



Fredrick R. Stater
Plant Manager

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

January 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: Fourth Quarter / Annual 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	October Flow (thousands of gallons)	November Flow (thousands of gallons)	December Flow (thousands of gallons)
001	0	0	0
002	0	0	3.1
003	0	0	0

Table 1b. Stormwater Flow Totals

Outfall	October Flow (thousands of gallons)	November Flow (thousands of gallons)	December Flow (thousands of gallons)
001	0	0	0
002	0	0	0.98
003	0	0	0

Analytical associated with outfall discharges is attached to this report. 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.

Please note, as required, concentration plots of analyzed constituents have been attached.

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**

October 2009

November 2009

December 2009

Discharge Monitoring Report

October 2009

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
10/1/2009 TO 10/31/2009

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	*****	*****	*****	*****			
00400 1 0 Effluent Gross	*****	*****	6 MINIMUM	9 MAXIMUM		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	*****	*****	*****	*****			
50050 1 0 Effluent Gross	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	*****	*****		Continuous	RCORDR
Perchlorate (ClO4)	*****	*****	*****	*****			
61209 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Solids, total dissolved	*****	*****	*****	*****			
70295 IN 0 Allowed Increase	1000 30DA AVG	Req. Mon. DAILY MX	Req. Mon. 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	1/26/2010
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

Fredrick R. Stater
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)

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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
10/1/2009 TO 10/31/2009

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				
Temperature, water deg. centigrade	00010 10 Effluent Gross	*****	*****	*****	*****	33 30DA AVG	37 DAILY MX	deg C	Continuous	RCORDR
pH	00400 10 Effluent Gross	*****	*****	6 MINIMUM	*****	*****	9 MAXIMUM	SU	Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	50050 10 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	Continuous	RCORDR
Perchlorate (ClO4)	61209 10 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

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10/1/2009 TO 10/31/2009

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	*****		Once Per Discharge	DISCRT
Solids, total suspended	*****	*****	*****	*****			
00530 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	*****	*****	*****	*****			
00610 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	*****	*****	*****	*****			
00630 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Phosphorus, total (As P)	*****	*****	*****	*****			
00665 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Oil and grease	*****	*****	*****	*****			
03582 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		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

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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
(702) 651-2200

DATE
1/26/2010

AREA Code NUMBER
MM/DD/YYYY

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

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10/1/2009 TO 10/31/2009

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	TELEPHONE	DATE
Frederick R. Stater / Plant Manager	(702) 651-2200	1/26/2010
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

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

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NV0000078
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DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/1/2009 TO 10/31/2009


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	Req. Mon. MAXIMUM		Once Per Discharge	DISCRT
Solids, total suspended	*****	*****	*****	*****			
00530 1 0 Effluent Gross	*****	*****	*****	Opt. Mon. 30DA AVG		Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	*****	*****	*****	*****			
00610 1 0 Effluent Gross	*****	*****	*****	Opt. Mon. 30DA AVG		Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	*****	*****	*****	*****			
00630 1 0 Effluent Gross	*****	*****	*****	Opt. Mon. 30DA AVG		Once Per Discharge	DISCRT
Phosphorus, total (As P)	*****	*****	*****	*****			
00665 1 0 Effluent Gross	*****	*****	*****	Opt. Mon. 30DA AVG		Once Per Discharge	DISCRT
Oil and grease	*****	*****	*****	*****			
03582 1 0 Effluent Gross	*****	*****	*****	Opt. Mon. 30DA AVG		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

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.

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
AREA Code NUMBER

DATE
1/26/2010
MM/DD/YYYY

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MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/11/2009	10/31/2009

002 STORMWATER MONITORING
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager TYPED OR PRINTED		(702) 651-2200 AREA Code NUMBER	1/26/2010 MM/DD/YYYY

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

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

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OMB No. 2040-0004

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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: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/1/2009 TO 10/31/2009

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	*****	*****	*****	*****			
	*****	*****	Req. Mon. MINIMUM	Req. Mon. MAXIMUM		Once Per Discharge	DISCRT
00400 1 0 Effluent Gross	*****	*****	*****	*****			
	*****	*****	*****	*****			
Sulfate, total (as SO4)	*****	*****	*****	*****			
	*****	*****	*****	*****			
00945 1 0 Effluent Gross	*****	*****	*****	*****			
	*****	*****	*****	*****			
Manganese, total (as Mn)	*****	*****	*****	*****			
	*****	*****	*****	*****			
01055 1 0 Effluent Gross	*****	*****	*****	*****			
	*****	*****	*****	*****			
Perchlorate (ClO4)	*****	*****	*****	*****			
	*****	*****	*****	*****			
61209 1 0 Effluent Gross	*****	*****	*****	*****			
	*****	*****	*****	*****			
Solids, total dissolved	*****	*****	*****	*****			
	*****	*****	*****	*****			
70295 1 0 Effluent Gross	*****	*****	*****	*****			
	*****	*****	*****	*****			

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	1/26/2010 MM/DD/YYYY
COMMENT AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)			

Discharge Monitoring Report

November 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
 11/11/2009 TO 11/30/2009

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 10 Effluent Gross	*****	*****	*****	*****			
pH	00400 10 Effluent Gross	*****	*****	33 30DA AVG	*****	37 DAILY MX	deg C	Continuous RCORDR
Flow, in conduit or thru treatment plant	50050 10 Effluent Gross	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU	Once Per Discharge DISCRT
Perchlorate (ClO4)	61209 10 Effluent Gross	*****	*****	*****	*****	*****	*****	Continuous RCORDR
Solids, total dissolved	70295 IN 0 Allowed Increase	1000 30DA AVG	Req. Mon. DAILY MX	*****	*****	Opt. Mon. 30DA AVG	mg/L	Once Per Discharge DISCRT
		*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	Once Per Discharge DISCRT

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MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
11/1/2009 TO 11/30/2009

DISCHARGE 002
External Outfall

No Discharge X

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS				
Temperature, water deg. centigrade	00010 10 Effluent Gross	*****	*****	*****	*****	deg C		Continuous	RCORDR
pH	00400 10 Effluent Gross	*****	*****	*****	*****			Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	50050 10 Effluent Gross	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	*****	*****			Continuous	RCORDR
Perchlorate (ClO4)	61209 10 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

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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

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SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE (702) 651-2200

DATE 1/26/2010

AREA Code NUMBER MM/DD/YYYY

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MM/DD/YYYY TO MM/DD/YYYY
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001 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) 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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
		(702) 651-2200 AREA Code NUMBER	1/26/2010 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)

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
11/1/2009 TO 11/30/2009

002 STORMWATER MONITORING
External Outfall

No Discharge X

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE				
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	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	RCOORDR	

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	1/26/2010
TYPED OR PRINTED	AREA CODE	NUMBER
	*****	*****
SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
		1/26/2010

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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MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 11/1/2009 TO 11/30/2009

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	*****	*****	*****	*****					
	*****	*****	*****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved 70295 1 0 Effluent Gross	*****	*****	*****	*****					
	*****	*****	*****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD) 81017 1 0 Effluent Gross	*****	*****	*****	*****					
	*****	*****	*****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	1/26/2010
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		
 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

003B
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
11/1/2009 TO 11/30/2009

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 Fredrick R. Stater / Plant Manager TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		(702) 651-2200 AREA Code NUMBER	1/26/2010 MM/DD/YYYY

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

Discharge Monitoring Report

December 2009

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
 12/1/2009 TO 12/31/2009

DISCHARGE 001
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. centigrade 00010 10 Effluent Gross	*****	*****	*****	*****			
	*****	*****	33 30DA AVG	37 DAILY MX		Continuous	RCORDR
pH 00400 1 0 Effluent Gross	*****	*****	*****	*****			
	*****	*****	6 MINIMUM	9 MAXIMUM		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	*****	*****	*****	*****			
	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	*****	*****		Continuous	RCORDR
Perchlorate (ClO4) 61209 1 0 Effluent Gross	*****	*****	*****	*****			
	*****	*****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX		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	1/26/2010
TYPED OR PRINTED		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

