



*Commonwealth of Virginia*

**VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY**

**BLUE RIDGE REGIONAL OFFICE**

901 Russell Drive, Salem, Virginia 24153

(540) 562-6700

[www.deq.virginia.gov](http://www.deq.virginia.gov)

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Secretary of Natural and Historic Resources

Michael S. Rolband, PE, PWD, PWS Emeritus  
Director  
(804) 698-4020

Robert J. Weld  
Regional Director

February 20, 2024

Mr. Ryan Foley  
Corporate EHS Manager  
Chandler Concrete Company, Inc.  
Post Office Box 131  
Burlington, North Carolina 27216-0131

Re: CEI Technical and Laboratory Inspection Report  
Chandler Concrete Company, Inc. – Altavista Plant #705  
VPDES Permit No. VAG110154

Dear Mr. Foley:

Attached for your review are copies of the CEI technical and laboratory inspections for the Chandler Concrete Company, Inc. – Altavista #705 Plant. I conducted the inspection, with your and Richard Pelletier's assistance on January 17, 2024.

Please note there are no Request for Action Items associated with this inspection report. No written response to this inspection report is required at this time.

This letter is not intended as a case decision under the Virginia Administrative Process Act, Va. Code § 2.2-4000 et seq. (APA). If you have any questions regarding these reports, please feel free to contact me at the above address, by telephone (540) 524-8148, or via e-mail at [e.mark.coppage@deq.virginia.gov](mailto:e.mark.coppage@deq.virginia.gov).

Sincerely,

A handwritten signature in blue ink that reads 'E. Mark Coppage'.

E. Mark Coppage  
Environmental Specialist Senior II

Attachments

Copies: DEQ/BRRO - File



**VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY**

**VPDES General Permit for Concrete Products Facilities – CEI Inspection Report**

Revised 3/29/19

<b>FACILITY NAME:</b>	Chandler Concrete Company, Inc. – Altavista	<b>PERMIT NO.:</b>	VAG110154		
<b>FACILITY ADDRESS:</b>	1503 Main Street, Altavista, VA 24517				
<b>FACILITY REPRESENTATIVE:</b>	Mr. Ryan Foley	<b>CONTACT INFORMATION:</b>	(336) 226-1181 or <a href="mailto:ryan.foley@chandlerconcrete.com">ryan.foley@chandlerconcrete.com</a>		
<b>INSPECTOR:</b>	E. Mark Coppage <i>EMC</i>	<b>INSPECTION DATE and TIME:</b>	01/17/2024 12:10-1:00	<b>UNANNOUNCED? (Y or N)</b>	Y
<b>REVIEWER:</b>	Troy Nipper <i>TN</i>			<b>PHOTOS? (Y or N)</b>	Y
<b>WEATHER:</b>	Sunny				

**I. RECORDS**

<b>STORMWATER POLLUTION PREVENTION PLAN (SWPPP)</b>	<b>(Y or N)</b>	<b>NOTES</b>
When was the SWPPP last updated?	June 2022	
Pollution Prevention Team identified and up-to-date?	Y	
Summary of potential pollutant sources?	Y	
Site map?	Y	
List of significant spills and leaks?	Y	
Summary of existing discharge sampling data collected during the previous three years?	Y	
Best Management Practices (BMPs)?	Y	
Good housekeeping measures?	Y	
Preventative maintenance?	Y	
Spill prevention and response procedures?	Y	
Employee training?	Y	Last performed January 2024
Sediment erosion control?	Y	
Management of runoff?	Y	
Maintenance of BMPs?	Y	
Non-stormwater discharges addressed and evaluated annually?	Y	
Stormwater quarterly visual examinations present and complete?	Y	
Routine site inspections conducted at least quarterly?	Y	
Signed certification statement?	Y	Last signed December 2023

<b>MONITORING</b>	<b>(Y or N)</b>	<b>NOTES</b>
Chain of Custody (COC): sample date and time, location, collector, required tests?	Y	When there is a discharge.
Certificate of Analysis (COA): analysis date and time, test methods, analysts name, results?	Y	When there is a discharge.
Name of Contract Lab and VELAP ID?	Pace Analytical Services, LLC – 205 East Meadow Road – Suite A, Eden, NC 27288 – VELAP # 460025	
The quantification levels (QL) met?	Y	When there is a discharge.
Are samples analyzed according to permit schedule (quarterly, annually)?	Y	When there is a discharge.

MONITORING	(Y or N)	NOTES
Are water samples collected and preserved properly (e.g. ice, acidified)?	Y	
Is pH adjustment performed?	N	
Are DMRs correctly completed?	Y	
List sampling parameters.		<u>Outfalls 001:</u> <b>Stormwater: Flow, pH, &amp; TSS</b>
Are sampling results in compliance with permit requirements?	Y	
If the pH of stormwater samples is outside of the range of 6.0-9.0 SU, has the overall effectiveness of the SWPPP been evaluated?	N/A	The last monitoring cycle the facility did not have a qualifying discharge, but during past monitoring periods with a qualifying discharge, the facility has met their pH permit limit.
If the stormwater sampling results are not in compliance with the daily maximum TSS evaluation value of 100 mg/L, has the overall effectiveness of the SWPPP been evaluated?	N/A	The last monitoring cycle the facility did not have a qualifying discharge, but during past monitoring periods with a qualifying discharge, the facility has met their TSS permit limit.
If a permit noncompliance has occurred, is a written report submitted with the DMR?	N/A	According to the DMR(s) submitted, the facility does not have any permit noncompliance.
If the one-foot freeboard is not restored after the 72-hour transition period following a measureable rainfall event, are the freeboard measurements monitored and documented daily until the freeboard is returned to the minimum of one foot?	Y	There are a series of sedimentation basins on site. Storm and commingled process water is collected in an underground collection system. The water from this collection system is diverted to another above ground sedimentation basin which reportedly does not discharge.
<ul style="list-style-type: none"> <li>Has the minimum 12 inches of freeboard been maintained?</li> </ul>	Y	
<ul style="list-style-type: none"> <li>Settling basin(s) freeboard observed during inspection?</li> </ul>	Y	

## II. FIELD OBSERVATIONS

SITE CONDITIONS	(Y or N)	NOTES
Is there vehicle maintenance on-site?	Y	
<ul style="list-style-type: none"> <li>Are the associated fluids (fuels, lubricants, coolants, hydraulic fluids, parts cleaning solvents and other petroleum products) disposed of properly (i.e. not leaking onto the ground or into surface waters)?</li> </ul>	Y	
Are all raw products, intermediate materials, final product, byproduct or wastes handled, disposed of, or stored to prevent a discharge of such product, materials or wastes to State Waters?	Y	The facility reuses returned concrete to form barrier blocks. Any other returned concrete is allowed to dry in a designated area and pulverized to be reused in their manufacturing process or as aggregate for other purposes. Sediment of the basins are cleaned out on an as needed basis and stockpiled to dry and hauled off site to be used as fill material.
If the stormwater discharge enters a municipal separate storm sewer system to surface waters, has the permittee notified the owner of the system?	N/A	
Is the Operations and Maintenance (O&M) Manual present, accurate, reviewed, updated and certified at least annually?	Y	
<ul style="list-style-type: none"> <li>Is a description of how the permittee will manage the facility to adhere to one foot of freeboard included in the O&amp;M manual?</li> </ul>	Y	
Does the permit allow for process water discharge?	Y	
<ul style="list-style-type: none"> <li>If operating in a "no discharge" mode, is there evidence or has there been a discharge? (The only exception is a discharge due to a 25 year, 24 hour storm event.)</li> </ul>	N/A	
Are wastewater treatment units or reuse/recycle system used? Describe.	Y	There are a series of sedimentation basins which are cleaned out on an as needed basis. The cleaned-out contents are stockpiled to allow to dry and hauled off site to be used as fill material.

SITE CONDITIONS	(Y or N)	NOTES
If treated wastewater is used on site for dust suppression (i.e., as a BMP; not a disposal practice), is this done with no ponding or surface runoff?	N/A	
Are all washing activities (washout and washdown of trucks, mixers, transport buckets, and other equipment) conducted in the designated areas?	Y	
<ul style="list-style-type: none"> <li>• Is all washwater treated prior to discharge or recycled?</li> </ul>	Y	
Are waste concrete and dredged solids from settling basins properly managed, and any wastewaters, including stormwater, collected for recycle or treated prior to discharge?	Y	
Are settling basins concrete lined?	Y	

EFFLUENT DATA	(Y or N)	NOTES
List number of outfalls onsite, and identify representative outfalls.		Outfall 001
Are all outfalls addressed in the registration statement?	Y	
Condition of effluent (clear, turbid, floating solids, foam, odor, etc.).		No discharge on the day of the inspection.
Condition of receiving stream (also note any upstream and downstream differences).		There was no discharge on the day of the inspection. The receiving stream, UT of Roanoke River, was not viewed due to it being located off site and on private property.

**Observations and Comments**

1. **The facility reuses returned concrete to form retaining barriers. Any other returned concrete is allowed to dry in a designated area and pulverized to be reused in their manufacturing process or as aggregate for other purposes. All concrete trucks are hosed down before leaving the facility.**
  
2. **Storm and commingled process water from the aggregate and sand storage areas, paved concrete production area, and office area sheet flows to an underground holding tank collection system. The sediment is allowed to settle and cleaned out as needed. The remaining water is diverted to another above ground settling basin which reportedly does not discharge. All other storm and commingled process water, including the truck wash-pit and barrier block manufacturing area, on site sheet flows across partially denuded and vegetated areas and discharges through Outfall 001 into a wet weather ditch which eventually discharges into an unnamed tributary of the Roanoke River.**

**General Recommendations (Suggestions – No written response required unless noted)**

NONE

**Request for Action Items (No written response required unless noted)**

NONE

ANALYST:	<b>Ryan Foley or Richard Pelletier</b>	VPDES NO	<b>VAG110154</b>
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Meter: **Extech (s/n 318812)**

Parameter: Hydrogen Ion (pH)

Method: Electrometric

3/2015

**METHOD OF ANALYSIS:**

	21 <sup>st</sup> Edition of Standard Methods (SM 21) – 4500-H <sup>+</sup> B-2000 (SM 21 pH)
<b>X</b>	22 <sup>nd</sup> Edition of Standard Methods (SM 22), or Online Editions of Standard Methods – 4500-H <sup>+</sup> B-2011 (SM 22 pH)

***pH is a method-defined analyte so modifications are not allowed. [40 CFR Part 136.6]***

	Y	N
1) Is a certificate of operator competence or initial demonstration of capability available for <u>each analyst/operator</u> performing this analysis? <b>NOTE:</b> Analyze 4 samples of known pH; you may use an external source of buffers or other known standards (different lot/manufacturer than buffers used to calibrate meter). Recovery for each of the 4 samples must be +/- 0.2 SU of the known concentration of the sample or within "Acceptable Range" specified by the PT provider. [SM 1020 B.1] <b>NOTE: The same pH buffer [values] used for calibration of the instrument can be used as LCS if from a different source or different lot.</b>	<b>X</b>	
2) <b>IF</b> a replicate sample is analyzed is there a written procedure for which result will be reported on DMR (Sample or Replicate) and is this procedure being followed? [DEQ – based on EPA Good Laboratory Practices Standards]	<b>N/A</b>	
3) Is a Laboratory Control Sample (LCS) tested at least annually and are results within acceptance criteria? [SM 21 B.2 or SM 22 1020 B.3.] <b>NOTE:</b> LCS should be a purchased Proficiency Test (PT) sample or a different buffer other than ones used for calibration of the meter [with a ±0.2 SU acceptance range or within "Acceptable Range" specified by the PT provider].. <b>NOTE: The same pH buffer [values] used for calibration of the instrument can be used as LCS if from a different source or different lot.</b>	<b>X</b>	
4) Is the electrode in good condition (no chloride precipitate, scratches, deterioration, etc.)? [SM 21 pH or SM 22 pH 2.b./c. and 5.b.]	<b>X</b>	
5) Is electrode storage solution in accordance with manufacturer's instructions? [SM 21 pH or SM 22 pH 4.a. and Mfr.]	<b>X</b>	
6) Is meter calibrated on at least a daily basis using three buffers all of which are at the same temperature? [SM 21 pH or SM 22 pH 4.a.] <b>NOTE:</b> Start with Buffer 7 unless manufacturer's instructions state otherwise. [ <b>NOTE:</b> If meter is not capable of 3 buffer calibration use 2 buffers bracketing the expected sample pH and then <u>measure</u> a 3 <sup>rd</sup> buffer (the measurement value recorded must be ±0.1 SU), and then <u>reread and record</u> value of buffer 7 to ensure ±0.1 SU.]	<b>X</b>	
7) After calibration, is a buffer analyzed as a check sample to verify that calibration is correct? Verification measurement should be within +/- 0.1 SU. [SM 21 1020 B 10.c. or SM 22 1020 B 11.c.]	<b>X</b>	
8) Is calibration verification measurement repeated with every 10 samples and at the end of a series of samples? Verification measurement should be within +/- 0.1 SU. [SM 21 pH or SM 22 pH 4020 B 2.b.] <b>NOTE:</b> Not applicable if pH meter is calibrated before taking any measurement (e.g., if operator monitors daily pH at more than one facility and calibrates before each measurement).	<b>X</b>	
9) Do the buffer solutions appear to be free of contamination or growths? [SM 21 pH or SM 22 pH 3.a.]	<b>X</b>	

10)	Are buffer solutions within the listed shelf-life or have they been prepared within the last 4 weeks? [SM 21 pH or SM 22 pH 3.a.]	<b>X</b>	
11)	Is the cap or sleeve covering the access hole on the reference electrode removed when measuring pH? [Mfr.]	<b>X</b>	
12)	Is sample analyzed within 15 minutes of collections? [40 CFR Part 136]	<b>X</b>	
13)	Is the electrode rinsed and then blotted dry between reading solutions (Disregard if a portion of the next sample analyzed is used as the rinsing solution.)? [SM 21 pH or SM 22 pH 4.a and 4.b]	<b>X</b>	
14)	Is the sample stirred gently at a constant speed during measurement? [SM 21 pH or SM 22 pH 4.b.]	<b>X</b>	
15)	Does the meter hold a steady reading after reaching equilibrium? [4.b.]	<b>X</b>	

COMMENTS:

DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER DIVISION  
EQUIPMENT TEMPERATURE LOG/THERMOMETER VERIFICATION CHECK SHEET  
11/2014

FACILITY NAME:		Chandler Concrete Company, Inc. - Altavista			PERMIT NO:		VA00110154		DATE:		01/17/2024		
EQUIPMENT	Preservation Range	In Range?		Inspector Reading °C	Checked & Logged Daily?		Correct Increment?		ANNUAL THERMOMETER VERIFICATION				
		Yes	No		Yes	No	Yes	No	Is the NIST / NIST-Traceable Reference Thermometer within the manufacturer's expiration date or recertified yearly?			Yes/No	
		DATE CHECKED	MARKED		OFFSET VALUE <sup>1</sup> (Correction)	INSPECT TEMP							
		Yes	No	°C	Yes	No	Yes	No	°C			°C	
SAMPLE REFRIGERATOR	1-6° C												
AUTO SAMPLER	1-6° C												
pH METER	± 1° C	X		19.9 °C					03/07/2023	*X		0.0	20.0 °C
D.O. METER	± 1° C												
THERMOMETER-(EFFLUENT)	± 1° C												

PROBLEMS: \*X – As of the date of this report, the NIST Thermometer needs to be recertified.

<sup>1</sup> Offset Value tolerances (reference **NIST 105-6**): Sampling Refrigerator and Auto Sampler, pH and D.O. meters must be within ±2°C (2 times tolerance value). Thermometers measuring Outfall permit compliance must be within ±1.0°C (2 times tolerance value).

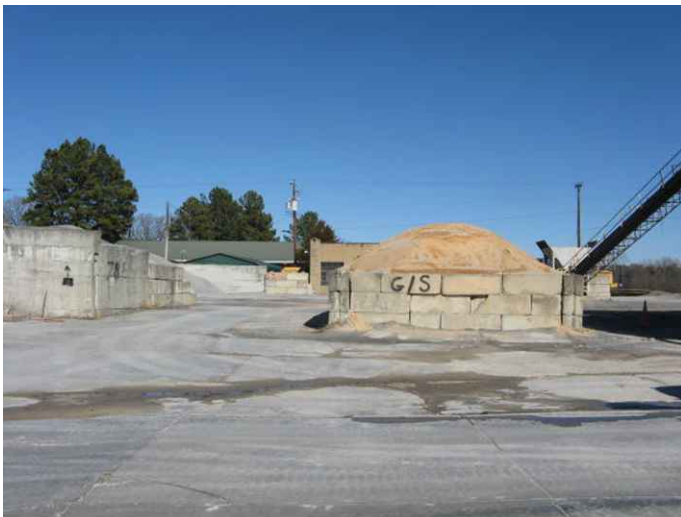




**Facility Sign**



**Concrete Production**



**Run-off Area to Sedimentation Basin(s)**



**Underground Sediment Collection System**



**Aboveground Water Collection Basin**



**Barrier Block Manufacturing Area and Run-off Area to Outfall 001**





**Truck Wash-out Basin**



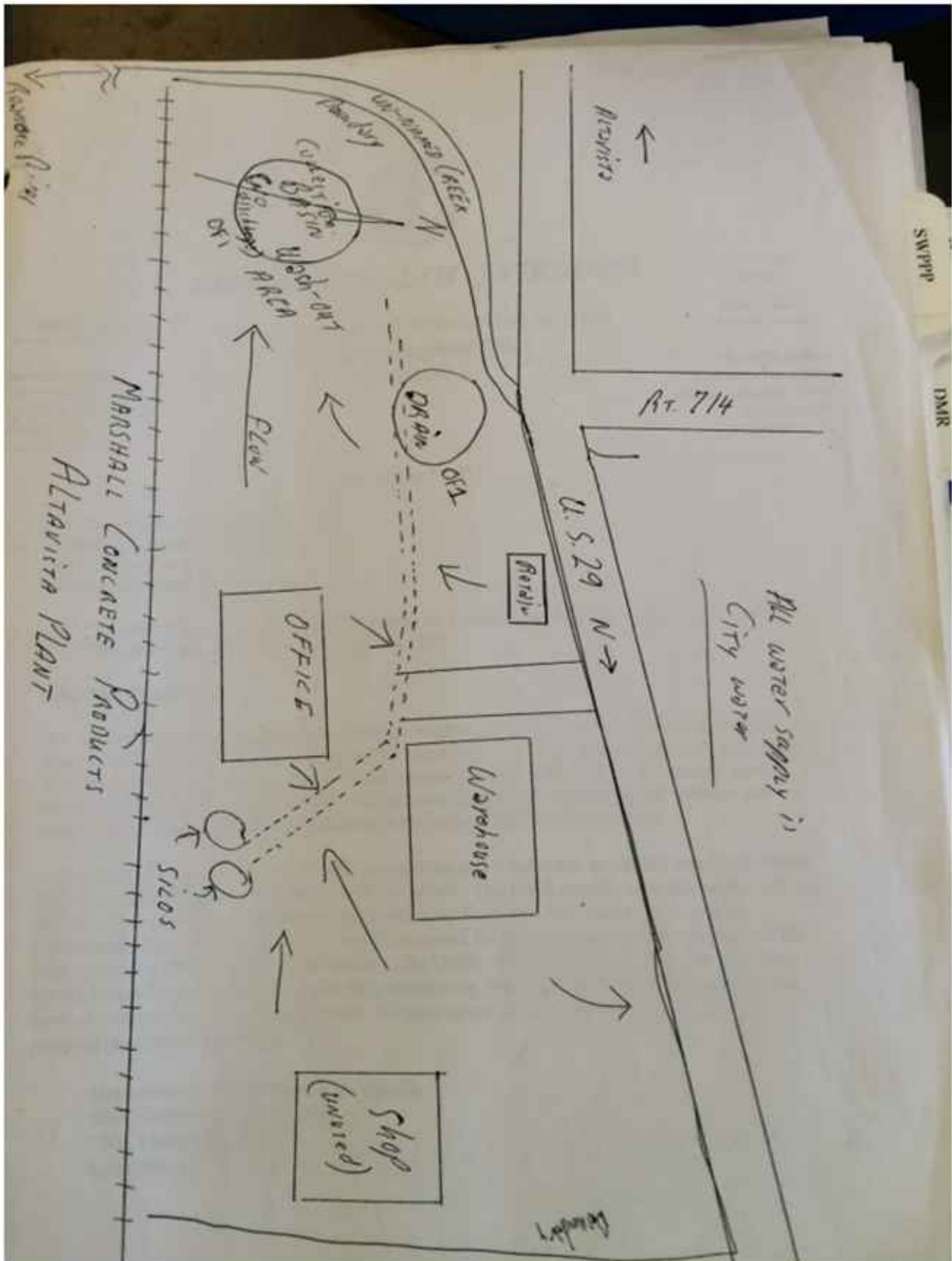
**Outfall 001**



**Outfall 001 Receiving Channel**



**Facility Overview**



SWPPP

DMR



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

**PERMITTED FACILITY**  
Chandler Concrete Company Inc. – ALTAVISTA  
PO Box 131, Burlington, NC 27216  
Permit Number: VAG 110154

