



Fredrick R. Stater  
Plant Manager

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April 27, 2009

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: First Quarter 2009 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 outfall collection systems for brief periods are quantified in Table 1a, below. Storm water discharge is quantified in Table 1b, below.

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

Outfall	January Flow (thousands of gallons)	February Flow (thousands of gallons)	March Flow (thousands of gallons)
001	0 <sup>a</sup>	0 <sup>a</sup>	0 <sup>a</sup>
002	0	0.66 <sup>b</sup>	0
003	0	0	0

**Table 1b. Stormwater Flow Totals**

Outfall	January Flow (thousands of gallons)	February Flow (thousands of gallons)	March Flow (thousands of gallons)
001	0	0 <sup>a</sup>	0
002	0	11.1	0
003	0	0	0

<sup>a</sup> Although minor flows were recorded on the flow meter, due to the low flows & overall length of the onsite storm water ditch, water was contained onsite and was not discharged off site.

<sup>b</sup> See discussion below.

Minor non-storm water flows were recorded in February 2009 due to runoff from fire hydrate testing. The maximum flow recorded was 400 gallons/day (660 gallons in aggregate for the month). The automatic samplers were unable to sample such a low flow. Although a minor flow was reported in Table 1a. of this report, due to the size of the storm sewer piping (48" diameter), internal sewer collection sumps and the overall length of piping, it is believed that the minor flows were contained within the sewer piping and the discharge did not leave the factory site.

Tronox LLC

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

NPDES Compliance Coordinator  
April 27, 2009  
Page 2 of 2.

In March 31, 2009, annual calibration and preventive maintenance was performed on both the automatic samplers and flow instruments in Outfalls 001 & 002. Work was performed by MRC Technologies Inc. Calibration documentation has been attached.

Analytical associated with outfall flow is attached to this report. Should you have any questions concerning this report, please contact Mike Skromyda at (702) 651-2228 or e-mail [michael.skromyda@tronox.com](mailto:michael.skromyda@tronox.com) Thank you.

Sincerely,



Fredrick R. Stater  
Plant Manager

Attachments

Overnight Mail  
cc: Mike Skromyda  
Matt Paque

**ATTACHMENT 1**

**Discharge Monitoring Reports**

**January 2009**

**February 2009**

**March 2009**

**Discharge Monitoring Report**

**January 2009**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TRONOX LLC  
 ADDRESS: 8000 W LAKE MEAD DR  
 HENDERSON, NV 890156619  
 FACILITY: KERR-MCGEE FAC-BMI COMPLEX  
 LOCATION: 8000 W LAKE MEAD DR  
 HENDERSON, NV 890156619  
 ATTN: MR. FREDERICK STATER

NV0000078  
 PERMIT NUMBER

001A  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
 MAJOR

MONITORING PERIOD  
 MM/DD/YYYY TO MM/DD/YYYY  
 01/01/2009 TO 01/31/2009

DISCHARGE 001  
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	33	30DA AVG	37	DAILY MX	deg C	RCORDR
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	6	MINIMUM	9	MAXIMUM	SU	DISCRT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	Mgal/d	*****		*****	RCORDR
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	*****	mg/L	*****	DISCRT
Perchlorate (ClO4)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	1000 30DA AVG	lb/d	*****	*****	*****	DISCRT
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	Req. Mon. DAILY MX	*****	*****	*****	*****	DISCRT
70295 IN 0 Allowed Increase	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	Req. Mon. DAILY MX	*****	*****	*****	*****	DISCRT

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  
 AREA Code NUMBER

DATE  
 04/27/2009  
 MM/DD/YYYY

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

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001B  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
01/01/2009 TO 01/31/2009

