

Fredrick R. Stater Plant Manager (702) 651-2233 Fax (702) 651-2310 Rick.Stater@tronox.com

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 a	0 a	0 a
002	0	0.66 b	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 a	0
002	0	11.1	0
003	0	0	0

^a 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.

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.

^b See discussion below.

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 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

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEF FAC-BMI COMPI FX FACILITY:

PERMIT NUMBER NV0000078

DISCHARGE NUMBER 001A

DMR Mailing ZIP CODE: MAJOR

890097000

WINDOYNYY MMIDDOYNYY MMIDDOYNYYY MMIDDOYNYYY EXternal Outfall FRICK STATER AMETER VALUE VALUE <th>FACILITY: KERR-MCGEE FAC-BMI COMPLEX</th> <th>COMPLEX</th> <th></th> <th>N</th> <th>MONITORING PERIOD</th> <th>PERIOD</th> <th></th> <th>□</th> <th>DISCHARGE 001</th> <th>001</th> <th></th> <th></th>	FACILITY: KERR-MCGEE FAC-BMI COMPLEX	COMPLEX		N	MONITORING PERIOD	PERIOD		□	DISCHARGE 001	001		
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Valer deg. centigrade SAMPLE REQUIREMENT ************************************			VALUE	VALUE	STINO	VALUE	VALUE	VALUE	UNITS			
PERMIT ************************************	Temperature, water deg. centigrade	SAMPLE MEASUREMENT			****				****			
SAMPLE MEASUREMENT REQUIREMENT	00010 1 0 Effluent Gross	PERMIT REQUIREMENT	· · · · · · · · · · · · · · · · · · ·	******	李宏宗在李	*****	33 30DA AVG	37 DAILY MX	O geb	0	Continuous	RCORDR
FEQUIREMENT ************************************	Hd	SAMPLE MEASUREMENT			水水水水水水				*****			a.
tor thru treatment plant SAMPLE REQUIREMENT Opt. Mon. Req. Mon. Req. Mon. Mgal/d Mg	00400 1 0 Effuent Gross	PERMIT REQUIREMENT	计会会检查会	专业专业	*****	MINIMUM	电电极电极 电	9 MAXIMUM	ns	0	Once Per Discharge	DISCRT
PERMIT Opt. Mon. Req. Mon. Mgal/d ****** **************************	Flow, in conduit or thru treatment plant				女性教育女				· · · · · · · · · · · · · · · · · · ·			
O4) SAMPLE REAL REMENT ************************************	50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	***	******	*****	在各本金布本	0	Continuous	RCORDR
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Ived SAMPLE MEASUREMENT 1000 30DA AVG Req. Mon. Ib/d DAILY MX ****** Req. Mon. Req. Mon. Req. Mon. Req. Mon. Bod. YMX	61209 1 0 Effluent Gross	PERMIT REQUIREMENT	按查出的条件	*****	在在在在在	****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L	0	Once Per Discharge	DISCRT
PERMIT 1000 Req. Mon. Ib/d ************************************	Solids, total dissolved	SAMPLE MEASUREMENT			在在在在本				· · · · · · · · · · · · · · · · · · ·			
	70295 IN 0 Allowed Increase	PERMIT REQUIREMENT	1000 30DA AVG	Reg. Mon. DAILY MX	p/ql	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L	0	Once Per Discharge	DISCRT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER supervision in accordance with a system designed to assure that qualified personan by supervision in accordance with a system designed to assure that qualified personan by supervision in accordance with a system designed to assure that qualified personan by accordance and complete. The person of personan personant was a system of the person of personant p
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651-2200 NUMBER AREA Code 702 SIGNATURE OF BRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT d under my direction or el properly gather and who manage the ormation submitted is, hat there are significant prisonment for knowing

04/27/2009

DATE

TELEPHONE

MM/DD/YYYY

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

ATTN: MR. FREDERICK STATER

PERMIT NUMBER NV0000078

DISCHARGE NUMBER

MM/DD/YYYY 01/31/2009

MM/DD/YYYY

2

01/01/2009

FROM

MONITORING PERIOD

890097000 DMR Mailing ZIP CODE:

MAJOR

001 STORMWATER MONITORING External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		Ö	QUALITY OR CONCENTRATION	ENTRATION		Ñ.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hd	SAMPLE MEASUREMENT	œ		*****				**	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	· · · · · · · · · · · · · · · · · · ·	我们也要我们	你你在我会会	Req. Mon. MINIMUM	在在在在本本	Req. Mon. MAXIMUM	ns		Once Per Discharge	DISCRT
Solids, total suspended	SAMPLE MEASUREMENT			***				**	0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	***	在安全在有效	非本意外的	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT			*****				****	0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	李本章本章	· · · · · · · · · · · · · · · · · · ·	***	教性教育教育	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT			*****				****	0		
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	你但你女我们	安安全会会	在安全在在安	企在我在水	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L	0.00	Once Per Discharge	DISCRT
Phosphorus, total (as P)	SAMPLE MEASUREMENT			***				****	0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	有情報報報	化妆物物物	***	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Oil and grease	SAMPLE MEASUREMENT			在本本本本				有有有有有有	0		
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	在在在在在	****	**************************************	非我也在在	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			***				***	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	电容量电影	在在在在在在	在安安安安安	在在在在在		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Supervision in accordance with a system designed to assure that undisting personnel properties that the present of the present of properties that the present when the present with the present of properties that the propertie	Fredrick R. Stater / Plant Manager System or those persons directly responsible for gathering the information, the information to the set of mytorides and belief two, exceeding the important that there is no set of the	volatoris.
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Fredrick R. Stater / Plant Manager	TYPED OR PRINTED

702 651-2200 04/27/2009 MM/DD/YYYY NUMBER AREA Code SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT operly gather and or manage the ation submitted is, there are significant on ment for knowing

TELEPHONE

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

NAME:

TRONOX LLC 8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

ATTN: MR. FREDERICK STATER

FROM

001B NV0000078
PERMIT NUMBER

DISCHARGE NUMBER MM/DD/YYYY 01/31/2009 MONITORING PERIOD 2 MM/DD/YYYY 01/01/2009

890097000 DMR Mailing ZIP CODE:

001 STORMWATER MONITORING External Outfall MAJOR

No Discharge

PARAMETER		QUANTITY	TTY OR LOADING		סר	QUALITY OR CONCENTRATION	ENTRATION		Ñ. M.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	STIND	VALUE	VALUE	VALUE	UNITS			
Perchlorate (CIO4)	SAMPLE MEASUREMENT			**				***	0		
61209 1 0 Effluent Gross	PERMIT REQUIREMENT	在我在在在	紫安安在古世	****	在在在在本本本	Opt. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved	SAMPLE MEASUREMENT			· · · · · · · · · · · · · · · · · · ·				安安安安安安	0		
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	你你谁在谁根	****	****	在本代教育社	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L	*	Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD)	SAMPLE MEASUREMENT			物金金金金金		El El		· · · · · · · · · · · · · · · · · · ·	0		
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	· · · · · · · · · · · · · · · · · · ·	***	***	· · · · · · · · · · · · · · · · · · ·	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT

OFFICER supervision in accordance with a system designed to assure that qualified personnel property gather an evaluate the information supervision. The information supervision is accordance with a system designed to assure that qualified personnel property gather an evaluate the information submitted. Based on my inmitted, the person or persons who manage the	System, or those per to the best of my kn penalties for submit violations	TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Fredrick R. Stater / Plant IV	TYPED OR PRINTED

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

651-2200 NUMBER AREA Code 702 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT and and ed is, ficant owing

27/2009

100

DATE

TELEPHONE

MM/DD/YYYY

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

ATTN: MR. FREDERICK STATER

PERMIT NUMBER NV0000078

DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY 01/31/2009

MM/DD/YYYY

2

01/01/2009

FROM

890097000 DMR Mailing ZIP CODE:

MAJOR

DISCHARGE 002 External Outfall

No Discharge

PARAMETER		QUANTITY	TITY OR LOADING		าช	QUALITY OR CONCENTRATION	ENTRATION		Θ̈́Ξ	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT			***				***	0		
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	在在者本在在	非农业专业	***	在你你假堂你	33 30DA AVG	37 DAILY MX	O geb		Continuous	RCORDR
H	SAMPLE MEASUREMENT			****				****	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	化水水水水水	6 MINIMUM	安全保证安全	9 MAXIMUM	ns		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			· · · · · · · · · · · · · · · · · · ·				电影音乐	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	**************************************	***	和你会会会	有相对非由水		Continuous	RCORDR
Perchlorate (CIO4)	SAMPLE MEASUREMENT			你我吃我我				在在在在 在	0		
61209 1 0 Effluent Gross	PERMIT REQUIREMENT	持续持续持續	紫水水水水	****	***	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved	SAMPLE MEASUREMENT			***				***	0		
70295 IN 0 Allowed Increase	PERMIT REQUIREMENT	1000 30DA AVG	Reg. Mon. DAILY MX	p/qI	谁难难难去敢	Req. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT

Fredrick R. Stater / Pl	UTIVE OFFICER supervision in accordance with a system designed to: available the information enhanted Based on my into	system, or those to the best of my penalties for sub	ED violations.
	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Fredrick R. Stater / Plant Manager	TYPED OR PRINTED

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

of all attachments were prepared under my direction or o assure that qualified personnel properly gather and quajiry of the person or persons who manage the thering the information, the information submitted is, and complete. I am sware that there are significant is and complete. I am sware that there are significant if the possibility of fine and imprisonment for knowing

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

DATE

TELEPHONE

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

NAME:

TRONOX LLC 8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

ATTN: MR. FREDERICK STATER

002B NV0000078

MONITORING PERIOD

890097000 DMR Mailing ZIP CODE:

No Discharge

002 STORMWATER MONITORING External Outfall MAJOR DISCHARGE NUMBER MM/DD/YYYY 01/31/2009 բ MM/DD/YYYY PERMIT NUMBER 01/01/2009 FROM

PARAMETER		QUANT	QUANTITY OR LOADING		סו	QUALITY OR CONCENTRATION	ENTRATION		Θ̈́Χ	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	STINO	VALUE	VALUE	VALUE	UNITS			H Sylven
Hd	SAMPLE			****				****	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	海南南南部	安安哈伯哈	化基本价值	Req. Mon. MINIMUM	安安全收收	Req. Mon. MAXIMUM	ns		Once Per Discharge	DISCRT
Solids, total suspended	SAMPLE MEASUREMENT			*****				****	0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	食物物質食食	· · · · · · · · · · · · · · · · · · ·	教室教教教	· · · · · · · · · · · · · · · · · · ·	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT			****				****	0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	全有效的	在在本本本本	教室教教教	· · · · · · · · · · · · · · · · · · ·	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L	8	Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	SAMPLE			****				****	0		
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	教養者學者有	教養養養養養	***	在在衛衛衛衛	Opt. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Phosphorus, total (as P)	SAMPLE			******				****	0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	在意识在在在	安安安安安安	我在在我在	在在者在我	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Oil and grease	SAMPLE MEASUREMENT			****				***	0		
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	外外的物体	对你你你你	· · · · · · · · · · · · · · · · · · ·	计 条件条件	Opt. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			***				***	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	****	***	你你在我女女	***		Continuous	RCORDR