**RETURN TO:**  
Department of Environmental Quality  
Blue Ridge – Roanoke Regional Office  
901 Russell Drive, Salem VA 24153  
(540) 562-6700



No Discharge: ND

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2023	10	01		2023	12	31

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

Outfall Num: 01

Reporting Frequency: Quarterly

Run Date: Revised 04/05/21-KW

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
001 FLOW	REPORTED	*****	NO FLOW	***	*****	*****	*****	***	***	***
	REQUIREMENT	NL	NL	MGD	*****	*****	*****	***	1/3M	EST
002 PH	REPORTED	*****	*****	***	*****	*****	--	***	***	***
	REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU	1/3M	GRAB
004 TSS	REPORTED	*****	*****	***	*****	*****	--	***	***	***
	REQUIREMENT	*****	*****	***	*****	30	60	MG/L	1/3M	GRAB

DEQ Comments: ND - No Discharge /

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENTS 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 BOD <sub>5</sub> (K.G.)
None		

<input checked="" type="checkbox"/>	STATE
<input type="checkbox"/>	PLANT
<input type="checkbox"/>	FILE

OPERATOR IN RESPONSIBLE CHARGE			DATE		
<u>Ryan Foley</u>		N/A	2024	01	16
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
<u>Ryan Foley</u>		336-226-1181	2024	01	16
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO	DAY



**Form 6. Annual Outfall Inspection Form**

Plant Name: Chandler Alfvista

Month/Year: DEC 2023



**Annual INSPECTION CHECKLIST for Outfall #1 & #2**

Visual Description of Areas Contributing to Stormwater Discharge Monitoring	Yes	No*	N/A
Outfall sign is clearly visible at outfall location	✓		
Material handling areas show no unusual pollutants entering drainage system.	✓		
Aboveground Storage Tanks show no unusual pollutants entering drainage system.	✓		
Facility containment ponds are properly functioning.	✓		
Vegetative berm is in stable condition.	✓		
Dust containment systems show no unusual pollutants entering drainage system.	✓		
Equipment cleaning and wash down areas show no signs of unusual pollutants entering drainage system.	✓		

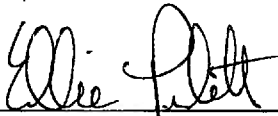
\* Describe observed condition and measures taken, also indicate if others were notified to assist.

*Comments / Observations / Corrective Measures:

*"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 fines and imprisonment for knowing violations."*

Inspected By (Print): Eddie Puckette

I certify that this report is accurate and complete to the best of my knowledge:

(Signature) 

In the event of unusual pollutant detection that may enter the drainage system, fill out Form 2, Spill Response and Remediation Form. Form 2 is located in Section B-8 and in the back of the binder.

**FORM 4.**

**STORMWATER POLLUTION PREVENTION PLAN**



**SP3 - ANNUAL REVIEW**

Date of Review: JANUARY 5<sup>th</sup> 2024  
 Plant Name: Chandler Concrete  
 Location: Altavista VA  
 Review Lead by: Ellie Delt

The Plant Manager/Operator or Designated Manager for this location will review the content of this location's stormwater plan. All corrections/changes or modifications of the plan shall be made on the plan and a COPY forwarded to the company environmental manager.

NOTE: Keep the handwritten changes in your plan until you receive any additional updates.

**PROCESS:**

- Review each element of your plan for accuracy.
- Make any corrections to your existing plan as needed.
- Send a copy of the corrected section(s) to the Environmental Manager
- Insert this form along with any corrections in the front of section 1 of your SP3 Manual.

We have reviewed our Stormwater Pollution Prevention Plan and no changes were needed.

OR

We have reviewed our Stormwater Pollution Prevention Plan and have written in the necessary changes. Send a copy of the corrections to the Environmental Manager.

**PLACE YOUR CHANGES AND THIS FORM BACK IN THE BOOK.**

Review the Stormwater Pollution Prevention Plan with each employee and ensure they know:

- Where the plan is maintained
- Their responsibilities for proper compliance
- Where the stormwater/process water outfalls are located at the facility
- What to do in the event of a spill, release, or discharge
- Who to notify if a discharge from an outfall is occurring or imminent so a sample may be taken
- General information about the water sampling frequency, equipment and techniques
- Perform your quarterly housekeeping inspection and document on the QHIR Form and place in the SP3 binder, tab 5.

**Training Participants (use additional sheets as needed):**

PRINT	SIGNATURE	PRINT	SIGNATURE
Patrick Nichols	<i>Patrick Nichols</i>		
Jody Powers	<i>Jody Powers</i>		
Napoleon Davis	<i>Napoleon Davis</i>		

# NCG140000 Inspection Report – CHANDLER CONCRETE

General Information – This form is designated for this site only based upon SWPPP requirements.

## Inspector Information

Inspector Name: <i>Ryan Foley</i>	Title:
Company Name: <i>Chandler.</i>	Email:
Address: <i>Altavista 705.</i>	Phone Number:

## Inspection Details

Inspection Date: <i>March 7, 2023</i>	Inspection Location: <i>705</i>
Inspection Start Time:	Inspection End Time:

Did you determine that any portion of your site was unsafe for inspection:  Yes  No

If "Yes," provide the following information:

- Location of unsafe conditions:
- The conditions that prevented you inspecting this location:

Indicate the required inspection frequency:

(Check all that apply. You may be subject to different inspection frequencies in different areas of the site.)

### Standard Frequency

- At least once every 7 calendar days; **OR** *When a discharge occurs w/in perimeter*
- Once every 14 calendar days and within 24 hours of the occurrence of either:
- A storm event that produces 0.25 inches or more of rain within a 24-hour period, or

**Increased Frequency:** (If site discharges to sediment or nutrient-impaired waters or to waters designated as Tier 1, Tier 2, or Tier 3):

Is this facility required to perform increased inspections/ sampling due to designated Tier 1, 2 or 3 deficiencies.  Yes  No

### General Inspection Items:

- Are garbage cans, waste bins, and dumpsters covered?  Yes  No
- Are spill kits available?  Yes  No *Office*
- Have personnel completed the required safety training on Stormwater Pollution Prevention, etc.?  Yes  No  N/A
- If not, when is the training planned or scheduled? \_\_\_\_\_ *Stormwater book @ RPK*
- Are vehicles fueled at this location?  Yes  No
- If yes, are fuel tanks locked and/or properly operated?  Yes  No
- Do the above ground tanks (liquid) have secondary containment?  Yes  No  NA
- Is the ground surface stained by oil or significant materials?  Yes  No *Forklift leaks. James Tourney notified.*
- Are waste materials kept on site in closed leak tight containers?  Yes  No  NA *- Breakroom red bin*
- Does this vendor store hazardous materials or products such as solvent, chemicals or cleaners on-site?  Yes  No
- Are they stored in a manner prohibiting exposure to rain or runoff?  Yes  No  NA

Other \_\_\_\_\_

Was this inspection triggered by a storm event producing 0.25 inches or more of rain within a 24-hour period?  Yes  No

If "Yes," how did you determine whether the storm produced 0.25 inches or more of rain?

- On-site rain gauge
- Weather station representative of site. Weather station location: \_\_\_\_\_

Total rainfall amount that triggered the inspection(s) (inches): \_\_\_\_\_

**Description of Discharges**

Was a discharge occurring from any part of your site at the time of the inspection?<sup>4</sup>  Yes  No

Outfall 1 (OF1) is a commingled process wastewater discharge point located on the south-eastern point of the property. Potential pollutants for OF1 include:

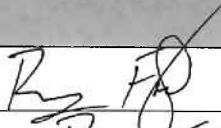
- Cementitious residue
- Admixture bulk storage tanks
- Grease and oils from the vehicles, drums, tanks and/or the batch plant

**Permit Conditions**

Permit Condition/ Location	Compliant/ Present	If "No," How Many Times (Including This Occurrence) Has This Condition Been Identified?	Conditions Requiring Corrective Action? <sup>2,3</sup>	Date on Which Condition First Observed (If Applicable)?	Description of Conditions Observed
1. Stormwater Pollution Prevention Plan (SPPP).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Analytical Monitoring Conducted.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No		Test Kit Ordered.
3. Outfalls and SPPP Evaluated Annually.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Spill Prevention and Response Procedures in Place.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Quarterly Visual Outfall Monitoring Conducted.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Measurable Storm Events are Checked and Documented.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA rain gauge.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Employee Training Records are Present and Accurate.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Signature**

Signature:



Date:

March 7, 2023

Printed Name:

Ryan Foley

Company:

Chandler Concrete Co.



# A Haven 705 Annual PH Calibration.

**pH Calibration Procedures based in accordance with S.M. 4500-H<sup>+</sup>-2011. Rev. 11/2017**

A Calibration Record shall be completed each time a stormwater or process wastewater sample is obtained. This record shall be retained with the respective Discharge Information Sheet, Form 5.

Follow manufacturer's instructions for specific meter calibration procedures.

General sample procedures:

Materials:

- Buffer Solutions 4.0, 7.0, 10.0
- 3 clean buffer solution containers
- Rinse solution, potable water may be used
- Paper towels

Inspect pH meter:

Probe should have been stored moist. If the bulb is dry, soak bulb in tap water or buffer solution. Clean and remove any salts, debris or buildup from bulb using clean water and paper towel.

Pour sufficient amount of buffer solutions into respective containers to completely cover meter sensor bulb.

Perform 3-Point calibration in this sequence: pH 7.0 / 4.0 / 10.0

Rinse probe in fresh water and dab dry with a paper towel between each calibration step.

Record pH and Temperature (degrees Celsius) as indicated on the pH probe.

- Probes used in Virginia require temperature indication.
- Probes in North Carolina and Tennessee may have auto-correction for temperature and may not provide a separate temperature indication, leave temperature blank if not provided on the meter.

Perform a recheck to verify consistent reading using the 7.0 buffer solution.

**Do not dispose of the 4.0 or 7.0 buffer solutions at this time.**

Collect water sample from Outfall

Record / complete Discharge Information Sheet, Form #5

Recheck and record pH meter reading in the 7.0 buffer solution

Pour sufficient 4.0 buffer solution in the pH probe storage cap to keep the sensing probe moist until the next use.

If buffer solutions will expire prior to the end of the next sample period (calendar quarter) order replacement solutions.

Date / Time Calibration Performed: <i>March 7, 2023. 1 3:45 am (pm)</i>					
Meter Identification / Serial #: <i>318812 Extech</i>					
Calibration	Buffer 7.0 pH / Temp °C	Buffer 4.0 pH / Temp °C	Buffer 10.0 pH / Temp °C	Recheck 7.0 pH / Temp °C	Post Sample Recheck
Buffer Actual pH	<i>7-19.8</i>	<i>4/21.5</i>	<i>10-20.4</i>	<i>7-20.4</i>	<i>10-21.4</i>
pH meter reading	<i>7   20°C</i>	<i>4   19.5°C</i>	<i>10.1   20°C</i>	<i>7   19°C</i>	<i>10   19°C</i>
pH reading is +/- 0.1 S.U.	<i>✓ Y   _ N</i>	<i>✓ Y   _ N</i>	<i>✓ Y   _ N</i>	<i>✓ Y   _ N</i>	<i>✓ Y   _ N</i>

If pH readings exceed the +/- 0.1 S.U., perform a recalibration of the meter and retest your collected samples. If the meter fails to provide consistent readings, include a copy of this calibration record along with the discharge information sheet. Please highlight the discrepancy.

Calibrations performed by:

*Ryan Foley*  
Print

*[Signature]*  
Sign

*3-7-23*  
Date

## DIGI-SENSE 20250-1

NIST TEMPERATURE CALIBRATION VERIFIED

January 10<sup>th</sup>, 2023

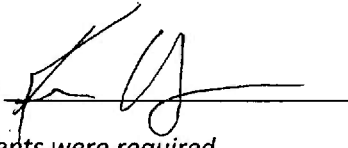
Serial #150724435

Contacted lab tech at Digi-Sense/Cole Parmer, regarding meter calibration. They do not perform 3<sup>rd</sup> party calibrations however, the calibration procedure is as follows:

To perform thermometer calibration:

- Low temperature procedure. Suspend sensor in ice cup & water, allow temperature to stabilize follow instructions to adjust as/if needed to 0.0 degrees C.
- High temperature procedure. Suspend sensor in boiling water, allow temperature to stabilize follow instructions to adjust as/if needed to 100.0 degrees C.

By: Ken Waegerle, CSP



Date: 1/10/2023

*No calibration adjustments were required.*



**Form 3. QHIR – QUARTERLY HOUSEKEEPING INSPECTION REPORT**



Plant Name: Chandler Alhambra

Date: 3-23-2023

Inspected By (Print): Eddie Roubette

I certify that this report is accurate and complete to the best of my knowledge:

(Signature) Eddie Roubette

**SECONDARY CONTAINMENT INSPECTION CHECKLIST** for: Admixes

Description:	Yes	No*	N/A
Is drain valve locked in the closed position <del>or the handle removed?</del>	✓		
Do the walls and floor appear to be free of signs of leakage?	✓		
Does the structure appear to be free of cracks, holes broken welds, etc?	✓		
Do the tanks, totes, containers and attached piping appear to be free of leaks?	✓		
Does the containment system drain line appear to be secure/tight and leak-proof?	✓		
Is the containment free of a significant amount of water/liquid inside the walls?	✓	**	

\* Describe observed condition and measures taken, also indicate if others were notified to assist.

\*Comments / Observations / Corrective Measures:

---



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\*\* If containment system requires draining update Form 2.

**GOOD HOUSEKEEPING CHECKLIST**

Description:	Yes	No*	N/A
Are outside areas kept in a neat and orderly condition?	✓		
Outfalls only discharge stormwater during storm events.		X	
Does the area appear to be free of drips or leaks from trucks or equipment?	✓		
Is trash removed from the site on a timely basis?	✓		
Are traffic areas free from equipment, materials, or other objects?	✓		
Are the paved areas clean of sand, stone and grit?	✓		
Are effective cleanup procedures used for spills?	✓		
Are materials stored in proper-labeled containers?	✓		
Do storage containers appear to be free of drips or leaks, including piping?	✓		
Have recognized trip hazards been eliminated or barricaded?	✓		
Are all company vehicles clean and well maintained, inside and out?	✓		

\*Comments / Other Observations / Corrective Measures:

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**Form 3. QHIR – QUARTERLY HOUSEKEEPING INSPECTION REPORT**



Plant Name: Alta Vista Chandler Date: 6-26-23

Inspected By (Print): Eddie Puffinbarger

I certify that this report is accurate and complete to the best of my knowledge:

(Signature) \_\_\_\_\_

**SECONDARY CONTAINMENT INSPECTION CHECKLIST for: Admixes**

Description:	Yes	No*	N/A
Is drain valve locked in the closed position <del>or the handle removed?</del>	✓		
Do the walls and floor appear to be free of signs of leakage?	✓		
Does the structure appear to be free of cracks, holes broken welds, etc?	✓		
Do the tanks, totes, containers and attached piping appear to be free of leaks?	✓		
Does the containment system drain line appear to be secure/tight and leak-proof?	✓		
Is the containment free of a significant amount of water/liquid inside the walls?	✓	**	

\* Describe observed condition and measures taken, also indicate if others were notified to assist.

\*Comments / Observations / Corrective Measures:

---



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\*\* If containment system requires draining update Form 2.

**GOOD HOUSEKEEPING CHECKLIST**

Description:	Yes	No*	N/A
Are outside areas kept in a neat and orderly condition?	✓		
Outfalls only discharge stormwater during storm events.		X	
Does the area appear to be free of drips or leaks from trucks or equipment?	✓		
Is trash removed from the site on a timely basis?	✓		
Are traffic areas free from equipment, materials, or other objects?	✓		
Are the paved areas clean of sand, stone and grit?	✓		
Are effective cleanup procedures used for spills?	✓		
Are materials stored in proper-labeled containers?	✓		
Do storage containers appear to be free of drips or leaks, including piping?	✓		
Have recognized trip hazards been eliminated or barricaded?	✓		
Are all company vehicles clean and well maintained, inside and out?	✓		

\*Comments / Other Observations / Corrective Measures:

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**Form 3. QHIR – QUARTERLY HOUSEKEEPING INSPECTION REPORT**



Plant Name: Chandler Alkoxide

Date: 9-12-23

Inspected By (Print): Eddie Puckette

I certify that this report is accurate and complete to the best of my knowledge:

(Signature) Eddie Puckette

**SECONDARY CONTAINMENT INSPECTION CHECKLIST** for: Admix

Description:	Yes	No*	N/A
Is drain valve locked in the closed position or the handle removed? <i>we have a CONX</i>		X	
Do the walls and floor appear to be free of signs of leakage?	/		
Does the structure appear to be free of cracks, holes broken welds, etc?	/		
Do the tanks, totes, containers and attached piping appear to be free of leaks?	/		
Does the containment system drain line appear to be secure/tight and leak-proof?	/		
Is the containment free of a significant amount of water/liquid inside the walls?	/	**	

\* Describe observed condition and measures taken, also indicate if others were notified to assist.

\*Comments / Observations / Corrective Measures:  
WE HAVE A CONX IN ADMIX ROOM

\*\* If containment system requires draining update Form 2.

**GOOD HOUSEKEEPING CHECKLIST**

Description:	Yes	No*	N/A
Are outside areas kept in a neat and orderly condition?	/		
Outfalls only discharge stormwater during storm events.		X	
Does the area appear to be free of drips or leaks from trucks or equipment?	/		
Is trash removed from the site on a timely basis?	/		
Are traffic areas free from equipment, materials, or other objects?	/		
Are the paved areas clean of sand, stone and grit?	/		
Are effective cleanup procedures used for spills?	/		
Are materials stored in proper-labeled containers?	/		
Do storage containers appear to be free of drips or leaks, including piping?	/		
Have recognized trip hazards been eliminated or barricaded?	/		
Are all company vehicles clean and well maintained, inside and out?	/		

\*Comments / Other Observations / Corrective Measures:

**Form 3. QHIR – QUARTERLY HOUSEKEEPING INSPECTION REPORT**



Plant Name: Chaudhry Al-Harith

Date: 12-20-23

Inspected By (Print): Eddie Puleta

I certify that this report is accurate and complete to the best of my knowledge:

(Signature) Eddie Puleta

**SECONDARY CONTAINMENT INSPECTION CHECKLIST** for: Adm. 9

Description:	Yes	No*	N/A
Is drain valve locked in the closed position or the handle removed? <u>Comp</u>		X	
Do the walls and floor appear to be free of signs of leakage?	✓		
Does the structure appear to be free of cracks, holes broken welds, etc?	✓		
Do the tanks, totes, containers and attached piping appear to be free of leaks?	✓		
Does the containment system drain line appear to be secure/tight and leak-proof?	✓		
Is the containment free of a significant amount of water/liquid inside the walls?	✓	**	

\* Describe observed condition and measures taken, also indicate if others were notified to assist.

\*Comments / Observations / Corrective Measures:

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\*\* If containment system requires draining update Form 2.