001 STORMWATER MONITORING  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	*****	*****	*****	*****	*****	0	*****	
00400 1 0 Effluent Gross	*****	*****	Req. Mon. MINIMUM	Req. Mon. MAXIMUM	SU	0	Once Per Discharge	DISCRT
Solids, total suspended	*****	*****	*****	*****	*****	0	*****	
00530 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY MX	mg/L	0	Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	*****	*****	*****	*****	*****	0	*****	
00610 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY MX	mg/L	0	Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	*****	*****	*****	*****	*****	0	*****	
00630 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY MX	mg/L	0	Once Per Discharge	DISCRT
Phosphorus, total (as P)	*****	*****	*****	*****	*****	0	*****	
00665 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY MX	mg/L	0	Once Per Discharge	DISCRT
Oil and grease	*****	*****	*****	*****	*****	0	*****	
03582 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY MX	mg/L	0	Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	0	*****	
50050 1 0 Effluent Gross	Req. Mon. 30DA AVG	Mgal/d	*****	*****	*****	0	Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Fredrick R. Stater / Plant Manager</b>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 702 651-2200	DATE 04/27/2009
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

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01/01/2009 TO 01/31/2009

001 STORMWATER MONITORING  
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Perchlorate (ClO4)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Once Per Discharge	DISCRT	
61209 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Once Per Discharge	DISCRT	
Solids, total dissolved	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Once Per Discharge	DISCRT	
70295 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Once Per Discharge	DISCRT	
Chemical Oxygen Demand (COD)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Once Per Discharge	DISCRT	
81017 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Once Per Discharge	DISCRT	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am a duly licensed professional engineer, and that the information submitted is 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.

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702 651-2200 04/27/2009  
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NV0000078  
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002A  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
 MAJOR

MONITORING PERIOD  
 MM/DD/YYYY MM/DD/YYYY  
 FROM 01/01/2009 TO 01/31/2009

DISCHARGE 002  
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade 00010 1 0 Effluent Gross	*****	*****	*****	33 30DA AVG	*****	0	Continuous	RCORDR
	*****	*****	*****	37 DAILY MX	*****	0	Continuous	RCORDR
pH	*****	*****	*****	*****	*****	0	*****	*****
	*****	*****	*****	6 MINIMUM	*****	0	*****	*****
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	0	*****	*****
	*****	*****	*****	*****	*****	0	*****	*****
Perchlorate (ClO4) 61209 1 0 Effluent Gross	*****	*****	*****	*****	*****	0	*****	*****
	*****	*****	*****	*****	*****	0	*****	*****
Solids, total dissolved 70295 IN 0 Allowed Increase	*****	*****	*****	*****	*****	0	*****	*****
	*****	*****	*****	*****	*****	0	*****	*****

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 persons 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.

  
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MONITORING PERIOD  
 FROM 01/01/2009 TO 01/31/2009  
 MM/DD/YYYY MM/DD/YYYY

002 STORMWATER MONITORING  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
pH		*****			*****	0		
00400 1 0 Effluent Gross		*****	Req. Mon. MINIMUM		SU	0	Once Per Discharge	DISCRT
Solids, total suspended		*****	*****		*****	0		
00530 1 0 Effluent Gross		*****	*****	Opt. Mon. 30DA AVG	mg/L	0	Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)		*****	*****		*****	0		
00610 1 0 Effluent Gross		*****	*****	Opt. Mon. 30DA AVG	mg/L	0	Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)		*****	*****		*****	0		
00630 1 0 Effluent Gross		*****	*****	Opt. Mon. 30DA AVG	mg/L	0	Once Per Discharge	DISCRT
Phosphorus, total (as P)		*****	*****		*****	0		
00665 1 0 Effluent Gross		*****	*****	Opt. Mon. 30DA AVG	mg/L	0	Once Per Discharge	DISCRT
Oil and grease		*****	*****		*****	0		
03582 1 0 Effluent Gross		*****	*****	Opt. Mon. 30DA AVG	mg/L	0	Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant		*****	*****		*****	0		
50050 1 0 Effluent Gross	Req. Mon. 30DA AVG	Mgal/d	*****	*****	*****	0	Continuous	RCORDR

