

# TRONOX

Fredrick R. Stater  
Plant Manager

(702) 651-2233  
Fax (405) 302-4607  
rick.stater@tronox.com

January 25, 2008

NPDES Compliance Coordinator  
Nevada Division of Environmental Protection  
Bureau of Water Permits & Compliance  
901 South Stewart Street, Suite 4001  
Carson City, NV 89701-5249

SUBJECT: Fourth Quarter / Annual 2007 DMR - NPDES Permit # NV0000078

Tronox LLC (Tronox) maintains an NPDES Permit #NV0000078 covering its production operations in Henderson, Nevada. The attached Discharge Monitoring Reports (Attachment 1) reflect discharge from the Tronox Henderson facility as monitored by NPDES equipment. Stabilized water, from water leaks, discharged through the outfalls for brief periods and are quantified in Table 1a, below. A storm water discharge is quantified in Table 1b, below.

**Table 1a. Non-Storm Flow Totals**

| Outfall | October Flow<br>(thousands of gallons) | November Flow<br>(thousands of gallons) | December Flow<br>(thousands of gallons) |
|---------|--|---|---|
| 001     | 0.9 <sup>a</sup>                       | 0                                       | 5.3 <sup>a</sup>                        |
| 002     | 10.0 <sup>a</sup>                      | 1.9 <sup>b</sup>                        | 2.0 <sup>b</sup>                        |
| 003     | 0                                      | 0                                       | 0                                       |

<sup>a</sup>Composite sampler was unable to capture sample due to low flow conditions.

<sup>b</sup>Grab samples pulled due to low flow conditions.

**Table 1b. Stormwater Flow Totals**

| Outfall | October Flow<br>(thousands of gallons) | November Flow<br>(thousands of gallons) | December Flow<br>(thousands of gallons) |
|---------|--|---|---|
| 001     | 0                                      | 70.9                                    | 38.8                                    |
| 002     | 0                                      | 9.7                                     | 5.5                                     |
| 003     | 0                                      | 0                                       | 0                                       |

Analytical associated with outfall flow is attached to this report. Should you have any questions concerning this report, please contact Susan M. Crowley at (702) 651-2234 or e-mail [susan.crowley@tronox.com](mailto:susan.crowley@tronox.com). Thank you.

Sincerely,



Fredrick R. Stater  
Plant Manager

**Overnight Mail**

cc: Susan Crowley  
Elizabeth Hurst  
Mr. Carey Houk (W-5-3)/U.S. EPA Region 9

Tronox LLC

8000 West Lake Mead Parkway, Henderson, Nevada 89015 • P.O. Box 55, Henderson, Nevada 89009

**ATTACHMENT 1**

**Discharge Monitoring  
Reports**

**October 2007**

**November 2007**

**December 2007**

**Annual 2007**

**Discharge Monitoring Report**

**October 2007**

PERMITTEE NAME/ADDRESS: **Tronox LLC**  
**PO Box 55**  
**Henderson, NV 89009-7000**

DISCHARGE - 001  
F - FINAL MAJOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**  
**001 A**  
**DISCHARGE NUMBER**

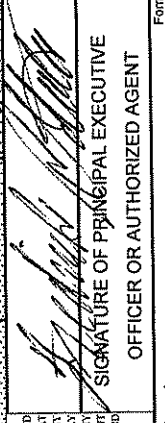
PERMIT NUMBER: **NV0000078**

FACILITY: **Tronox LLC**  
 LOCATION: **BMI Park - Henderson**  
 Attn: **Susan Crowley**

MONITORING PERIOD: FROM **07 10 01** TO **07 10 31**

NO DISCHARGE

NOTE: Read instructions before completing this form

| PARAMETER   | QUANTITY OR LOADING |                 |        |         | QUALITY OR CONCENTRATION |                 |        |   | NO. EX       | NO. FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---------------------|-----------------|--------|---------|--------------------------|-----------------|--------|---|--------------|---------------------------|-------------|
|   | AVERAGE             | MAXIMUM         | UNITS  | MINIMUM | AVERAGE                  | MAXIMUM         | UNIT   |   |              |                           |             |
| TEMPERATURE, WATER DEG. CENTIGRADE  | *****               | *****           | ****   | *****   | See note 2.              | See note 2.     | (04)   | 0 |              |                           |             |
| 00010 1 0 0 EFFLUENT GROSS VALUE  | *****               | *****           | ****   | *****   | 33 30DA AVG              | 37 DAILY MX     | DEG. C | 0 | CONTIN UOUS  | RCORDR                    |             |
| pH  | *****               | *****           |        | *****   | See note 1.              | See note 1.     | (12)   | 0 |              |                           |             |
| 00400 1 0 0 EFFLUENT GROSS VALUE  | *****               | *****           | ****   | *****   | 6.0 MINIMUM              | 9.0 MAXIMUM     | SU     | 0 | ONCE/ DISCHG | DISCRT                    |             |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT  | <0.001              | <0.001          | (03)   | *****   | *****                    | *****           |        | 0 | *****        |                           |             |
| 50050 1 0 0 EFFLUENT GROSS VALUE  | OPTIONAL 30DA AVG   | REPORT DAILY MX | MGD    | *****   | *****                    | *****           |        | 0 | CONTIN UOUS  | RCORDR                    |             |
| SOLIDS, TOTAL DISSOLVED   | See note 1.         | See note 1.     | (26)   | *****   | See note 1.              | See note 1.     |        | 0 |              |                           |             |
| 70295 > 0 0 INCREASE (NOT END OF PIPE)  | 1000 30DA AVG       | REPORT DAILY MX | LBS/DY | *****   | REPORT 30DA AVG          | REPORT DAILY MX | MG/L   | 0 | ONCE/ DISCHG | DISCRT                    |             |
| PERCHLORATE (ClO4)  | *****               | *****           |        | *****   | See note 1.              | See note 1.     | (19)   | 0 |              |                           |             |
| 61209 1 0 0 EFFLUENT GROSS VALUE  | *****               | *****           | ****   | *****   | OPTIONAL 30DA AVG        | REPORT DAILY MX | MG/L   | 0 | ONCE/ DISCHG | DISCRT                    |             |
|   | *****               | *****           | ****   | *****   | *****                    | *****           | (19)   |   |              |                           |             |
|   | *****               | *****           | ****   | *****   | *****                    | *****           | MG/L   |   |              |                           |             |
|   | *****               | *****           | ****   | *****   | *****                    | *****           | MG/L   |   |              |                           |             |
|   | *****               | *****           | ****   | *****   | *****                    | *****           | MG/L   |   |              |                           |             |
|   | *****               | *****           | ****   | *****   | *****                    | *****           | MG/L   |   |              |                           |             |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER<br><b>Fredrick R. Stater</b><br><b>Plant Manager</b><br>TYPED OR PRINTED                                   |                     |                 |        |         |                          |                 |        |   |              |                           |             |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT<br> |                     |                 |        |         |                          |                 |        |   |              |                           |             |
| TELEPHONE: <b>702-651-2200</b> DATE: <b>08   01   25</b>  |                     |                 |        |         |                          |                 |        |   |              |                           |             |
| AREA CODE NUMBER: <b>702-651-2200</b> YEAR: <b>08</b> MO: <b>01</b> DAY: <b>25</b>  |                     |                 |        |         |                          |                 |        |   |              |                           |             |

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 THE INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSIFIED INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

(Reference all attachments here)

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
 Note 1: Composite sampler was unable to capture sample due to extremely low flow.  
 Note 2: Temperature indicator failed. Repairs have been scheduled. Once through cooling water was not discharged during this quarter.

PERMITTEE NAME/ADDRESS:  
 Tronox LLC  
 PO Box 55  
 Henderson, NV 89009-7000

PERMIT NUMBER  
 NV0000078

DISCHARGE NUMBER  
 002 A

MONITORING PERIOD  
 FROM 07 | 10 | 01 TO 07 | 10 | 31

NO DISCHARGE

NO DISCHARGE

NOTE: Read instructions before completing this form

Attn: Susan Crowley


FACILITY: Tronox LLC

LOCATION: BMI Park - Henderson

Attn: Susan Crowley

| PARAMETER                                | SAMPLE MEASUREMENT | QUANTITY OR LOADING |                 |        | QUALITY OR CONCENTRATION |                   |                 | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE  |
|--|--------------------|---------------------|-----------------|--------|--------------------------|-------------------|-----------------|--------|-----------------------|--------------|
|  |                    | AVERAGE             | MAXIMUM         | UNITS  | MINIMUM                  | AVERAGE           | MAXIMUM         |        |                       |              |
| TEMPERATURE, WATER DEG. CENTIGRADE       | SAMPLE MEASUREMENT | *****               | *****           | ****   | *****                    | 21                | 24              | (04)   | 0                     |              |
| 00010 1 0 0 EFFLUENT GROSS VALUE         | PERMIT REQUIREMENT | *****               | *****           | ****   | *****                    | 33                | 37              | DEG. C | 0                     | CONTIN UOUS  |
| pH                                       | SAMPLE MEASUREMENT | *****               | *****           | ****   | *****                    | See note 1.       | See note 1.     | (12)   | 0                     |              |
| 00400 1 0 0 EFFLUENT GROSS VALUE         | PERMIT REQUIREMENT | *****               | *****           | ****   | *****                    | 6.0               | 9.0             | SU     | 0                     | ONCEI DISCHG |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | <0.001              | <0.001          | (03)   | *****                    | *****             | *****           | ****   | 0                     |              |
| 50050 1 0 0 EFFLUENT GROSS VALUE         | PERMIT REQUIREMENT | OPTIONAL 30DA AVG   | REPORT DAILY MX | MGD    | *****                    | *****             | *****           | ****   | 0                     | CONTIN UOUS  |
| SOLIDS, TOTAL DISSOLVED                  | SAMPLE MEASUREMENT | See note 1.         | See note 1.     | (26)   | *****                    | See note 1.       | See note 1.     | (19)   | 0                     |              |
| 70295 > 0 0 INCREASE (NOT END OF PIPE)   | PERMIT REQUIREMENT | 1000 30DA AVG       | REPORT DAILY MX | LBS/DY | *****                    | REPORT 30DA AVG   | REPORT DAILY MX | MG/L   | 0                     | ONCEI DISCHG |
| PERCHLORATE (ClO4)                       | SAMPLE MEASUREMENT | *****               | *****           | ****   | *****                    | See note 1.       | See note 1.     | (19)   | 0                     |              |
| 61209 1 0 0 EFFLUENT GROSS VALUE         | PERMIT REQUIREMENT | *****               | *****           | ****   | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX | MG/L   | 0                     | ONCEI DISCHG |
|  | SAMPLE MEASUREMENT | *****               | *****           | ****   | *****                    | *****             | *****           | ****   | 0                     | ONCEI DISCHG |
|  | PERMIT REQUIREMENT | *****               | *****           | ****   | *****                    | *****             | *****           | ****   | 0                     | ONCEI DISCHG |
|  | SAMPLE MEASUREMENT | *****               | *****           | ****   | *****                    | *****             | *****           | ****   | 0                     | ONCEI DISCHG |
|  | PERMIT REQUIREMENT | *****               | *****           | ****   | *****                    | *****             | *****           | ****   | 0                     | ONCEI DISCHG |

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER  
**Fredrick R. Stater**  
 Plant Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE  
 702-651-2200

DATE  
 08 | 01 | 25

AREA CODE NUMBER  
 702-651-2200

YEAR  
 08

MO  
 01

DAY  
 25

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
 Note 1: Composite sampler was unable to capture sample due to extremely low flow.

PERMITTEE NAME/ADDRESS:  
 Tronox LLC  
 PO Box 55  
 Henderson, NV 89009-7000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 001 B  
 DISCHARGE NUMBER

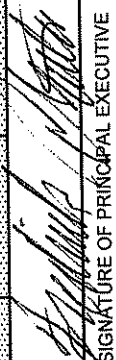
001 STORMWATER MONITORING  
 F - FINAL

FACILITY: Tronox LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

MAJOR NO DISCHARGE  X

MONITORING PERIOD  
 FROM 07 | 10 | 01 TO 07 | 10 | 31

NOTE: Read instructions before completing this form

| PARAMETER   | QUANTITY OR LOADING        |         |       | QUALITY OR CONCENTRATION |                   |                      | NO. EX | NO. FREQUENCY OF ANALYSIS   | SAMPLE TYPE |
|---|----------------------------|---------|-------|--------------------------|-------------------|----------------------|--------|-----------------------------|-------------|
|   | AVERAGE                    | MAXIMUM | UNITS | MINIMUM                  | AVERAGE           | MAXIMUM              |        |                             |             |
| pH  | SAMPLE MEASUREMENT *****   | *****   |       |                          |                   |                      | 0      |                             |             |
| 00400 1 0 0 EFFLUENT GROSS VALUE  | PERMIT REQUIREMENT *****   | *****   | ****  | REPORT MINIMUM *****     | *****             | REPORT MAXIMUM ***** | 0      | ONCE/ DISCHG                | DISCRT      |
| SOLIDS, TOTAL SUSPENDED   | SAMPLE MEASUREMENT *****   | *****   | ****  | *****                    |                   |                      | 0      |                             |             |
| 00530 1 0 0 EFFLUENT GROSS VALUE  | PERMIT REQUIREMENT *****   | *****   | ****  | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX      | 0      | ONCE/ DISCHG                | DISCRT      |
| NITROGEN, AMMONIA TOTAL (AS N)  | SAMPLE MEASUREMENT *****   | *****   | ****  | *****                    |                   |                      | 0      |                             |             |
| 00610 1 0 0 EFFLUENT GROSS VALUE  | PERMIT REQUIREMENT *****   | *****   | ****  | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX      | 0      | ONCE/ DISCHG                | DISCRT      |
| NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)  | SAMPLE MEASUREMENT *****   | *****   | ****  | *****                    |                   |                      | 0      |                             |             |
| 00630 1 0 0 EFFLUENT GROSS VALUE  | PERMIT REQUIREMENT *****   | *****   | ****  | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX      | 0      | ONCE/ DISCHG                | DISCRT      |
| PHOSPHORUS, TOTAL (AS P)  | SAMPLE MEASUREMENT *****   | *****   | ****  | *****                    |                   |                      | 0      |                             |             |
| 00665 1 0 0 EFFLUENT GROSS VALUE  | PERMIT REQUIREMENT *****   | *****   | ****  | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX      | 0      | ONCE/ DISCHG                | DISCRT      |
| OIL AND GREASE  | SAMPLE MEASUREMENT *****   | *****   |       | *****                    | ND                | ND                   | 0      |                             |             |
| 03582 1 0 0 EFFLUENT GROSS VALUE  | PERMIT REQUIREMENT *****   | *****   | ****  | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX      | 0      | ONCE/ DISCHG                | DISCRT      |
| FLOW IN CONDUIT OR THRU TREATMENT PLANT   | SAMPLE MEASUREMENT no flow | no flow | (03)  | *****                    |                   | *****                | 0      |                             |             |
| 50050 1 0 0 EFFLUENT GROSS VALUE  | PERMIT REQUIREMENT *****   | *****   | MGD   | *****                    |                   | *****                | 0      | COUNTING DISCRT             | DISCRT      |
| NAME / TITLE: PRINCIPAL EXECUTIVE OFFICER<br>Fredrick R. Stater<br>Plant Manager<br>TYPED OR PRINTED  |                            |         |       |                          |                   |                      |        |                             |             |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS<br>(Reference all attachments here)   |                            |         |       |                          |                   |                      |        |                             |             |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT<br> |                            |         |       |                          |                   |                      |        | TELEPHONE<br>702-651-2200   |             |
| AREA CODE NUMBER<br>702-651-2200  |                            |         |       |                          |                   |                      |        | YEAR MO DAY<br>08   01   25 |             |

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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS: Tronox LLC  
 NAME: Tronox LLC  
 ADDRESS: PO Box 55  
 Henderson, NV 89009-7000

**DISCHARGE MONITORING REPORT (DMR)**  
 001 STORMWATER MONITORING  
 F - FINAL  
 MAJOR  
 NO DISCHARGE  X

DISCHARGE NUMBER: 001 B  
 PERMIT NUMBER: NV0000078

MONITORING PERIOD: FROM 07 | 10 | 01 TO 07 | 10 | 31

FACILITY: Tronox LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

NOTE: Read instructions before completing this form

| PARAMETER                           | QUANTITY OR LOADING |         |       |         |                       |                       | QUALITY OR CONCENTRATION |         |                       |                       |                       | NO. EX | NO. FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|---------------------|---------|-------|---------|-----------------------|-----------------------|--------------------------|---------|-----------------------|-----------------------|-----------------------|--------|---------------------------|-------------|
|                                     | AVERAGE             | MAXIMUM | UNITS | MINIMUM | AVERAGE               | MAXIMUM               | AVERAGE                  | MINIMUM | OPTIONAL REPORT DAILY | OPTIONAL REPORT DAILY | OPTIONAL REPORT DAILY |        |                           |             |
| SOLIDS, TOTAL DISSOLVED             | *****               | *****   | ****  | *****   |                       |                       |                          |         |                       |                       | (19)                  | 0      |                           |             |
| 70295 1 0 0<br>EFFLUENT GROSS VALUE | *****               | *****   | ****  | *****   | OPTIONAL REPORT DAILY | OPTIONAL REPORT DAILY | OPTIONAL REPORT DAILY    |         |                       |                       | MG/L                  | 0      | ONCE/DISCHG               | DISCRT      |
| CHEMICAL OXYGEN DEMAND (COD)        | *****               | *****   | ****  | *****   |                       |                       |                          |         |                       |                       | (19)                  | 0      |                           |             |
| 81017 1 0 0<br>EFFLUENT GROSS VALUE | *****               | *****   | ****  | *****   | OPTIONAL REPORT DAILY | OPTIONAL REPORT DAILY | OPTIONAL REPORT DAILY    |         |                       |                       | MG/L                  | 0      | ONCE/DISCHG               | DISCRT      |
| PERCHLORATE (CIO4)                  | *****               | *****   | ****  | *****   |                       |                       |                          |         |                       |                       | (19)                  | 0      |                           |             |
| 61209 1 0 0<br>EFFLUENT GROSS VALUE | *****               | *****   | ****  | *****   | OPTIONAL REPORT DAILY | OPTIONAL REPORT DAILY | OPTIONAL REPORT DAILY    |         |                       |                       | MG/L                  | 0      | ONCE/DISCHG               | DISCRT      |
|                                     |                     |         |       |         |                       |                       |                          |         |                       |                       |                       |        |                           |             |
|                                     |                     |         |       |         |                       |                       |                          |         |                       |                       |                       |        |                           |             |
|                                     |                     |         |       |         |                       |                       |                          |         |                       |                       |                       |        |                           |             |
|                                     |                     |         |       |         |                       |                       |                          |         |                       |                       |                       |        |                           |             |
|                                     |                     |         |       |         |                       |                       |                          |         |                       |                       |                       |        |                           |             |

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER  
 OFFICER OR AUTHORIZED AGENT  
 DATE: 08 | 01 | 25  
 TELEPHONE: 702-651-2200  
 AREA CODE NUMBER: 702-651-2200  
 YEAR: 08 | 01 | 25  
 MO: 08  
 DAY: 25

NAME / TITLE: PRINCIPAL EXECUTIVE OFFICER  
 Fredrick R. Stater  
 Plant Manager  
 TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS: (Reference all attachments here)

PERMITTEE NAME/ADDRESS:  
 NAME: Tronox LLC  
 ADDRESS: PO Box 55  
 Henderson, NV 89009-7000


FACILITY: Tronox LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 002 B  
 DISCHARGE NUMBER

002 STORMWATER MONITORING  
 F - FINAL  
 MAJOR NO DISCHARGE

MONITORING PERIOD  
 FROM 07 10 01 TO 07 10 31

NOTE: Read instructions before completing this form

| PARAMETER   | QUANTITY OR LOADING |                 | QUALITY OR CONCENTRATION |                   |                 |      | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---------------------|-----------------|--------------------------|-------------------|-----------------|------|--------|-----------------------|-------------|
|   | AVERAGE             | MAXIMUM         | MINIMUM                  | AVERAGE           | MAXIMUM         | UNIT |        |                       |             |
| pH  | *****               | *****           | *****                    | *****             | *****           | (12) | 0      |                       |             |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE   | *****               | *****           | REPORT MINIMUM           | *****             | REPORT MAXIMUM  | SU   | 0      | ONCE/DISCHG<br>DISCRT |             |
| SOLIDS, TOTAL<br>SUSPENDED  | *****               | *****           | *****                    | *****             | *****           | (19) | 0      |                       |             |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE   | *****               | *****           | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX | MG/L | 0      | ONCE/DISCHG<br>DISCRT |             |
| NITROGEN, AMMONIA<br>TOTAL (AS N)   | *****               | *****           | *****                    | *****             | *****           | (19) | 0      |                       |             |
| 00610 1 0 0<br>EFFLUENT GROSS VALUE   | *****               | *****           | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX | MG/L | 0      | ONCE/DISCHG<br>DISCRT |             |
| NITRITE PLUS NITRATE<br>TOTAL 1 DET. (AS N)   | *****               | *****           | *****                    | *****             | *****           | (19) | 0      |                       |             |
| 00630 1 0 0<br>EFFLUENT GROSS VALUE   | *****               | *****           | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX | MG/L | 0      | ONCE/DISCHG<br>DISCRT |             |
| PHOSPHORUS, TOTAL<br>(AS P)   | *****               | *****           | *****                    | *****             | *****           | (19) | 0      |                       |             |
| 00665 1 0 0<br>EFFLUENT GROSS VALUE   | *****               | *****           | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX | MG/L | 0      | ONCE/DISCHG<br>DISCRT |             |
| OIL AND GREASE  | *****               | *****           | *****                    | *****             | *****           | (19) | 0      |                       |             |
| 03582 1 0 0<br>EFFLUENT GROSS VALUE   | *****               | *****           | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX | MG/L | 0      | ONCE/DISCHG<br>DISCRT |             |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT   | no flow             | no flow         | no flow                  | *****             | *****           | MG/L | 0      |                       |             |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE   | REPORT 30DA AVG     | REPORT DAILY MX | REPORT 30DA AVG          | *****             | *****           | MG/L | 0      | CONTIN UOUB<br>RCORDR |             |
| 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 OBTAIN AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR OBTAINING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. |                     |                 |                          |                   |                 |      |        |                       |             |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER<br><b>Fredrick R. Stater</b><br>Plant Manager<br>TYPED OR PRINTED  |                     |                 |                          |                   |                 |      |        |                       |             |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT<br><br>OFFICER OR AUTHORIZED AGENT  |                     |                 |                          |                   |                 |      |        |                       |             |
| TELEPHONE DATE<br>702-651-2200 08   01   25<br>AREA CODE NUMBER YEAR MO DAY   |                     |                 |                          |                   |                 |      |        |                       |             |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



PERMITTEE NAME/ADDRESS:  
 NAME: Tronox LLC  
 ADDRESS: PO Box 55  
 Henderson, NV 89009-7000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)  
 NV0000078  
 PERMIT NUMBER

002 B  
 DISCHARGE NUMBER

002 STORMWATER MONITORING

F - FINAL

FACILITY: Tronox LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

MONITORING PERIOD  
 FROM 07 | 10 | 01 TO 07 | 10 | 31

MAJOR  
 NO DISCHARGE

NOTE: Read instructions before completing this form

| PARAMETER                           | QUANTITY OR LOADING |         |       | QUALITY OR CONCENTRATION |         |                                   | NO. EX | NO. FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|---------------------|---------|-------|--------------------------|---------|-----------------------------------|--------|---------------------------|-------------|
|                                     | AVERAGE             | MAXIMUM | UNITS | MINIMUM                  | AVERAGE | MAXIMUM                           |        |                           |             |
| SOLIDS, TOTAL DISSOLVED             | *****               | *****   | ****  | *****                    | *****   | (19)                              | 0      |                           |             |
| 70295 1 0 0<br>EFFLUENT GROSS VALUE | *****               | *****   | ****  | *****                    | *****   | OPTIONAL REPORT DAILY MX 30DA AVG | 0      | ONCE/DISCHG               | DISCRT      |
| CHEMICAL OXYGEN DEMAND (COD)        | *****               | *****   | ****  | *****                    | *****   | OPTIONAL REPORT DAILY MX 30DA AVG | 0      | ONCE/DISCHG               | DISCRT      |
| 81017 1 0 0<br>EFFLUENT GROSS VALUE | *****               | *****   | ****  | *****                    | *****   | OPTIONAL REPORT DAILY MX 30DA AVG | 0      | ONCE/DISCHG               | DISCRT      |
| PERCHLORATE (ClO4)                  | *****               | *****   | ****  | *****                    | *****   | OPTIONAL REPORT DAILY MX 30DA AVG | 0      | ONCE/DISCHG               | DISCRT      |
| 61209 1 0 0<br>EFFLUENT GROSS VALUE | *****               | *****   | ****  | *****                    | *****   | OPTIONAL REPORT DAILY MX 30DA AVG | 0      | ONCE/DISCHG               | DISCRT      |
|                                     |                     |         |       |                          |         |                                   |        |                           |             |
|                                     |                     |         |       |                          |         |                                   |        |                           |             |
|                                     |                     |         |       |                          |         |                                   |        |                           |             |
|                                     |                     |         |       |                          |         |                                   |        |                           |             |
|                                     |                     |         |       |                          |         |                                   |        |                           |             |
|                                     |                     |         |       |                          |         |                                   |        |                           |             |
|                                     |                     |         |       |                          |         |                                   |        |                           |             |
|                                     |                     |         |       |                          |         |                                   |        |                           |             |
|                                     |                     |         |       |                          |         |                                   |        |                           |             |
|                                     |                     |         |       |                          |         |                                   |        |                           |             |
|                                     |                     |         |       |                          |         |                                   |        |                           |             |
|                                     |                     |         |       |                          |         |                                   |        |                           |             |
|                                     |                     |         |       |                          |         |                                   |        |                           |             |
|                                     |                     |         |       |                          |         |                                   |        |                           |             |
|                                     |                     |         |       |                          |         |                                   |        |                           |             |

NAME / TITLE: **Fredrick R. Stater**  
 Plant Manager

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 OBTAIN AND EVALUATE THE INFORMATION SUBMITTED, BASED ON AN 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 702-651-2200 DATE: 08 | 01 | 25

AREA CODE NUMBER: 702-651-2200 YEAR MO DAY: 08 | 01 | 25

FORMS BY: WindoChem(707)884-0845;pn11080;v5 01/47/98

PERMITTEE NAME/ADDRESS:  
 Tronox LLC  
 PO Box 55  
 Henderson, NV 89009-7000

DISCHARGE NUMBER  
 003 B

PERMIT NUMBER  
 NV0000078

MONITORING PERIOD  
 FROM 07 | 10 | 01 TO 07 | 10 | 31

FACILITY: Tronox LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

| PARAMETER                           | QUANTITY OR LOADING |         |       | QUALITY OR CONCENTRATION |                   |         | NO. EX | FREQ. OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|---------------------|---------|-------|--------------------------|-------------------|---------|--------|-------------------|-------------|
|                                     | AVERAGE             | MAXIMUM | UNITS | MINIMUM                  | AVERAGE           | MAXIMUM |        |                   |             |
| pH                                  | *****               | *****   | ****  | *****                    | *****             | (12)    | 0      |                   |             |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE | *****               | *****   | ****  | REPORT MINIMUM           | REPORT MAXIMUM    | SU      | 0      | ONCE/DISCHG       | DISCRT      |
| SULFATE, TOTAL<br>(AS SO4)          | *****               | *****   | ****  | *****                    | *****             | (19)    | 0      |                   |             |
| 00945 1 0 0<br>EFFLUENT GROSS VALUE | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE/DISCHG       | DISCRT      |
| MANGANESE, TOTAL<br>(AS MN)         | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE/DISCHG       | DISCRT      |
| 01055 1 0 0<br>EFFLUENT GROSS VALUE | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE/DISCHG       | DISCRT      |
| SOLIDS, TOTAL<br>DISSOLVED          | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE/DISCHG       | DISCRT      |
| 70295 1 0 0<br>EFFLUENT GROSS VALUE | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE/DISCHG       | DISCRT      |
| PERCHLORATE (CLO4)                  | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE/DISCHG       | DISCRT      |
| 61209 1 0 0<br>EFFLUENT GROSS VALUE | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE/DISCHG       | DISCRT      |
|                                     |                     |         |       |                          |                   |         |        |                   |             |
|                                     |                     |         |       |                          |                   |         |        |                   |             |
|                                     |                     |         |       |                          |                   |         |        |                   |             |

NAME / TITLE: **Fredrick R. Stater**  
 Principal Executive Officer  
 Signature: *Fredrick R. Stater*  
 TITLE: **Plant Manager**  
 OFFICER OR AUTHORIZED AGENT

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

AREA CODE NUMBER: 702-651-2200 YEAR: 08 | 01 | 25

FORMS BY WINDOWCHEM(707)954-0845;P/N1086;V5.01;4/199

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 PERSONS 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 SERIOUS PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
 No Discharge

(Reference all attachments here)

# **Discharge Monitoring Report**

**November 2007**

DISCHARGE - 001  
F - FINAL  
MAJOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
001 A  
DISCHARGE NUMBER

NV0000078  
PERMIT NUMBER

Henderson, NV 89009-7000

FACILITY: Tronox LLC  
LOCATION: BMI Park - Henderson  
Attn: Susan Crowley

MONITORING PERIOD  
FROM 07 | 11 | 01 TO 07 | 11 | 30  
NO DISCHARGE  X

NOTE: Read instructions before completing this form

| PARAMETER   | SAMPLE MEASUREMENT | QUANTITY OR LOADING |                 |        | QUALITY OR CONCENTRATION |             |         | NO. EX | NO. FREQUENCY OF ANALYSIS | SAMPLE TYPE      |              |
|---|--------------------|---------------------|-----------------|--------|--------------------------|-------------|---------|--------|---------------------------|------------------|--------------|
|   |                    | AVERAGE             | MAXIMUM         | UNITS  | MINIMUM                  | AVERAGE     | MAXIMUM |        |                           |                  | UNIT         |
| TEMPERATURE, WATER DEG. CENTIGRADE  | SAMPLE MEASUREMENT | *****               | *****           | ****   | *****                    | (04)        | 0       |        |                           |                  |              |
| 00010 1 0 0 EFFLUENT GROSS VALUE  | PERMIT REQUIREMENT | *****               | *****           | ****   | *****                    | DAILY MX    | 0       |        | COINTE DISCHG             | RECORDR          |              |
| pH  | SAMPLE MEASUREMENT | *****               | *****           | ****   | *****                    |             | 0       |        |                           |                  |              |
| 00400 1 0 0 EFFLUENT GROSS VALUE  | PERMIT REQUIREMENT | *****               | *****           | ****   | *****                    | 9.0 MAXIMUM | 0       |        | ONCE DISCHG               | DISCRT           |              |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT  | SAMPLE MEASUREMENT | no flow             | no flow         | (03)   | *****                    |             | 0       |        |                           |                  |              |
| 50050 1 0 0 EFFLUENT GROSS VALUE  | PERMIT REQUIREMENT | OPTIONAL 30DA AVG   | REPORT DAILY MX | MGD    | *****                    |             | 0       |        | COINTE DISCHG             | RECORDR          |              |
| SOLIDS, TOTAL DISSOLVED   | SAMPLE MEASUREMENT | *****               | *****           | (26)   | *****                    |             | 0       |        |                           |                  |              |
| 70295 > 0 0 INCREASE (NOT END OF PIPE)  | PERMIT REQUIREMENT | 1000 30DA AVG       | REPORT DAILY MX | LBS/DY | *****                    |             | 0       |        | ONCE DISCHG               | DISCRT           |              |
| PERCHLORATE (ClO4)  | SAMPLE MEASUREMENT | *****               | *****           | ****   | *****                    |             | 0       |        |                           |                  |              |
| 61209 1 0 0 EFFLUENT GROSS VALUE  | PERMIT REQUIREMENT | *****               | *****           | ****   | *****                    | DAILY MX    | 0       |        | ONCE DISCHG               | DISCRT           |              |
|   | SAMPLE MEASUREMENT | *****               | *****           | ****   | *****                    |             | 0       |        |                           |                  |              |
|   | PERMIT REQUIREMENT | *****               | *****           | ****   | *****                    |             | 0       |        | ONCE DISCHG               | DISCRT           |              |
|   | SAMPLE MEASUREMENT | *****               | *****           | ****   | *****                    |             | 0       |        |                           |                  |              |
|   | PERMIT REQUIREMENT | *****               | *****           | ****   | *****                    |             | 0       |        | ONCE DISCHG               | DISCRT           |              |
| 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 OBTAIN 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 THE ASSESSMENT FOR KNOWING VIOLATIONS. |                    |                     |                 |        |                          |             |         |        |                           | TELEPHONE        | DATE         |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER<br><b>Fredrick R. Stater</b><br>Plant Manager  |                    |                     |                 |        |                          |             |         |        |                           | 702-651-2200     | 08   01   25 |
| TYPED OR PRINTED<br>OFFICER OR AUTHORIZED AGENT   |                    |                     |                 |        |                          |             |         |        |                           | AREA CODE NUMBER | YEAR MO DAY  |

(Reference all attachments here)  
COMMENT AND EXPLANATION OF ANY VIOLATIONS  
Note 1: Composite sampler was unable to capture sample due to extremely low flow.  
Note 2: Temperature indicator failed. Repairs have been scheduled. Once through cooling water was not discharged during this quarter.

PERMITTEE NAME/ADDRESS: Tronox LLC  
 NAME: Tronox LLC  
 ADDRESS: PO Box 55  
 Henderson, NV 89009-7000

DISCHARGE 002  
 F - FINAL MAJOR

FACILITY: Tronox LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

MONITORING PERIOD  
 FROM 07 | 11 | 01 TO 07 | 11 | 30

NO DISCHARGE

NOTE: Read instructions before completing this form

| PARAMETER                                | QUANTITY OR LOADING |                 |        | QUALITY OR CONCENTRATION |                   |                 | NO. FREQUENCY OF ANALYSIS | SAMPLE TYPE  |
|--|---------------------|-----------------|--------|--------------------------|-------------------|-----------------|---------------------------|--------------|
|  | AVERAGE             | MAXIMUM         | UNITS  | MINIMUM                  | AVERAGE           | MAXIMUM         |                           |              |
| TEMPERATURE, WATER DEG. CENTIGRADE       | *****               | *****           | ****   | *****                    | 19                | 22              | (04)                      | 0            |
| 00010 1 0 0 EFFLUENT GROSS VALUE         | *****               | *****           | *****  | *****                    | 33<br>30DA AVG    | 37<br>DAILY MX  | DEG. C                    | CONTIN UOUB  |
| pH                                       | *****               | *****           | *****  | *****                    | 7.9               | 7.9             | (12)                      | 0            |
| 00400 1 0 0 EFFLUENT GROSS VALUE         | *****               | *****           | *****  | *****                    | 6.0<br>MINIMUM    | 9.0<br>MAXIMUM  | SU                        | ONCE/ DISCHG |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | <0.001              | <0.001          | (03)   | *****                    | *****             | *****           | ****                      | 0            |
| 50050 1 0 0 EFFLUENT GROSS VALUE         | OPTIONAL 30DA AVG   | REPORT DAILY MX | MGD    | *****                    | *****             | *****           | ****                      | CONTIN UOUB  |
| SOLIDS, TOTAL DISSOLVED                  | 0.00                | 0.00            | (26)   | *****                    | 0                 | 0               | (19)                      | 0            |
| 70295 > 0 0 INCREASE (NOT END OF PIPE)   | 1000 30DA AVG       | REPORT DAILY MX | LBS/DY | *****                    | REPORT 30DA AVG   | REPORT DAILY MX | MG/L                      | ONCE/ DISCHG |
| PERCHLORATE (ClO4)                       | *****               | *****           | *****  | *****                    | 0.087             | 0.087           | (19)                      | 0            |
| 61209 1 0 0 EFFLUENT GROSS VALUE         | *****               | *****           | *****  | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX | MG/L                      | ONCE/ DISCHG |
|  | *****               | *****           | *****  | *****                    | *****             | *****           | ****                      | ONCE/ DISCHG |
|  | *****               | *****           | *****  | *****                    | *****             | *****           | ****                      | ONCE/ DISCHG |
|  | *****               | *****           | *****  | *****                    | *****             | *****           | ****                      | ONCE/ DISCHG |
|  | *****               | *****           | *****  | *****                    | *****             | *****           | ****                      | ONCE/ DISCHG |

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER  
**Fredrick R. Stater**  
 Plant Manager

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

702-651-2200  
 AREA CODE NUMBER

08 | 01 | 25  
 YEAR MO DAY

TELEPHONE DATE

OFFICER OR AUTHORIZED AGENT

FORMS BY WINDOWCHEM(707)864-0845;pm11090/v5.01/4/1986

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS: Tronox LLC  
 NAME: PO Box 55  
 ADDRESS: Henderson, NV 89009-7000

DISCHARGE MONITORING REPORT (DMR)  
 001 B  
 DISCHARGE NUMBER

001 STORMWATER MONITORING  
 F - FINAL

FACILITY: Tronox LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

MAJOR DISCHARGE

MONITORING PERIOD  
 FROM 07 | 11 | 01 TO 07 | 11 | 30

NO DISCHARGE

NOTE: Read instructions before completing this form

| PARAMETER  | QUANTITY OR LOADING |                 |       | QUALITY OR CONCENTRATION |                   |         | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|-----------------|-------|--------------------------|-------------------|---------|--------|-----------------------|-------------|
|  | AVERAGE             | MAXIMUM         | UNITS | MINIMUM                  | AVERAGE           | MAXIMUM |        |                       |             |
| pH   | *****               | *****           | ****  | 7.5                      | *****             | (12)    | 0      |                       |             |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****           | ****  | REPORT MINIMUM           | REPORT MAXIMUM    | SU      | 0      | ONCE/ DISCHG          | DISCRT      |
| SOLIDS, TOTAL<br>SUSPENDED   | *****               | *****           | ****  | *****                    | 12.0              | (19)    | 0      |                       |             |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****           | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE/ DISCHG          | DISCRT      |
| NITROGEN, AMMONIA<br>TOTAL (AS N)  | *****               | *****           | ****  | *****                    | 0.60              | (19)    | 0      |                       |             |
| 00610 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****           | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE/ DISCHG          | DISCRT      |
| NITRITE PLUS NITRATE<br>TOTAL 1 DET. (AS N)  | *****               | *****           | ****  | *****                    | 1.90              | (19)    | 0      |                       |             |
| 00630 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****           | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE/ DISCHG          | DISCRT      |
| PHOSPHORUS, TOTAL<br>(AS P)  | *****               | *****           | ****  | *****                    | 0.04              | (19)    | 0      |                       |             |
| 00665 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****           | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE/ DISCHG          | DISCRT      |
| OIL AND GREASE   | *****               | *****           | ****  | *****                    | 7.3               | (19)    | 0      |                       |             |
| 03582 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****           | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE/ DISCHG          | DISCRT      |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT  | 0.071               | 0.071           | (03)  | *****                    | *****             | MG/L    | 0      |                       |             |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE  | REPORT 30DA AVG     | REPORT DAILY MX | MGD   | *****                    | *****             | ****    | 0      | COUNTY RECORD         | *****       |
| 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 OBTAIN AND EVALUATE THE INFORMATION SUBMITTED, BASED ON AN INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR OBTAINING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THE INFORMATION HAS BEEN SUBMITTED FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. |                     |                 |       |                          |                   |         |        |                       |             |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER<br>Fredrick R. Stater<br>Plant Manager<br>TYPED OR PRINTED  |                     |                 |       |                          |                   |         |        |                       |             |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT<br>OFFICER OR AUTHORIZED AGENT  |                     |                 |       |                          |                   |         |        |                       |             |
| TELEPHONE<br>702-651-2200<br>AREA CODE NUMBER<br>08   01   25<br>YEAR MO DAY   |                     |                 |       |                          |                   |         |        |                       |             |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Note: The reported sample analyses are based on a composite sample of a single storm water event that ran from 11/30/07 to 12/3/07.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)  
 001 B  
 DISCHARGE NUMBER  
 NV0000078  
 PERMIT NUMBER

PERMITTEE NAME/ADDRESS:  
 Tronox LLC  
 PO Box 55  
 Henderson, NV 89009-7000


001 STORMWATER MONITORING  
 F - FINAL

MAJOR  
 NO DISCHARGE

MONITORING PERIOD  
 FROM 07 | 11 | 01 TO 07 | 11 | 30

FACILITY: Tronox LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

NOTE: Read instructions before completing this form

| PARAMETER   | QUANTITY OR LOADING |         |       | QUALITY OR CONCENTRATION |                                   |         | NO. EX | NO. FREQUENCY OF ANALYSIS | SAMPLE TYPE  |
|---|---------------------|---------|-------|--------------------------|-----------------------------------|---------|--------|---------------------------|--------------|
|   | AVERAGE             | MAXIMUM | UNITS | MINIMUM                  | AVERAGE                           | MAXIMUM |        |                           |              |
| SOLIDS, TOTAL DISSOLVED   | *****               | *****   | ****  | *****                    | 666                               | (19)    | 0      |                           |              |
| 70295 1 0 0 EFFLUENT GROSS VALUE  | *****               | *****   | ****  | *****                    | OPTIONAL REPORT 30DA AVG DAILY MX | MG/L    |        | ONCE/ DISCHG              | DISCRT       |
| CHEMICAL OXYGEN DEMAND (COD)  | *****               | *****   | ****  | *****                    | 174                               | (19)    | 0      |                           |              |
| 81017 1 0 0 EFFLUENT GROSS VALUE  | *****               | *****   | ****  | *****                    | OPTIONAL REPORT 30DA AVG DAILY MX | MG/L    |        | ONCE/ DISCHG              | DISCRT       |
| PERCHLORATE (ClO4)  | *****               | *****   | ****  | *****                    | 0.324                             | (19)    | 0      |                           |              |
| 61209 1 0 0 EFFLUENT GROSS VALUE  | *****               | *****   | ****  | *****                    | OPTIONAL REPORT 30DA AVG DAILY MX | MG/L    |        | ONCE/ DISCHG              | DISCRT       |
| SAMPLE MEASUREMENT  |                     |         |       |                          |                                   |         |        |                           |              |
| PERMIT REQUIREMENT  |                     |         |       |                          |                                   |         |        |                           |              |
| SAMPLE MEASUREMENT  |                     |         |       |                          |                                   |         |        |                           |              |
| PERMIT REQUIREMENT  |                     |         |       |                          |                                   |         |        |                           |              |
| SAMPLE MEASUREMENT  |                     |         |       |                          |                                   |         |        |                           |              |
| PERMIT REQUIREMENT  |                     |         |       |                          |                                   |         |        |                           |              |
| SAMPLE MEASUREMENT  |                     |         |       |                          |                                   |         |        |                           |              |
| PERMIT REQUIREMENT  |                     |         |       |                          |                                   |         |        |                           |              |
| SAMPLE MEASUREMENT  |                     |         |       |                          |                                   |         |        |                           |              |
| PERMIT REQUIREMENT  |                     |         |       |                          |                                   |         |        |                           |              |
| SAMPLE MEASUREMENT  |                     |         |       |                          |                                   |         |        |                           |              |
| PERMIT REQUIREMENT  |                     |         |       |                          |                                   |         |        |                           |              |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER<br>Fredrick R. Stater<br>Plant Manager<br>TYPED OR PRINTED   |                     |         |       |                          |                                   |         |        |                           |              |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT<br> |                     |         |       |                          |                                   |         |        |                           |              |
|   |                     |         |       |                          |                                   |         |        | TELEPHONE                 | DATE         |
|   |                     |         |       |                          |                                   |         |        | 702-651-2200              | 08   01   25 |
|   |                     |         |       |                          |                                   |         |        | AREA CODE NUMBER          | YEAR MO DAY  |
|   |                     |         |       |                          |                                   |         |        |                           |              |

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.

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Note: The reported sample analyses are based on a composite sample of a single storm water event that ran from 11/30/07 to 12/3/07.



PERMITTEE NAME/ADDRESS: Tronox LLC  
 NAME: PO Box 55  
 ADDRESS: Henderson, NV 89009-7000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 002 B  
 002 STORMWATER MONITORING  
 DISCHARGE NUMBER

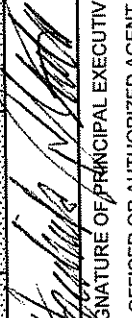
PERMIT NUMBER: NV0000078

FACILITY: Tronox LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

MONITORING PERIOD  
 FROM 07 | 11 | 01 TO 07 | 11 | 30

MAJOR NO DISCHARGE

NOTE: Read instructions before completing this form

| PARAMETER  | QUANTITY OR LOADING |         |       | QUALITY OR CONCENTRATION |                   |         | NO. EX | NO. FREQUENCY OF ANALYSIS  | SAMPLE TYPE |
|--|---------------------|---------|-------|--------------------------|-------------------|---------|--------|--|-------------|
|  | AVERAGE             | MAXIMUM | UNITS | MINIMUM                  | AVERAGE           | MAXIMUM |        |  |             |
| pH   | *****               | *****   | ****  | 7.3                      | *****             | (12)    | 0      |  |             |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****   | ****  | REPORT MINIMUM           | REPORT MAXIMUM    | SU      | 0      | ONCE DISCHG  | DISCRT      |
| SOLIDS, TOTAL<br>SUSPENDED   | *****               | *****   | ****  | *****                    | 17                | (19)    | 0      |  |             |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE DISCHG  | DISCRT      |
| NITROGEN, AMMONIA<br>TOTAL (AS N)  | *****               | *****   | ****  | *****                    | 1.6               | (19)    | 0      |  |             |
| 00610 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE DISCHG  | DISCRT      |
| NITRITE PLUS NITRATE<br>TOTAL 1 DET. (AS N)  | *****               | *****   | ****  | *****                    | 1.3               | (19)    | 0      |  |             |
| 00630 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE DISCHG  | DISCRT      |
| PHOSPHORUS, TOTAL<br>(AS P)  | *****               | *****   | ****  | *****                    | 0.05              | (19)    | 0      |  |             |
| 00665 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE DISCHG  | DISCRT      |
| OIL AND GREASE   | *****               | *****   | ****  | *****                    | ND                | (19)    | 0      |  |             |
| 03582 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE DISCHG  | DISCRT      |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT  | 0.010               | 0.010   | (03)  | *****                    | *****             | MG/L    | 0      |  |             |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****   | ****  | *****                    | *****             | MG/L    | 0      | ONCE DISCHG  | DISCRT      |
| NAME / TITLE: PRINCIPAL EXECUTIVE OFFICER<br><b>Fredrick R. Stater</b><br><b>Plant Manager</b><br>TYPED OR PRINTED   |                     |         |       |                          |                   |         |        |  |             |
| 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 AN INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS WHO MAY BE RESPONSIBLE FOR OBTAINING THE INFORMATION, THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE ACCURATE AND COMPLETE INFORMATION THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR VIOLATIONS. |                     |         |       |                          |                   |         |        |  |             |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT<br>  |                     |         |       |                          |                   |         |        | TELEPHONE: 702-651-2200<br>AREA CODE NUMBER: 702-651-2200<br>YEAR: 08   MO: 01   DAY: 25 |             |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Note: The reported sample analyses are based on a composite sample of a single storm water event that ran from 11/30/07 to 12/3/07.





PERMITTEE NAME/ADDRESS:  
 NAME: Tronox LLC  
 ADDRESS: PO Box 55  
 Henderson, NV 89009-7000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)  
 003 B  
 DISCHARGE NUMBER

F - FINAL

FACILITY: Tronox LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

MONITORING PERIOD  
 FROM 07 | 11 | 01 TO 07 | 11 | 30

MAJOR  
 NO DISCHARGE

NOTE: Read instructions before completing this form

| PARAMETER                           | SAMPLE MEASUREMENT | QUANTITY OR LOADING |         |       | QUALITY OR CONCENTRATION |                   |                 | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|--------------------|---------------------|---------|-------|--------------------------|-------------------|-----------------|--------|-----------------------|-------------|
|                                     |                    | AVERAGE             | MAXIMUM | UNITS | MINIMUM                  | AVERAGE           | MAXIMUM         |        |                       |             |
| pH                                  | SAMPLE MEASUREMENT | *****               | *****   |       |                          |                   |                 |        |                       |             |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | *****               | *****   | ****  | REPORT MINIMUM           | *****             | REPORT MAXIMUM  |        | ONCE DISCHG           | DISCRT      |
| SULFATE, TOTAL<br>(AS SO4)          | SAMPLE MEASUREMENT | *****               | *****   |       | *****                    |                   |                 |        |                       |             |
| 00945 1 0 0<br>EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX |        | ONCE DISCHG           | DISCRT      |
| MANGANESE, TOTAL<br>(AS MN)         | SAMPLE MEASUREMENT | *****               | *****   |       | *****                    |                   |                 |        |                       |             |
| 01055 1 0 0<br>EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX |        | ONCE DISCHG           | DISCRT      |
| SOLIDS, TOTAL<br>DISSOLVED          | SAMPLE MEASUREMENT | *****               | *****   |       | *****                    |                   |                 |        |                       |             |
| 70295 1 0 0<br>EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX |        | ONCE DISCHG           | DISCRT      |
| PERCHLORATE (CLO4)                  | SAMPLE MEASUREMENT | *****               | *****   |       | *****                    |                   |                 |        |                       |             |
| 61209 1 0 0<br>EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX |        | ONCE DISCHG           | DISCRT      |

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 OBTAIN AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS BEST QUALIFIED FOR OBTAINING THE INFORMATION, THE INFORMATION I HAVE SUBMITTED IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THROUGH THIS STATEMENT I MAKE AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR KNOWINGLY PROVIDING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME / TITLE: **Fredrick R. Stater**  
**Plant Manager**  
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 702-651-2200  
 DATE: 08 | 01 | 25

AREA CODE NUMBER: 702-651-2200  
 YEAR MO DAY: 08 | 01 | 25

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
 No Discharge

# **Discharge Monitoring Report**

**December 2007**

PERMITTEE NAME/ADDRESS:  
 NAME: Tronox LLC  
 ADDRESS: PO Box 55  
 Henderson, NV 89009-7000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 001 A  
 DISCHARGE NUMBER

DISCHARGE - 001  
 F - FINAL  
 MAJOR

FACILITY: Tronox LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

MONITORING PERIOD  
 FROM 07 | 12 | 01 TO 07 | 12 | 31

NO DISCHARGE

NOTE: Read instructions before completing this form

| PARAMETER   | QUANTITY OR LOADING |                 |        | QUALITY OR CONCENTRATION |                   |         | NO. EX  | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---------------------|-----------------|--------|--------------------------|-------------------|---------|---|-----------------------|-------------|
|   | AVERAGE             | MAXIMUM         | UNITS  | MINIMUM                  | AVERAGE           | MAXIMUM |   |                       |             |
| TEMPERATURE, WATER DEG. CENTIGRADE  | *****               | *****           | ****   | *****                    | See note 2.       | (04)    | 0   |                       |             |
| 00010 1 0 0 EFFLUENT GROSS VALUE  | *****               | *****           | ****   | *****                    | 38 30DA AVG       | DEG. C  | 0   | CONTIN UDU8           | RCORDR      |
| pH  | *****               | *****           | ****   | *****                    | See note 1.       | (12)    | 0   |                       |             |
| 00400 1 0 0 EFFLUENT GROSS VALUE  | *****               | *****           | ****   | *****                    | 9.0 MAXIMUM       | SU      | 0   | ONCE DISCHG           | DISCRT      |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT  | <0.001              | 0.005           | (03)   | *****                    | *****             | ****    | 0   | CONTIN UDU8           | RCORDR      |
| 50050 1 0 0 EFFLUENT GROSS VALUE  | OPTIONAL 30DA AVG   | REPORT DAILY MX | MGD    | *****                    | *****             | ****    | 0   | CONTIN UDU8           | RCORDR      |
| SOLIDS, TOTAL DISSOLVED   | See note 1.         | See note 1.     | (26)   | *****                    | See note 1.       | (19)    | 0   |                       |             |
| 70295 > 0 0 INCREASE (NOT END OF PIPE)  | 1000 30DA AVG       | REPORT DAILY MX | LBS/DY | *****                    | REPORT 30DA AVG   | MG/L    | 0   | ONCE DISCHG           | DISCRT      |
| PERCHLORATE (ClO4)  | *****               | *****           | ****   | *****                    | See note 1.       | (19)    | 0   |                       |             |
| 61209 1 0 0 EFFLUENT GROSS VALUE  | *****               | *****           | ****   | *****                    | OPTIONAL 30DA AVG | MG/L    | 0   | ONCE DISCHG           | DISCRT      |
|   | *****               | *****           | ****   | *****                    | *****             | MG/L    |   |                       |             |
|   | *****               | *****           | ****   | *****                    | *****             | MG/L    |   |                       |             |
|   | *****               | *****           | ****   | *****                    | *****             | MG/L    |   |                       |             |
|   | *****               | *****           | ****   | *****                    | *****             | MG/L    |   |                       |             |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER  |                     |                 |        |                          |                   |         | TELEPHONE   | DATE                  |             |
| Fredrick R. Stater  |                     |                 |        |                          |                   |         | 702-651-2200  | 08   01   25          |             |
| Plant Manager   |                     |                 |        |                          |                   |         | AREA CODE NUMBER  | YEAR MO DAY           |             |
| TYPED OR PRINTED  |                     |                 |        |                          |                   |         | 702-651-2200  | 08   01   25          |             |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS   |                     |                 |        |                          |                   |         | FORMS BY WINDOWCHEM(707)854.0845.ppt110980.v5.01.04/785 |                       |             |
| (Reference all attachments here)  |                     |                 |        |                          |                   |         |   |                       |             |
| Note 1: Composite sampler was unable to capture sample due to extremely low flow.   |                     |                 |        |                          |                   |         |   |                       |             |
| Note 2: Temperature indicator failed. Repairs have been scheduled. Once through cooling water was not discharged during this quarter. |                     |                 |        |                          |                   |         |   |                       |             |

