#### 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	МО	DAY		YEAR	MO	DAY
FROM	2022	10	01	то	2022	12	31

### **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.

Run	Date:	tun	26	2019
AUI	Dale.	Juli	20.	2013

Outfall Num: 001	Reporting F	requency: Qua	irter			**************************************	922			Run Da	te: Jun 26, 2019
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
001 FLOW	REPORTO	.79	.79	MGD	*****	*****	*****	MGD	0	1/3M	EST
	REQRMNT	NL	NL	MGD	*****	*******	*******	MGD	0	1/3M	EST
002 pH	REPORTO	********	*****	SU	7.66	*****	7.66	SU	0	1/3M	GRAB
	REQRMNT	******	*****	SU	6.5	*******	9.5	SU	0	1/3M	GRAB
004 TSS	REPORTO	*****	****	MG/L	*******	0	0	MG/L	0	1/3M _	GRAB
	REQRMNT	******	*******	MG/L	*****	30	60	MG/L	0	1/3M	GRAB

Additional Permit Requirements (Outfall 001):

Comments:

#### PERMITTED FACILITY

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

Permit Number: VAG840043

# 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				

2550	DATE				
TIMOTHY CHILDERS	Timothy Cheller		2022	12 Mo.	31 DAY
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR		
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TIMOTHY CHILDERS	Timothy Children	540-682-3418	2022	12	31
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MQ.	DAY