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DMR Mailing ZIP CODE: 890097000  
 MAJOR

MONITORING PERIOD  
 MM/DD/YYYY TO MM/DD/YYYY  
 01/01/2009 TO 01/31/2009

002 STORMWATER MONITORING  
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Perchlorate (ClO4) 61209 1 0 Effluent Gross	*****	*****	*****		*****	*****	0		
						Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Solids, total dissolved 70295 1 0 Effluent Gross	*****	*****	*****		*****	*****	0		
						Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD) 81017 1 0 Effluent Gross	*****	*****	*****		*****	*****	0		
						Req. Mon. DAILY MX		Once Per Discharge	DISCRT

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NV0000078  
 PERMIT NUMBER

003B  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
 MAJOR

MONITORING PERIOD  
 FROM 01/01/2009 TO 01/31/2009

003 STORMWATER MONITORING  
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	*****	*****	*****	*****	*****	*****	0		
00400 1 0 Effluent Gross	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU	*****	0	Once Per Discharge	DISCRT
Sulfate, total (as SO4)	*****	*****	*****	*****	*****	*****	0		
00945 1 0 Effluent Gross	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	*****	0	Once Per Discharge	DISCRT
Manganese, total (as Mn)	*****	*****	*****	*****	*****	*****	0		
01055 1 0 Effluent Gross	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	*****	0	Once Per Discharge	DISCRT
Perchlorate (ClO4)	*****	*****	*****	*****	*****	*****	0		
61209 1 0 Effluent Gross	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	*****	0	Once Per Discharge	DISCRT
Solids, total dissolved	*****	*****	*****	*****	*****	*****	0		
70295 1 0 Effluent Gross	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	*****	0	Once Per Discharge	DISCRT

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 AREA Code NUMBER MM/DD/YYYY

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

**Discharge Monitoring Report**

**February 2009**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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DMR Mailing ZIP CODE: 890097000  
 MAJOR

MONITORING PERIOD  
 MM/DD/YYYY TO MM/DD/YYYY  
 02/01/2009 TO 02/28/2009

DISCHARGE 001  
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Temperature, water deg. centigrade 00010 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0		
				33 30DA AVG		37 DAILY MX	deg C		Continuous
pH 00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0		RCORDR
				6 MINIMUM		9 MAXIMUM	SU		Once Per Discharge
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0		RCORDR
				Req. Mon. DAILY MX					Continuous
Perchlorate (ClO4) 61209 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0		
				Opt. Mon. 30DA AVG		Req. Mon. DAILY MX	mg/L		Once Per Discharge
Solids, total dissolved 70295 IN 0 Allowed Increase	*****	*****	*****	*****	*****	*****	0		
	1000 30DA AVG			Req. Mon. DAILY MX		Req. Mon. DAILY MX	mg/L		Once Per Discharge

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MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
02/01/2009 TO 02/28/2009

001 STORMWATER MONITORING  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	Req. Mon. MINIMUM	*****	SU		Once Per Discharge	DISCRT
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	mg/L		Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	mg/L		Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	mg/L		Once Per Discharge	DISCRT
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	mg/L		Once Per Discharge	DISCRT
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	mg/L		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Continuous	RCORDR

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly authorized officer or employee of the permittee. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
702 651-2200 04/27/2009  
AREA Code NUMBER

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TRONOX LLC  
ADDRESS: 8000 W LAKE MEAD DR  
HENDERSON, NV 890156619  
FACILITY: KERR-MCGEE FAC-BMI COMPLEX  
LOCATION: 8000 W LAKE MEAD DR  
HENDERSON, NV 890156619  
ATTN: MR. FREDERICK STATER

NV0000078  
PERMIT NUMBER

001B  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
MAJOR


MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
02/01/2009 TO 02/28/2009

001 STORMWATER MONITORING  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Perchlorate (ClO4) 61209 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0		
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
Solids, total dissolved 70295 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Once Per Discharge	DISCRT
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
Chemical Oxygen Demand (COD) 81017 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Once Per Discharge	DISCRT
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision for the purpose of submitting accurate and complete information to the NPDES permit system, and that the information submitted is 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 702 651-2200	DATE 04/27/2009
TYPED OR PRINTED	AREA Code 702	NUMBER 651-2200	MM/DD/YYYY MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TRONOX LLC  
 ADDRESS: 8000 W LAKE MEAD DR  
 HENDERSON, NV 890156619  
 FACILITY: KERR-MCGEE FAC-BMI COMPLEX  
 LOCATION: 8000 W LAKE MEAD DR  
 HENDERSON, NV 890156619  
 ATTN: MR. FREDERICK STATER

NV0000078  
 PERMIT NUMBER

002A  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
 MAJOR

MONITORING PERIOD  
 FROM 02/01/2009 TO 02/28/2009  
 MM/DD/YYYY MM/DD/YYYY

DISCHARGE 002  
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	33 30DA AVG	37 DAILY MX		Continuous	RCORDR
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	9 MAXIMUM		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	Opt. Mon. 30DA AVG	Mgal/d	*****	*****		Continuous	RCORDR
Perchlorate (ClO4)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****		Once Per Discharge	DISCRT
61209 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	1000 30DA AVG	lb/d	*****	*****		Once Per Discharge	DISCRT
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****		Once Per Discharge	DISCRT
70295 IN 0 Allowed Increase	SAMPLE MEASUREMENT	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****		Once Per Discharge	DISCRT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision with a true and correct copy of 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.

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE DATE  
 702 651-2200 04/27/2009  
 AREA Code NUMBER MM/DD/YYYY

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



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TRONOX LLC  
ADDRESS: 8000 W LAKE MEAD DR  
HENDERSON, NV 890156619  
FACILITY: KERR-MCGEE FAC-BMI COMPLEX  
LOCATION: 8000 W LAKE MEAD DR  
HENDERSON, NV 890156619  
ATTN: MR. FREDERICK STATER

NV0000078  
PERMIT NUMBER

002B  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
02/01/2009 TO 02/28/2009

002 STORMWATER MONITORING  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
pH	SAMPLE MEASUREMENT	*****	*****	7.24	*****	7.24	0		
	PERMIT REQUIREMENT	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM		Once Per Discharge	DISCRT
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	104	*****	104	0		
	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	0.47	*****	0.47	0		
	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	0.75	*****	0.75	0		
	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	0.04	*****	0.04	0		
	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Oil and grease	SAMPLE MEASUREMENT	*****	*****	2.10	*****	2.10	0		
	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0004	*****	0.011	*****	*****	0		
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Mgal/d	Req. Mon. DAILY MX	*****	*****		Continuous	RCORDR

I certify under penalty of law that this document and all attachments were prepared under my direction or control and that I am a duly licensed professional engineer and duly registered professional geologist in the State of Nevada, and I am duly licensed and registered in good standing with the State of Nevada. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Fredrick R. Stater*

TELEPHONE DATE  
702 651-2200 04/27/2009  
AREA Code NUMBER MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TRONOX LLC  
ADDRESS: 8000 W LAKE MEAD DR  
HENDERSON, NV 890156619  
FACILITY: KERR-MCGEE FAC-BMI COMPLEX  
LOCATION: 8000 W LAKE MEAD DR  
HENDERSON, NV 890156619  
ATTN: MR. FREDERICK STATER

NV0000078
PERMIT NUMBER

002B
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009
FROM	TO

002 STORMWATER MONITORING  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Perchlorate (ClO4)	*****	*****	2.0	*****	0		
61209 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved	*****	*****	838	*****	0		
70295 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD)	*****	*****	23.4	*****	0		
81017 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT

I certify under penalty of law that this document and all attachments were prepared under my direction or control for submission to the agency, and that I am a duly licensed and qualified professional engineer 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.

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
	702 651-2200	04/27/2009
	AREA Code NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TRONOX LLC  
 ADDRESS: 8000 W LAKE MEAD DR  
 HENDERSON, NV 890156619  
 FACILITY: KERR-MCGEE FAC-BMI COMPLEX  
 LOCATION: 8000 W LAKE MEAD DR  
 HENDERSON, NV 890156619  
 ATTN: MR. FREDERICK STATER

NV0000078  
 PERMIT NUMBER

003B  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
 MAJOR

MONITORING PERIOD  
 FROM 02/01/2009 TO 02/28/2009  
 MM/DD/YYYY MM/DD/YYYY

003 STORMWATER MONITORING  
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	*****	*****	*****	*****	*****	*****	0		
00400 1 0 Effluent Gross	*****	*****	*****	Req. Mon. MINIMUM	Req. Mon. MAXIMUM	SU	0	Once Per Discharge	DISCRT
Sulfate, total (as SO4)	*****	*****	*****	*****	*****	*****	0		
00945 1 0 Effluent Gross	*****	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	0	Once Per Discharge	DISCRT
Manganese, total (as Mn)	*****	*****	*****	*****	*****	*****	0		
01055 1 0 Effluent Gross	*****	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	0	Once Per Discharge	DISCRT
Perchlorate (ClO4)	*****	*****	*****	*****	*****	*****	0		
61209 1 0 Effluent Gross	*****	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	0	Once Per Discharge	DISCRT
Solids, total dissolved	*****	*****	*****	*****	*****	*****	0		
70295 1 0 Effluent Gross	*****	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	0	Once Per Discharge	DISCRT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly qualified person who is properly registered and licensed to practice in the state of Nevada. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	702 651-2200	04/27/2009
TYPED OR PRINTED	AREA Code NUMBER	MM/DD/YYYY
	702 651-2200	04/27/2009

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

**Discharge Monitoring Report**

**March 2009**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TRONOX LLC  
ADDRESS: 8000 W LAKE MEAD DR  
HENDERSON, NV 890156619  
FACILITY: KERR-MCGEE FAC-BMI COMPLEX  
LOCATION: 8000 W LAKE MEAD DR  
HENDERSON, NV 890156619  
ATTN: MR. FREDERICK STATER

NV0000078  
PERMIT NUMBER

001A  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
03/01/2009 TO 03/31/2009

DISCHARGE 001  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade		*****				*****			
00010 1 0 Effluent Gross		*****	33	37	DAILY MX	deg C	Continuous	RCORDR	
pH		*****				*****			
00400 1 0 Effluent Gross		*****	6	9	MINIMUM MAXIMUM	SU	Once Per Discharge	DISCRT	
Flow, in conduit or thru treatment plant		*****				*****			
50050 1 0 Effluent Gross		*****				*****	Continuous	RCORDR	
Perchlorate (ClO4)		*****				*****			
61209 1 0 Effluent Gross		*****				*****	Once Per Discharge	DISCRT	
Solids, total dissolved		*****				*****			
70295 IN 0 Allowed Increase	1000	30DA AVG				*****	Once Per Discharge	DISCRT	

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
702 651-2200 04/27/2009  
AREA Code NUMBER MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TRONOX LLC  
 ADDRESS: 8000 W LAKE MEAD DR  
 HENDERSON, NV 890156619  
 FACILITY: KERR-MCGEE FAC-BMI COMPLEX  
 LOCATION: 8000 W LAKE MEAD DR  
 HENDERSON, NV 890156619  
 ATTN: MR. FREDERICK STATER

