

**PERMITTED FACILITY**

Allied Concrete - Braggs Corner Plant  
 P.O. Box 1647, Charlottesville VA 22902  
 Permit Number: VAG110315

No Discharge:

**COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
 DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2019	01	01	2019	02	31

**RETURN TO**  
 Department of Environmental Quality  
 Northern Regional Office  
 13901 Crown Court, Woodbridge VA 22193  
 (703) 583-3800  
 NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE  
 COMPLETING THIS FORM AND RETURNING IT.

Outfall Num: 001 Reporting Frequency: Annual Run Date: Dec 28, 2018

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
002 pH	REPORTD	*****	*****		*****				
	RECRMNT	*****	*****	NL	*****			1/YR	GRAB
004 TSS	REPORTD	*****	*****	*****	*****				
	RECRMNT	*****	*****	*****	*****	NL	MG/L	1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	*****	*****	*****				
	RECRMNT	*****	*****	NL	*****	MG	*****	1/YR	EST

STORM EVENT INFORMATION				RAINFALL TOTAL (IN.)		PRECEDING	
DATE	DURATION	HOURS	MIN	Days	Hours	Days	Hours
YEAR MO DAY	HOURS	MIN					

Additional Permit Requirements (Outfall 001):  
 Comments:

**PERMITTED FACILITY**

Allied Concrete - Braggs Corner Plant  
P.O. Box 1647, Charlottesville VA 22902  
Permit Number: VAG110315

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
DISCHARGE MONITORING REPORT (DMR)

**RETURN TO**

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Northern Regional Office  
13901 Crown Court, Woodbridge VA 22193  
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BYPASS AND OVERFLOWS		
TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD(K.G.)

OPERATOR IN RESPONSIBLE CHARGE				DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY	
LARRY W. GATSBOW JR		434 296 7181	2020	01	08	
TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY	

**PERMITTED FACILITY**

Allied Concrete Co - Luck Stone Rd Louisa Portable  
 1000 Harris Street, Charlottesville VA 22901  
 Permit Number: VAG110233

No Discharge:

**COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
 DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2019	01	01	2019	12	31

**RETURN TO**  
 Department of Environmental Quality  
 Northern Regional Office  
 13901 Crown Court, Woodbridge VA 22193  
 (703) 583-3800

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Run Date: Dec 28, 2018

Outfall Num: 001 Reporting Frequency: Annual

PARAMETER	REPORTD	RECRMNT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
002 pH	REPORTD	RECRMNT	*****	*****								
			*****	*****		NL	*****				1/YR	GRAB
004 TSS	REPORTD	RECRMNT	*****	*****								
			*****	*****		NL	*****				1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	RECRMNT	*****	*****								
			*****	*****		NL	MG	*****				1/YR

STORM EVENT INFORMATION							
DATE			DURATION		RAINFALL TOTAL (IN.)	PRECEDING	
YEAR	MO	DAY	HOURS	MIN		Days	Hours

Additional Permit Requirements (Outfall 001):  
 Comments:

**PERMITTED FACILITY**

Allied Concrete Co - Luck Stone Rd Louisa Portable  
1000 Harris Street, Charlottesville VA 22901  
Permit Number: VA6110233

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
DISCHARGE MONITORING REPORT (DMR)


**RETURN TO**

Department of Environmental Quality  
Northern Regional Office  
13901 Crown Court, Woodbridge VA 22193  
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BYPASS 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	
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE				
LARRY W. BRADGROW JR		434 296 7181	2020	01	08	
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	

**PERMITTED FACILITY**

ACC - Orange  
 1000 Harris St, Charlottesville VA 22903  
 Permit Number: VAG110082

No Discharge:

001 10/25

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2019	01	21	2019	12	31

**RETURN TO**  
 Department of Environmental Quality  
 Northern Regional Office  
 13901 Crown Court, Woodbridge VA 22193  
 (703) 583-3800  
 NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE  
 COMPLETING THIS FORM AND RETURNING IT.

Outfall Num: ~~002~~ **002** Reporting Frequency: Annual

Run Date: Dec 28, 2018

PARAMETER	REPORTD RECRMNT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
002 pH	REPORTD	*****	*****	*****	8.07	*****	8.07	5U	1/YR	GPAB
	RECRMNT	*****	*****	*****	NL	*****	NL	SU	1/YR	GRAB
004 TSS	REPORTD	*****	*****	*****	*****	*****	3.5	MGL	1/YR	GPAB
	RECRMNT	*****	*****	*****	*****	*****	NL	MGL	1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	0.0229	MG	*****	*****	*****	*****	1/YR	EST
	RECRMNT	*****	NL	MG	*****	*****	*****	*****	1/YR	EST

STORM EVENT INFORMATION						
DATE	DURATION		RAINFALL TOTAL (IN.)	PRECEDING		
	MO	DAY		HOURS	DAYS	HOURS
2019	10	25	6	0.8	3	0

Additional Permit Requirements (Outfall 002):

Comments:

**PERMITTED FACILITY**

ACC - Orange  
1000 Harris St, Charlottesville VA 22903  
Permit Number: VAG110082

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
DISCHARGE MONITORING REPORT (DMR)


**RETURN TO**

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BYPASS 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
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
LARRY W. BARTISMAN JR		434 296 7181	2020	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

**PERMITTED FACILITY**

ACC-Charlottesville  
 PO Box 1647, Charlottesville VA 22902  
 Permit Number: VAG110064

**COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
 DISCHARGE MONITORING REPORT (DMR)

**RETURN TO**

Department of Environmental Quality  
 Valley Regional Office  
 4411 Early Road, P. O. Box 3000, Harrisonburg VA 22801  
 (540) 574-7800  
 NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE  
 COMPLETING THIS FORM AND RETURNING IT.

No Discharge:

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2019	01	01	2019	12	31

Outfall Num: 002 Reporting Frequency: Annual FROM 2019 01 01 TO 2019 12 31 Run Date: Dec 20, 2018

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****	9.97	*****	9.97	54	1/YR	6243
	REGRMNT	*****	*****	NL	*****	NL	SU	1/YR	GRAB
004 TSS	REPORTD	*****	*****	*****	*****	89.8	mg/L	1/YR	6243
	REGRMNT	*****	*****	*****	*****	NL	MGL	1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	*****	0.0029	*****	MG	*****	1/YR	EST
	REGRMNT	*****	*****	NL	*****	MG	*****	1/YR	EST

STORM EVENT INFORMATION					PRECEDING	
DATE	DURATION	RAINFALL TOTAL (IN.)	DAYS	HOURS		
YEAR	MO	DAY	HOURS	MIN		
2019	10	16	6	0	1.12	16

Additional Permit Requirements (Outfall 002):  
 Comments:

**PERMITTED FACILITY**

ACC-Charlottesville  
 PO Box 1647, Charlottesville VA 22902  
 Permit Number: VA0310064

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

No Discharge:

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2019	01	01	2019	12	31

Outfall Num: 003 Reporting Frequency: Annual

Run Date: Dec 20, 2018

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
002 pH	REPORTD	*****	*****	*****	*****	*****	*****	*****	*****	1/YR	GRAB
	REQRMT	*****	*****	*****	NL	*****	*****	*****	*****	1/YR	GRAB
004 TSS	REPORTD	*****	*****	*****	*****	*****	*****	*****	*****	1/YR	GRAB
	REQRMT	*****	*****	*****	*****	*****	*****	*****	*****	1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	0.0039	MG	*****	*****	*****	*****	*****	1/YR	EST
	REQRMT	*****	NL	MG	*****	*****	*****	*****	*****	1/YR	EST

**STORM EVENT INFORMATION**

YEAR	MO	DAY	DURATION		RAINFALL TOTAL (IN.)	PRECEDING	
			HOURS	MIN		Days	Hours
2019	10	16	6	0	.12	16	0

Additional Permit Requirements (Outfall 003):

Comments:

**RETURN TO**  
 Department of Environmental Quality  
 Valley Regional Office  
 4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801  
 (540) 574-7800

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



**PERMITTED FACILITY**  
 ACC-Charlottesville  
 PO Box 1647, Charlottesville, VA 22902  
 Permit Number: VAG110064

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

**RETURN TO**  
 Department of Environmental Quality  
 Valley Regional Office  
 4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801  
 (540) 574-7800

No Discharge:

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2019	10	16		2019	12	31

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

Outfall Num: 005 Reporting Frequency: Annual Run Date: Dec 20, 2018

PARAMETER	REPORTID	REORNT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
002 pH	REPORTD	*****	*****	*****	*****	9.98	*****	9.98	54	1/YR	GRAB
	REORNT	*****	*****	*****	NL	*****	*****	NL	SU	1/YR	GRAB
004 TSS	REPORTD	*****	*****	*****	*****	*****	*****	150.0	mg/L	1/YR	GRAB
	REORNT	*****	*****	*****	*****	*****	*****	NL	MGL	1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	*****	*****	0.0044	*****	*****	mg	*****	1/YR	EST
	REORNT	*****	*****	*****	NL	*****	*****	MG	*****	1/YR	EST

STORM EVENT INFORMATION

YEAR	MO	DAY	DURATION		RAINFALL TOTAL (IN.)	PRECEDING	
			HOURS	MIN		Days	Hours
2019	10	16	6	0	.12	16	0

Additional Permit Requirements (Outfall 005):  
 Comments:

**PERMITTED FACILITY**

ACC-Charlottesville  
 PO Box 1847, Charlottesville VA 22902  
 Permit Number: VAG110064

No Discharge:

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

**RETURN TO**  
 Department of Environmental Quality  
 Valley Regional Office  
 4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2017	01	01		2017	12	31

(540) 574-7800  
 NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE  
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Run Date: Dec 20, 2018

PARAMETER	REPORTD RECRMNT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
002 pH	REPORTD	*****	*****		9.86	*****	9.80		1/YR	GRAB
	RECRMNT	*****	*****		NL	*****	NL		1/YR	GRAB
004 TSS	REPORTD	*****	*****		*****	*****	121.0		1/YR	GRAB
	RECRMNT	*****	*****		*****	*****	NL		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	0.0044	MG	*****	*****	*****		1/YR	EST
	RECRMNT	*****	*****	MG	*****	*****	*****		1/YR	EST

**STORM EVENT INFORMATION**

DATE	DURATION		RAINFALL TOTAL (IN.)	PRECEDING			
	MO	DAY		HOURS	MIN	Days	Hours
2017	10	14	6	6	12	16	0

Additional Permit Requirements (Outfall 006):  
 Comments:

**PERMITTED FACILITY**

ACC-Charlottesville  
PO Box 1647, Charlottesville VA 22902  
Permit Number: VAG110064

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
DISCHARGE MONITORING REPORT (DMR)


**RETURN TO**

Department of Environmental Quality  
Valley Regional Office  
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BYPASS 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
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
ARRY W. BARBOW JR		434 296 7181	2020	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

**PERMITTED FACILITY**

ACC-Greene  
 PO Box 1647, Charlottesville VA 22902  
 Permit Number: VAG110065  
 No Discharge:

**COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
 DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2019	01	01	2019	12	31

**RETURN TO**  
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 Valley Regional Office  
 4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801  
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Outfall Num: 001 Reporting Frequency: Annual Run Date: Dec 20, 2018

PARAMETER	REPORTD RECRMNT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
002 pH	REPORTD	*****	*****		8.30	*****	8.30	54	1/YR	GRA3
	RECRMNT	*****	*****		NL	*****	NL	SU	1/YR	GRAB
004 TSS	REPORTD	*****	*****		*****	*****	48.7	MG/L	1/YR	GRA3
	RECRMNT	*****	*****		*****	*****	NL	MGL	1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	0.0261	MG	*****	*****	*****	1/YR	1/YR	EST
	RECRMNT	*****	NL	MG	*****	*****	*****		1/YR	EST

STORM EVENT INFORMATION							
DATE	DURATION		RAINFALL TOTAL (IN.)	PRECEDING			
	MO	DAY		HOURS	MIN	DAYS	HOURS
2019	10	20	6	0	8	3	8

Additional Permit Requirements (Outfall 001):  
 Comments:

**PERMITTED FACILITY**

ACC-Greene  
PO Box 1647, Charlottesville VA 22902  
Permit Number: VAG110095

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
DISCHARGE MONITORING REPORT (DMR)


**RETURN TO**

Department of Environmental Quality  
Valley Regional Office  
4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801  
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BYPASS AND OVERFLOWS	
TOTAL OCCURRENCES	TOTAL FLOW(M.G.)

OPERATOR IN RESPONSIBLE CHARGE		DATE		
TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE			
LESTER W. BARNETT JR		434 296 7181	2020	01 08
TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

**PERMITTED FACILITY**

ACC-Harrisonburg  
 1000 Harris St, Charlottesville VA 22903  
 Permit Number: VAG110354

**COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
 DISCHARGE MONITORING REPORT (DMR)

**RETURN TO**

Department of Environmental Quality  
 Valley Regional Office  
 4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801  
 (540) 574-7800  
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No Discharge:

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2019	01	01	2019	12	31

Outfall Num: 001 Reporting Frequency: Annual FROM 2019 01 01 TO 2019 12 31 Run Date: Dec 19, 2018

PARAMETER	REPORTD REQRMNT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
002 pH	REPORTD	*****	*****		8.56	*****	8.56	54	1/YR	GRAB
	REQRMNT	*****	*****		6.5	*****	9.5	SU	1/YR	GRAB
004 TSS	REPORTD	*****	*****		*****	*****	108.0	MG/L	1/YR	GRAB
	REQRMNT	*****	*****		*****	*****	NL	MG/L	1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	0.0062	MG	*****	*****	*****		1/YR	EST
	REQRMNT	*****	*****		NL	*****	*****		1/YR	EST

STORM EVENT INFORMATION						PRECEDING	
DATE	DURATION	RAINFALL TOTAL (IN.)	DAYS	HOURS			
YEAR	MO	DAY	HOURS	MIN			
2019	11	27	3	30	1.11	3	0

Additional Permit Requirements (Outfall 001):  
 Comments:

**PERMITTED FACILITY**

ACC-Harrisonburg  
1000 Harris St, Charlottesville VA 22903  
Permit Number: VAG110354

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
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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.)

OPERATOR IN RESPONSIBLE CHARGE		DATE			
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
LARRY W. PARSONS JR		434 296 7181	2020	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

**PERMITTED FACILITY**

Valley Building Supply Harrisonburg  
 210 Stone Spring Rd, Harrisonburg VA 22801  
 Permit Number: VAG110309

No Discharge:

**COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
 DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2019	01	01		2019	12	31

**RETURN TO**  
 Department of Environmental Quality  
 Valley Regional Office  
 4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801  
 (540) 574-7800  
 NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE  
 COMPLETING THIS FORM AND RETURNING IT.

Outfall Num: 001 Reporting Frequency: Annual Run Date: Mar 19, 2019

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
002 pH	REPORTD	*****	*****	9.90	*****	9.90	54			1/YR	GRAB
	REQRMNT	*****	*****	NL	*****	NL	SU			1YR	GRAB
004 TSS	REPORTD	*****	*****	*****	*****	270	MG/L			1/YR	GRAB
	REQRMNT	*****	*****	*****	*****	NL	MGL			1YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	0.0392	MG	*****	*****	*****			1/YR	EST
	REQRMNT	*****	NL	MG	*****	*****	*****			1YR	EST

DATE				DURATION		RAINFALL TOTAL (IN.)	PRECEDING	
YEAR	MO	DAY	HOURS	MIN	Days		Hours	
2019	01	31	3	20	1.19	8	0	

Additional Permit Requirements (Outfall 001):  
 Comments:

STORM EVENT INFORMATION



**PERMITTED FACILITY**

Valley Building Supply Harrisonburg  
 210 Stone Spring Rd, Harrisonburg VA 22801  
 Permit Number: VAG110309

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

No Discharge:

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2019	01	01		2019	12	31

Outfall Num: 002 Reporting Frequency: Annual

Run Date: Mar 19 2019

**RETURN TO**  
 Department of Environmental Quality  
 Valley Regional Office  
 4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801  
 (540) 574-7800  
 NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE  
 COMPLETING THIS FORM AND RETURNING IT.

PARAMETER	REPORTD REGRMNT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
002 pH	REPORTD	*****	*****		8.82	*****			1/YR	GRAB
	REGRMNT	*****	*****		NL	*****			1/YR	GRAB
004 TSS	REPORTD	*****	*****		*****	*****			1/YR	GRAB
	REGRMNT	*****	*****		*****	*****			1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	0.0025	MG	*****	*****			1/YR	EST
	REGRMNT	*****	NL	MG	*****	*****			1/YR	EST

**STORM EVENT INFORMATION**

YEAR	MO	DAY	DURATION		RAINFALL TOTAL (IN.)	PRECEDING	
			HOURS	MIN		Days	Hours
2019	07	31	3	20	.19	2	0

Additional Permit Requirements (Outfall 002):  
 Comments:

**PERMITTED FACILITY**  
 Valley Building Supply Harrisonburg  
 210 Stone Spring Rd, Harrisonburg VA 22801  
 Permit Number: VAG110309

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

**RETURN TO**  
 Department of Environmental Quality  
 Valley Regional Office  
 4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801  
 (540) 574-7800

**MONITORING PERIOD**

YEAR	MO	DAY	YEAR	MO	DAY
2019	01	01	2019	12	31

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

Outfall Num: 003 Reporting Frequency: Annual Run Date: Mar 19, 2019

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
002 pH	REPORTD	*****	*****	4.25	*****	9.25	SL			1/YR	GRAB
	RECRMNT	*****	*****	NL	*****	NL	SU			1/YR	GRAB
004 TSS	REPORTD	*****	*****	*****	*****	13.5	MG/L			1/YR	GRAB
	RECRMNT	*****	*****	*****	*****	NL	MG/L			1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	002.8	MG	*****	*****				1/YR	GRAB
	RECRMNT	*****	NL	MG	*****	*****				1/YR	EST

**STORM EVENT INFORMATION**

YEAR	MO	DAY	DURATION		RAINFALL TOTAL (IN.)	PRECEDING	
			HOURS	MIN		Days	Hours
2019	07	31	3	20	.19	8	0

Additional Permit Requirements (Outfall 003):  
 Comments:


**PERMITTED FACILITY**  
 Valley Building Supply Harrisonburg  
 210 Stone Spring Rd, Harrisonburg VA 22801  
 Permit Number: VAG110309

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

**RETURN TO**  
 Department of Environmental Quality  
 Valley Regional Office  
 4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801  
 (540) 574-7800  
 NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE  
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BYPASS 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
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE			
LARRY W. BARRAS JR		2020	01	08
TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

**PERMITTED FACILITY**

Ready Rock  
1000 Harris St, Charlottesville VA 22903  
Permit Number: VAG110327  
No Discharge:

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2019	01	01		2019	12	31

Outfall Num: 001 Reporting Frequency: Annual

Run Date: Dec 19, 2018

**RETURN TO**  
Department of Environmental Quality  
Valley Regional Office  
4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801  
(540) 574-7800  
NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE  
COMPLETING THIS FORM AND RETURNING IT.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
002 pH	REPORTD	*****		2.71	*****	2.71	54	1/YR	GRAB		
	REQRMNT	*****		6.5	*****	9.5	SU	1/YR	GRAB		
004 TSS	REPORTD	*****		*****	*****	5.8	M6/L	1/YR	GRAB		
	REQRMNT	*****		*****	*****	NL	MGL	1/YR	GRAB		
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	0.1459	M6	*****	*****		1/YR	EST		
	REQRMNT	*****	NL	M6	*****	*****		1/YR	EST		

STORM EVENT INFORMATION				PRECEDING	
DATE	DURATION	RAINFALL TOTAL (IN.)	Days	Hours	Hours
2019 10 16	4	1.58	2	0	

Additional Permit Requirements (Outfall 001):  
Comments:

**PERMITTED FACILITY**

Ready Rock  
1000 Harris St, Charlottesville VA 22903  
Permit Number: VAG110327

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
DISCHARGE MONITORING REPORT (DMR)


**RETURN TO**

Department of Environmental Quality  
Valley Regional Office  
4411 Early Road, P. O. Box 3000, Harrisonburg VA 22801  
(540) 574-7800

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE  
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BYPASS 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
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
LeRoy W. Garsos - JR		434 296 7181	2020	01	08
TYPED OR PRINTED NAME	SIGNATURE				

**PERMITTED FACILITY**

ACC-Staunton  
 1000 Harris Street, Charlottesville VA 22903  
 Permit Number: VAG110071  
 No Discharge:

**COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
 DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2019	01	01	2019	12	31

**RETURN TO**  
 Department of Environmental Quality  
 Valley Regional Office  
 4411 Early Road, P. O. Box 3000, Harrisonburg VA 22801  
 (540) 574-7800  
 NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE  
 COMPLETING THIS FORM AND RETURNING IT.

Outfall Num: 001 Reporting Frequency: Annual Run Date: Dec 19, 2018

PARAMETER	REPORT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
002 pH	REPORTD	*****	*****		8.97	*****	9.97		1/yr	GRAB
	REQRMT	*****	*****		NL	*****	NL	SU	1/yr	GRAB
004 TSS	REPORTD	*****	*****		*****	*****	178.0	M6/L	1/yr	GRAB
	REQRMT	*****	*****		*****	*****	NL	MGL	1/yr	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	0.0702	MG	*****	*****	*****		1/yr	EST
	REQRMT	*****	NL	MG	*****	*****	*****		1/yr	EST

STORM EVENT INFORMATION					PRECEDING	
DATE	DURATION	RAINFALL TOTAL (IN.)	Days	Hours		
2019 09 09	1:45 - 1:45	.84	8	0		

Additional Permit Requirements (Outfall 001):  
 Comments:

**PERMITTED FACILITY**

ACC-Staunton  
 1000 Harris Street, Charlottesville VA 22903  
 Permit Number: VAG110071

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

No Discharge:

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2019	01	01	2019	12	31

Outfall Num: 002      Reporting Frequency: Annual      Run Date: Dec 19, 2018

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
002 pH	REPORTD	*****	*****	10.13	*****	10.13	54	1/YR	GRAB		
	RECRMNT	*****	*****	NL	*****	NL	SU	1/YR	GRAB		
004 TSS	REPORTD	*****	*****	*****	*****	29.0	MG/L	1/YR	GRAB		
	RECRMNT	*****	*****	*****	*****	NL	MG/L	1/YR	GRAB		
199 FLOW, PRECIPITATION EVENT	REPORTD	*****	0.00	21	*****	*****	*****	1/YR	EST		
	RECRMNT	*****	NL	MG	*****	*****	*****	1/YR	EST		

**STORM EVENT INFORMATION**

DATE	DURATION	RAINFALL TOTAL (IN.)	PRECEDING
YEAR	MO	DAY	HOURS
2019	09	09	1
			45
		0.84	8
			0

Additional Permit Requirements (Outfall 002):  
 Comments:

**PERMITTED FACILITY**

ACC-Staunton  
1000 Harris Street, Charlottesville VA 22903  
Permit Number: VAG110071

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
DISCHARGE MONITORING REPORT (DMR)

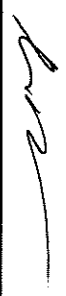
**RETURN TO**

Department of Environmental Quality  
Valley Regional Office  
4411 Early Road, P. O. Box 3000, Harrisonburg VA 22801  
(540) 574-7800

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

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BYPASS AND OVERFLOWS		
TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(K.G.)

OPERATOR IN RESPONSIBLE CHARGE		DATE			
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
<i>Laurey W. Anderson JR</i>		434 296 7181	2020	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY



**PERMITTED FACILITY**

ACC-Waynesboro  
 PO Box 280, Waynesboro VA 22980  
 Permit Number: VAG110072

No Discharge:

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2019	01	01		2019	02	31

Outfall Num: 001 Reporting Frequency: Annual

Run Date: Dec 20, 2018

**RETURN TO**  
 Department of Environmental Quality  
 Valley Regional Office  
 4411 Early Road, P. O. Box 3000, Harrisonburg VA 22801  
 (540) 574-7800  
 NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE  
 COMPLETING THIS FORM AND RETURNING IT.

PARAMETER	REPORTD REQRMNT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
002 pH	REPORTD REQRMNT	*****	*****		8.95	*****	8.95		1/YR	GRAB
004 TSS	REPORTD REQRMNT	*****	*****		*****	*****	43.3		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD REQRMNT	*****	*****		0.1626	MG	MG		1/YR	EST

DATE	DURATION		RAINFALL TOTAL (IN.)	PRECEDING			
	MO	DAY		HOURS	MIN	Days	Hours
2019	10	16	4	45	1.58	8	

Additional Permit Requirements (Outfall 001):  
 Comments:

**STORM EVENT INFORMATION**

**PERMITTED FACILITY**

ACC-Waynesboro  
PO Box 280, Waynesboro VA 22980  
Permit Number: VAG110072

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
DISCHARGE MONITORING REPORT (DMR)


**RETURN TO**

Department of Environmental Quality  
Valley Regional Office  
4411 Early Road, P. O. Box 3000, Harrisonburg VA 22801  
(540) 574-7800

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

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.)

