



COMMONWEALTH of VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE
4949A Cox Road, Glen Allen, Virginia 23060
(804) 527-5020 Fax (804) 527-5106
www.deq.virginia.gov

Matthew J. Strickler
Secretary of Natural Resources

David K. Paylor
Director

James J. Golden
Regional Director

June 27, 2018

Mrs. Gail Temple Rhodes
Southside General Store
613 South Hicks Street
Lawrenceville, Virginia 23868

Re: Renewal Approval for the facility Oil Discharge Contingency Plan # FC 04-3705 for Southside General Store VA DEQ Facility ID 4000673.

Dear Ms. Temple:

This letter serves as Renewal Approval for the Oil Discharge Contingency Plan (ODCP) submitted and reviewed according to 9 VAC 25-91-10 et. seq. for the following facility:

Southside General

The approval is effective until February 2023. Updated plans shall be submitted to the department for review and approval not less than 90 days prior to this expiration date. All notifications of changes, submissions and updates of the plan required by the above mentioned regulation shall be directed to the Virginia Department of environmental, Piedmont Regional Office, Glen Allen, VA 23060.

Be advised that in the event of an oil discharge the facility operator must immediately implement all applicable provisions of the plan as well as all relevant requirements of Article 11 of the State Water Control board Law (62.1-44.34:14-23).

Should you have any questions, please feel free to contact Mr. Tony Somoza at (804) 527-5071.

Sincerely,


Robynne Bridgman
Regional Remediation Manager

Registration for Facility and Aboveground Storage Tank (AST)
(Only for AST(s) >660 gallons)

STATE USE ONLY

Number ID
Date Received
Date Entered
Entered By
Comments

See last page for mailing instructions

I. PURPOSE OF NOTIFICATION

Check all that apply

- New Facility and Initial Registration
- New AST Installation at Existing Facility
- Replacement of AST at Existing Facility
- Renewal Registration (every 5 years)
 - With changes With no changes
- Conversion or Brought Back Into Use
- Change of Owner or Title

AMENDMENTS

- Tank/Piping Major Repair/Upgrade
- Change in Service (change in stored petroleum substance)
- Change in Use (no longer stores petroleum)
- Piping Closure
- AST Closure
- Relocation (existing AST moved on site)
- Alteration/Retrofit
- Change in Operator
- Removal
- Other (specify): _____

II. OWNER OF TANKS

III. LOCATION OF TANKS

A. Owner Name <i>Edwin D. Temple</i>		A. Facility Name <i>Southside General Store</i>	
B. Street Address <i>613 South Hicks Street</i>		B. Street Address (P.O. Box not acceptable) <i>613 South Hicks Street</i>	
C. City, State, Zip <i>Lawrenceville, Va 23868</i>		C. City, Zip <i>Lawrenceville 23868</i>	D. County <i>Brunswick</i>
D. Owner Phone Number <i>434-848-2997</i>	E. Owner Fax Number <i>434-848-2997</i>	E. Facility Phone Number <i>434-848-2997</i>	F. Facility Fax Number <i>434-848-2997</i>
G. Name of Previous Owner (if applicable)		H. Previous Name of Facility (if applicable)	

IV. CONTACT PERSON

V. OPERATOR

A. Contact Person Name and Title <i>Cail Rhodes manager</i>		A. Operator Name <i>SAME</i>	
B. Street Address <i>117 W. 5th Ave.</i>		B. Street Address	
C. City, State, Zip <i>Lawrenceville, Va 23868</i>		C. City, State, Zip	
D. Phone Number <i>434-848-0869</i>	E. Fax Number <i>434-848-2997</i>	D. Phone Number	E. Fax Number
F. E-mail Address <i>NONE</i>		F. E-mail Address	

VI. TYPE OF OWNER Select from below

VII. TYPE OF FACILITY Select from below

<input type="checkbox"/> Federal Government	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Retail Gas Station	<input type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Commercial	<input type="checkbox"/> Farm
<input type="checkbox"/> State Government	<input type="checkbox"/> Private	<input checked="" type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Federal Military	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential
<input type="checkbox"/> Local Government		<input type="checkbox"/> Local Government	<input type="checkbox"/> State Government	Other (specify): _____	

VIII. OWNER CERTIFICATION

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 ensure that qualified personnel properly gathered and evaluated 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. I understand that the owner of the aboveground storage tank(s) hereby registered is responsible for compliance with the requirements of Virginia Regulation 9 VAC 25-91-10 et seq., among other requirements. I warrant and represent that I am the owner or that I have the authority to sign this certification on behalf of the owner.

Cail Rhodes manager
 Name and Title

Cail Rhodes
 Signature

06-18-2018
 Date (MM/DD/YYYY)

IX-A. DESCRIPTION FOR NEW INSTALLATIONS, RENEWALS, AMENDMENTS & CLOSURES <small>Check all that apply</small>										
Owner Tank Identification Number	1		2		3		4		5	
DEQ Tank Identification Number										
Tank Status	<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Closure		<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Closure		<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Closure		<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Closure		<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Closure	
Date of Installation (MM/DD/YYYY)	03/01/89		03/01/89		03/01/89		03/01/1989		03/01/1989	
Tank Capacity (Gallons) >660 <small>(Compartments of a compartment tank are considered to be separate tanks and should be registered and treated as such)</small>	10,000		20,000		20,000		20,000		20,000	
Substance Stored	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
	Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kerosene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Asphalt (petroleum based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aviation Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ethanol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E85	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Biodiesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):										
Materials of Construction	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
	Bare Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Insulated Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Concrete Coated/(ConVault Type Tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fiberglass/FRP/PVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Copper/Brass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):										
Tank & Piping Type	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
	Single Wall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Double Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cathodic/Corrosion Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Double Bottom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shop Fabricated/Built	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Portable/Skid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Horizontal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vertical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vaulted-below grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Totally Above Ground	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Piping Totally Below Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Piping Both Above and Below Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify):										
Foundation Type	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
	Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Concrete w/Coating or Release Prevention Barrier (RPB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Steel/Saddle/Runner/Beam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Earthen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ring Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	Gravel		Gravel		Gravel		Gravel		Gravel	
Roof Type	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
	Not Applicable-Horizontal Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fixed Cone-Welded/Boiled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Floating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	Pan-Flat		Pan-Flat		Pan-Flat		Pan-Flat		Pan-Flat	

IX-B. DESCRIPTION FOR NEW INSTALLATIONS, RENEWALS, AND AMENDMENTS

(ONLY COMPLETE IF FACILITY AST TOTAL STORAGE CAPACITY IS 25,000 GALLONS OR MORE) Check all that apply

Oil Discharge Contingency Plan				ODCP Number		Date Approved (MM/DD/YYYY)		Facility AST total storage capacity (aggregate of ASTs > 660 gallons)			
Piping Pressure Test (hydro/API 570/inert)								Gallons			
Last Test Date (MM/DD/YYYY)											
Secondary Containment											
Date Certified by a PE (MM/DD/YYYY)											
Containment Type											
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Dike/Berm/Wall											
Sorbent Material											
Curbing											
Retention Pond											
Weirs/Booms											
Culverts/Gutters											
Diversion Pool											
None											
Other (specify):											
Release Prevention Barrier											
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Double Wall											
Double Bottom											
Coated Concrete											
Dike/Berm Excavation Liner											
Polyethylene Jacket											
None											
Other (specify):											
Release Detection Type											
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Visual Monitoring											
Interstitial Monitoring											
Groundwater Monitoring											
Vapor Monitoring											
None											
Other (specify):											

09-

IX-C. DESCRIPTION FOR NEW INSTALLATIONS, RENEWALS, AND AMENDMENTS

(ONLY COMPLETE IF FACILITY TOTAL STORAGE CAPACITY IS ONE MILLION GALLONS OR MORE)

Formal Inspection (API 663)				
Last External Inspection Date (MM/DD/YYYY)	Tank	Tank	Tank	Tank
Last Internal Inspection Date (MM/DD/YYYY)				

X. CLOSURE IN PLACE, REMOVAL, OR CHANGE IN USE Check all that apply

Tank and Piping Status											
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closed in Place											
Removed/Dismantled											
Conversion/Change in Use (NO LONGER STORES PETROLEUM)											
Closure Site Assessment Completed											
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Evidence of a Leak Detected											
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Date Last Used (MM/DD/YYYY)											
Date Closed (MM/DD/YYYY)											
Comments:											

Virginia Department of Environmental Quality Regional Offices

Valley Region
 4411 Early Road
 P.O. Box 3000
 Harrisonburg, VA 22801
 (540) 574-7800
 (540) 574-7878 (fax)

Northern Region
 13901 Crown Court
 Woodbridge, VA 22193
 (703) 583-3800
 (703) 583-3821 (fax)

Piedmont Region
 4949-A Cox Road
 Glen Allen, VA 23060
 (804) 527-5020
 (804) 527-5106 (fax)

Southwest Region
 355-A Deadmore Street
 Abingdon, VA 24210
 (276) 676-4800
 (276) 676-4899 (fax)

Blue Ridge Region
 3019 Peters Creek Road
 Roanoke, VA 24019
 (540) 562-6700
 (540) 562-6725 (fax)

Tidewater Region
 5636 Southern Blvd.
 Virginia Beach, VA 23462
 (757) 518-2000
 (757) 518-2009 (fax)

Mail notifications to the DEQ Regional Office serving the city or county where the USTs are located.

Regional Offices		Counties and Cities
Blue Ridge Regional Office	Counties Alleghany, Amherst, Appomattox, Bedford, Botetourt, Campbell, Charlotte, Craig, Floyd, Franklin, Giles, Halifax, Henry, Mecklenburg, Montgomery, Patrick, Prince Edward, Pittsylvania, Pulaski, Roanoke Cities Bedford, Clifton Forge, Covington, Danville, Lynchburg, Martinsville, Radford, Roanoke, Salem	
Northern Regional Office	Counties Arlington, Caroline, Culpeper, Fairfax, Fauquier, King George, Loudoun, Madison, Orange, Prince William, Rappahannock, Spotsylvania, Stafford, Louisa Cities Alexandria, Falls Church, Fairfax, Fredericksburg, Manassas, Manassas Park	
Piedmont Regional Office	Counties Amelia, Brunswick, Buckingham, Charles City, Chesterfield, Cumberland, Dinwiddie, Essex, Gloucester, Goochland, Greensville, Hanover, Henrico, King and Queen, King William, Lancaster, Lunenburg, Mathews, Mecklenburg, Middlesex, New Kent, Northumberland, Nottoway, Powhatan, Prince Edward, Prince George, Richmond, Surry, Sussex, Westmoreland Cities Colonial Heights, Emporia, Hopewell, Petersburg, Richmond	
Southwest Regional Office	Counties Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe Cities Bristol, Galax, Norton	
Tidewater Regional Office	Counties Accomack, Isle of Wight, James City, Northampton, Southampton, York Cities Chesapeake, Franklin, Hampton, Newport News, Norfolk, Portsmouth, Poquoson, Suffolk, Virginia Beach, Williamsburg	
Valley Regional Office	Counties Albemarle, Augusta, Bath, Clarke, Fluvanna, Frederick, Greene, Highland, Nelson, Page, Rockbridge, Rockingham, Shenandoah, Warren Cities Buena Vista, Charlottesville, Harrisonburg, Lexington, Staunton, Waynesboro, Winchester	