NV0000078  
 PERMIT NUMBER

001B  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
 MAJOR

MONITORING PERIOD  
 FROM 03/01/2009 TO 03/31/2009

001 STORMWATER MONITORING  
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
pH									
00400 1 0 Effluent Gross	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	0	Once Per Discharge	DISCRT
Solids, total suspended	*****	*****	*****	*****	*****	*****	0		
00530 1 0 Effluent Gross	*****	*****	*****	*****	mg/L	Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	*****	*****	*****	*****	*****	*****	0		
00610 1 0 Effluent Gross	*****	*****	*****	*****	mg/L	Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	*****	*****	*****	*****	*****	*****	0		
00630 1 0 Effluent Gross	*****	*****	*****	*****	mg/L	Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Phosphorus, total (as P)	*****	*****	*****	*****	*****	*****	0		
00665 1 0 Effluent Gross	*****	*****	*****	*****	mg/L	Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Oil and grease	*****	*****	*****	*****	*****	*****	0		
03582 1 0 Effluent Gross	*****	*****	*****	*****	mg/L	Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Continuous	RCORDR

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed professional engineer and that the information submitted is true and accurate 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 702 651-2200	DATE 04/27/2009
TYPED OR PRINTED		AREA Code 702	NUMBER 651-2200
			MM/DD/YYYY MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TRONOX LLC  
ADDRESS: 8000 W LAKE MEAD DR  
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FACILITY: KERR-MCGEE FAC-BMI COMPLEX  
LOCATION: 8000 W LAKE MEAD DR  
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ATTN: MR. FREDERICK STATER

NV0000078  
PERMIT NUMBER

001B  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
03/01/2009 TO 03/31/2009

001 STORMWATER MONITORING  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Perchlorate (ClO4) 61209 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved 70295 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L		Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD) 81017 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
		*****	*****	*****	*****	*****		Once Per Discharge	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 gather, evaluate, and report 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	702 651-2200	04/27/2009
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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NV0000078  
PERMIT NUMBER

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DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
03/01/2009 TO 03/31/2009

DISCHARGE 002  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	33 30DA,AVG	37 DAILY MX	deg C		Continuous	RCORDR
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	9 MAXIMUM	SU		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	Req. Mon. DAILY MX	*****	Mgal/d		Continuous	RCORDR
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Once Per Discharge	DISCRT
Perchlorate (ClO4)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Once Per Discharge	DISCRT
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	1000 30DA AVG	*****	*****	*****	*****		Once Per Discharge	DISCRT
70295 IN 0 Allowed Increase	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Once Per Discharge	DISCRT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision for the purposes stated on the title page of this document. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
702 651-2200 04/27/2009  
AREA Code NUMBER MM/DD/YYYY

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



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TRONOX LLC  
ADDRESS: 8000 W LAKE MEAD DR  
HENDERSON, NV 890156619  
FACILITY: KERR-MCGEE FAC-BMI COMPLEX  
LOCATION: 8000 W LAKE MEAD DR  
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ATTN: MR. FREDERICK STATER

NV0000078  
PERMIT NUMBER

002B  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
03/01/2009 TO 03/31/2009

002 STORMWATER MONITORING  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	*****	*****	*****	*****	*****	*****	0		
00400 1 0 Effluent Gross	*****	*****	*****	Req. Mon. MINIMUM	Req. Mon. MAXIMUM	SU	0	Once Per Discharge	DISCRT
Solids, total suspended	*****	*****	*****	*****	*****	*****	0		
00530 1 0 Effluent Gross	*****	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	0	Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	*****	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	0		
00610 1 0 Effluent Gross	*****	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	0	Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	*****	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	0		
00630 1 0 Effluent Gross	*****	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	0	Once Per Discharge	DISCRT
Phosphorus, total (as P)	*****	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	0		
00665 1 0 Effluent Gross	*****	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	0	Once Per Discharge	DISCRT
Oil and grease	*****	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	0		
03582 1 0 Effluent Gross	*****	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	0	Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****		Continuous	RCORDR

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed professional engineer or geologist in the State of Nevada, and that the information submitted herein is true and correct. 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.

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  
AREA Code NUMBER

DATE  
04/27/2009  
MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TRONOX LLC  
ADDRESS: 8000 W LAKE MEAD DR  
HENDERSON, NV 890156619  
FACILITY: KERR-MCGEE FAC-BMI COMPLEX  
LOCATION: 8000 W LAKE MEAD DR  
HENDERSON, NV 890156619  
ATTN: MR. FREDERICK STATER

NV0000078  
PERMIT NUMBER

002B  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
03/01/2009 TO 03/31/2009

002 STORMWATER MONITORING  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Perchlorate (ClO4) 61209 1 0 Effluent Gross	*****	*****	*****				0		
				Opt. Mon. 30DA AVG	mg/L	Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Solids, total dissolved 70295 1 0 Effluent Gross	*****	*****	*****				0		
				Opt. Mon. 30DA AVG	mg/L	Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD) 81017 1 0 Effluent Gross	*****	*****	*****				0		
				Opt. Mon. 30DA AVG	mg/L	Req. Mon. DAILY MX		Once Per Discharge	-DISCRT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed professional engineer or geologist in the State of Nevada, and I am not providing this information or any attachments in violation of any applicable laws or regulations. 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	702 651-2200	04/27/2009
TYPED OR PRINTED	AREA Code NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TRONOX LLC  
ADDRESS: 8000 W LAKE MEAD DR  
HENDERSON, NV 890156619  
FACILITY: KERR-MCGEE FAC-BMI COMPLEX  
LOCATION: 8000 W LAKE MEAD DR  
HENDERSON, NV 890156619  
ATTN: MR. FREDERICK STATER

NV0000078  
PERMIT NUMBER

003B  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
03/01/2009 TO 03/31/2009

003 STORMWATER MONITORING  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
pH	SAMPLE MEASUREMENT	*****	*****		*****		0		
	PERMIT REQUIREMENT			Req. Mon. MINIMUM		Req. Mon. MAXIMUM		Once Per Discharge	DISCRT
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	*****	*****		*****		0		
	PERMIT REQUIREMENT					Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Manganese, total (as Mn)	SAMPLE MEASUREMENT	*****	*****		*****		0		
	PERMIT REQUIREMENT					Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Perchlorate (ClO4)	SAMPLE MEASUREMENT	*****	*****		*****		0		
	PERMIT REQUIREMENT					Req. Mon. DAILY MX		Once Per Discharge	DISCRT
61209 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****		0		
	PERMIT REQUIREMENT					Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****		*****		0		
	PERMIT REQUIREMENT					Req. Mon. DAILY MX		Once Per Discharge	DISCRT
70295 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****		0		
	PERMIT REQUIREMENT					Req. Mon. DAILY MX		Once Per Discharge	DISCRT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed professional engineer and I am qualified to 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.

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
702 651-2200 04/27/2009  
AREA Code NUMBER MM/DD/YYYY

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

Tronox LLC  
First Quarter 2009  
NPDES Permit NV0000078

Supporting  
Analytical Reports

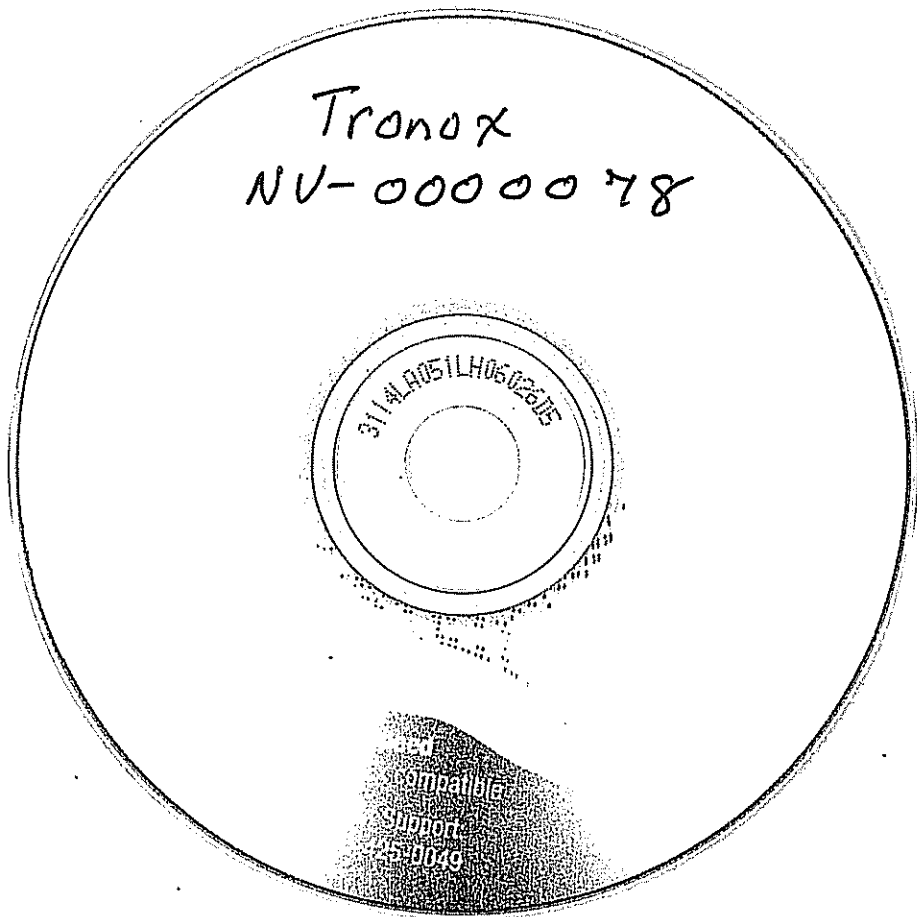
I hereby certify that all laboratory analytical data was generated by a laboratory certified by the NDEP for each constituent and media presented herein, exceptions and corresponding justifications are provided below.

*Michael Skromyda*

Michael Skromyda, CEM 2121, (exp. 10-18-09)

*4/27/09*

Date





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## CALIBRATION CERTIFICATE

CUSTOMER NAME: TRONOX

LOCATION: Outfall #1 West

DATE CALIBRATED: March 31<sup>st</sup>, 2009

EQUIPMENT MODEL: Teledyne ISCO 4210 Ultrasonic Flow meter

EQUIPMENT SERIAL NUMBER: 200J00679

PRIMARY MEASURING DEVICE: 48" round pipe – Manning Equation

MAX LEVEL: 48 "

MAX FLOW: 16810 GPM

TOTALIZING IN: GALLONS

### CALIBRATION PROCEDURE:

Meter was calibrated to 'zero' based flow condition according to factory specifications and guidelines. A complete inspection of sensor, mounting location and proper alignment was completed. A verification of proper set up of primary measuring device parameters was programmed into flowmeter properly.

**MRC Technologies, Inc.**

A handwritten signature in black ink that reads "W Wooster". The signature is written in a cursive style with a large, sweeping "W" and "Wooster" written below it.

---

**William Wooster,**  
Calibration Technician



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## CALIBRATION CERTIFICATE

CUSTOMER NAME: TRONOX

LOCATION: Outfall #2 East

DATE CALIBRATED: March 31<sup>st</sup>, 2009

EQUIPMENT MODEL: Teledyne ISCO 4210 Ultrasonic Flow meter

EQUIPMENT SERIAL NUMBER: 100500674

PRIMARY MEASURING DEVICE: 48" round pipe – Manning Equation

MAX LEVEL: 48 "

MAX FLOW: 16810 GPM

TOTALIZING IN: GALLONS

### CALIBRATION PROCEDURE:

**Meter was calibrated to 'zero' based flow condition according to factory specifications and guidelines. A complete inspection of sensor, mounting location and proper alignment was completed. A verification of proper set up of primary measuring device parameters was programmed into flowmeter properly.**

**MRC Technologies, Inc.**

A handwritten signature in blue ink that reads "William Wooster". The signature is written in a cursive style and is positioned above a horizontal line.

**William Wooster,  
Calibration Technician**