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

127/2009

40

651-2200 NUMBER

AREA Code 707

DATE

TELEPHONE

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

TRONOX LLC NAME

ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

LOCATION:

DMR Mailing ZIP CODE:

No Discharge SAMPLE DISCRT DISCRT DISCRT 890097000 002 STORMWATER MONITORING FREQUENCY OF ANALYSIS Once Per Discharge Once Per Discharge Once Per Discharge 8 2 3 0 0 0 External Outfall UNITS **** ***** 在在在在在在 mg/L mg/L mg/L MAJOR Req. Mon. DAILY MX Req. Mon. DAILY MX Req. Mon. DAILY MX VALUE QUALITY OR CONCENTRATION Opt. Mon. 30DA AVG Opt. Mon. 30DA AVG Opt. Mon. 30DA AVG VALUE DISCHARGE NUMBER MM/DD/YYYY 01/31/2009 VALUE MONITORING PERIOD ဥ UNITS ***** **** ***** ***** MM/DD/YYYY PERMIT NUMBER 01/01/2009 QUANTITY OR LOADING NV0000078 VALUE FROM VALUE SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT 8000 W LAKE MEAD DR HENDERSON, NV 890156619 8000 W LAKE MEAD DR HENDERSON, NV 890156619 ATTN: MR. FREDERICK STATER Chemical Oxygen Demand (COD) PARAMETER Solids, total dissolved Perchlorate (CIO4) 70295 1 0 Effluent Gross 81017 1 0 Effluent Gross 61209 1 0 Effluent Gross

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

DATE

TELEPHONE

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

ATTN: MR. FREDERICK STATER

PERMIT NUMBER NV0000078

DISCHARGE NUMBER

MM/DD/YYYY 01/31/2009

MM/DD/YYYY

2

01/01/2009

FROM

MONITORING PERIOD

890097000 DMR Mailing ZIP CODE:

MAJOR

003 STORMWATER MONITORING External Outfall

No Discharge

PARAMETER		QUANTITY	ITY OR LOADING	8	ช	QUALITY OR CONCENTRATION	ENTRATION		Θ̈́Χ	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hd	SAMPLE			**				****	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	教室者等職家	在在衛衛衛衛	在水水水水	Req. Mon. MINIMUM	在我们的有	Req. Mon. MAXIMUM	ns		Once Per Discharge	DISCRT
Sulfate, total (as SO4)	SAMPLE			*****				***	0		
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	在有量を使用	有金衣衣衣	保存性性	含的体质的	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Manganese, total (as Mn)	SAMPLE MEASUREMENT			如食食食食				电电影电影	0		
01055 1 0 Effluent Gross	PERMIT REQUIREMENT	在在水水水水	在在我有我在	***	安安安安市	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Perchlorate (CIO4)	SAMPLE MEASUREMENT			***				***	0		
61209 1 0 Effluent Gross	PERMIT REQUIREMENT	李安安有	***	***	· 10 · 10 · 10 · 10 · 10 · 10 · 10 · 10	Opt. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved	SAMPLE MEASUREMENT			作水管操作者				***	0		
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	*****	*****	Opt. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT

system, or lone persons durely trapporate for gathering the information, in entormation storation system, or lone person studently true, acctuate, and complete. I am aware that there are signification penalities for submitting false information, including the possibility of fine and imprisonment for know violations.	Fredrick R. Stater / Plant Manager
system, or base persons directly responsible for gallering the information the information submitted system, or base persons directly responsible for gallering the information, the information submitted to the person of the pe	Fredrick R. Stater / Plant Manager
I certify under penalty of law that this document and all attachments were prepared under my direction supervision in accordance with a system designed to assure that qualified personnel properly gather at evaluate the information continued association on my immiter of the menson or persons who manage the	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NUMBER AREA Code SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT er and
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tted is,
nificant

04/27/2009 702 651-2200

DATE

TELEPHONE

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Discharge Monitoring Report February 2009

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

ATTN: MR. FREDERICK STATER

001A PERMIT NUMBER NV0000078

DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY 02/28/2009

MM/DD/YYYY

2

02/01/2009

FROM

DMR Mailing ZIP CODE:

890097000

MAJOR

DISCHARGE 001 External Outfall

No Discharge

PARAMETER		QUANTITY	TITY OR LOADING		no	QUALITY OR CONCENTRATION	ENTRATION		ë.	FREQUENCY OF ANALYSIS	SAMPLE
	1 × 1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		-	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT			***				***	0		
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	电电电电电	非电话传统	*****	在在在在	33 30DA AVG	37 DAILY MX	O geb		Continuous	RCORDR
Hd	SAMPLE MEASUREMENT			****				***	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	在家在家在	电影电影	**	MINIMUM MINIMUM	· · · · · · · · · · · · · · · · · · ·	9 MAXIMUM	ns	N	Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			在安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安	20			· · · · · · · · · · · · · · · · · · ·	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	在在在在本本本	我们看你你	**	*****		Continuous	RCORDR
Perchlorate (CIO4)	SAMPLE MEASUREMENT			***				***	0		
61209 1 0 Effluent Gross	PERMIT REQUIREMENT	在最水空衛表	***	*****	女宗帝在李章	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved	SAMPLE MEASUREMENT			****				****	0		
70295 IN 0 Allowed Increase	PERMIT REQUIREMENT	1000 30DA AVG	Reg. Mon. DAILY MX	p/qI	食物物物物	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT

Violations.	TYPED OR PRINTED
stem, or those persons the best of my knowler enalties for submitting f	Fredrick R. Stater / Plant Manager
Lecrify under penalty of law that this document and all attachments were prepare supervision in accordance with a system designed to assure that qualified personn expervation in information enhanted. Based on my inquiry of the mercan or personn	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

27/2009 140 00cc-159 NUMBER AREA Code 707 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT ared under my direction or onnel properly gather and ons who manage the information submitted is, tre that there are significant imprisonment for knowing

MM/DD/YYYY

DATE

TELEPHONE

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

ATTN: MR. FREDERICK STATER

PERMIT NUMBER NV0000078

DISCHARGE NUMBER

MM/DD/YYYY 02/28/2009

MM/DD/YYYY

2

02/01/2009

FROM

MONITORING PERIOD

DMR Mailing ZIP CODE: MAJOR

890097000

001 STORMWATER MONITORING

External Outfall

No Discharge

SAMPLE RCORDR DISCRT DISCRT DISCRT DISCRT DISCRT DISCRT Continuous FREQUENCY OF ANALYSIS Once Per Discharge SX. 0 0 C UNITS **** 在本本本本本 ***** mg/L ***** mg/L *** mg/L ***** mg/L mg/L SU Req. Mon. MAXIMUM Req. Mon. DAILY MX VALUE QUALITY OR CONCENTRATION Opt. Mon. 30DA AVG VALUE Req. Mon. MINIMUM VALUE UNITS Mgal/d ***** ***** **** 在全班安全市 ***** ***** ***** ***** 在在在在在本 ***** ***** **** QUANTITY OR LOADING Req. Mon. DAILY MX VALUE Req. Mon. 30DA AVG VALUE SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT Flow, in conduit or thru treatment plant Nitrite plus nitrate total 1 det. (as N) Nitrogen, ammonia total (as N) PARAMETER Phosphorus, total (as P) Solids, total suspended 00530 1 0 Effluent Gross 00630 1 0 Effluent Gross 00665 1 0 Effluent Gross 03582 1 0 Effluent Gross 50050 1 0 Effluent Gross 00400 1 0 Effluent Gross 00610 1 0 Effluent Gross Oil and grease

V	SIGNATUR	
I certify under penalty of law that this document and all attachments were prepared under my direction or appervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information of when itself Based on my insuity of the nervon or nervons who manage the	syste to th pen	TOTAL STATE
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Fredrick R. Stater / Plant Manager	TYPED OR PRINTED

THURS WITH	702	651-2200	04/27/2009
ÍATURE OF PRÍNCÍPAL EXÉCUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DATE

TELEPHONE

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

ATTN: MR. FREDERICK STATER

PERMIT NUMBER NV0000078

DISCHARGE NUMBER MM/DD/YYYY 02/28/2009 MONITORING PERIOD MM/DD/YYYY 02/01/2009

2

FROM

890097000 DMR Mailing ZIP CODE:

MAJOR

External Outfall

No Discharge

001 STORMWATER MONITORING

PARAMETER		QUANTITY	TITY OR LOADING		סו	QUALITY OR CONCENTRATION	ENTRATION		ë.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Perchlorate (CIO4)	SAMPLE			***				在 在 在 在 在 在 在 在 在 在 在 在 在 在 在 在 在 在 在	0		
61209 1 0 Effluent Gross	PERMIT REQUIREMENT	在在在在在在	在在我在在	**	新香味香味	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved	SAMPLE MEASUREMENT			在在在在在				有事如果你会	0		
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	你你在中旬我	排水物物水 排	*****	· 由于中央市场 ·	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD)	SAMPLE MEASUREMENT			***				在在在在在	0		
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	收收水量水水	我就我也要	***	李帝帝帝帝	Opt. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT

	TYPED OR PRINTED
gathering the information, the informati urate, and complete. I am aware that the ling the possibility of fine and imprison	Fredrick R. Stater / Plant Manager
I certify under penalty of law that this document and all attachments were prepared under my dir supervision in accordance with a system designed to assure that qualified personnel property gat evaluate the information submitted. Based on my intuity of the nerson or persons who manner of	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

70x 651-2200 NUMBER AREA Code SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

6002/42/40

DATE

TELEPHONE

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

ATTN: MR. FREDERICK STATER

NV0000078
PERMIT NUMBER

002A DISCHARGE NUMBER

MM/DD/YYYY 02/28/2009

MM/DD/YYYY

2

02/01/2009

FROM

MONITORING PERIOD

DMR Mailing ZIP CODE:

