

COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF ENVIRONMENTAL QUALITY  
 CONCRETE PRODUCTS FACILITIES  
 DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE  
 FACILITY NAME/LOCATION IF DIFFERENT)  
 NAME C R Butler Concrete  
 ADDRESS PO Box 587  
 Orange VA 22960

Northern Regional Office  
 13901 Crown Court  
 Woodbridge VA 22193

VAG110082 002  
 PERMIT NUMBER DISCHARGE NUMBER

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

FACILITY 220 Byrd St  
 LOCATION Orange VA 22960

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	0.0491	MGD	*****	*****		1/YR	EST
	REQUIREMENT	NL	MGD	*****	*****		1/YR	EST
002 PH	REPORTED	*****		8.34	*****		1/YR	GRAB
	REQUIREMENT	*****		NL	*****		1/YR	GRAB
004 TSS	REPORTED	*****		*****	245		1/YR	GRAB
	REQUIREMENT	*****		*****	NL		1/YR	GRAB

STORM EVENT INFORMATION

Year	MO	DAY	HOURS	DURATION	MIN	MAX	PRECEDING EVENT	HOURS
2018	10	11	8		0	1.72		9

DEQ Comments:

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE			
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				LARLEY L. DARGatz	<i>[Signature]</i>	434 296 7181	2019	01	09

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.