**GOOD HOUSEKEEPING CHECKLIST**

Description:	Yes	No*	N/A
Are outside areas kept in a neat and orderly condition?	✓		
Outfalls only discharge stormwater during storm events.		X	
Does the area appear to be free of drips or leaks from trucks or equipment?	✓		
Is trash removed from the site on a timely basis?	✓		
Are traffic areas free from equipment, materials, or other objects?	✓		
Are the paved areas clean of sand, stone and grit?	✓		
Are effective cleanup procedures used for spills?	✓		
Are materials stored in proper-labeled containers?	✓		
Do storage containers appear to be free of drips or leaks, including piping?	✓		
Have recognized trip hazards been eliminated or barricaded?	✓		
Are all company vehicles clean and well maintained, inside and out?	✓		

\*Comments / Other Observations / Corrective Measures:

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

**PERMITTED FACILITY**  
Chandler Concrete Company Inc. – ALTAVISTA  
PO Box 131, Burlington, NC 27216  
Permit Number: VAG 110154

**RETURN TO:**  
Department of Environmental Quality  
Blue Ridge – Roanoke Regional Office  
901 Russell Drive, Salem VA 24153  
(540) 562-6700

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

No Discharge: ND

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2022	10	01			2022	12

Outfall Num: 01

Reporting Frequency: Quarterly

Run Date: Revised 04/05/21-KW

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
001 FLOW	REPORTED	*****	NO FLOW	***	*****	*****	*****	***		***	***
	REQUIREMENT	NL	NL	MGD	*****	*****	*****	***		1/3M	EST
002 PH	REPORTED	*****	*****	***	*****	*****	--	***		***	***
	REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		1/3M	GRAB
004 TSS	REPORTED	*****	*****	***	*****	*****	--	***		***	***
	REQUIREMENT	*****	*****	***	*****	30	60	MG/L		1/3M	GRAB

DEQ Comments: ND - No Discharge /

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENTS 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 BOD <sub>5</sub> (K.G.)
None		

<input type="checkbox"/> STATE
<input type="checkbox"/> PLANT
<input type="checkbox"/> FILE

OPERATOR IN RESPONSIBLE CHARGE			DATE		
<u>Ryan Foley</u>		N/A	2023	01	05
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
<u>Kenneth E. Waegerle</u>		336-226-1181	2023	01	05
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO	DAY



This report is required by your VPDES permit and by law. (See, e.g., the Code of Virginia of 1950 §62.1-44.5 and 9 VAC 25-31-50.) Failure to report or failure to report truthfully can result in civil penalties of \$32,500 per violation, per day and felony prosecutions which can carry a 15 year term.

## DISCHARGE MONITORING REPORT (DMR) - GENERAL INSTRUCTIONS

1. Complete this form in permanent ink or indelible pencil. The use of 'correction fluid/tape' is not allowed.
2. Be sure to enter the dates for the first and last day of the period covered by the report on the form in the space marked "Monitoring Period".
3. For those parameters where the "permit requirement" spaces have a requirement or limitation, provide data in the "reported" spaces in accordance with your permit.
4. Enter the average and maximum quantities and units in the "reported" spaces in the columns marked "Quantity or Loading"  $\text{KG/DAY} = \text{Concentration (mg/L)} \times \text{Flow (MGD)} \times 3.785 \text{ G/D (Grams/Day)} = \text{Concentration (mg/L)} \times \text{Flow (MGD)} \times 3785$
5. Enter maximum, minimum, and/or average concentrations and units in the "reported" spaces in the columns marked "Quality or Concentration".
6. For all parameters enter the number of samples which do not comply with the maximum and/or minimum permit requirements in the "reported" space in the column marked "No. Ex." (Number of Exceedances). If none, enter "0". Do NOT include monthly average violations in this field. Include any Maximum 7-Day Average and Maximum Weekly Average violations in this field. Permittees with continuous pH, or temperature monitoring requirements should consult the permit for what constitutes an exceedance and report accordingly.
7. You are required to sample (at a minimum) according to the Sample Frequencies and Sample Types specified in your permit.
8. Enter the actual frequency of analysis for each parameter (number of times per day, week, month, etc.) in the "reported" space in the column marked "Frequency of Analysis".
9. Enter the actual type of sample (Grab, 8HC, 24HC, etc) collected for each parameter in the "reported" space in the column marked "Sample Type".
10. Enter additional required data or comments in the space marked "additional permit requirements or comments". If additional required data or comments are appended to the DMR, reference appended correspondence in this field.
11. The operator in responsible charge of the facility should review the form and sign in the space provided. If the plant is required to have a licensed operator or if the operator in responsible charge of the facility is a licensed operator, the operator's signature and certificate number must be reported in the spaces provided.
12. The principal executive officer then reviews the form and must sign in the space provided and provide a telephone number where he/she can be reached. Every page of the DMR must have an original signature.
13. Send the completed form(s) with original signatures to your Department of Environmental Quality Regional Office by the 10th of each month unless otherwise specified in the permit.
14. You are required to retain a copy of the report for your records.
15. Where violations of permit requirements are reported, attach a brief explanation in accordance with the permit requirements describing causes and corrective actions taken. Reference each separate violation by date.
16. If you have any questions, contact the Department of Environmental Quality Regional Office listed on the DMR.

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

**PERMITTED FACILITY**  
Chandler Concrete Company Inc. – ALTAVISTA  
PO Box 131, Burlington, NC 27216  
Permit Number: VAG 110154

**RETURN TO:**  
Department of Environmental Quality  
Blue Ridge – Roanoke Regional Office  
901 Russell Drive, Salem VA 24153  
(540) 562-6700

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

No Discharge: ND

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2023	07	01		2023	09	30

Outfall Num: 01

Reporting Frequency: Quarterly

Run Date: Revised 04/05/21-KW

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
001 FLOW	REPORTED	*****	NO FLOW	***	*****	*****	*****	***		***	***
	REQUIREMENT	NL	NL	MGD	*****	*****	*****	***		1/3M	EST
002 PH	REPORTED	*****	*****	***	*****	*****	--	***		***	***
	REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		1/3M	GRAB
004 TSS	REPORTED	*****	*****	***	*****	*****	--	***		***	***
	REQUIREMENT	*****	*****	***	*****	30	60	MG/L		1/3M	GRAB

DEQ Comments: ND - No Discharge /

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENTS 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 BOD <sub>5</sub> (K.G.)
None		

<input type="checkbox"/>	STATE
<input type="checkbox"/>	PLANT
<input type="checkbox"/>	FILE

OPERATOR IN RESPONSIBLE CHARGE			DATE		
<u>Ryan Foley</u>		N/A	2023	10	05
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
<u>Kenneth E. Waegerle</u>		336-226-1181	2023	10	05
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO	DAY

This report is required by your VPDES permit and by law. (See, e.g., the Code of Virginia of 1950 §62.1-44.5 and 9 VAC 25-31-50.) Failure to report or failure to report truthfully can result in civil penalties of \$32,500 per violation, per day and felony prosecutions which can carry a 15 year term.

