## 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	МО	DAY		
FROM	2023	07	01	то	2023	09	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 BEFORE COMPLETING THIS FORM AND RETURNING IT.

Outfall Num: 002 Reporting Frequency: Quarter Run Date: Jun 26, 2019

Dullan Hann TTD											
DARAMETER	100 100 100 100 100 100 100 100 100 100	QUAN	TITY OR LOADING	G		QUALITY OR CON-	CENTRATION		NO.	FREQUENCY OF	SAMPLE
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MUMIXAM	UNITS	EX.	ANALYSIS	TYPE
224 51 2011	REPORTD	.248	.248	MGD	******	*******	******	MGD	0	1/3M	EST
001 FLOW	REQRMNT	NL	NL	MGD	222****	******	******	MGD	0	1/3M	EST
	REPORTD	*******	*******	SU	7.18	*******	7.18	SU	0	1/3M	GRAB
002 pH	REQRMNT	*******	*******	SU	6.5	********	9.5	SŲ	0	1/3M	GRAB
004 TSS	REPORTD	422+++85+	******	MG/L	******	3.6	3.6	MG/L	0	1/3M	GRAB
	REORMNT	*******	******	MG/I	*******	30	60	MG/L	0	1/3M	GRAB

Additional Permit Requirements (Outfall 002):

Comments:

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Rockydale - Flatrock / y

2343 Highland Farm Ro wW, Roanoke VA 24017

Permit Number: VAG840043

## DEPARTMENT OF ENVIR 'MENTAL QUALITY

NONMETALLIC MIN. AL MINING DISCHARGE MONITORING REPORT (DMR) Department of Environmental Quality Valley Regional Office

4411 Early Road, P.O. Box 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.

BYPA	SS AND OVERFLOWS	3
TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
3 - 850		
0	0	0

	DATE				
TIMOHTY CHILDERS	Timbles		2023	10	02
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIV	/E OFFICER OR AUTHORIZED AGENT	TELEPHONE			
TIMOHTY CHILDERS	Timothy =	540-682-3418	2023	10	02
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY