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)

		M	OTINC	RING	PERIO)	ě
	YEAR	MO	DAY	8 0	YEAR	МО	DAY
FROM	2023	04	01	то	2023	06	30

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 SEFORE COMPLETING THIS FORM AND RETURNING IT.

Outfall Num: 002 Reporting Frequency: Quarter . Run Date: Jun 26, 2	Outfall Num: 002	Reporting Frequency: Quarter	Run Date: Jun 26, 201
---	------------------	------------------------------	-----------------------

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
001 FLOW	REPORTO	.38	.38	MGD	******	******	*******	MGD	0	1/3M	EST
	REQRMNT	NL	NL	MGD	******	*******	******	MGD	0	1/3M	/ EST
002 pH	REPORTO	****	********	SU	7.36	*******	7.36	SU	0	1/3M	GRAB
	REQRMNT	******	******	SU	6.5	******	9.5	SU	0	1/3M	GRAB
004 TSS	REPORTD	*******	******	MG/L	*******	0.8	0.8	MG/L	0	1/3M	GRAB
	REQRMNT	*******	*******	MG/L	*******	30	60	MG/L	n	1/3M	GRAB

Additional Permit Requirements (Outfall 002):

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				

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TIMOTHY CHILDERS	Timothy Children		2023	06	30
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTI	VE OFFICER OR AUTHORIZED AGENT	TELEPHONE			
TIMOTHY CHILDERS	Timothy Childers	540-682-3418	2023	06	30
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY