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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF MINING PROGRAMS

Date 4/29/2016

Mine Name Rock Hill Quarry
Weather Overcast 45 F

NPDES
INSPECTION REPORT

On Site Times 1138 - 1200

PERMITTEE Hanson Aggregates Pennsylvania, LLC	TOWNSHIP East Rockhill	COUNTY Bucks	MINING PERMIT NO. 7974SM1
ADDRESS 7660 Imperial Way Allentown PA 18195	<input type="checkbox"/> VIOLATIONS NOTED PREVIOUS VIOLATIONS: <input type="checkbox"/> CORRECTED <input type="checkbox"/> UNCORRECTED	<input type="checkbox"/> FOLLOW-UP INSP. REQUIRED <input type="checkbox"/> NOTICE OF VIOLATION <input type="checkbox"/> COMPLIANCE ORDER <input type="checkbox"/> FTC ORDER: <input type="checkbox"/> CEASE ORDER	NPDES PERMIT NO. PA0594121 EXPIRATION DATE 7/19/2018

SITE REVIEW

OUTFALL	TYPE	DISCHARGING?	SAMPLED?	OUTFALL	TYPE	DISCHARGING?	SAMPLED?
001	<input checked="" type="checkbox"/> Sediment <input type="checkbox"/> Treatment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Sediment <input type="checkbox"/> Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Sediment <input type="checkbox"/> Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Sediment <input type="checkbox"/> Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Non-discharge alternatives required by permit? Yes No If so, have they been implemented? Yes No Are they functioning? Yes No

Are stormwater BMPs required by NPDES? Yes No If so, are they installed and functioning correctly? Yes No N/A

Discharge Monitoring Report Review

Quarter Reviewed: 3	Self-Reported Violations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Violations not reported? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was a DMR included for every outfall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, which outfalls were missing:		
Are any of the outfalls indicated as having no discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were the DMRs signed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

NPDES COMPLIANCE CHECKLIST

Obs.	STANDARD	PC or REG.	Viol.	Comp. Date	Obs.	STANDARD	PC or REG.	Viol.	Comp. Date
<input type="checkbox"/>	Treatment pond 2-year Effluent Characterization sampling Requirement	40 CFR 122.21(k)(5)(vi)	<input type="checkbox"/>		<input checked="" type="checkbox"/>	NPDES Permit Requirements	92a.41(a)1	<input type="checkbox"/>	
<input type="checkbox"/>	Stormwater 2-year Effluent Characterization sampling Requirement	40 CFR 122.26(c)(1)(I)(G)	<input type="checkbox"/>		<input type="checkbox"/>	Failure to Report NPDES Non-Compliance	92a.41	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Reporting Requirements	40 CFR 122.41(I)	<input type="checkbox"/>		<input type="checkbox"/>	Failure to Submit DMR Data	92a.61(g)	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	PPC Plan	Standard Cond 4	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Implementation of E & S Plan Requirements	NPDES Permit Condition 1	<input type="checkbox"/>	

COMMENTS AND RECOMMENDATIONS: Water was not discharging.

Person Contacted None	Title	Inspection Done: <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Partial	Date: 4/29/2016
Investigator Signature Amiee Bollinger		Employee ID No. 608058	

White - District File

Yellow - Permittee

Pink - Inspector