890097000

MAJOR

DISCHARGE 002 External Outfall

No Discharge

PARAMETER		QUANTITY	TTY OR LOADING		Ö	QUALITY OR CONCENTRATION	ENTRATION		ë.X	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE			**				*****	٥		
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	· · · · · · · · · · · · · · · · · · ·	在在春夜春春	我也在我也会	在在在在在	33 30DA AVG	37 DAILY MX	deg C		Continuous	RCORDR
Hd	SAMPLE			******			=	****	0		
00400 1 0 Effluent Gross	PERMIT	****	· · · · · · · · · · · · · · · · · · ·	教教教教教	MINIMUM WINIMUM	在你都在你	9 MAXIMUM	ns	30 U	Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant MEASUREMENT	SAMPLE		k	***				***	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	****	在在在在本本本	各股本条件	*****		Continuous	RCORDR
Perchlorate (CIO4)	SAMPLE			******				****	Ø		
61209 1 0 Effluent Gross	PERMIT REQUIREMENT	食物食食物	在在香港水水	*****	在食物物食食	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved	SAMPLE			***				*****	0		
70295 IN 0 Allowed Increase	PERMIT REQUIREMENT	1000 30DA AVG	Req. Mon. DAILY MX	p/qI	聖聖養聖者惟	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT

system, ot those persons directly responsible for gathering the information, the information study to the test of my knowledge and belief, true, accurate, and complete, I am sware that there are a penalties for submitting false information, including the possibility of fine and imprisonment for violations.	Fredrick R. Stater / Plant Manager
system, or those persons directly responsible for gathering the information, the information submitted to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are signific	Fredrick R. Stater / Plant Manager
I certify under penalty of law that this document and all attachments were prepared under my direction supervision in accordance with a system designed to assure that qualtied personnel property gather an evaluate the information submitted. Based on my intuity of the neuson or netsons who manage the	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

651-2200 NUMBER AREA Code 707 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT d is, ficant swing

04/27/2009

DATE

TELEPHONE

MM/DD/YYYY

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

TRONOX LLC

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

ATTN: MR. FREDERICK STATER

금

PERMIT NUMBER NV0000078

DISCHARGE NUMBER

MM/DD/YYYY 02/28/2009

MM/DD/YYYY

2

02/01/2009

FROM

MONITORING PERIOD

890097000 DMR Mailing ZIP CODE: MAJOR

002 STORMWATER MONITORING External Outfall No Discharge

SAMPLE DISCRT DISCRT DISCRT DISCRT DISCRT DISCRT FREQUENCY OF ANALYSIS Once Per Discharge S M 0 0 0 UNITS **** ***** **** mg/L ***** mg/L *** mg/L **** mg/L mg/L SU Req. Mon. MAXIMUM 77.0 Req. Mon. DAILY MX 27.0 0.07 2.10 QUALITY OR CONCENTRATION VALUE 101 1000 Opt. Mon. 30DA AVG 2.10 VALUE 27.0 101 0.47 Req. Mon. MINIMUM アンプイ VALUE UNITS ***** ***** ***** ***** 在水水水水水 QUANTITY OR LOADING VALUE VALUE SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT Nitrite plus nitrate total 1 det. (as N) Nitrogen, ammonia total (as N) PARAMETER Phosphorus, total (as P) Solids, total suspended 00530 1 0 Effluent Gross 00630 1 0 Effluent Gross 00665 1 0 Effluent Gross 03582 1 0 Effluent Gross 00400 1 0 Effluent Gross 00610 1 0 Effluent Gross Oil and grease

System, or those persons directly responsible for galdering the information, the information submitted is,
TUTC Y STUTE

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

9002/12/40 MM/DD/YYYY DATE 651-2200 NUMBER TELEPHONE AREA Code 702 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT ing ing

RCORDR

Continuous

Mgal/d

Req. Mon. DAILY MX 0.0

0.0000 Req. Mon. 30DA AVG

SAMPLE MEASUREMENT

Flow, in conduit or thru treatment plant

50050 1 0 Effluent Gross

PERMIT REQUIREMENT

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

ATTN: MR. FREDERICK STATER

FROM

PERMIT NUMBER NV0000078

DISCHARGE NUMBER MM/DD/YYYY 02/28/2009 MONITORING PERIOD 2 MM/DD/YYYY 02/01/2009

890097000 DMR Mailing ZIP CODE:

MAJOR

002 STORMWATER MONITORING External Outfall No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING		סר	QUALITY OR CONCENTRATION	ENTRATION		Θ. M.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Perchlorate (CIO4)	SAMPLE MEASUREMENT			*****		0.4	2.0	*****	0		
61209 1 0 Effluent Gross	PERMIT REQUIREMENT	在但如你你有	如果你在	***	我你你你你	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved	SAMPLE MEASUREMENT			***		838	838	***	0		
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	存储者收收收	计分析条件	****	化物物物物物	Opt. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD)	SAMPLE MEASUREMENT			佐佐 佐 佐 佐 佐 佐		23.4	23.4	电影电影	0		
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	非价值的证据	***	***	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT

DATE

TELEPHONE

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

ATTN: MR. FREDERICK STATER

PERMIT NUMBER NV0000078

DISCHARGE NUMBER

MM/DD/YYYY 02/28/2009

MM/DD/YYYY

2

02/01/2009

FROM

MONITORING PERIOD

890097000 DMR Mailing ZIP CODE: MAJOR

003 STORMWATER MONITORING External Outfall

No Discharge

SAMPLE DISCRT DISCRT DISCRT DISCRT DISCRT FREQUENCY OF ANALYSIS Once Per Discharge Š Š 0 0 UNITS ***** ***** mg/L ***** mg/L ***** mg/L mg/L SU Req. Mon. MAXIMUM Req. Mon. DAILY MX Req. Mon. DAILY MX Req. Mon. DAILY MX Req. Mon. DAILY MX QUALITY OR CONCENTRATION VALUE Opt. Mon. 30DA AVG Opt. Mon. 30DA AVG Opt. Mon. 30DA AVG Opt. Mon. 30DA AVG VALUE Req. Mon. MINIMUM VALUE ***** UNITS **** ***** ***** **** ***** **** QUANTITY OR LOADING VALUE VALUE SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PARAMETER Manganese, total (as Mn) Sulfate, total (as SO4) Solids, total dissolved Perchlorate (CIO4) 00400 1 0 Effluent Gross 00945 1 0 Effluent Gross 01055 1 0 Effluent Gross 70295 1 0 Effluent Gross 61209 1 0 Effluent Gross

R Supervision in acc	system, or those pe to the best of my kn penalties for submi	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Fredrick R. Stater / Plant Manager	TYPED OR PRINTED

nally of law that this document and all attachments were prepared under my direction or dradene with a system designed to assure that qualified personned properly gather and mation submitted. Based on my inquiry of the person or persons who manage the season directly responsible for gathering the information, the information submitted is, knowledge and belief, the, accurate, and complete. I am aware that there are significant infining late information, including the possibility of fine and imprisonment for knowing mitting late information, including the possibility of fine and imprisonment for knowing

04/27/2009 651-2200 NUMBER AREA Code 707 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

MM/DD/YYYY

DATE

TELEPHONE

Discharge Monitoring Report

March 2009

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

ATTN: MR. FREDERICK STATER

PERMIT NUMBER NV0000078

DISCHARGE NUMBER

MM/DD/YYYY 03/31/2009

MM/DD/YYYY

2

03/01/2009

FROM

MONITORING PERIOD

890097000 DMR Mailing ZIP CODE:

MAJOR

DISCHARGE 001 External Outfall No Discharge

SAMPLE RCORDR RCORDR DISCRT DISCRT DISCRT FREQUENCY OF ANALYSIS Continuous Once Per Discharge Once Per Discharge Continuous Once Per Discharge S N 0 0 0 0 0 UNITS deg C 非安全专业会 **** 在在在在在本 ***** mg/L **** mg/L SU 37 DAILY MX MAXIMUM Req. Mon. DAILY MX Req. Mon. DAILY MX VALUE QUALITY OR CONCENTRATION 33 30DA AVG Req. Mon. 30DA AVG Opt. Mon. 30DA AVG VALUE MINIMUM VALUE UNITS Mgal/d ***** ***** ***** **** **** ***** **** p/q QUANTITY OR LOADING Req. Mon. DAILY MX Req. Mon. DAILY MX VALUE 1000 30DA AVG Opt. Mon. 30DA AVG VALUE 在在在在在在 SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT Flow, in conduit or thru treatment plant Temperature, water deg. centigrade PARAMETER Solids, total dissolved Perchlorate (CIO4) 70295 IN 0 Allowed Increase 50050 1 0 Effluent Gross 00010 1 0 Effluent Gross 00400 1 0 Effluent Gross 61209 1 0 Effluent Gross

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

04/27/2009

702 651-2200

TELEPHONE

DATE

MM/DD/YYYY

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

001B PERMIT NUMBER NV0000078

DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY

MM/DD/YYYY

890097000 DMR Mailing ZIP CODE:

001 STORMWATER MONITORING External Outfall

No Discharge

щ

MAJOR

ATTN: MR. FREDERICK STATER		FROM	M 03/01/2009	00 T	03/31/2009					No Dis	No Discharge
PARAMETER		QUANTI	ITY OR LOADING		ō	QUALITY OR CONCENTRATION	ENTRATION		Ñ.	FREQUENCY OF ANALYSIS	SAMPLE
¥		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hd	SAMPLE			******				****	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	在在查查查查	· · · · · · · · · · · · · · · · · · ·	Req. Mon. MINIMUM	***	Req. Mon. MAXIMUM	ns		Once Per Discharge	DISCRT
Solids, total suspended	SAMPLE			*****				**	0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	· · · · · · · · · · · · · · · · · · ·	被宣传教教教	你你你你	在整備室框架	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT			***				· · · · · · · · · · · · · · · · · · ·	0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	***	表表示表示	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L	23	Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	SAMPLE			****				****	0		
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	你你你你我	前官者者最後	在女女女女	在古祖在在	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Phosphorus, total (as P)	SAMPLE MEASUREMENT			***				· · · · · · · · · · · · · · · · · · ·	0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	在古代中央市	在在我我们就	在安全在在	在在在在在在	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Oil and grease	SAMPLE MEASUREMENT			海市政治方式				· · · · · · · · · · · · · · · · · · ·	0		
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			*****				*****	0		
								200000000000000000000000000000000000000			

2009 MM/DD/YYYY DATE 04/27/ 651-2200 NUMBER TELEPHONE AREA Code 707 IGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

RCORDR

Continuous

Mgal/d

Req. Mon. DAILY MX

Req. Mon. 30DA AVG

PERMIT REQUIREMENT

50050 1 0 Effluent Gross

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

ATTN: MR. FREDERICK STATER

001B

PERMIT NUMBER NV0000078

DISCHARGE NUMBER

MM/DD/YYYY 03/31/2009

MM/DD/YYYY 03/01/2009

2

FROM

MONITORING PERIOD

DMR Mailing ZIP CODE: MAJOR

890097000

001 STORMWATER MONITORING External Outfall

No Discharge

PARAMETER		QUANT	QUANTITY OR LOADING		ō	QUALITY OR CONCENTRATION	ENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	STIND	VALUE	VALUE	VALUE	UNITS			
Perchlorate (CIO4)	SAMPLE MEASUREMENT			* * * * *				****	0		
61209 1 0 Effluent Gross	PERMIT REQUIREMENT	我有些在本	在安安在安	教室教教教	在在香港市	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved	SAMPLE MEASUREMENT			****				电电电电电	0		
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	化妆金妆物	作在专业权	在在在在在	***	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD)	SAMPLE MEASUREMENT			· · · · · · · · · · · · · · · · · · ·		ž		******	0		
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	***	****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT

Total Control of the	TYPED OR PRINTED
system, or those persons directly repossible for gallering the information, the information searning is to the best of my knowledge and belief thus, accurate, and complete, I am navne that there are significant to the best of my knowledge and belief thus, accurate, and complete, I am navne that there are significant submitting false information, including the possibility of fire and imprisonment for knowing submitting.	Fredrick R. Stater / Plant Manager
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify duties plants of the war was used a administration and a secondary and a system designed to assure that districted personned properly gather and recording the secondary and a secondary and a system designed to assure that districted personned properly gather and recording the personned properly gather and recording the personned and a secondary	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

04/27/2009	MM/DD/YYY
551-2200	NUMBER
702 6	AREA Code
Mannin I	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
mitted is significat r knowir	

DATE

TELEPHONE

OMB No. 2040-0004 Form Approved

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

LOCATION: 8000 W LAKE MEAD DR HENDERSON, NV 890156619

ATTN: MR. FREDERICK STATER

PERMIT NUMBER NV0000078

DISCHARGE NUMBER 002A

MM/DD/YYYY 03/31/2009

MM/DD/YYYY

2

03/01/2009

FROM

MONITORING PERIOD

DMR Mailing ZIP CODE:

890097000

MAJOR

DISCHARGE 002 External Outfall No Discharge

PARAMETER		QUANTITY O	TITY OR LOADING		o.	QUALITY OR CONCENTRATION	ENTRATION		NS.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	STINO	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT			***				· · · · · · · · · · · · · · · · · · ·	0		
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	化物质物物物	在在前面在	在在在在在	特别特殊 特	33 30DA AVG	37 DAILY MX	deg C		Continuous	RCORDR
Hd	SAMPLE MEASUREMENT			· · · · · · · · · · · · · · · · · · ·				***	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	在在本本的	· · · · · · · · · · · · · · · · · · ·	在在市场市场	6 MINIMUM	在在在在作作	9 MAXIMUM	SO		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			中有有名字章				我你你你你	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	治疗性治疗	******	***************************************	*****		Continuous	RCORDR
Perchlorate (CIO4)	SAMPLE MEASUREMENT			****				****	0		
61209 1 0 Effluent Gross	PERMIT REQUIREMENT	Askers	****	化水杨林林林	director	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved	SAMPLE MEASUREMENT			***				****	0		
70295 IN 0 Allowed Increase	PERMIT REQUIREMENT	1000 30DA AVG	Reg. Mon. DAILY MX	p/ql	化物物物物	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT

	TYPED OR PRINTED
system, or those persons directly respons to the best of my knowledge and belief, penalties for submitting false informatio	Fredrick R. Stater / Plant Manager
I certify under penalty of law that this de supervision in accordance with a system evaluate the information submitted. Base	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

document and all attachments were prepared under my direction or arm designed to sasure that quiffice descound properly galter and assed on my inquiry of the person or persons who manage the ensemble for galtering the information, the information submitted is; at the accurate, and compiler. I am aware that there are significant inou, including the possibility of fine and imprisonment for knowing

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

DATE

TELEPHONE

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

ATTN: MR. FREDERICK STATER

PERMIT NUMBER NV0000078

DISCHARGE NUMBER 002B

MM/DD/YYYY 03/31/2009

MM/DD/YYYY

2

03/01/2009

FROM

MONITORING PERIOD

890097000 DMR Mailing ZIP CODE:

MAJOR

002 STORMWATER MONITORING . External Outfall

No Discharge

PARAMETER		QUAN	QUANTITY OR LOADING	45	io	QUALITY OR CONCENTRATION	ENTRATION		NO.X	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	STINO	VALUE	VALUE	VALUE	UNITS			
Hd	SAMPLE MEASUREMENT			**				****	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	有者是否在	· · · · · · · · · · · · · · · · · · ·	古世世世中中	Req. Mon. MINIMUM	在你我也去	Req. Mon. MAXIMUM	ns	- 2 3-71 3-11	Once Per Discharge	DISCRT
Solids, total suspended	SAMPLE MEASUREMENT			*****				**	0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	報查查查查	安安在在女士	在在在在	金物物物物	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT			安佐在安佐報	14			你会会我会	0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	· 电电弧电弧 (1)	· ·	****	我我我看着	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT			****				有作在水板板	0		
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	我完在你有我	化催化化	在我也在我	如你你你你	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Phosphorus, total (as P)	SAMPLE MEASUREMENT			***				**************************************	0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	我也如此我们	你在你你在你	**************************************	在在安安本本	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Oil and grease	SAMPLE MEASUREMENT			女女母母女女				在在在在在	0		
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	· · · · · · · · · · · · · · · · · · ·	春春春春春春春春春春春春春春春春春春春春春春春春春春春春春春春春春春春春	在实在在在	在在你在在	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			*****				有效收收收收	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgal/d	电传输程卡电	****	****	· · · · · · · · · · · · · · · · · · ·	- W	Continuous	RCORDR

I certify under penalty of li supervision in accordance	system, or those persons di to the best of my knowledt penalties for submitting fa	violations.
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Fredrick R. Stater / Plant Manager present distribution of the properties of the properties of the properties of the properties for sendenting the properties of the propertie	TYPED OR PRINTED

That this document and all attachments were prepared under my direction or cavit as system designed to assure that qualified personnel property gather and submitted. Based on my inquity of the person or persons who manage the directly responsible for gathering the information, the information asbmitted is, age and belief, true, accurate, and compiled. I am aware that there are significant lake information, including the possibility of fine and imprisonment for knowing false information, including the possibility of fine and imprisonment for knowing

DATE	04/27/200	MM/DD/YYYY
TELEPHONE	151-1200	NUMBER
TEL	707 6	AREA Code
11111111	FORMING HISTORIA	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

0

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 LOCATION:

ATTN: MR. FREDERICK STATER

FROM

PERMIT NUMBER NV0000078

DISCHARGE NUMBER MM/DD/YYYY 03/31/2009 MONITORING PERIOD 2 MM/DD/YYYY 03/01/2009

890097000 DMR Mailing ZIP CODE:

MAJOR

002 STORMWATER MONITORING External Outfall

No Discharge

PARAMETER		QUANTITY 0	TITY OR LOADING		סר	QUALITY OR CONCENTRATION	ENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Perchlorate (CIO4)	SAMPLE			***				***	0		
61209 1 0 Effluent Gross	PERMIT REQUIREMENT	在安全在在安	李明明教会	***	食塩食食量	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved	SAMPLE			***				***	0		
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	化妆物物水物	*****	非条件条件	Opt. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD)	SAMPLE MEASUREMENT			在食食食食				在本章在本章	0		
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	安安安安安安	在安徽市本省	****	***	Opt. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Once Per Discharge	-DISCRT

redrick R. Stater / Plant Manager

551-2200	NUMBER
702 6	AREA Code
min applications of the same o	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
ed is,	OWI

04/27/200

DATE

TELEPHONE

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

TRONOX LLC NAME:

8000 W LAKE MEAD DR HENDERSON, NV 890156619 ADDRESS:

KERR-MCGEE FAC-BMI COMPLEX FACILITY:

LOCATION: 8000 W LAKE MEAD DR HENDERSON, NV 890156619

ATTN: MR. FREDERICK STATER

PERMIT NUMBER NV0000078

MONITORING PERIOD

2

03/01/2009

FROM

MM/DD/YYYY

DISCHARGE NUMBER

890097000 DMR Mailing ZIP CODE:

MAJOR

No Discharge 003 STORMWATER MONITORING External Outfall MM/DD/YYYY 03/31/2009

PARAMETER		QUANTITY O	TITY OR LOADING		91	QUALITY OR CONCENTRATION	ENTRATION		EĞ.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
the consequence of the edition of th		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hd	SAMPLE MEASUREMENT			*****				****	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	· · · · · · · · · · · · · · · · · · ·	在香港市中市	***	Req. Mon. MINIMUM	有有有有有有	Reg. Mon. MAXIMUM	SU		Once Per Discharge	DISCRT
Sulfate, total (as SO4)	SAMPLE MEASUREMENT			***				***	0		
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	在在在在	在在衛在衣架	***	有物物化物物	Opt. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Manganese, total (as Mn)	SAMPLE MEASUREMENT			古香香香香香				· · · · · · · · · · · · · · · · · · ·	0		
01055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	非合物的 故	Opt. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Perchlorate (CIO4)	SAMPLE MEASUREMENT			· · · · · · · · · · · · · · · · · · ·				***	0		
61209 1 0 Effluent Gross	PERMIT REQUIREMENT	***	有力量的有效	*****	49444	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved	SAMPLE MEASUREMENT			安安衛衛衛衛				· · · · · · · · · · · · · · · · · · ·	0		
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	常有在在	****	化性核核性性	化银水化水	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT

NAMETITLE PRINCIPAL EXECUTIVE OFFICER supering under penalty of law that this document and all attachments were prepared under my direct supering the comment of the prepared under my direct supering the prepared under manage if the prepared or prepared under the prepared under	Fredrick R. Stater / Plant Manager is system of the tests of the best sond to the best of	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Fredrick R. Stater / Plant Manager	TYPED OR PRINTED

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1/2009	MYYYY
04/27	MM/DE
651-2200	NUMBER
707	AREA Code
in The Man of Mantes	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
ed is	M

DATE

TELEPHONE

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

4/27/0 g
Date



CALIBRATION CERTIFICATE

CUSTOMER NAME: TRONOX

LOCATION: Outfall #1 West

DATE CALIBRATED: March 31st, 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.

William Wooster, Calibration Technician

CALIBRATION CERTIFICATE

CUSTOMER NAME: TRONOX

LOCATION: Outfall #2 East

DATE CALIBRATED: March 31st, 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.

William Wooster,

Calibration Technician