



Fredrick R. Stater
Plant Manager

(702) 651-2233
Fax (702) 651-2310
Rick.Stater@tronox.com

July 21, 2010

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: Second Quarter 2010 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	April Flow (thousands of gallons)	May Flow (thousands of gallons)	June Flow (thousands of gallons)
001	0	0	0
002	0	0	0
003	0	0	0

Table 1b. Stormwater Flow Totals

Outfall	April Flow (thousands of gallons)	May Flow (thousands of gallons)	June Flow (thousands of gallons)
001	0	0	0
002	0	0	0
003	0	0	0

There was no discharge through the outfalls system this quarter.

Should you have any questions concerning this report, please contact Mike Skromyda, Staff Environmental Engineer, at (702) 651-2228 or e-mail michael.skromyda@tronox.com.

Sincerely,

Fredrick R. Stater
Plant Manager

Attachments

cc: Mike Skromyda
Matt Paque
U.S. EPA

Tronox LLC

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

ATTACHMENT 1

Discharge Monitoring Reports

April 2010

May 2010

June 2010

Discharge Monitoring Report

April 2010

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

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

NAME: TRONOX LLC
ADDRESS: 560 W LAKE MEAD Pkwy
HENDERSON, NV 890156619
FACILITY: TRONOX FAC-BMI COMPLEX
LOCATION: 560 W LAKE MEAD Pkwy
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
4/1/2010 TO 4/30/2010

DISCHARGE 001
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	7/21/2010
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

Fredrick R. Stater
SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT

I certify under penalty of law that this document and its attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge 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 EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)

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

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LOCATION: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

002A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
4/1/2010 TO 4/30/2010

DISCHARGE 002
External Outfall

No Discharge X

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. centigrade 00010 1 0 Effluent Gross	*****	*****	*****	*****			
	*****	*****	33 30DA AVG	DAILY MX		Continuous	RCORDR
pH	*****	*****	*****	*****			
	*****	*****	6 MINIMUM	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	*****	*****	*****	*****			
	*****	*****	*****	*****		Once Per Discharge	DISCRT

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	7/21/2010
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LOCATION: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

001B
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
4/1/2010 TO 4/30/2010

001 STORMWATER MONITORING
External Outfall

No Discharge X

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

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

SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT
Fredrick R. Stater

TELEPHONE
(702) 651-2200

DATE
7/21/2010

AREA Code NUMBER
MM/DD/YYYY

COMMENT AND EXPLANATIONS 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: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
FACILITY: TRONOX FAC-BMI COMPLEX
LOCATION: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

001B
DISCHARGE NUMBER

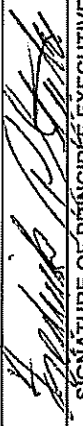
DMR Mailing ZIP CODE: 8900097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
4/1/2010 TO 4/30/2010

001 STORMWATER MONITORING
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager TYPED OR PRINTED	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
		(702) 651-2200 AREA Code NUMBER	7/21/2010 MM/DD/YYYY

COMMENT AND EXPLANATIONS 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: 560 W LAKE MEAD Pkwy
HENDERSON, NV 890156619
FACILITY: TRONOX FAC-BMI COMPLEX
LOCATION: 560 W LAKE MEAD Pkwy
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

002B
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 8900097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
4/1/2010 TO 4/30/2010

002 STORMWATER MONITORING
External Outfall

No Discharge X

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

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NAME/TITLE PRINCIPLE EXECUTIVE OFFICER
Fredrick R. Stater / Plant Manager

TYPED OR PRINTED

SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
(702) 651-2200

DATE
7/21/2010

AREA Code NUMBER
MM/DD/YYYY

COMMENT AND EXPLANATIONS 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
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FACILITY: TRONOX FAC-BMI COMPLEX
LOCATION: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078	002B
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
4/1/2010	4/30/2010
FROM	TO

MONITORING PERIOD
MM/DD/YYYY
4/1/2010

DMR Mailing ZIP CODE: 890097000
MAJOR

002 STORMWATER MONITORING
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	7/21/2010
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

[Signature]
SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATIONS 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)

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HENDERSON, NV 890156619
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LOCATION: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

003B
DISCHARGE NUMBER

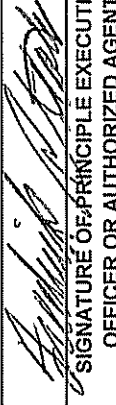
DMR Mailing ZIP CODE: 8900097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
4/1/2010 TO 4/30/2010

003 STORMWATER MONITORING
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	7/21/2010
TYPED OR PRINTED	AREA CODE	NUMBER
	702	651-2200
SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
		

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

Discharge Monitoring Report

May 2010

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: 560 W LAKE MEAD PKWY
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ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

001A
DISCHARGE NUMBER

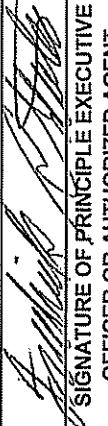
DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
5/1/2010 TO 5/31/2010

DISCHARGE 001
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
		(702) 651-2200	7/21/2010
TYPED OR PRINTED		AREA Code	NUMBER
			MMDDYYYY

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

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DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
5/1/2010 TO 5/31/2010

DISCHARGE 002
External Outfall

No Discharge X

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. centigrade	00010 10 Effluent Gross	*****	*****	*****	*****			
pH	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	33 30DA AVG	37 DAILY MX		Continuous	RCORDR
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	6 MINIMUM	9 MAXIMUM		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****			
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****		Continuous	RCORDR
Perchlorate (ClO4)	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****			
61209 1 0 Effluent Gross	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****		Once Per Discharge	DISCRT
Solids, total dissolved	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****			
70295 IN 0 Allowed Increase	SAMPLE MEASUREMENT REQUIREMENT	1000 30DA AVG	Req. Mon. DAILY MX	*****	*****		Once Per Discharge	DISCRT

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	7/21/2010
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

[Signature]
SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATIONS 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: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
FACILITY: TRONOX FAC-BMI COMPLEX
LOCATION: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

001B
DISCHARGE NUMBER

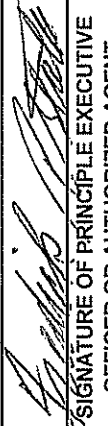
DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
5/1/2010 TO 5/31/2010

001 STORMWATER MONITORING
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	7/21/2010
TYPED OR PRINTED	AREA Code	NUMBER
	*****	*****
SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENT AND EXPLANATIONS 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: 560 W LAKE MEAD Pkwy
HENDERSON, NV 890156619
FACILITY: TRONOX FAC-BMI COMPLEX
LOCATION: 560 W LAKE MEAD Pkwy
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

001B
DISCHARGE NUMBER

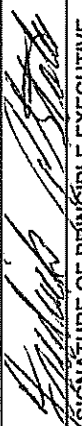
DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
5/1/2010 TO 5/31/2010

001 STORMWATER MONITORING
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager TYPED OR PRINTED	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
		(702) 651-2200 AREA Code NUMBER	7/21/2010 MM/DD/YYYY

COMMENT AND EXPLANATIONS 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: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
FACILITY: TRONOX FAC-BMI COMPLEX
LOCATION: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

002B
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
5/1/2010 TO 5/31/2010

002 STORMWATER MONITORING
External Outfall

No Discharge X

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

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

DATE
7/21/2010

TELEPHONE
(702) 651-2200

AREA Code NUMBER
MMDDYYYY

SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATIONS 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: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
FACILITY: TRONOX FAC-BMI COMPLEX
LOCATION: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

002B
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890007000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
5/1/2010 TO 5/31/2010

002 STORMWATER MONITORING
External Outfall

No Discharge X

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	*****	*****	*****	*****					
	*****	*****	*****	*****	mg/L	Req. Mon. DAILY/MX	Once Per Discharge	DISCRT	
Solids, total dissolved 70295 1 0 Effluent Gross	*****	*****	*****	*****					
	*****	*****	*****	*****	mg/L	Req. Mon. DAILY/MX	Once Per Discharge	DISCRT	
Chemical Oxygen Demand (COD) 81017 1 0 Effluent Gross	*****	*****	*****	*****					
	*****	*****	*****	*****	mg/L	Req. Mon. DAILY/MX	Once Per Discharge	DISCRT	

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Frederick R. Stater / Plant Manager TYPED OR PRINTED		(702) 651-2200 AREA Code NUMBER	7/21/2010 MM/DD/YYYY

COMMENT AND EXPLANATIONS 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: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
FACILITY: TRONOX FAC-BMI COMPLEX
LOCATION: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

003B
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
5/11/2010 TO 5/31/2010

003 STORMWATER MONITORING
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager TYPED OR PRINTED	(702) 651-2200 AREA Code NUMBER	7/21/2010 MM/DD/YYYY
SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

Discharge Monitoring Report

June 2010

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: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
FACILITY: TRONOX FAC-BMI COMPLEX
LOCATION: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

001A
DISCHARGE NUMBER

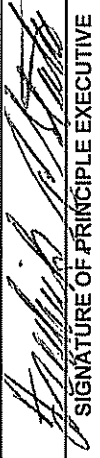
DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
6/1/2010 TO 6/30/2010

DISCHARGE 001
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Temperature, water deg. centigrade	0010 1 0	*****	*****	*****	*****	*****				
Effluent Gross		*****	*****	33	30DA AVG	37	DAILY MX	deg C	Continuous	RCORDR
pH		*****	*****	*****	*****	*****	*****			
00400 1 0		*****	*****	6	MINIMUM	9	MAXIMUM	SU	Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant		*****	*****	*****	*****	*****	*****			
50050 1 0		Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	*****	*****	*****	*****		Continuous	RCORDR
Effluent Gross		*****	*****	*****	*****	*****	*****			
Perchlorate (ClO4)		*****	*****	*****	*****	*****	*****			
61209 1 0		*****	*****	*****	*****	*****	*****		Once Per Discharge	DISCRT
Effluent Gross		*****	*****	*****	*****	*****	*****			
Solids, total dissolved		*****	*****	*****	*****	*****	*****			
70295 IN 0		1000	Req. Mon. DAILY MX	*****	*****	*****	*****		Once Per Discharge	DISCRT
Allowed Increase		30DA AVG	Req. Mon. DAILY MX	*****	*****	*****	*****		Once Per Discharge	DISCRT

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (702) 651-2200	DATE 7/21/2010
TYPED OR PRINTED		AREA Code	NUMBER

COMMENT AND EXPLANATIONS 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: 560 W LAKE MEAD Pkwy
HENDERSON, NV 890156619
FACILITY: TRONOX FAC-BMI COMPLEX
LOCATION: 560 W LAKE MEAD Pkwy
HENDERSON, NV 890156619
ATTN: MR. FREDERICK STATER

NV0000078
PERMIT NUMBER

002A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
6/1/2010 TO 6/30/2010

DISCHARGE 002
External Outfall

No Discharge X

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	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		*****	*****	*****	33 30DA AVG	*****	37 DAILY MX	deg C	Continuous	RCORDR
pH		*****	*****	*****	*****	*****				
00400 1 0		*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU	Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant		*****	*****	*****	*****	*****	*****	*****		
50050 1 0		*****	*****	*****	*****	*****	*****	*****	Continuous	RCORDR
Effluent Gross		*****	*****	*****	*****	*****	*****	*****		
Perchlorate (ClO4)		*****	*****	*****	*****	*****	*****	*****		
61209 1 0		*****	*****	*****	*****	*****	*****	*****	Once Per Discharge	DISCRT
Effluent Gross		*****	*****	*****	*****	*****	*****	*****		
Solids, total dissolved		*****	*****	*****	*****	*****	*****	*****		
70295 IN 0		*****	*****	*****	*****	*****	*****	*****	Once Per Discharge	DISCRT
Allowed Increase		*****	*****	*****	*****	*****	*****	*****		

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
Fredrick R. Stater / Plant Manager			(702) 651-2200	7/21/2010
TYPED OR PRINTED	AREA Code	NUMBER	MMDDYYYY	
COMMENT AND EXPLANATIONS 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: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
FACILITY: TRONOX FAC-BMI COMPLEX
LOCATION: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

001B
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 8900097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
6/1/2010 TO 6/30/2010

001 STORMWATER MONITORING
External Outfall

No Discharge X

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

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

TELEPHONE
(702) 651-2200
AREA Code NUMBER

DATE
7/21/2010
MMDDYYYY

SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT
Fredrick R. Stater

COMMENT AND EXPLANATIONS 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
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LOCATION: 560 W LAKE MEAD Pkwy
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ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

001B
DISCHARGE NUMBER

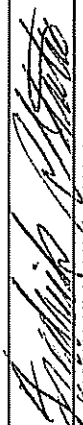
DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
6/1/2010 TO 6/30/2010

001 STORMWATER MONITORING
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager TYPED OR PRINTED	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (702) 651-2200	DATE 7/21/2010
COMMENT AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)		AREA Code NUMBER	MM/DD/YYYY

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

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

NAME: TRONOX LLC
ADDRESS: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
FACILITY: TRONOX FAC-BMI COMPLEX
LOCATION: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

002B
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR


MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
6/1/2010 TO 6/30/2010

002 STORMWATER MONITORING
External Outfall

No Discharge X

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

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

SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE
(702) 651-2200

DATE
7/21/2010

AREA CODE
NUMBER
MMDDYYYY

COMMENT AND EXPLANATIONS 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: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
FACILITY: TRONOX FAC-BMI COMPLEX
LOCATION: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

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DISCHARGE NUMBER

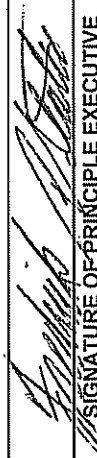
DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
6/1/2010 TO 6/30/2010

002 STORMWATER MONITORING
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager TYPED OR PRINTED	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
		(702) 651-2200 AREA Code NUMBER	7/21/2010 MM/DD/YYYY

COMMENT AND EXPLANATIONS 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: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
FACILITY: TRONOX FAC-BMI COMPLEX
LOCATION: 560 W LAKE MEAD PKWY
HENDERSON, NV 890156619
ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

003B
DISCHARGE NUMBER

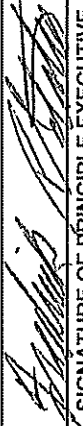
DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
6/1/2010 TO 6/30/2010

003 STORMWATER MONITORING
External Outfall

No Discharge X

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
pH	*****	*****	*****	*****			
	*****	*****	*****	*****			
00400 1 0 Effluent Gross	*****	*****	*****	*****		Once Per Discharge	DISCRT
	*****	*****	*****	*****			
Sulfate, total (as SO4)	*****	*****	*****	*****			
	*****	*****	*****	*****			
00945 1 0 Effluent Gross	*****	*****	*****	*****		Once Per Discharge	DISCRT
	*****	*****	*****	*****			
Manganese, total (as Mn)	*****	*****	*****	*****			
	*****	*****	*****	*****			
01055 1 0 Effluent Gross	*****	*****	*****	*****		Once Per Discharge	DISCRT
	*****	*****	*****	*****			
Perchlorate (ClO4)	*****	*****	*****	*****			
	*****	*****	*****	*****			
61209 1 0 Effluent Gross	*****	*****	*****	*****		Once Per Discharge	DISCRT
	*****	*****	*****	*****			
Solids, total dissolved	*****	*****	*****	*****			
	*****	*****	*****	*****			
70295 1 0 Effluent Gross	*****	*****	*****	*****		Once Per Discharge	DISCRT
	*****	*****	*****	*****			

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		(702) 651-2200 AREA Code NUMBER	7/21/2010 MM/DD/YYYY

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