

PERMITTED FACILITY

Rockydale - Broadway Quarry
2343 Highland Farm Road NW, Roanoke VA 24017
Permit Number: VAG840133

**COMMONWEALTH 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. Box 3000, Harrisonburg VA 22801
(540) 574-7800

No Discharge:

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2023	10	01	TO	2023	12	31

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

Outfall Num: 001

Reporting Frequency: Quarter

Run Date: Jun 26, 2019

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	.511	.511	MGD	*****	*****	*****	MGD	0	1 / 3M	EST
	REQRMNT	NL	NL	MGD	*****	*****	*****	MGD		1/3M	EST
002 pH	REPORTD	*****	*****	SU	7.15	*****	7.15	SU	0	1 / 3M	GRAB
	REQRMNT	*****	*****	SU	6.5	*****	9.5	SU		1/3M	GRAB
004 TSS	REPORTD	*****	*****	MG/L	*****	1.1	1.1	MG/L	0	1 / 3M	GRAB
	REQRMNT	*****	*****	MG/L	*****	30	60	MG/L		1/3M	GRAB

Additional Permit Requirements (Outfall 001):

Comments:

PERMITTED FACILITY

Rockydale - Broadway Quarry
2343 Highland Farm Road NW, Roanoke VA 24017
Permit Number: VAG840133

**COMMONWEALTH 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. Box 3000, Harrisonburg VA 22801
(540) 574-7800

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		
Timothy Childers	<i>Timothy Daniel Childers II</i>		2024	01	03
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Timothy Childers	<i>Timothy Daniel Childers II</i>	540-682-3418	2024	01	03
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY