

COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF ENVIRONMENTAL QUALITY  
 CONCRETE PRODUCTS FACILITIES

PERMITTEE NAME/ADDRESS (INCLUDE  
 FACILITY NAME/LOCATION IF DIFFERENT)

NAME Allied Concrete Co - Ruckersville  
 ADDRESS PO Box 1647  
 Charlottesville VA 22902  
 FACILITY Rt 29 - 1 mi N of Ruckersville (southbound)  
 LOCATION 581 Luckstone Rd  
 Ruckersville VA 22968

DISCHARGE MONITORING REPORT (DMR)

VAG110065	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2018	01	01	2018	12	31

Valley Regional Office  
 4411 Early Road  
 P.O. Box 3000

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

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE			
001 FLOW	REPORTED	0.0560	MGD	*****	*****	*****	1/YR	EST
	REQUIREMENT	NL	MGD	*****	*****	*****	1/YR	EST
002 PH	REPORTED	*****		8.7	*****	8.7	1/YR	GRAB
	REQUIREMENT	*****	NL	*****	NL	*****	1/YR	GRAB
004 TSS	REPORTED	*****		*****	*****	18.6	1/YR	GRAB
	REQUIREMENT	*****	*****	*****	NL	*****	1/YR	GRAB

STORM EVENT INFORMATION

DATE	DURATION	RAINFALL TOTAL (IN.)	PRECEDING EVENT
Year	HOURS	DAYS	HOURS
2018	08	14	0
MO	MIN		
10	0		
11			

DEQ Comments:

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				TYPED OR PRINTED NAME	SIGNATURE		
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.				CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TYPED OR PRINTED NAME LAZLY W. BARNES JR.	SIGNATURE 	TELEPHONE 434 296 7181	YEAR 2019