002A
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/1/2009 TO 12/31/2009

DISCHARGE 002
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	VALUE			
Temperature, water deg. centigrade	00010 10 Effluent Gross	*****	*****	*****	*****	15.8	15.8			
pH	00400 10 Effluent Gross	*****	*****	*****	*****	33	37	DAILY MX	deg C	Continuous
Flow, in conduit or thru treatment plant	50050 10 Effluent Gross	0.0031	0.0031	*****	*****	6	9	MINIMUM	SU	Once Per Discharge
Perchlorate (ClO4)	61209 10 Effluent Gross	*****	*****	*****	*****	*****	5.2	*****	*****	Continuous
Solids, total dissolved	70295 IN 0 Allowed Increase	28.8	28.8	*****	*****	1090	1090	*****	mg/L	Once Per Discharge
		1000	Req. Mon. DAILY MX	*****	*****	30DA AVG	Req. Mon. DAILY MX	*****	mg/L	Once Per Discharge

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	1/26/2010
COMMENT AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER
		651	2200

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: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/1/2009 TO 12/31/2009

001 STORMWATER MONITORING
External Outfall

No Discharge X

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE				
pH	MEASUREMENT	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Req. Mon. MINIMUM	Req. Mon. MAXIMUM	SU		Once Per Discharge	DISCRT
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		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	mg/L		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	mg/L		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	mg/L		Once Per Discharge	DISCRT
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		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	1/26/2010
TYPED OR PRINTED	AREA Code	NUMBER
COMMENT AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	
	 OFFICER OR AUTHORIZED AGENT	

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: 890097000
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	TO
12/1/2009	12/31/2009

001 STORMWATER MONITORING
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	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	1/26/2010 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)

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MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/1/2009 TO 12/31/2009

002 STORMWATER MONITORING
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
pH	*****	*****	7.3	*****			
00400 1 0 Effluent Gross	*****	*****	Req. Mon. MINIMUM	*****		Once Per Discharge	DISCRT
Solids, total suspended	*****	*****	*****	*****			
00530 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	*****	*****	0.92	*****			
00610 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	*****	*****	2.0	*****			
00630 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Phosphorus, total (As P)	*****	*****	0.047	*****			
00665 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Oil and grease	*****	*****	ND	*****			
03582 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	0.001	0.001	*****	*****			
50050 1 0 Effluent Gross	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	1/26/2010
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

Fredrick R. Stater
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)

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MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/1/2009 TO 12/31/2009

002 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	UNITS	VALUE	UNITS			
Perchlorate (ClO4) 61209 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	7.5	*****	7.5	*****			
	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX	*****	mg/L	Once Per Discharge	DISCRT
Solids, total dissolved 70295 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	1200	*****	1200	*****			
	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX	*****	mg/L	Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD) 81017 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	300	*****	300	*****			
	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX	*****	mg/L	Once Per Discharge	DISCRT

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager 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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
			(702) 651-2200	1/26/2010
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)

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MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/1/2009 TO 12/31/2009

003 STORMWATER MONITORING
External Outfall

No Discharge X

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	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
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 Fredrick R. Stater / Plant Manager TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		(702) 651-2200 AREA Code NUMBER	1/26/2010 MM/DD/YYYY

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

Discharge Monitoring Report

Year 2009 Annual Discharge

Outfall 001

Outfall 002

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

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

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ANNUAL MONITORING DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
1/1/2009 TO 12/31/2009

DISCHARGE 001
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
		(702) 651-2200	1/27/2010
TYPED OR PRINTED		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

002 Y
 DISCHARGE NUMBER


ANNUAL MONITORING DMR Mailing ZIP CODE: 890097000
 MAJOR

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 1/1/2009 TO 12/31/2009

DISCHARGE 002
 External Outfall

No Discharge

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

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	1/27/2010 MM/DD/YYYY

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

Attachment 2

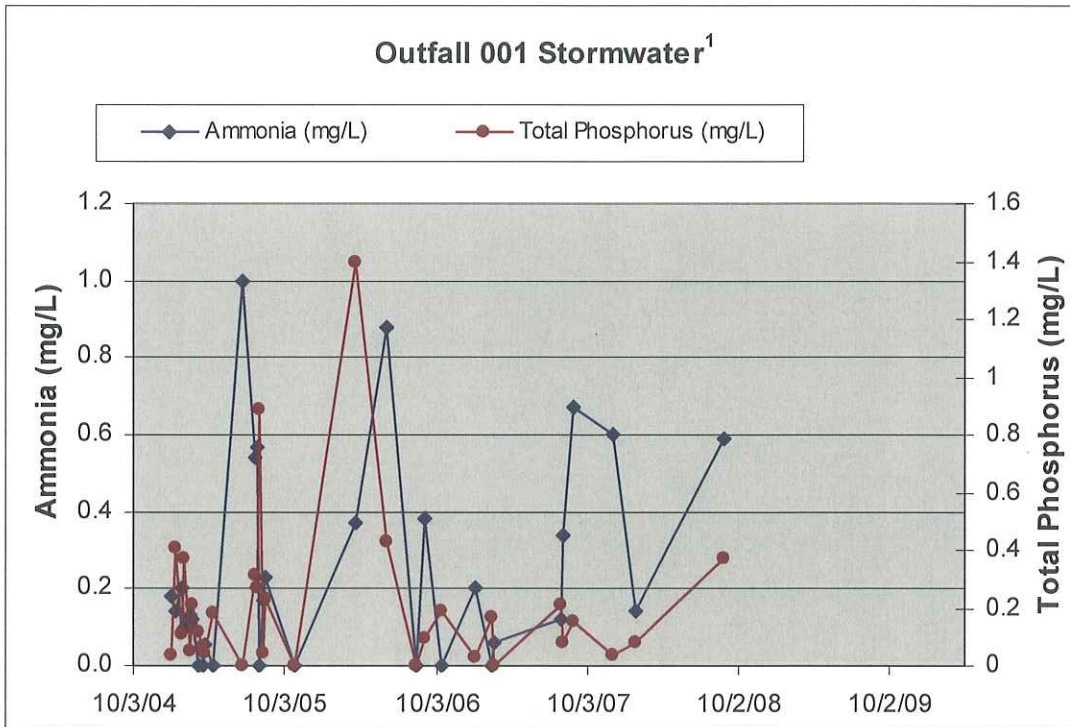
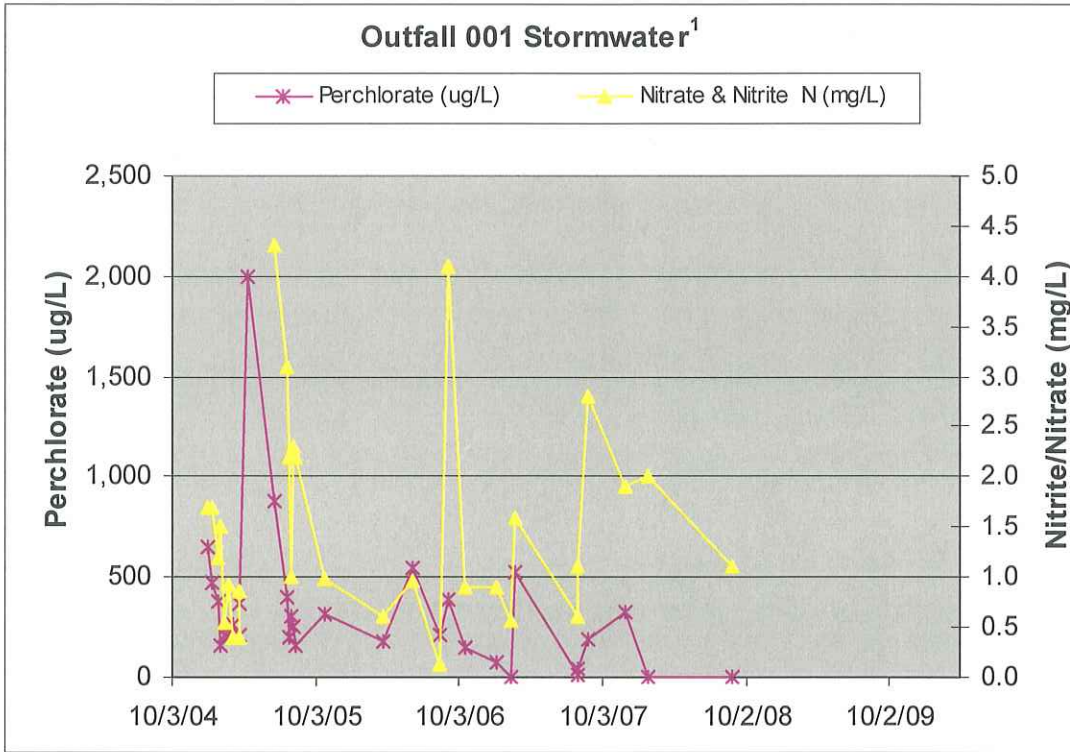
Annual Plot of Analyzed Constituents

5-Year Stormwater Constituents

5-Year Non-stormwater Constituents

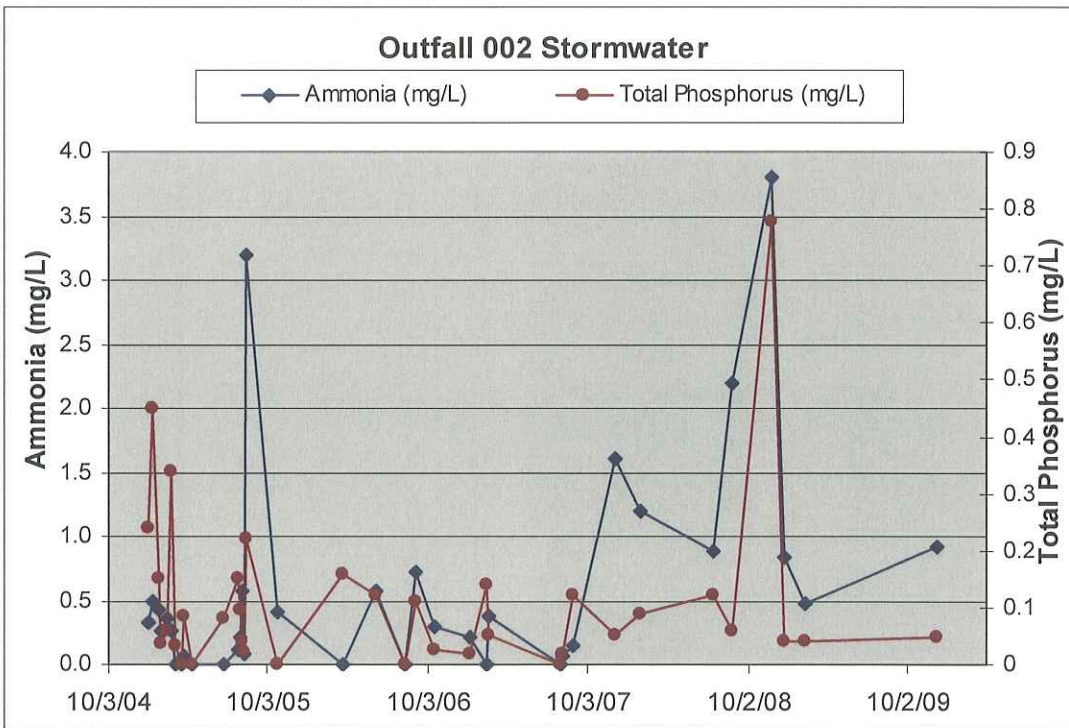
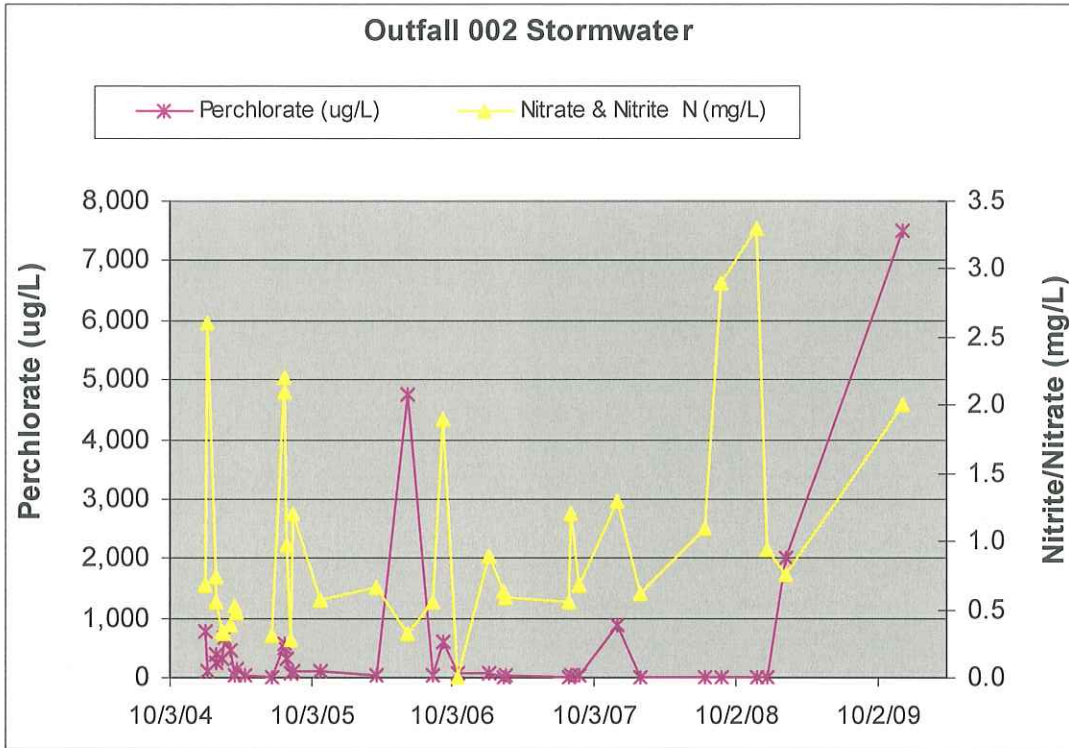
5-Year Stormwater Constituents

