

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

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

NAME Allied Concrete Co - Charlottesville
 ADDRESS PO Box 1647
 Charlottesville VA 22902

FACILITY 1000 Harris St
 LOCATION Charlottesville

VAG110064	002
PERMIT NUMBER	DISCHARGE NUMBER

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

FROM

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	*****	0.0254	MGD	*****	*****		1/YR	EST
	*****	NL	MGD	*****	*****		1/YR	EST
002 PH	*****	8.94		*****	8.94	54	1/YR	GRAB
	*****	NL		*****	NL	SU	1/YR	GRAB
004 TSS	*****	*****		*****	*****		1/YR	GRAB
	*****	*****		*****	NL	MG/L	1/YR	GRAB

STORM EVENT INFORMATION			
DATE	DURATION	RAINFALL TOTAL (IN.)	PRECEDING EVENT
Year	HOURS	MIN	HOURS
2018	104	24	12
		0	0
		1.04	0

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	YEAR	MO.	DAY
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 SYSTEMS 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.				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				
				LARRY L. BARNES JR.		2019	01	09
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY
				LARRY L. BARNES JR.		2019	01	09
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY
				LARRY L. BARNES JR.		2019	01	09

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

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

NAME Allied Concrete Co - Charlottesville
 ADDRESS PO Box 1647
 Charlottesville VA 22902
 FACILITY LOCATION 1000 Harris St
 Charlottesville VA 22902

VAG110064	003				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2013	01	01	2013	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	0.0508	MGD	*****	*****	*****	1/YR	EST
	REQUIREMENT	NL	MGD	*****	*****	*****	1/YR	EST
002 PH	REPORTED	*****	*****	8.98	*****	54	1/YR	GRAB
	REQUIREMENT	*****	NL	*****	*****	SU	1/YR	GRAB
004 TSS	REPORTED	*****	*****	*****	9.05	MG/L	1/YR	GRAB
	REQUIREMENT	*****	*****	*****	NL	MG/L	1/YR	GRAB

DATE				DURATION		RAINFALL TOTAL (IN.)		PRECEDING EVENT	
Year	MO	DAY	HOURS	MIN	DAYS	HOURS			
2013	04	27	12	0	8	0			

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
				LARRY W. BARRASAW JR.		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.

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

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

NAME Allied Concrete Co - Charlottesville
 ADDRESS PO Box 1647
 Charlottesville VA 22902

FACILITY 1000 Harris St
 LOCATION Charlottesville VA 22902

VAG110064 PERMIT NUMBER
 005 DISCHARGE NUMBER

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

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 2013 01 01 TO 2013 12 31

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	0.0321	MGD	*****	*****		1/YR	EST
	REQUIREMENT	NL	HGD	*****	*****		1/YR	EST
002 PH	REPORTED	*****		8.92	*****		1/YR	GRAB
	REQUIREMENT	*****	NL	NL	*****		1/YR	GRAB
004 TSS	REPORTED	*****		28.2	*****		1/YR	GRAB
	REQUIREMENT	*****	*****	NL	*****		1/YR	GRAB

STORM EVENT INFORMATION					
DATE	DURATION	RAINFALL TOTAL (IN.)	PRECEDING EVENT	HOURS	
Year	MO	DAY	HOURS	MIN	DAYS
2013	04	24	12	0	8
					1.04
					0

DEQ Comments:

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE		
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY
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 OPERATE AND MAINTAIN 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.				LARRY W. BARRIS JR. TYPED OR PRINTED NAME	 SIGNATURE	2013	01	09
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	 SIGNATURE	2019	01	09
				TELEPHONE 434 296 7131	YEAR	MO.	DAY	

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	SU	1/YR	GRAB
004 TSS	REPORTED	*****		*****	*****	18.6	1/YR	GRAB
	REQUIREMENT	*****	*****	*****	NL	HG/L	1/YR	GRAB

STORM EVENT INFORMATION

DATE	DURATION	RAINFALL TOTAL (IN.)	PRECEDING EVENT
Year 2018 MO 10 DAY 11 HOURS 8	MIN 0	1.72	DAYS 14 HOURS 0

DEQ Comments:

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
				TYPED OR PRINTED NAME	SIGNATURE	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 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.				TYPED OR PRINTED NAME LAZLY W. BARNES JR	SIGNATURE 	CERTIFICATE NO. 434 296 7181	YEAR 2019	MO. 01	DAY 09
				TYPED OR PRINTED NAME LAZLY W. BARNES JR	SIGNATURE LAZLY W. BARNES JR	YEAR 2019	MO. 01	DAY 09	

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

NAME ACC-Harrisonburg
 ADDRESS 1000 Harris St
 Charlottesville

VA 22903

FACILITY LOCATION 2025 Beery Rd
 Harrisonburg

VA 22801

FROM

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 CONCRETE PRODUCTS FACILITIES

06/20/2016
 DEPT. OF ENVIRONMENTAL QUALITY
 (REGIONAL OFFICE)

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

DISCHARGE MONITORING REPORT(DMR)

VAG110354	001
PERMIT NUMBER	DISCHARGE NUMBER

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

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	*****	0.0219	MGD	*****	*****		1/YR	EST
	*****	NL	MGD	*****	*****		1/YR	EST
002 pH	*****	*****		8.03	*****		1/YR	GRAB
	*****	*****		6.5	*****	9.5	1/YR	GRAB
004 TSS	*****	*****		*****	*****	58.4	1/YR	GRAB
	*****	*****		*****	*****	NL	1/YR	GRAB

STORM EVENT INFORMATION

DATE	DURATION	RAINFALL TOTAL (IN.)	PRECEDING EVENT
Year	HOURS	MIN	HOURS
2018	02 10 12	0	0
		0.39	3

DEQ Comments:

BYPASSES AND OVERFLOWS	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	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 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.			TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
			LAUREN W BARRON JR		434 296 7131	2019	01	09
				TYPED OR PRINTED NAME	SIGNATURE			

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

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

NAME Ready Rock
ADDRESS 1000 Harris St
Charlotteville VA 22903

VAG110327
PERMIT NUMBER 001
DISCHARGE NUMBER

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

FACILITY LOCATION 900 N Bayard Ave
Haynesboro VA 22980

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
2013 01 01 TO 2013 12 31

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	0.0194	MGD	*****	*****	*****	1/YR	EST
	REQUIREMENT	NL	MGD	*****	*****	*****	1/YR	BST
002 PH	REPORTED	*****	*****	8.66	*****	8.66	1/YR	GRAB
	REQUIREMENT	*****	*****	6.5	*****	9.5	1/YR	GRAB
004 TSS	REPORTED	*****	*****	*****	*****	12.0	1/YR	GRAB
	REQUIREMENT	*****	*****	*****	*****	NL	1/YR	GRAB

STORM EVENT INFORMATION				PRECEDING EVENT			
DATE	DURATION	RAINFALL TOTAL (IN.)	HOURS	DATE	DURATION	RAINFALL TOTAL (IN.)	HOURS
Year 2013	MO 05	DAY 10	HOURS 1	MIN 15	DATE	RAINFALL TOTAL (IN.)	HOURS
						0.21	13

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
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 CATERING 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 CROWING VIOLATIONS.				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
				LARRY W. BAZEMAN JR.		434 296 7181	2013	01	10

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

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

NAME Allied Concrete Co-Staunton Plant
 ADDRESS 1000 Harris Street
 Charlottesville VA 22903

FACILITY 510 Statler Blvd
 LOCATION Staunton VA 24401

VAG110071	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		YEAR		MO		DAY	
2013	01	2013	12	31			
YEAR	MO	DAY	YEAR	MO	DAY		

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	MAXIMUM			
001 FLOW	REPORTED	00736	MGD	*****	*****	*****		1/YR	EST
	REQUIREMENT	NL	MGD	*****	*****	*****		1/YR	EST
002 PH	REPORTED	*****		8.55	*****	8.55	54	1/YR	GRAB
	REQUIREMENT	*****		NL	*****	NL	SU	1/YR	GRAB
004 TSS	REPORTED	*****		*****	*****	12.6	MG/L	1/YR	GRAB
	REQUIREMENT	*****		*****	*****	NL	MG/L	1/YR	GRAB

STORM EVENT INFORMATION				PRECEDING EVENT	
DATE	DURATION	RAINFALL TOTAL (IN.)	DAYS	HOURS	
Year	MO	HOURS	MIN		
2013	03	04	16	0	0
				7	

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	YEAR	MO.	DAY	
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 OBTAINING 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 LARRY W. DAVIS JR	SIGNATURE 	CERTIFICATE NO.	YEAR <td>MO. <td>DAY </td></td>	MO. <td>DAY </td>	DAY
				TYPED OR PRINTED NAME LARRY W. DAVIS JR	SIGNATURE 	TELEPHONE 434 296 7131	YEAR 2013	MO. 01	DAY 10

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

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

NAME Allied Concrete Co-Staunton Plant
 ADDRESS 1000 Harris Street
 Charlottesville VA 22903
 FACILITY 510 Statler Blvd
 LOCATION Staunton VA 24401

VAG110071	002
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR 2018	MO 01
DAY 01	TO 31
YEAR 2018	MO 12
DAY 31	TO 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	0.0061	MGD	*****	*****	*****	1/YR	EST
	REQUIREMENT	NL	MGD	*****	*****	*****	1/YR	EST
002 PH	REPORTED	*****	8.97	*****	*****	8.97	1/YR	GRAB
	REQUIREMENT	*****	NL	*****	*****	NL	1/YR	GRAB
004 TSS	REPORTED	*****	*****	*****	*****	42.0	1/YR	GRAB
	REQUIREMENT	*****	*****	*****	*****	NL	1/YR	GRAB

STORM EVENT INFORMATION

DATE	DURATION	RAINFALL TOTAL (IN.)	PRECEDING EVENT
Year 2018	HOURS 1	0.63	DAYS 8
MO 08	MIN 0		HOURS 0
DAY 08			

DEQ Comments:

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE			
				TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY	
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 OBTAIN 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.				TYPED OR PRINTED NAME LARRY W. BARBER JR	SIGNATURE 	CERTIFICATE NO. 434 296 7181	YEAR 2019	MO. 01	DAY 10

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)
 NAME Allied Concrete Co - Waynesboro Plant
 ADDRESS PO Box 280 Waynesboro VA 22980
 FACILITY LOCATION 1321 North Delphine Ave Waynesboro VA 22980

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
 Valley Regional Office
 4411 Early Road
 P.O. Box 3000

PERMIT NUMBER VAG110072
 DISCHARGE NUMBER 001

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

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	0.0216	MGD	*****	*****	*****	1/YR	EST
	REQUIREMENT	NL	MGD	*****	*****	*****	1/YR	EST
002 PH	REPORTED	*****	9.56	*****	*****	9.56	1/YR	GRAB
	REQUIREMENT	*****	NL	*****	*****	NL	1/YR	GRAB
004 TSS	REPORTED	*****	*****	*****	*****	57.0	1/YR	GRAB
	REQUIREMENT	*****	*****	*****	*****	NL	1/YR	GRAB

STORM EVENT INFORMATION					
DATE	DURATION	RAINFALL TOTAL (IN.)	PRECEDING EVENT	HOURS	
Year	MO	DAY	HOURS	MIN	DAYS
2018	05	10	2	15	13
					0

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
				LAUREN W. BARRIS	<i>[Signature]</i>	714 296 7181	2019	01	10

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 THIS INFORMATION, THIS 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.

DEQ Comments:

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

NAME Allied Concrete Co - Zion Crossroads
 ADDRESS PO Box 1647
 Charlottesville VA 22902

FACILITY LOCATION Route 250, 0.3 mile east of Route 15
 Route 250
 Zion Crossroads VA

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 CONCRETE PRODUCTS FACILITIES

DISCHARGE MONITORING REPORT(DMR)

VAG110066	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2018	1	1	2018	12	31

08/07/2013
 DEPT. OF ENVIRONMENTAL QUALITY
 (REGIONAL OFFICE)

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	*****	0.0813	MGD	*****	*****		1/YR	EST
	*****	NL	MGD	*****	*****		1/YR	EST
002 PH	*****	8.89		*****	8.89		1/YR	GRAB
	*****	NL		*****	NL	SU	1/YR	GRAB
004 TSS	*****			*****	45.1		1/YR	GRAB
	*****			*****	NL		1/YR	GRAB

STORM EVENT INFORMATION

DATE	DURATION	RAINFALL TOTAL (IN.)	PRECEDING EVENT
Year 2018	HOURS 12	MIN 0	HOURS 0
MO 04	DAYS 2	DAYS 1.04	

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
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.				LAZLY W. BARRON JR	<i>[Signature]</i>	434 296 7181	2019	01	09
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

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

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

NAME: Allied Concrete Co - Luck Stone Rd Louisa Portabl.
ADDRESS: 1000 Harris Street
P.O. Box 1647
VA 23093
FROM: Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

VAG110233
PERMIT NUMBER: 001
DISCHARGE NUMBER

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

FACILITY LOCATION: Luck Stone Road Louisa
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	*****			*****	*****			
REQUIREMENT	*****	NL	MGD	*****	*****		1/YR	EST
002 PH	*****	*****		*****	*****			
REQUIREMENT	*****	*****	NL	*****	NL		1/YR	GRAB
004 TSS	*****	*****		*****	*****			
REQUIREMENT	*****	*****		*****	NL		1/YR	GRAB

STORM EVENT INFORMATION

DATE	DURATION	RAINFALL TOTAL (IN.)	PRECEDING EVENT
Year	MO	DAY	HOURS

DEQ Comments:

BYPASSES AND OVERFLOWS	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE		
			TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY
			LARRY L. BARNETT JR.	<i>[Signature]</i>	2019	01	09
					2019	01	09

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: TELEPHONE: 434 296 7181

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.

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 YEAR MO DAY
 2018 01 01 TO 2018 12 31

FACILITY 220 Byrd St
 LOCATION Orange VA 22960
 FROM

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

STORM EVENT INFORMATION

Year	DATE MO DAY	DURATION HOURS	MIN	RAINFALL TOTAL (IN.)	PRECEDING EVENT HOURS
2018	10 11	8	0	1.72	14 9

DEQ Comments:

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

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.