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4. Enter the average and maximum quantities and units in the "reported" spaces in the columns marked "Quantity or Loading"  $\text{KG/DAY} = \text{Concentration (mg/L)} \times \text{Flow (MGD)} \times 3.785 \text{ G/D (Grams/Day)} = \text{Concentration (mg/L)} \times \text{Flow (MGD)} \times 3785$
5. Enter maximum, minimum, and/or average concentrations and units in the "reported" spaces in the columns marked "Quality or Concentration".
6. For all parameters enter the number of samples which do not comply with the maximum and/or minimum permit requirements in the "reported" space in the column marked "No. Ex." (Number of Exceedances). If none, enter "0". Do NOT include monthly average violations in this field. Include any Maximum 7-Day Average and Maximum Weekly Average violations in this field. Permittees with continuous pH, or temperature monitoring requirements should consult the permit for what constitutes an exceedance and report accordingly.
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9. Enter the actual type of sample (Grab, 8HC, 24HC, etc) collected for each parameter in the "reported" space in the column marked "Sample Type".
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**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
CONCRETE PRODUCTS FACILITIES  
DISCHARGE MONITORING REPORT (DMR)**

**PERMITTED FACILITY**  
Chandler Concrete Company Inc. – ALTAVISTA  
PO Box 131, Burlington, NC 27216  
Permit Number: VAG 110154

**RETURN TO:**  
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Blue Ridge – Roanoke Regional Office  
901 Russell Drive, Salem VA 24153  
(540) 562-6700

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

No Discharge: ND

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2023	04	01		2023	06	30

Outfall Num: 01

Reporting Frequency: Quarterly

Run Date: Revised 04/05/21-KW

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
001 FLOW	REPORTED	*****	NO FLOW	***	*****	*****	*****	***		***	***
	REQUIREMENT	NL	NL	MGD	*****	*****	*****	***		1/3M	EST
002 PH	REPORTED	*****	*****	***	*****	*****	--	***		***	***
	REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		1/3M	GRAB
004 TSS	REPORTED	*****	*****	***	*****	*****	--	***		***	***
	REQUIREMENT	*****	*****	***	*****	30	60	MG/L		1/3M	GRAB

DEQ Comments: ND - No Discharge /

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENTS 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 BOD <sub>5</sub> (K.G.)
None		

<input type="checkbox"/>	STATE
<input type="checkbox"/>	PLANT
<input type="checkbox"/>	FILE

OPERATOR IN RESPONSIBLE CHARGE			DATE		
<u>Ryan Foley</u>		N/A	2023	07	14
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
<u>Kenneth E. Waegerle</u>		336-226-1181	2023	07	14
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO	DAY

This report is required by your VPDES permit and by law. (See, e.g., the Code of Virginia of 1950 §62.1-44.5 and 9 VAC 25-31-50.) Failure to report or failure to report truthfully can result in civil penalties of \$32,500 per violation, per day and felony prosecutions which can carry a 15 year term.

### DISCHARGE MONITORING REPORT (DMR) - GENERAL INSTRUCTIONS

1. Complete this form in permanent ink or indelible pencil. The use of 'correction fluid/tape' is not allowed.
2. Be sure to enter the dates for the first and last day of the period covered by the report on the form in the space marked "Monitoring Period".
3. For those parameters where the "permit requirement" spaces have a requirement or limitation, provide data in the "reported" spaces in accordance with your permit.
4. Enter the average and maximum quantities and units in the "reported" spaces in the columns marked "Quantity or Loading"  $\text{KG/DAY} = \text{Concentration (mg/L)} \times \text{Flow (MGD)} \times 3.785 \text{ G/D (Grams/Day)} = \text{Concentration (mg/L)} \times \text{Flow (MGD)} \times 3785$
5. Enter maximum, minimum, and/or average concentrations and units in the "reported" spaces in the columns marked "Quality or Concentration".
6. For all parameters enter the number of samples which do not comply with the maximum and/or minimum permit requirements in the "reported" space in the column marked "No. Ex." (Number of Exceedances). If none, enter "0". Do NOT include monthly average violations in this field. Include any Maximum 7-Day Average and Maximum Weekly Average violations in this field. Permittees with continuous pH, or temperature monitoring requirements should consult the permit for what constitutes an exceedance and report accordingly.
7. You are required to sample (at a minimum) according to the Sample Frequencies and Sample Types specified in your permit.
8. Enter the actual frequency of analysis for each parameter (number of times per day, week, month, etc.) in the "reported" space in the column marked "Frequency of Analysis".
9. Enter the actual type of sample (Grab, 8HC, 24HC, etc) collected for each parameter in the "reported" space in the column marked "Sample Type".
10. Enter additional required data or comments in the space marked "additional permit requirements or comments". If additional required data or comments are appended to the DMR, reference appended correspondence in this field.
11. The operator in responsible charge of the facility should review the form and sign in the space provided. If the plant is required to have a licensed operator or if the operator in responsible charge of the facility is a licensed operator, the operator's signature and certificate number must be reported in the spaces provided.
12. The principal executive officer then reviews the form and must sign in the space provided and provide a telephone number where he/she can be reached. Every page of the DMR must have an original signature.
13. Send the completed form(s) with original signatures to your Department of Environmental Quality Regional Office by the 10th of each month unless otherwise specified in the permit.
14. You are required to retain a copy of the report for your records.
15. Where violations of permit requirements are reported, attach a brief explanation in accordance with the permit requirements describing causes and corrective actions taken. Reference each separate violation by date.
16. If you have any questions, contact the Department of Environmental Quality Regional Office listed on the DMR.

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

**PERMITTED FACILITY**  
Chandler Concrete Company Inc. – ALTAVISTA  
PO Box 131, Burlington, NC 27216  
Permit Number: VAG 110154

**RETURN TO:**  
Department of Environmental Quality  
Blue Ridge – Roanoke Regional Office  
901 Russell Drive, Salem VA 24153  
(540) 562-6700

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

No Discharge: ND

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2023	04	01		2023	06	30

Outfall Num: 01

Reporting Frequency: Quarterly

Run Date: Revised 04/05/21-KW

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
001 FLOW	REPORTED	*****	NO FLOW	***	*****	*****	*****	***		***	***
	REQUIREMENT	NL	NL	MGD	*****	*****	*****	***		1/3M	EST
002 PH	REPORTED	*****	*****	***	*****	*****	--	***		***	***
	REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		1/3M	GRAB
004 TSS	REPORTED	*****	*****	***	*****	*****	--	***		***	***
	REQUIREMENT	*****	*****	***	*****	30	60	MG/L		1/3M	GRAB

DEQ Comments: ND - No Discharge /

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENTS 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 BOD <sub>5</sub> (K.G.)
None		

<input type="checkbox"/>	STATE
<input type="checkbox"/>	PLANT
<input type="checkbox"/>	FILE

OPERATOR IN RESPONSIBLE CHARGE				DATE		
<u>Ryan Foley</u>		N/A		2023	07	14
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.		YEAR	MO	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE				
<u>Kenneth E. Waegerle</u>		336-226-1181		2023	07	14
TYPED OR PRINTED NAME	SIGNATURE			YEAR	MO	DAY

This report is required by your VPDES permit and by law. (See, e.g., the Code of Virginia of 1950 §62.1-44.5 and 9 VAC 25-31-50.) Failure to report or failure to report truthfully can result in civil penalties of \$32,500 per violation, per day and felony prosecutions which can carry a 15 year term.

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