#### PERMITTED FACILITY

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

Permit Number: VAG840050

No Discharge:

# COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

	MONITORING PERIOD						
	YEAR				YEAR		
ROM	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: 002

Reporting Frequency: Annual

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. T		ate: Jul 19, 2019
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE . TYPE
002 pH	REPORTD	*****	******		7.47	*****	7.47	SU	0	1/YR	Grab
	REQRMNT	******	*****		NL	******	NL.	SU		1/YR	GRAB
004 TSS	REPORTD	*****	**** ******* ****** 8.5 MG	MG/L	0	1/YR	Grab				
	REQRMNT	******	******		*****	******	NL	MG/L		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	0.36	MG	******	******	******		0	1/YR	EST
	REQRMNT	******	NL	MG	*******	******	******			1/YR	EST

Additional Permit Requirements (Outfall 002):

Comments:

### PERMITTED FACILITY

Rockydale Quarries Corp - Jacks Mountain Quarry 2343 Highland Farm Rd NW, Roanoke VA 24019 Permit Number: VAG840050

# COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NONMETALLIC MINERAL MINING DISCHARGE MONITORING REPORT (DMR)

RETURN TO

Department of Environmental Quality Blue Ridge - Roanoke Regional Office 901 Russell Drive, Salem VA 24153

COMPLETING THIS FORM AND RETURNING IT.

(540) 562-6700 NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE

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 Wille	540-315-0375	2024	01	03	
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	