PERMITTED FACILITY

Rockydale Quarries Corp - Jacks Mountain Quarry 2343 Highland Farm Rd NW, Roanoke VA 24019

Permit Number: VAG840050

		Same
in.	Discharge:	-
w	Discriarye.	*

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2023	01	01	то	2023	12	31

RETURN TO

Department of Environmental Quality Blue Ridge - Roanoke Regional Office 901 Russell Drive, Salem VA 24153 (540) 562-6700

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

Outfall Num: 001

Reporting Frequency: Annual

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM U	UNITS	EX.	ANALYSIS	TYPE
002 pH	REPORTD	*******	******		7.16	******	7.16	SU	0	1/YR	Grab
	REQRMNT	******	*****		NL	*******	NL	SU		1/YR	GRAB
004 TSS	REPORTD	******	******		******	******	7.5	MG/L	0	1/YR	Grab
	REQRMNT	******	*****		******	*****	NL	MG/L	Ü	1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	******	0.0072	MG	*****	******	*****		0	1/YR	EST
	REQRMNT	******	NL	MG	******	stratestente at sterate at sterate	******			1/YR	EST

Additional Permit Requirements (Outfall 001):

Comments:

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NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

RETURN TO

Department of Environmental Quality
Blue Ridge - Roanoke Regional Office
901 Russell Drive, Salem VA 24153
(540) 562-6700
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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		
Chris Willis	Chi willer		2024	01	03
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIV	E OFFICER OR AUTHORIZED AGENT	TELEPHONE			
Chris Willis	Clin Willer	540-315-0375	2024	01	03
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY