | | 1/YR | EST |

| PRECEDING MEAS | URABLE STORM EVENT |
|----------------|--------------------|
| Days | Hours |
| | |

Additional Permit Requirements (Outfall 004):

Comments:

é

PERM

ACILITY

Rockydale - Flatrock Quarry 2343 Highland Farm Rd NW, Roanoke VA 24017

Permit Number: VAG840043

COMMONW TH OF VIRGINIA DEPARTMENT OF Environmental QUALITY

NONMETALLIC MINERAL MINING
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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 FLOW(M.G.) | TOTAL BOD5(K.G.) | | | | |
| | Ø. | | | | |
| | | | | | |
| • | TOTAL FLOW(M.G.) | | | | |

| OPERATOR IN RESPONSIBLE CHARGE | | | | DATE | | | |
|--------------------------------|--------------------------------|-----------------|------|------|-----|--|--|
| Timothy Childers | Twothy Children | | 2022 | 01 | 04 | | |
| TYPED OR PRINTED NAME | SIGNATURE | CERTIFICATE NO. | YEAR | MO. | DAY | | |
| PRINCIPAL EXECUTIV | VE OFFICER OR AUTHORIZED AGENT | TELEPHONE | 33 | | | | |
| Timothy Childers | Timothy Chiller | 540-612-3418 | 2022 | 01 | 04 | | |
| TYPED OR PRINTED NAME | SIGNATURE | No. 197 | YEAR | MO. | DAY | | |