OPERATOR IN RESPONSIBLE CHARGE		DATE			
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Mrsy L. Razzano Jr		434 246 7181	2020	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

**PERMITTED FACILITY**

ACC-Zions  
1000 Harris St, Charlottesville VA 22903  
Permit Number: VAG110066

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
DISCHARGE MONITORING REPORT (DMR)

**RETURN TO**

Department of Environmental Quality  
Valley Regional Office  
4411 Early Road, P. O. Box 3000, Harrisonburg VA 22801  
(540) 574-7800  
NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE  
COMPLETING THIS FORM AND RETURNING IT.

No Discharge:

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2019	01	01		2019	12	31

Outfall Num: 001

Reporting Frequency: Annual

Run Date: Dec 20, 2018

PARAMETER	REPORTD	REQRMT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
002 pH	REPORTD	REQRMT	*****	*****		8.64	*****	8.04		1/YR	GRAB
	REPORTD	REQRMT	*****	*****		NL	*****	NL		1/YR	GRAB
004 TSS	REPORTD	REQRMT	*****	*****		*****	*****	94.8		1/YR	GRAB
	REPORTD	REQRMT	*****	*****		*****	*****	NL		1/YR	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	REQRMT	*****	*****		0.6759	*****	MG		1/YR	EST
	REPORTD	REQRMT	*****	*****		NL	*****	MG		1/YR	EST

**STORM EVENT INFORMATION**

YEAR	MO	DAY	DURATION		RAINFALL TOTAL (IN.)	PRECEDING	
			HOURS	MIN		Days	Hours
2019	04	19	2	0	0.97		5

Additional Permit Requirements (Outfall 001):

Comments:

**PERMITTED FACILITY**

ACC-Zions  
1000 Harris St, Charlottesville VA 22903  
Permit Number: VA03100066

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY**

CONCRETE PRODUCTS FACILITIES  
DISCHARGE MONITORING REPORT (DMR)


**RETURN TO**

Department of Environmental Quality  
Valley Regional Office  
4411 Early Road, P.O. Box 3000, Harrisonburg VA 22801  
(540) 574-7800

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

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BYPASS 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
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
LARRY W. PARSONS JR		434 296 7181	2020	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

**PERMITTED FACILITY**

New Canton Concrete  
1000 Harris St, Charlottesville VA 22903  
Permit Number: VAG110048

No Discharge:

**COMMONWEALTH OF VIRGINIA**

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2019	01	01	2019	12	31

**RETURN TO**  
Department of Environmental Quality  
Piedmont Regional Office  
4949-A Cox Road, Glen Allen VA 23060  
(804) 527-5020  
NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE  
COMPLETING THIS FORM AND RETURNING IT.

Outfall Num: 001

Reporting Frequency: Annual

Run Date: Jan 15, 2019

PARAMETER	REPORTD REQMNT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
002 pH	REPORTD REQMNT	***** *****	***** *****		NL *****	***** *****			1/YR	GRAB
004 TSS	REPORTD REQMNT	***** *****	***** *****		***** *****	***** *****	NL	MG/L	1/YR	GRAB
199 FLOW, PRECIPITATION	REPORTD REQMNT	***** *****	NL	MG	***** *****	***** *****			1/YR	EST

Additional Permit Requirements (Outfall 001):  
Comments:


**PERMITTED FACILITY**  
 New Carlton Concrete  
 1000 Harris St, Charlottesville VA 22903  
 Permit Number: VAS110048

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

**RETURN TO**  
 Department of Environmental Quality  
 Piedmont Regional Office  
 4949-A Cox Road, Glen Allen VA 23060  
 (804) 527-5020  
 NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE  
 COMPLETING THIS FORM AND RETURNING IT.

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.)

OPERATOR IN RESPONSIBLE CHARGE		DATE			
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
LARRY W. GARRISAW JR		434 296 7181	2020	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY