DISCHARGE MONITORING REPORT (DMR)

Facility Name: AMERICAN MATERIALS COMPANY LLC/ANDREWS MINE **Permit Number:** SCG731435 v1.2
Permittee Name: AMERICAN MATERIALS COMPANY LLC **DMR Period:** 4/1/2021 - 4/30/2021

Limit Set: 1AA1 **No Discharge:**

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
pH (00400) Effluent Gross (1) Lab ID:	SAMPLE MEASUREMENT	*****	*****		*C	*****	*C	SU		Monthly	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 Instantaneous Minimum	*****	8.5 Instantaneous Maximum			Monthly	Grab
Total Suspended Solids (00530) Effluent Gross (1) Lab ID:	SAMPLE MEASUREMENT	*****	*****		*****	*C	*C	mg/L		Monthly	Grab
	PERMIT REQUIREMENT	*****	*****		*****	25 Average	45 Daily Maximum			Monthly	Grab
Total Cadmium (01027) Effluent Gross (1) Lab ID:	SAMPLE MEASUREMENT	*****	*****		*****	*C	*C	ug/L		Monthly	Composite
	PERMIT REQUIREMENT	*****	*****		*****	0.3507 Monthly Average	1.926 Daily Maximum			Monthly	Composite
Total Lead (01051) Effluent Gross (1) Lab ID:	SAMPLE MEASUREMENT	*****	*****		*****	*C	*C	ug/L		Monthly	Composite
	PERMIT REQUIREMENT	*****	*****		*****	3.394 Monthly Average	88 Daily Maximum			Monthly	Composite
Total Thallium (01059) Effluent Gross (1) Lab ID:	SAMPLE MEASUREMENT	*****	*****		*****	*C	*C	ug/L		Monthly	Composite
	PERMIT REQUIREMENT	*****	*****		*****	0.47 Monthly Average	0.6862 Daily Maximum			Monthly	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

DISCHARGE MONITORING REPORT (DMR)

Facility Name: AMERICAN MATERIALS COMPANY LLC/ANDREWS MINE **Permit Number:** SCG731435 v1.2
Permittee Name: AMERICAN MATERIALS COMPANY LLC **DMR Period:** 4/1/2021 - 4/30/2021

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Total Aluminum (01105) Effluent Gross (1)	SAMPLE MEASUREMENT	*****	*****		*****	*C	*C	ug/L		Monthly	Composite
Lab ID:	PERMIT REQUIREMENT	*****	*****		*****	87 Monthly Average	750 Daily Maximum			Monthly	Composite
Flow (50050) Effluent Gross (1)	SAMPLE MEASUREMENT	*C	*C	MGD	*****	*****	*****			Monthly	ESTIMATES
Lab ID:	PERMIT REQUIREMENT	***** Average	***** Daily Maximum		*****	*****	*****			Monthly	ESTIMATES

DMR Instructions: PART X.A.2.A. (1AA 1) - SAND AND GRAVEL MINES, DIMENSION STONE QUARRIES, CRUSHED STONE QUARRIES, AND OTHER MINES OR QUARRIES DETERMINED TO BE NONMETALLIC HEAVYWEIGHT AGGREGATES.

DMR Comments: Greenfield Site: this site and discharge source are under construction; no discharge to date

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY