

TYPE: SWI GP  
Benchmark Monitoring

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM  
(VPDES)  
DISCHARGE MONITORING REPORT (DMR)**

**DEPT. OF ENVIRONMENTAL  
QUALITY  
(REGIONAL OFFICE)**

South Central Regional Office  
7705 Timberlake Rd

Lynchburg, VA 24502

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

FACILITY NAME: Royal Oak Farm Solid Waste Composting Facility  
ADDRESS: 1223 Royal Oak Farm Drive  
Evington, VA 24550  
FACILITY LOCATION: 1223 Royal Oak Farm Drive  
Evington, VA 24550

VAR051649	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2022	01	01		2022	06	30

- No Discharge  
 Adverse Weather Conditions  
 Representative Outfall  
 Substantially Identical Outfall

Parameter		QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD5 PARAM CODE: 003	REPORTD	*****	*****	2	MG/L		1/6M	GRAB
	REQRMNT	*****	*****	30			1/6M	GRAB
TSS PARAM CODE: 004	REPORTD	*****	*****	35.8	MG/L		1/6M	GRAB
	REQRMNT	*****	*****	100			1/6M	GRAB
COD PARAM CODE: 008	REPORTD	*****	*****	25	MG/L		1/6M	GRAB
	REQRMNT	*****	*****	120			1/6M	GRAB
PHOSPHORUS, TOTAL (AS P) PARAM CODE: 012	REPORTD	*****	*****	0.07	MG/L		1/6M	GRAB
	REQRMNT	*****	*****	2.0			1/6M	GRAB
NITROGEN, TOTAL (AS N) PARAM CODE: 013	REPORTD	*****	*****	1.17	MG/L		1/6M	GRAB
	REQRMNT	*****	*****	2.2			1/6M	GRAB
AMMONIA, AS N PARAM CODE: 039	REPORTD	*****	*****	0.10	MG/L		1/6M	GRAB
	REQRMNT	*****	*****	2.14			1/6M	GRAB

STORM EVENT INFORMATION			
DATE	YR	MO	DAY
	2022	06	17
DURATION	HRS	MINS	
	144	0	
RAINFALL TOTAL (IN.)	1.42		
PRECEDING EVENT	DAYS	HRS	
	9	2	

VA DEQ COMMENTS:  
GENERAL PERMIT REQUIREMENTS OR COMMENTS:  
OUTFALL-SPECIFIC COMMENTS:  
PARAMETER-SPECIFIC COMMENTS:

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.

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		2022-07-11 15:22:02
TYPED OR PRINTED NAME	SIGNATURE	Date