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

VAG110315
001

PERMIT NUMBER
DISCHARGE NUMBER

08/29/2013

DEPT. OF ENVIRONMENTAL QUALITY
(NORTHERN REGIONAL OFFICE)
13901 Crown Court
Woodbridge VA 22193

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

FACILITY NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)
NAME: Allied Concrete - Braggs Corner Plant
ADDRESS: P.O. Box 1647
Charlottesville VA 22902

FACILITY LOCATION
US 29 North from Culpeper, Left on Route 666
Braggs Corner Rd, Right on Bennett Rd Left of Alligned Way

PARAMETER | QUANTITY OR LOADING | QUALITY OR CONCENTRATION | NO. EX. | FREQUENCY OF ANALYSIS | SAMPLE TYPE
--- | --- | --- | --- | --- | ---
001 FLOW | REPORTED | ******** | ******** | ******** | ********
 | REQUIREMENT | ******** | NL | MGD | ******** | ********
002 PH | REPORTED | ******** | ******** | ******** | ********
 | REQUIREMENT | ******** | NL | ******** | NL | SU | 1/YR | GRAB
004 TSS | REPORTED | ******** | ******** | ******** | ********
 | REQUIREMENT | ******** | NL | ******** | NL | MG/L | 1/YR | GRAB

STORM EVENT INFORMATION

DATE | DURATION | RAINFALL TOTAL (IN.) | PRECEDING EVENT
--- | --- | --- | ---
Year | MO | DAY | HOURS | MIN | DAYS | HOURS

DEQ Comments:

BYPASSES AND OVERFLOWS

TOTAL OCCURRENCES | TOTAL FLOW (MG.) | TOTAL BOD5 (MG.) | OPERATOR IN RESPONSIBLE CHARGE | DATE
--- | --- | --- | --- | ---

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 ENSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS 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.

TYPED OR PRINTED NAME | SIGNATURE | CERTIFICATE NO. | YEAR | MO. | DAY
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PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE
--- | ---

TYPED OR PRINTED NAME | SIGNATURE | YEAR | MO. | DAY
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