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER  
 OFFICER OR AUTHORIZED AGENT

PERMITTEE NAME/ADDRESS:  
 NAME: Tronox LLC  
 ADDRESS: PO Box 55  
 Henderson, NV 89009-7000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 NV0000078 PERMIT NUMBER  
 002 A DISCHARGE NUMBER

DISCHARGE 002  
 F - FINAL  
 MAJOR

FACILITY: Tronox LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

MONITORING PERIOD  
 FROM 07 | 12 | 01 TO 07 | 12 | 31

NO DISCHARGE   
 NOTE: Read instructions before completing this form

| PARAMETER   | QUANTITY OR LOADING |                 |        | QUALITY OR CONCENTRATION |                   |                 | NO. EX           | FREQUENCY OF ANALYSIS | SAMPLE TYPE |      |
|---|---------------------|-----------------|--------|--------------------------|-------------------|-----------------|------------------|-----------------------|-------------|------|
|   | AVERAGE             | MAXIMUM         | UNITS  | MINIMUM                  | AVERAGE           | MAXIMUM         |                  |                       |             | UNIT |
| TEMPERATURE, WATER DEG. CENTIGRADE  | *****               | *****           | ****   | *****                    | 16                | 18              | 0                |                       |             |      |
| 00010 1 0 0 EFFLUENT GROSS VALUE  | *****               | *****           | ****   | *****                    | 33<br>30DA AVG    | 37<br>DAILY MX  | 0                | CONTIN UOUB           | RGORDR      |      |
| pH  | *****               | *****           | ****   | *****                    | 8.0               | 8.1             | 0                |                       |             |      |
| 00400 1 0 0 EFFLUENT GROSS VALUE  | *****               | *****           | ****   | *****                    | 6.0<br>MINIMUM    | 9.0<br>MAXIMUM  | 0                | ONCE DISCHG           | DISCRT      |      |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT  | <0.001              | <0.001          | (03)   | *****                    | *****             | *****           | 0                |                       |             |      |
| 50050 1 0 0 EFFLUENT GROSS VALUE  | OPTIONAL 30DA AVG   | REPORT DAILY MX | MGD    | *****                    | *****             | *****           | 0                | CONTIN UOUB           | RGORDR      |      |
| SOLIDS, TOTAL DISSOLVED   | 0.01                | 0.09            | (26)   | *****                    | 15                | 20              | 0                |                       |             |      |
| 70295 > 0 0 INCREASE (NOT END OF PIPE)  | 1000 30DA AVG       | REPORT DAILY MX | LBS/DY | *****                    | REPORT 30DA AVG   | REPORT DAILY MX | 0                | ONCE DISCHG           | DISCRT      |      |
| PERCHLORATE (ClO4)  | *****               | *****           | ****   | *****                    | 0.008             | 0.018           | 0                |                       |             |      |
| 61209 1 0 0 EFFLUENT GROSS VALUE  | *****               | *****           | ****   | *****                    | OPTIONAL 30DA AVG | REPORT DAILY MX | 0                | ONCE DISCHG           | DISCRT      |      |
|   | *****               | *****           | ****   | *****                    | *****             | *****           |                  |                       |             |      |
|   | *****               | *****           | ****   | *****                    | *****             | *****           |                  |                       |             |      |
|   | *****               | *****           | ****   | *****                    | *****             | *****           |                  |                       |             |      |
|   | *****               | *****           | ****   | *****                    | *****             | *****           |                  |                       |             |      |
|   | *****               | *****           | ****   | *****                    | *****             | *****           |                  |                       |             |      |
|   | *****               | *****           | ****   | *****                    | *****             | *****           |                  |                       |             |      |
|   | *****               | *****           | ****   | *****                    | *****             | *****           |                  |                       |             |      |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER<br><b>Fredrick R. Stater</b><br><b>Plant Manager</b><br>TYPED OR PRINTED |                     |                 |        |                          |                   |                 |                  |                       |             |      |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS<br>(Reference all attachments here)                                     |                     |                 |        |                          |                   |                 |                  |                       |             |      |
|   |                     |                 |        |                          |                   |                 | TELEPHONE        | DATE                  |             |      |
|   |                     |                 |        |                          |                   |                 | 702-651-2200     | 08   01   25          |             |      |
|   |                     |                 |        |                          |                   |                 | AREA CODE NUMBER | YEAR MO DAY           |             |      |
|   |                     |                 |        |                          |                   |                 | 702-651-2200     | 08   01   25          |             |      |

Forms by WindowChem(707)864-0845; 9/11/05; v5.01/1/95

PERMITTEE NAME/ADDRESS:  
 Tronox LLC  
 PO Box 55  
 Henderson, NV 89009-7000

PERMIT NUMBER: NV0000078  
 DISCHARGE NUMBER: 001 B

FACILITY: Tronox LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

MAJOR NO DISCHARGE

| PARAMETER                                | QUANTITY OR LOADING |         |       | QUALITY OR CONCENTRATION         |                 |      | NO. EX       | NO. FREQUENCY OF ANALYSIS | SAMPLE TYPE  |
|--|---------------------|---------|-------|----------------------------------|-----------------|------|--------------|---------------------------|--------------|
|  | AVERAGE             | MAXIMUM | UNITS | AVERAGE                          | MAXIMUM         | UNIT |              |                           |              |
| pH                                       | *****               | *****   | ****  | 7.5                              | 7.5             | (12) | 0            |                           |              |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE      | *****               | *****   | ****  | REPORT MINIMUM                   | REPORT MAXIMUM  | SU   | 0            | ONCE DISCHG               | DISCRT       |
| SOLIDS, TOTAL SUSPENDED                  | *****               | *****   | ****  | *****                            | 12              | (19) | 0            |                           |              |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE      | *****               | *****   | ****  | OPTIONAL 30DA AVG                | REPORT DAILY MX | MG/L | 0            | ONCE DISCHG               | DISCRT       |
| NITROGEN, AMMONIA TOTAL (AS N)           | *****               | *****   | ****  | *****                            | 0.60            | (19) | 0            |                           |              |
| 00610 1 0 0<br>EFFLUENT GROSS VALUE      | *****               | *****   | ****  | OPTIONAL 30DA AVG                | REPORT DAILY MX | MG/L | 0            | ONCE DISCHG               | DISCRT       |
| NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) | *****               | *****   | ****  | *****                            | 1.90            | (19) | 0            |                           |              |
| 00630 1 0 0<br>EFFLUENT GROSS VALUE      | *****               | *****   | ****  | OPTIONAL 30DA AVG                | REPORT DAILY MX | MG/L | 0            | ONCE DISCHG               | DISCRT       |
| PHOSPHORUS, TOTAL (AS P)                 | *****               | *****   | ****  | *****                            | 0.04            | (19) | 0            |                           |              |
| 00665 1 0 0<br>EFFLUENT GROSS VALUE      | *****               | *****   | ****  | OPTIONAL 30DA AVG                | REPORT DAILY MX | MG/L | 0            | ONCE DISCHG               | DISCRT       |
| OIL AND GREASE                           | *****               | *****   | ****  | *****                            | 7.3             | (19) | 0            |                           |              |
| 03582 1 0 0<br>EFFLUENT GROSS VALUE      | *****               | *****   | ****  | OPTIONAL 30DA AVG                | REPORT DAILY MX | MG/L | 0            | ONCE DISCHG               | DISCRT       |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | 0.001               | 0.039   | (03)  | *****                            | *****           | MG/L | 0            |                           |              |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE      | *****               | *****   | ****  | *****                            | *****           | MG/L | 0            | ONCE DISCHG               | DISCRT       |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | FREDRICK R. STATER  |         |       | SIGNATURE OF PRINCIPAL EXECUTIVE |                 |      | 702-651-2200 | AREA CODE NUMBER          | 08   01   25 |
| OFFICER OR AUTHORIZED AGENT              | FREDRICK R. STATER  |         |       | OFFICER OR AUTHORIZED AGENT      |                 |      | 702-651-2200 | AREA CODE NUMBER          | 08   01   25 |
| TYPED OR PRINTED                         | FREDRICK R. STATER  |         |       | OFFICER OR AUTHORIZED AGENT      |                 |      | 702-651-2200 | AREA CODE NUMBER          | 08   01   25 |

NOTE: Read instructions before completing this form

CESTRY 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.

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
 Note: The reported sample analyses are based on a composite sample of a single storm water event that ran from 11/30/07 to 12/3/07.

FORMS BY WINDOW/CLIENT(707)864-0945;PRINT 1090;V5.01;4/1/95

PERMITTEE NAME/ADDRESS: Tronox LLC  
 NAME: Tronox LLC  
 ADDRESS: PO Box 55  
 Henderson, NV 89009-7000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)  
 001 STORMWATER MONITORING  
 F - FINAL  
 MAJOR  
 NO DISCHARGE

PERMIT NUMBER: NV0000078  
 DISCHARGE NUMBER: 001 B

MONITORING PERIOD  
 FROM 07 | 12 | 01 TO 07 | 12 | 31

FACILITY: Tronox LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

NOTE: Read instructions before completing this form

| PARAMETER                        | QUANTITY OR LOADING |         |       | QUALITY OR CONCENTRATION |                                   |         | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|---------------------|---------|-------|--------------------------|-----------------------------------|---------|--------|-----------------------|-------------|
|                                  | AVERAGE             | MAXIMUM | UNITS | MINIMUM                  | AVERAGE                           | MAXIMUM |        |                       |             |
| SOLIDS, TOTAL DISSOLVED          | *****               | *****   | ****  | *****                    | 666                               | (19)    | 0      |                       |             |
| 70295 1 0 0 EFFLUENT GROSS VALUE | *****               | *****   | ****  | *****                    | OPTIONAL REPORT 30DA AVG DAILY MX | MG/L    | 0      | ONCE DISCHG           | DISCRT      |
| CHEMICAL OXYGEN DEMAND (COD)     | *****               | *****   | ****  | *****                    | 174                               | (19)    | 0      |                       |             |
| 81017 1 0 0 EFFLUENT GROSS VALUE | *****               | *****   | ****  | *****                    | OPTIONAL REPORT 30DA AVG DAILY MX | MG/L    | 0      | ONCE DISCHG           | DISCRT      |
| PERCHLORATE (ClO4)               | *****               | *****   | ****  | *****                    | 0.324                             | (19)    | 0      |                       |             |
| 61209 1 0 0 EFFLUENT GROSS VALUE | *****               | *****   | ****  | *****                    | OPTIONAL REPORT 30DA AVG DAILY MX | MG/L    | 0      | ONCE DISCHG           | DISCRT      |
| SAMPLE MEASUREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| PERMIT REQUIREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| SAMPLE MEASUREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| PERMIT REQUIREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| SAMPLE MEASUREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| PERMIT REQUIREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| SAMPLE MEASUREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| PERMIT REQUIREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| SAMPLE MEASUREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| PERMIT REQUIREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| SAMPLE MEASUREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| PERMIT REQUIREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| SAMPLE MEASUREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| PERMIT REQUIREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| SAMPLE MEASUREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| PERMIT REQUIREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| SAMPLE MEASUREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| PERMIT REQUIREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| SAMPLE MEASUREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| PERMIT REQUIREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| SAMPLE MEASUREMENT               |                     |         |       |                          |                                   |         |        |                       |             |
| PERMIT REQUIREMENT               |                     |         |       |                          |                                   |         |        |                       |             |

NAME / TITLE: PRINCIPAL EXECUTIVE OFFICER  
 Fredrick R. Stater  
 Plant Manager

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 THE REQUEST 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 PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 TELEPHONE: 702-651-2200  
 AREA CODE NUMBER: 702-651-2200  
 YEAR: 08 | MO: 01 | DAY: 25

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
 Note: The reported sample analyses are based on a composite sample of a single storm water event that ran from 11/30/07 to 12/3/07.



PERMITTEE NAME/ADDRESS:  
 NAME: Tronox LLC  
 ADDRESS: PO Box 55  
 Henderson, NV 89009-7000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 002 B  
 DISCHARGE NUMBER

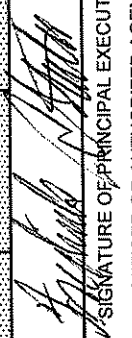
002 STORMWATER MONITORING  
 F - FINAL

FACILITY: Tronox LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

MONITORING PERIOD  
 FROM 07 | 12 | 01 TO 07 | 12 | 31

MAJOR  
 NO DISCHARGE

NOTE: Read instructions before completing this form

| PARAMETER  | QUANTITY OR LOADING |         |       | QUALITY OR CONCENTRATION |                   |         | NO. EX | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|---------|-------|--------------------------|-------------------|---------|--------|-------------------|-------------|
|  | AVERAGE             | MAXIMUM | UNITS | MINIMUM                  | AVERAGE           | MAXIMUM |        |                   |             |
| pH   | *****               | *****   | ****  | 7.3                      | *****             | (12)    | 0      |                   |             |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****   | ****  | REPORT MINIMUM           | REPORT MAXIMUM    | SU      | 0      | ONCE DISCHG       | DISCRT      |
| SOLIDS, TOTAL<br>SUSPENDED   | *****               | *****   | ****  | *****                    | *****             | (19)    | 0      |                   |             |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE DISCHG       | DISCRT      |
| NITROGEN, AMMONIA<br>TOTAL (AS N)  | *****               | *****   | ****  | *****                    | *****             | (19)    | 0      |                   |             |
| 00610 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE DISCHG       | DISCRT      |
| NITRITE PLUS NITRATE<br>TOTAL 1 DET. (AS N)  | *****               | *****   | ****  | *****                    | *****             | (19)    | 0      |                   |             |
| 00630 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****   | ****  | *****                    | *****             | MG/L    | 0      | ONCE DISCHG       | DISCRT      |
| PHOSPHORUS, TOTAL<br>(AS P)  | *****               | *****   | ****  | *****                    | *****             | (19)    | 0      |                   |             |
| 00665 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****   | ****  | *****                    | OPTIONAL 30DA AVG | MG/L    | 0      | ONCE DISCHG       | DISCRT      |
| OIL AND GREASE   | *****               | *****   | ****  | *****                    | *****             | (19)    | 0      |                   |             |
| 03582 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****   | ****  | *****                    | *****             | MG/L    | 0      | ONCE DISCHG       | DISCRT      |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT  | <0.001              | 0.005   | (03)  | *****                    | *****             | MG/L    | 0      |                   |             |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE  | *****               | *****   | ****  | *****                    | *****             | MG/L    | 0      | ONCE DISCHG       | DISCRT      |
| NAME / TITLE: PRINCIPAL EXECUTIVE OFFICER<br>Fredrick R. Stater<br>Plant Manager<br>TYPED OR PRINTED   |                     |         |       |                          |                   |         |        |                   |             |
| 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. |                     |         |       |                          |                   |         |        |                   |             |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT<br>  |                     |         |       |                          |                   |         |        |                   |             |
| TELEPHONE: 702-651-2200<br>AREA CODE NUMBER: 702-651-2200<br>YEAR: 08   MO: 01   DAY: 25   |                     |         |       |                          |                   |         |        |                   |             |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Note: The reported sample analyses are based on a composite sample of a single storm water event that ran from 11/30/07 to 12/3/07.



PERMITTEE NAME/ADDRESS:  
Tronox LLC  
PO Box 56  
Henderson, NV 89009-7000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

002 B  
DISCHARGE NUMBER

NV0000078  
PERMIT NUMBER

F - FINAL

MONITORING PERIOD  
MAJOR NO DISCHARGE

FACILITY: Tronox LLC

LOCATION: BMI Park - Henderson  
Attn: Susan Crowley

FROM 07 | 12 | 01 TO 07 | 12 | 31

NOTE: Read instructions before completing this form

| PARAMETER                                | QUANTITY OR LOADING |         |       |                                  | QUALITY OR CONCENTRATION |                    |       |                  | NO. EX         | NO. FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|---------|-------|----------------------------------|--------------------------|--------------------|-------|------------------|----------------|---------------------------|-------------|
|  | AVERAGE             | MAXIMUM | UNITS | MINIMUM                          | AVERAGE                  | MAXIMUM            | UNIT  |                  |                |                           |             |
| SOLIDS, TOTAL DISSOLVED                  | *****               | *****   | ****  | *****                            | 850                      | 850                | ( 19) | 0                |                |                           |             |
| 70295 1 0 0<br>EFFLUENT GROSS VALUE      | *****               | *****   | ****  | *****                            | OPTIONAL<br>30DA AVG     | REPORT<br>DAILY MX | MG/L  |                  | ONCE<br>DISCHG | DISCRT                    |             |
| CHEMICAL OXYGEN<br>DEMAND (COD)          | *****               | *****   | ****  | *****                            | 69                       | 69                 | ( 19) | 0                |                |                           |             |
| 81017 1 0 0<br>EFFLUENT GROSS VALUE      | *****               | *****   | ****  | *****                            | OPTIONAL<br>30DA AVG     | REPORT<br>DAILY MX | MG/L  |                  | ONCE<br>DISCHG | DISCRT                    |             |
| PERCHLORATE (ClO4)                       | *****               | *****   | ****  | *****                            | 0.870                    | 0.870              | ( 19) | 0                |                |                           |             |
| 61209 1 0 0<br>EFFLUENT GROSS VALUE      | *****               | *****   | ****  | *****                            | OPTIONAL<br>30DA AVG     | REPORT<br>DAILY MX | MG/L  |                  | ONCE<br>DISCHG | DISCRT                    |             |
|  |                     |         |       |                                  |                          |                    |       |                  |                |                           |             |
|  |                     |         |       |                                  |                          |                    |       |                  |                |                           |             |
|  |                     |         |       |                                  |                          |                    |       |                  |                |                           |             |
|  |                     |         |       |                                  |                          |                    |       |                  |                |                           |             |
|  |                     |         |       |                                  |                          |                    |       |                  |                |                           |             |
|  |                     |         |       |                                  |                          |                    |       |                  |                |                           |             |
|  |                     |         |       |                                  |                          |                    |       |                  |                |                           |             |
|  |                     |         |       |                                  |                          |                    |       |                  |                |                           |             |
|  |                     |         |       |                                  |                          |                    |       |                  |                |                           |             |
|  |                     |         |       |                                  |                          |                    |       |                  |                |                           |             |
|  |                     |         |       |                                  |                          |                    |       |                  |                |                           |             |
|  |                     |         |       |                                  |                          |                    |       |                  |                |                           |             |
|  |                     |         |       |                                  |                          |                    |       |                  |                |                           |             |
|  |                     |         |       |                                  |                          |                    |       |                  |                |                           |             |
|  |                     |         |       |                                  |                          |                    |       |                  |                |                           |             |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER |                     |         |       | SIGNATURE OF PRINCIPAL EXECUTIVE |                          |                    |       | TELEPHONE        |                | DATE                      |             |
| Fredrick R. Stater                       |                     |         |       | <i>Fredrick R. Stater</i>        |                          |                    |       | 702-651-2200     |                | 08   01   25              |             |
| TYPED OR PRINTED                         |                     |         |       | OFFICER OR AUTHORIZED AGENT      |                          |                    |       | AREA CODE NUMBER |                | YEAR MO DAY               |             |
|  |                     |         |       |                                  |                          |                    |       | 702-651-2200     |                | 08   01   25              |             |

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.

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
Note: The reported sample analyses are based on a composite sample of a single storm water event that ran from 11/30/07 to 12/3/07.

PERMITTEE NAME/ADDRESS:  
 Tronox LLC  
 NAME: PO Box 55  
 ADDRESS: Henderson, NV 89009-7000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)  
 003 B  
 DISCHARGE NUMBER

003 STORMWATER MONITORING

F - FINAL

FACILITY: Tronox LLC

LOCATION: BMI Park - Henderson

Attn: Susan Crowley

MONITORING PERIOD  
 FROM 07 12 01 TO 07 12 31

MAJOR NO DISCHARGE

NOTE: Read instructions before completing this form

| PARAMETER   | QUANTITY OR LOADING |         |       |                | QUALITY OR CONCENTRATION |                  |      |   | NO. EX      | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---------------------|---------|-------|----------------|--------------------------|------------------|------|---|-------------|-----------------------|-------------|
|   | AVERAGE             | MAXIMUM | UNITS | MINIMUM        | AVERAGE                  | MAXIMUM          | UNIT |   |             |                       |             |
| pH  | *****               | *****   |       |                | *****                    |                  | (12) | 0 |             |                       |             |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE   | *****               | *****   | ****  | REPORT MINIMUM | *****                    | REPORT MAXIMUM   | SU   | 0 | ONCE/DISCHG | DISCRT                |             |
| SULFATE, TOTAL<br>(AS SO4)  | *****               | *****   |       | *****          | *****                    |                  | (19) | 0 |             |                       |             |
| 00945 1 0 0<br>EFFLUENT GROSS VALUE   | *****               | *****   | ****  | *****          | OPTIONAL 30DA AVG        | REPORT DAILY MAX | MG/L | 0 | ONCE/DISCHG | DISCRT                |             |
| MANGANESE, TOTAL<br>(AS MN)   | *****               | *****   |       | *****          | *****                    |                  | (19) | 0 |             |                       |             |
| 01055 1 0 0<br>EFFLUENT GROSS VALUE   | *****               | *****   | ****  | *****          | OPTIONAL 30DA AVG        | REPORT DAILY MAX | MG/L | 0 | ONCE/DISCHG | DISCRT                |             |
| SOLIDS, TOTAL<br>DISSOLVED  | *****               | *****   |       | *****          | *****                    |                  | (19) | 0 |             |                       |             |
| 70295 1 0 0<br>EFFLUENT GROSS VALUE   | *****               | *****   | ****  | *****          | OPTIONAL 30DA AVG        | REPORT DAILY MAX | MG/L | 0 | ONCE/DISCHG | DISCRT                |             |
| PERCHLORATE (CLO4)  | *****               | *****   |       | *****          | *****                    |                  | (19) | 0 |             |                       |             |
| 61209 1 0 0<br>EFFLUENT GROSS VALUE   | *****               | *****   | ****  | *****          | OPTIONAL 30DA AVG        | REPORT DAILY MAX | MG/L | 0 | ONCE/DISCHG | DISCRT                |             |
|   |                     |         |       |                |                          |                  |      |   |             |                       |             |
|   |                     |         |       |                |                          |                  |      |   |             |                       |             |
|   |                     |         |       |                |                          |                  |      |   |             |                       |             |
|   |                     |         |       |                |                          |                  |      |   |             |                       |             |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER<br>Fredrick R. Stater<br>Plant Manager<br>TYPED OR PRINTED |                     |         |       |                |                          |                  |      |   |             |                       |             |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS<br>No Discharge   |                     |         |       |                |                          |                  |      |   |             |                       |             |

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER  
 OFFICER OR AUTHORIZED AGENT

TELEPHONE: 702-651-2200  
 AREA CODE NUMBER: 702  
 YEAR: 08 | MO: 01 | DAY: 25

# **Discharge Monitoring Report**

**Annual 2007**

PERMITTEE NAME/ADDRESS:  
 NAME: TRONOX LLC  
 ADDRESS: PO Box 55  
 Henderson, NV 89009-7000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)  
 001 Y ANNUAL MONITORING  
 DISCHARGE NUMBER

F - FINAL

MAJOR

FACILITY: TRONOX LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

MONITORING PERIOD  
 FROM 07 | 01 | 01 TO 07 | 12 | 31

NO DISCHARGE

NOTE: Read instructions before completing this form

| PARAMETER                              | QUANTITY OR LOADING |                     |       | QUALITY OR CONCENTRATION |         |         | NO. EX | NO. FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|---------------------|-------|--------------------------|---------|---------|--------|---------------------------|-------------|
|  | AVERAGE             | MAXIMUM             | UNITS | MINIMUM                  | AVERAGE | MAXIMUM |        |                           |             |
| SOLIDS, TOTAL DISSOLVED, TOTAL TONS    | <1                  | <1                  | ( 5D) | *****                    | *****   | *****   | 0      |                           |             |
| 03613 > 0 0 INCREASE (NOT END OF PIPE) | *****               | 175 TONS ANNL TOTAL | TONS  | *****                    | *****   | *****   |        | ONCE/DISCHG               | DISCRTE     |
| SAMPLE MEASUREMENT                     |                     |                     |       |                          |         |         |        |                           |             |
| PERMIT REQUIREMENT                     |                     |                     |       |                          |         |         |        |                           |             |
| SAMPLE MEASUREMENT                     |                     |                     |       |                          |         |         |        |                           |             |
| PERMIT REQUIREMENT                     |                     |                     |       |                          |         |         |        |                           |             |
| SAMPLE MEASUREMENT                     |                     |                     |       |                          |         |         |        |                           |             |
| PERMIT REQUIREMENT                     |                     |                     |       |                          |         |         |        |                           |             |
| SAMPLE MEASUREMENT                     |                     |                     |       |                          |         |         |        |                           |             |
| PERMIT REQUIREMENT                     |                     |                     |       |                          |         |         |        |                           |             |
| SAMPLE MEASUREMENT                     |                     |                     |       |                          |         |         |        |                           |             |
| PERMIT REQUIREMENT                     |                     |                     |       |                          |         |         |        |                           |             |
| SAMPLE MEASUREMENT                     |                     |                     |       |                          |         |         |        |                           |             |
| PERMIT REQUIREMENT                     |                     |                     |       |                          |         |         |        |                           |             |
| SAMPLE MEASUREMENT                     |                     |                     |       |                          |         |         |        |                           |             |
| PERMIT REQUIREMENT                     |                     |                     |       |                          |         |         |        |                           |             |

NAME / TITLE: PRINCIPAL EXECUTIVE OFFICER  
 Fredrick R. Stater  
 Plant Manager  
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 702-651-2200  
 DATE: 08 | 01 | 25

AREA CODE NUMBER: 702  
 YEAR: 08  
 MO: 01  
 DAY: 25

Forms by WindowChem(707)884-8845;pin11090;v5.01;4/1/95

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS:  
 NAME: TRONOX LLC  
 ADDRESS: PO Box 55  
 Henderson, NV 89009-7000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 PERMIT NUMBER: NV0000078  
 DISCHARGE NUMBER: 002 Y

ANNUAL MONITORING  
 F - FINAL

FACILITY: TRONOX LLC  
 LOCATION: BMI Park - Henderson  
 Attn: Susan Crowley

MONITORING PERIOD  
 FROM 07 | 01 | 01 TO 07 | 12 | 31

MAJOR  
 NO DISCHARGE

NOTE: Read instructions before completing this form

| PARAMETER  | QUANTITY OR LOADING |                     |       | QUALITY OR CONCENTRATION |         |         | NO. EX | NO. FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|---------------------|-------|--------------------------|---------|---------|--------|---------------------------|-------------|
|  | AVERAGE             | MAXIMUM             | UNITS | MINIMUM                  | AVERAGE | MAXIMUM |        |                           |             |
| SOLIDS, TOTAL DISSOLVED, TOTAL TONS<br>03613 > 0 0<br>INCREASE (NOT END OF PIPE) | <1                  | <1                  | ( 5D) | *****                    | *****   | *****   | 0      |                           |             |
| SAMPLE MEASUREMENT   |                     |                     |       |                          |         |         |        |                           |             |
| PERMIT REQUIREMENT   |                     | 175 TONS ANNE TOTAL | TONS  |                          |         |         |        | ONCE DISCHG               | DISCRT      |
| SAMPLE MEASUREMENT   |                     |                     |       |                          |         |         |        |                           |             |
| PERMIT REQUIREMENT   |                     |                     |       |                          |         |         |        |                           |             |
| SAMPLE MEASUREMENT   |                     |                     |       |                          |         |         |        |                           |             |
| PERMIT REQUIREMENT   |                     |                     |       |                          |         |         |        |                           |             |
| SAMPLE MEASUREMENT   |                     |                     |       |                          |         |         |        |                           |             |
| PERMIT REQUIREMENT   |                     |                     |       |                          |         |         |        |                           |             |
| SAMPLE MEASUREMENT   |                     |                     |       |                          |         |         |        |                           |             |
| PERMIT REQUIREMENT   |                     |                     |       |                          |         |         |        |                           |             |
| SAMPLE MEASUREMENT   |                     |                     |       |                          |         |         |        |                           |             |
| PERMIT REQUIREMENT   |                     |                     |       |                          |         |         |        |                           |             |
| SAMPLE MEASUREMENT   |                     |                     |       |                          |         |         |        |                           |             |
| PERMIT REQUIREMENT   |                     |                     |       |                          |         |         |        |                           |             |
| SAMPLE MEASUREMENT   |                     |                     |       |                          |         |         |        |                           |             |
| PERMIT REQUIREMENT   |                     |                     |       |                          |         |         |        |                           |             |

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER  
**Fredrick R. Stater**  
 Plant Manager  
 TYPED OR PRINTED

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 FAILURE TO PROVIDE PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 702-651-2200  
 DATE: 08 | 01 | 25

AREA CODE NUMBER: 702  
 YEAR: 08  
 MO: 01  
 DAY: 25

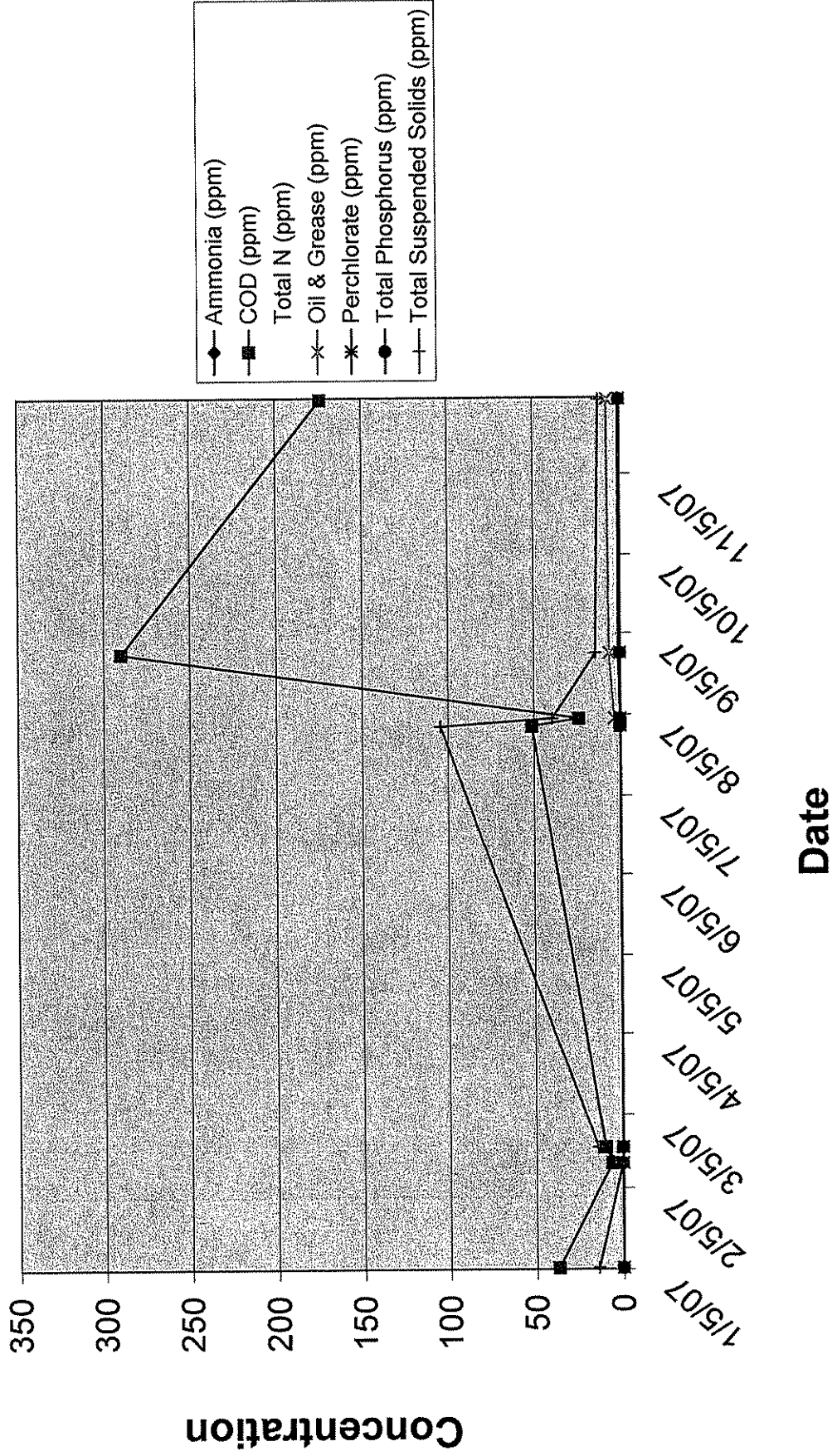
COMMENT AND EXPLANATION OF ANY VIOLATIONS  
 (Reference all attachments here)

## **ATTACHMENT 2**

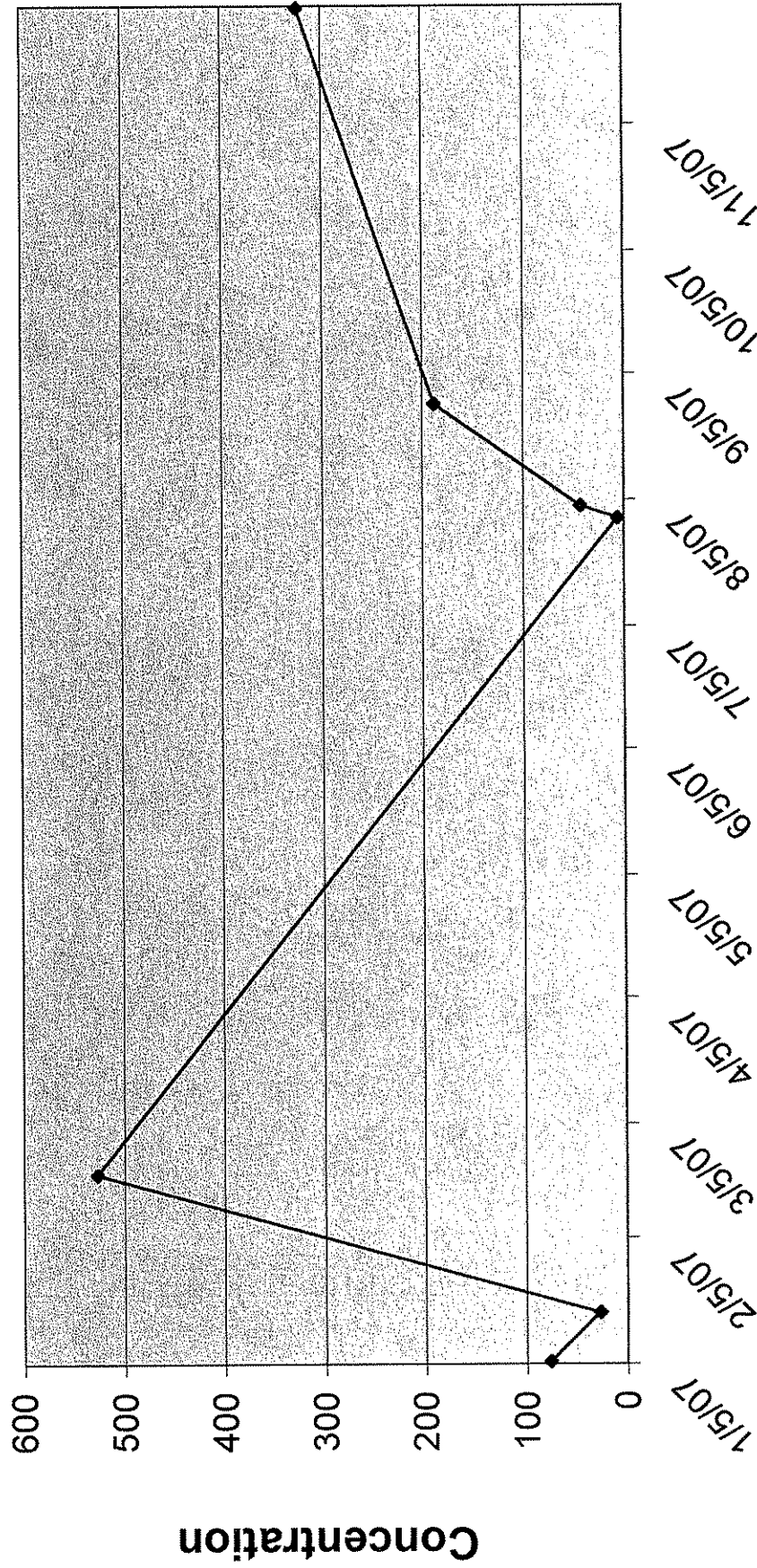
### **Annual Graphs**

(Graphs of analyzed constituents.)

# Outfall 001 Stormwater



# Outfall 001 Non-Storm - Perchlorate (ppb)

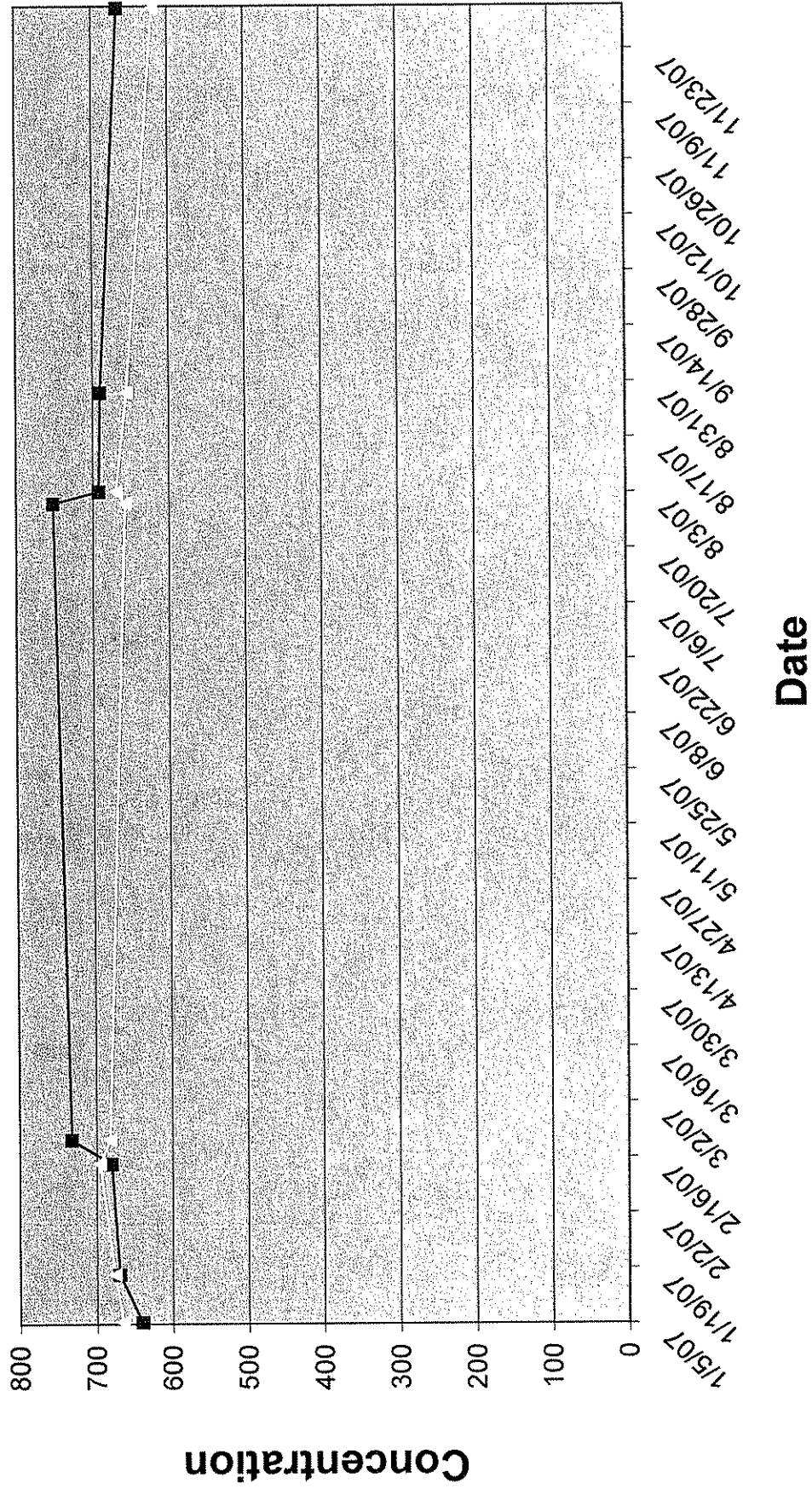


Date

◆ Outfall 001 - perchlorate (ppb)

