

SEP 27 2011

ENVIRONMENTAL PROTECTION

September 21, 2011

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

Re: Revised Discharge Monitoring Report (DMR) – June 2011 – NPDES Permit NV0023060

Dear Sirs:



Nevada Environmental Response Trust (NERT) maintains an NPDES Permit #0023060 for discharge of treated water, as part of their on-going effort to remediate perchlorate in the Henderson area. The attached revised June 2011 (Attachment 1) reflects information associated with the remediation efforts, i.e. surface discharge of treated groundwater near the Las Vegas Wash. Supporting analytical reports are included in Attachment 2, in electronic format on a CD. Please note this June 2011 DMR has been revised to include analytical received after the July 28, 2011 required submittal date. All analytical has been received at this time and the attached report is complete.

During June 2011 the biological perchlorate remediation process continued to demonstrate compliance with the monthly average 18 ug/l (ppb) permit limit for total perchlorate concentration. The discharge was also in compliance with all other effluent permit limits.

Should you have any questions concerning this report, please contact Susan Crowley at (702) 592-7727 cell or e-mail smcrowley@cox.net. Thank you.

Sincerely,

Allan J. DeLorme, PE
Managing Principal

Attachments

Overnight Mail

cc: Please see attached distribution sheet

C:\SMC\My
Documents\Document

Tronox Document Distribution List

Updated: 25-Apr-11

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Willis	Derrick	Northgate			
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Arnold	Cindy	Northgate			DVSR hard cc
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Knox	Craig	Environ		X	
Steinberg	Andrew	Trust		X	
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Travers	Mark	Environ		X	
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Sahu	Rahnijit	BMI			
Crouse	George	Syngenta			
Erickson	Lee	Stauffer			
Kelly	Joe	Montrose			
Sundberg	Paul	Montrose			
Gibson	Jeff	AmPac			
Richards	Curt	Olin			
Bellotti	Michael	Olin			

NPDES Permit NV0023060 – Revised June 2011 DMR
CEM Certification

I hereby certify that I am responsible for the services described in this document and for the preparation of this document. The services described in this document have been provided in a manner consistent with the current standards of the profession and, to the best of my knowledge, comply with all applicable federal, state and local statutes, regulations and ordinances.

Susan Crowley 9-20-11

Susan Crowley
CEM 1428, expires 3-8-13

ATTACHMENT 1

**Discharge Monitoring
Reports (DMR)**

10 June DMR - Final
Copy.xls

Revised June 2011

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

Name: Nevada Environmental Response Trust

Address: CO Veolia Water NA

510 Fourth Street
Henderson, NV. 89015

Facility: Nevada Environmental Response Trust

Location: Henderson, NV

Attn: Susan M. Crowley

NV 0023060
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	06	01		11	06	30

NO DISCHARGE
NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave(lbs/day)	UNITS			
Flow	SAMPLE MEASUREMENT	1.37	1.39	MGD	*****	*****	*****		0	Cont	Flow Meter
Effluent	PERMIT REQUIREMENT	1.45 MGD Maximum	1.75 MGD Maximum		*****	*****	*****				
BOD5 (Inhibited)	SAMPLE MEASUREMENT	*****	*****	****	2.4	6.0	27.42	MG/L	0	Weekly	Discrete
Influent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
BOD5 (Inhibited)	SAMPLE MEASUREMENT	*****	*****	****	2.4	5.9	27.19	MG/L	0	Weekly	Discrete
Effluent	PERMIT REQUIREMENT	*****	*****	****	25 mg/L	40 mg/L	254 lbs/day				
Perchlorate FBR	SAMPLE MEASUREMENT	*****	*****	****	140	150	1,623	MG/L	0	Weekly	Comp
Influent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Perchlorate FBR	SAMPLE MEASUREMENT	*****	*****	****	0.25	0.25	0.00	UG/L	0	Weekly	Comp
Effluent	PERMIT REQUIREMENT	*****	*****	****	18 ug/l	Monitor & Report	0.22 lbs/day				
pH	SAMPLE MEASUREMENT	*****	*****	****	7.1	7.30	*****	SU	0	Weekly	Discrete
Effluent	PERMIT REQUIREMENT	*****	*****	****	6.5 Minimum	9.0 Maximum	*****				
Hexavalent Chormium	SAMPLE MEASUREMENT	*****	*****	****	0.022	0.072	0.245	MG/L	0	Weekly	Discrete
Influent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Susan Crowley
CEM 1428, exp 3-8-13
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.

S.M. Crowley
SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 702 592-7727
DATE: 11 09 20

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS

Name: Nevada Environmental Response Trust
 Address: CO Veolia Water NA
 510 Fourth Street
 Henderson, NV. 89015

Facility: Nevada Environmental Response Trust

Location: Henderson, NV

Attn: Susan M. Crowley

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NV 0023060
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MONITORING PERIOD						
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NO DISCHARGE

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		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave (lbs/day)	UNITS			
Hexavalent Chromium Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.000	0.000	0.000	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	0.01 mg/l	Monitor & Report				
Total Chromium Influent	SAMPLE MEASUREMENT	*****	*****	****	0.043	0.079	0.490	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Total Chromium Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.007	0.008	0.083	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	0.1 mg/l	Monitor & Report				
Total Suspended Solids Effluent	SAMPLE MEASUREMENT	*****	*****	****	14.00	15.00	162.04	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	135 mg/l	Monitor & Report	1,634 lbs/day				
Iron, Total Effluent	SAMPLE MEASUREMENT	*****	*****	****	3.28	3.40	37.87	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	10 mg/l	Monitor & Report	121.03 lbs/day				
Manganese Effluent	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	5 mg/l	NA	60.52 lbs/day				
Total Phosphorus, as P Influent	SAMPLE MEASUREMENT	*****	*****	****	0.069	0.097	0.803	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Susan Crowley
 CEM 1428, exp 3-8-13
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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 PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
S.M. Crowley

TELEPHONE
 702 592-7727
 DATE
 11 09 20
 AREA CODE NUMBER YEAR MONTH DAY

COMMENT AND EXPANATION OF ANY VIOLATIONS (Reference all attachments here)
 * Analyte monitored quarterly. Please see April 2011 DMR for information re the 2nd Q 2011.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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 510 Fourth Street
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Attn: Susan M. Crowley

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NV 0023060
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MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
FROM	11	06	01	TO	11	06	30

NO DISCHARGE

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave (lbs/day)	UNITS			
Total Phosphorus, as P	SAMPLE MEASUREMENT	*****	*****	****	0.420	0.640	4.835	MG/L	0	Weekly	Discrete
Effluent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	20 lbs/day				
Total Ammonia, as N	SAMPLE MEASUREMENT	*****	*****	****	0.16	0.22	1.82	MG/L	0	Weekly	Discrete
Effluent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	40 lbs/day				
Attachment A	SAMPLE MEASUREMENT	*****	*****	****	Please see attached results				0	Quarterly	Discrete
Effluent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Color	SAMPLE MEASUREMENT	*****	*****	****	25	30	*****	ACU	0	Weekly	Discrete
Influent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	*****				
Color	SAMPLE MEASUREMENT	*****	*****	****	10.00	10.00	*****	ACU	0	Weekly	Discrete
Effluent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	*****				
Total Inorganic Nitrogen, as N	SAMPLE MEASUREMENT	*****	*****	****	19.75	22.00	228.91	MG/L	0	Weekly	Discrete
Influent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Total Inorganic Nitrogen, as N	SAMPLE MEASUREMENT	*****	*****	****	0.52	0.72	5.99	MG/L	0	Weekly	Discrete
Effluent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Susan Crowley		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			
CEM 1428, exp 3-8-13 TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		702	592-7727	11	09

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		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave (lbs/day)	UNITS				
Sulfate	SAMPLE MEASUREMENT	*****	*****	****	1,500	*****	16,772	MG/L	0	Monthly	Discrete	
Influent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report					
Sulfate	SAMPLE MEASUREMENT	*****	*****	****	1,300	*****	14,536	MG/L	0	Monthly	Discrete	
Effluent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report					
Total Dissolved Solids	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete	
Influent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report					
Total Dissolved Solids	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete	
Effluent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report					
Sulfide	SAMPLE MEASUREMENT	*****	*****	****	0.01	*****	0.13	MG/L	0	Monthly	Discrete	
Influent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report					
Sulfide	SAMPLE MEASUREMENT	*****	*****	****	0.01	*****	0.13	MG/L	0	Monthly	Discrete	
Effluent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report					
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete	
Influent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Susan Crowley		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		
CEM 1428, exp 3-8-13 TYPED OR PRINTED								SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>SM Crowley</i>		702	692-7727	11

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

* Analyte monitored quarterly. Please see April 2011 DMR for information re the 2nd Q 2011.

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		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave(lbs/day)	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete
Effluent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Boron	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete
Effluent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Dissolved Oxygen	SAMPLE MEASUREMENT	*****	*****	****	6.22	6.78	71.19	MG/L	0	Weekly	Discrete
Effluent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Nitrate as N	SAMPLE MEASUREMENT	*****	*****	****	0.37	*****	4.29	MG/L	0	Monthly	Discrete
Effluent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Kjeldahl Nitrogen as N	SAMPLE MEASUREMENT	*****	*****	****	2.22	4.30	25.81	MG/L	0	Weekly	Discrete
Influent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Kjeldahl Nitrogen as N	SAMPLE MEASUREMENT	*****	*****	****	1.65	2.00	19.11	MG/L	0	Weekly	Discrete
Effluent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Chloride	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete
Influent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Susan Crowley	CERIFY 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	592-7727	11	09
CEM 1428, exp 3-8-13	SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY
TYPED OR PRINTED						

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		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave(lbs/day)	UNITS			
Chloride Effluent	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Radium 226 + 228 Effluent	SAMPLE MEASUREMENT	*****	*****	****	1.65	1.86	*****	pCi/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	*****				
Gross Alpha Effluent	SAMPLE MEASUREMENT	*****	*****	****	9.58	11.30	*****	pCi/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	*****				
Chlorate Influent	SAMPLE MEASUREMENT	*****	*****	****	218	*****	2,520	MG/L	0	Monthly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Chlorate Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.03	*****	0.38	MG/L	0	Monthly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
	SAMPLE MEASUREMENT	*****	*****	****					0		
	PERMIT REQUIREMENT	*****	*****	****							
	SAMPLE MEASUREMENT	*****	*****	****					0		
	PERMIT REQUIREMENT	*****	*****	****							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Susan Crowley CEM 1428, exp 3-8-13 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		
		SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	702 AREA CODE	592-7727 NUMBER	11 YEAR	09 MONTH

COMMENT AND EXPANATION OF ANY VIOLATIONS (Reference all attachments here)
 * Analyte monitored quarterly. Please see April 2011 DMR for information re the 2nd Q 2011.

ATTACHMENT 2

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.


Susan M. Crowley, CEM 1428, exp 3-8-13