Annual Plots of Analyzed Stormwater Constituents



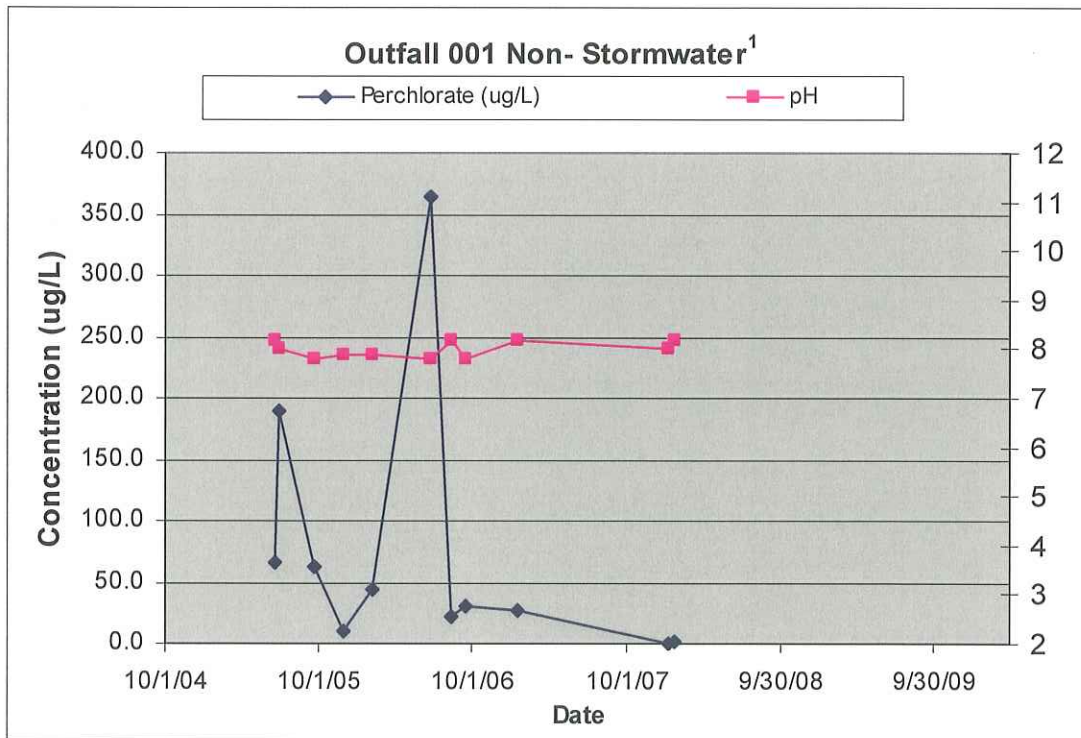
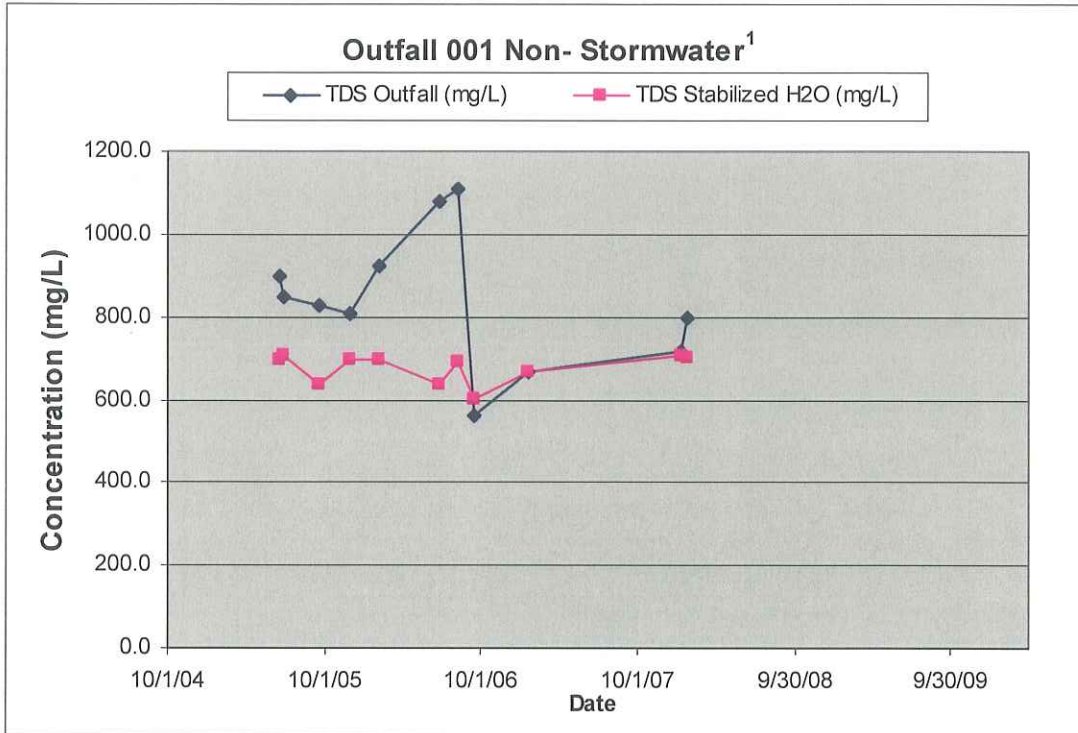
¹ There was no outgoing discharge from Outfall 001 during the year 2009

Annual Plots of Analyzed Stormwater Constituents (cont.)



5-Year Non-stormwater Constituents

Annual Plots of Analyzed Non-Stormwater Constituents



¹ There was no outgoing discharge from Outfall 001 during the year 2009

Annual Plots of Analyzed Non-Stormwater Constituents (cont.)