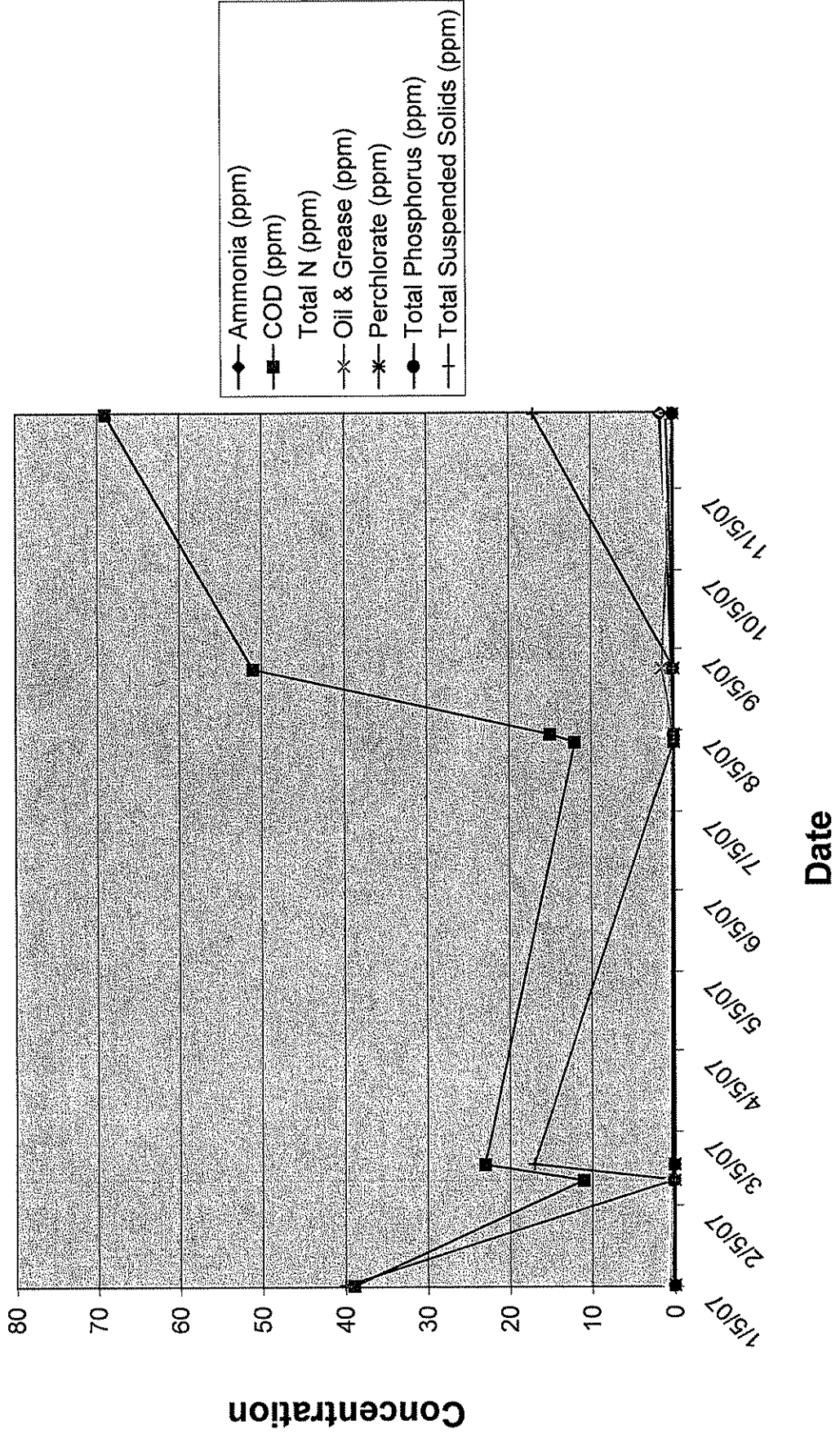


# Outfall 001 Non-Storm - TDS (ppm)

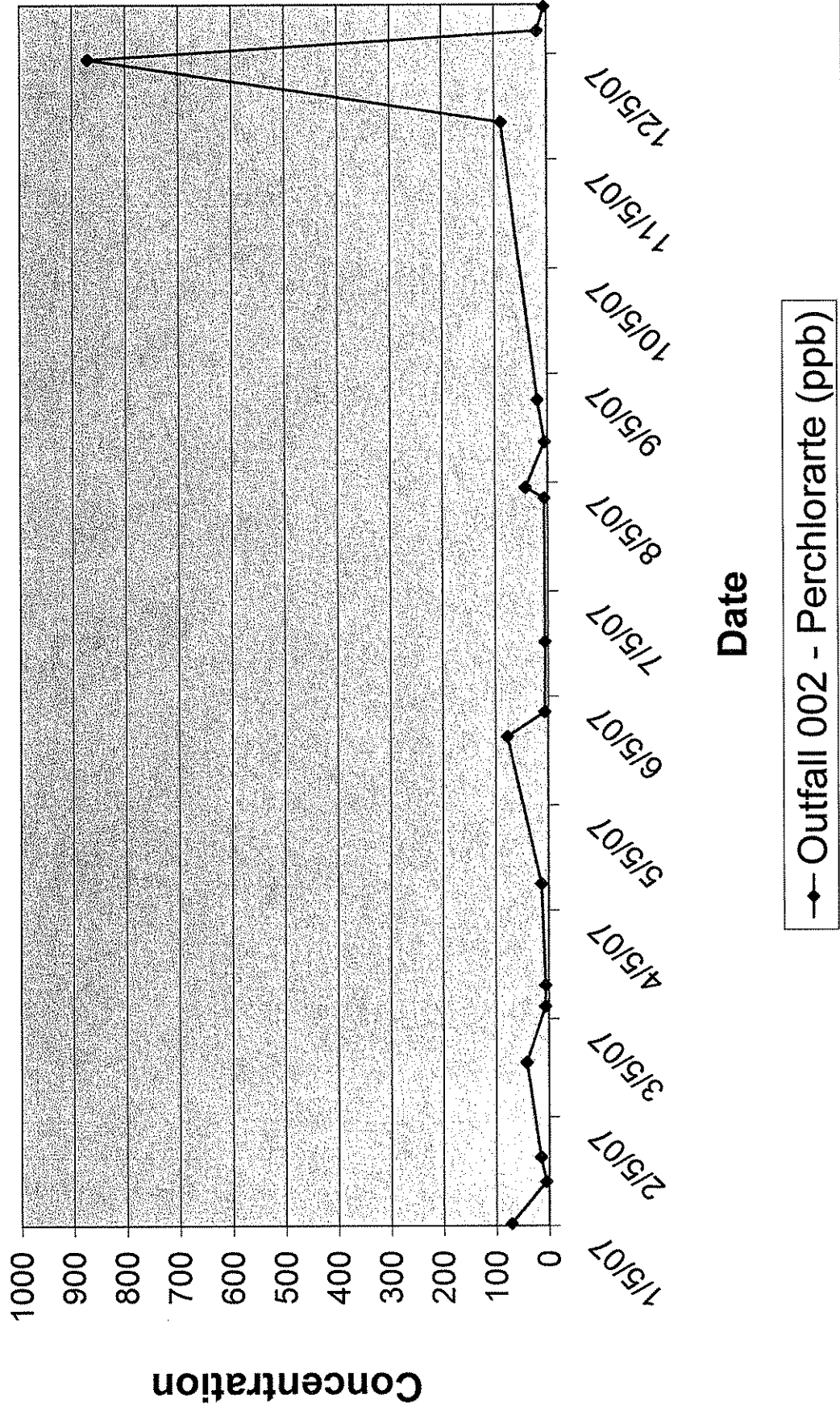


Legend:  
—■— Outfall 001 - Gross TDS (ppm)  
- - - △ - - - Stabilized Water - TDS (ppm)

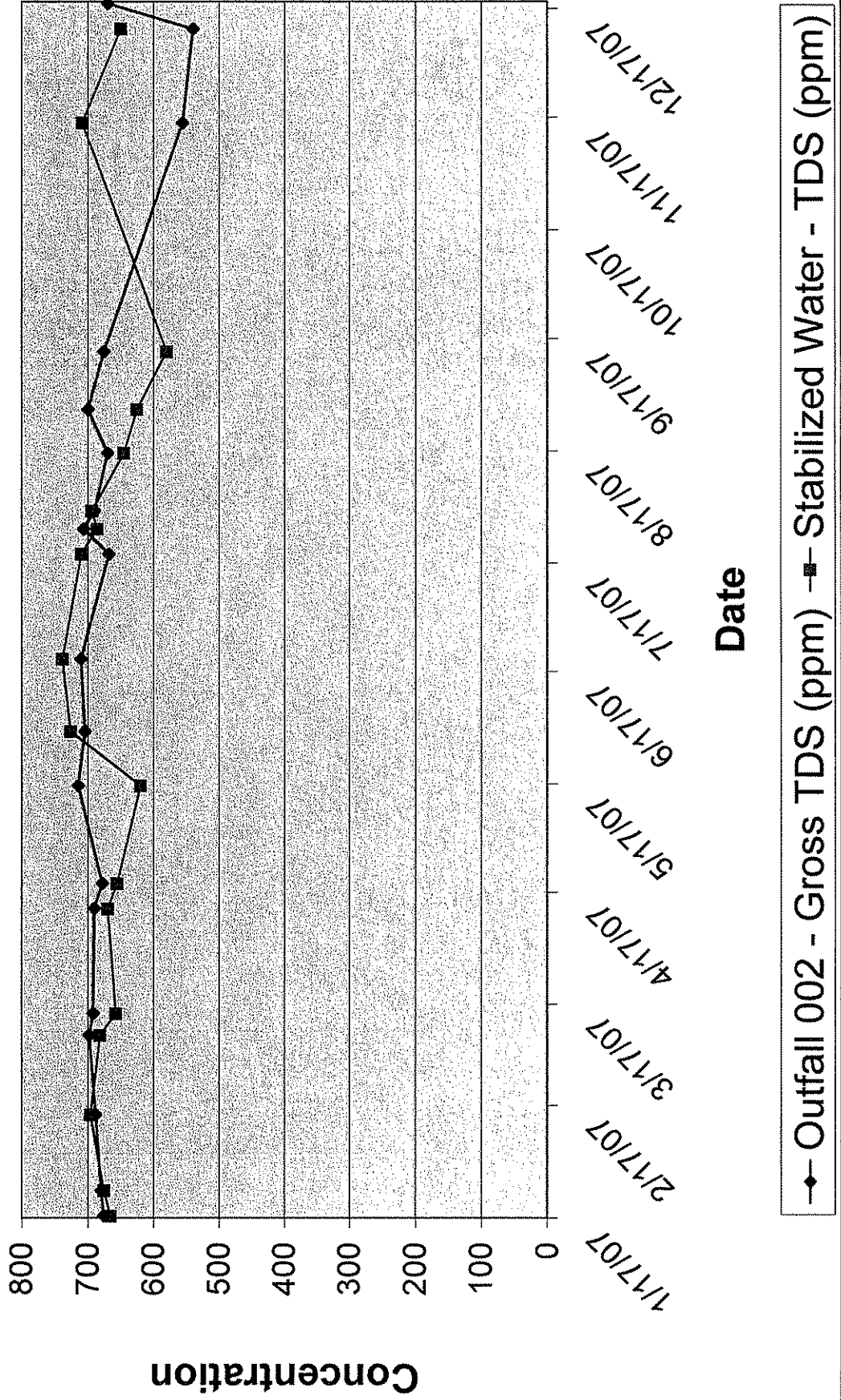
# Outfall 002 Stormwater



# Outfall 002 Non-Storm - Perchlorate (ppb)



# Outfall 002 Non-Storm - TDS (ppm)



Tronox LLC  
Fourth Quarter 2007  
NPDES Permit NV0000078

Supporting  
Analytical Reports

I hereby certify that all laboratory analytical data was generated by a laboratory certified by the NDEP for each constituent and media presented herein, exceptions and corresponding justifications are provided below.

*Michael Skromyda*  
Michael Skromyda, CEM 2121, exp. 10-18-09

