## PERMITTED FACILITY

Rockydale - Flatrock Quarry

2343 Highland Farm Rd NW, Roanoke VA 24017

Pennit 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			
2021	200			2021	12	7/			

## **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.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
D I SE	REPORTD	*****	********			******					
002 рH	REQRMNT	*******	********		, NL	********	NL	SU		1/YR	GRAB
	REPORTD	*****	******		*******	*******				Po in	
004 TSS	REORMNT	*******	*******		*******	*******	. NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	11444444			******	111221144	******				
	RECRMNT	*******	Nt.	MG	4112144	1111111111	*******			1/YR	EST

PRECEDING ME	ASURABLE STORM EVENT
Days	Hours

Additional Permit Requirements (Outfall 006):

Comments:

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
DISCHARGE MONITORING REPORT (DMR)

**RETURN TO** 

Department of Environmental Quality

Valley Regional Office

4411 Early Road, P.O. Sox 3000, Harrisonburg VA 22801

(540) 574-7800

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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		