



Fredrick R. Stater
Plant Manager

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

April 26, 2010

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

SUBJECT: First Quarter 2010 DMR - NPDES Permit # NV0000078

Tronox LLC (Tronox) maintains an NPDES Permit #NV0000078 covering its production operations in Henderson, Nevada. The attached Discharge Monitoring Reports (Attachment 1) reflect discharge from the Tronox Henderson facility as monitored by NPDES equipment. Stabilized water, from water leaks, discharged through the outfall collection systems for brief periods are quantified in Table 1a, below. Storm water discharge is quantified in Table 1b, below.

Table 1a. Non-Storm Flow Totals

Outfall	January Flow (thousands of gallons)	February Flow (thousands of gallons)	March Flow (thousands of gallons)
001	0	0	0
002	0	0	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	431	428	0
002	39.6	8.3	6.3
003	0	0	0

Analytical associated with outfall discharges is attached to this report. This quarter, the sampler stationed at Outfall 001 was sent in to the manufacturer for repairs. The service did not impact operations at the outfall.

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

Sincerely,

Fredrick R. Stater
Plant Manager

Attachments
cc: Mike Skromyda
Matt Paque
U.S. EPA

ATTACHMENT 1

Discharge Monitoring Reports

January 2010

February 2010

March 2010

Discharge Monitoring Report

January 2010

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

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

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

NV0000078
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR

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

DISCHARGE 001
External Outfall

No Discharge

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	4/26/2010
TYPED OR PRINTED	AREA Code	NUMBER
COMMENT AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)	MM/DD/YYYY	

Fredrick R. Stater
SIGNATURE OF PRINCIPLE EXECUTIVE 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

002A
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890097000
MAJOR

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

DISCHARGE 002
External Outfall

No Discharge X

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. centigrade 00010 10 Effluent Gross	*****	*****	*****	*****			
	*****	*****	33 30DA AVG	37 DAILY MX		Continuous	RCORDR
pH	*****	*****	*****	*****			
	*****	*****	6 MINIMUM	9 MAXIMUM		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	*****	*****	*****	*****			
	*****	*****	*****	*****		Continuous	RCORDR
Perchlorate (ClO4) 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 Fredrick R. Stater / Plant Manager TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		(702) 651-2200 AREA Code NUMBER	4/26/2010 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)

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
1/1/2010 TO 1/31/2010

001 STORMWATER MONITORING
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		UNITS		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
pH	*****	*****	*****	7.7	*****	7.7				
00400 1 0 Effluent Gross	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU	Once Per Discharge	DISCRT	
Solids, total suspended	*****	*****	*****	*****	*****	ND				
00530 1 0 Effluent Gross	*****	*****	*****	*****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L	Once Per Discharge	DISCRT	
Nitrogen, ammonia total (as N)	*****	*****	*****	*****	0.19	0.19				
00610 1 0 Effluent Gross	*****	*****	*****	*****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L	Once Per Discharge	DISCRT	
Nitrite plus nitrate total 1 det. (as N)	*****	*****	*****	*****	2.3	2.3				
00630 1 0 Effluent Gross	*****	*****	*****	*****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L	Once Per Discharge	DISCRT	
Phosphorus, total (As P)	*****	*****	*****	*****	0.051	0.051				
00665 1 0 Effluent Gross	*****	*****	*****	*****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L	Once Per Discharge	DISCRT	
Oil and grease	*****	*****	*****	*****	1.4	1.4				
03582 1 0 Effluent Gross	*****	*****	*****	*****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L	Once Per Discharge	DISCRT	
Flow, in conduit or thru treatment plant	0.102	0.174	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****	Continuous	RCORDR	

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	4/26/2010
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)

Form Approved
OMB No. 2040-0004

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

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

NV0000078
PERMIT NUMBER

001B
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890097000
MAJOR

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

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	*****	*****	0.46	*****			
	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Solids, total dissolved 70295 1 0 Effluent Gross	*****	*****	860	*****			
	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD) 81017 1 0 Effluent Gross	*****	*****	37	*****			
	*****	*****	Opt. Mon. 30DA AVG	*****		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	4/26/2010 MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

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

NV0000078
PERMIT NUMBER

002B
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR


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

002 STORMWATER MONITORING
External Outfall

ATTN: MR. FREDRICK STATER

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
pH	*****	*****	7.4	*****		7.4	
00400 1 0 Effluent Gross	*****	*****	Req. Mon. MINIMUM	*****		Req. Mon. MAXIMUM	Once Per Discharge
Solids, total suspended	*****	*****	*****	*****		470	DISCRT
00530 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		mg/L	Once Per Discharge
Nitrogen, ammonia total (as N)	*****	*****	*****	*****		1.4	
00610 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		mg/L	Once Per Discharge
Nitrite plus nitrate total 1 det. (as N)	*****	*****	*****	*****		0.7	
00630 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		mg/L	Once Per Discharge
Phosphorus, total (As P)	*****	*****	*****	*****		0.62	
00665 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		mg/L	Once Per Discharge
Oil and grease	*****	*****	*****	*****		27	
03582 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		mg/L	Once Per Discharge
Flow, in conduit on thru treatment plant	0.013	0.023	*****	*****		*****	
50050 1 0 Effluent Gross	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	*****	*****		*****	Continuous

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager		(702) 651-2200	4/26/2010
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	002B
PERMIT NUMBER	DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890097000
MAJOR

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

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	VALUE	UNITS				
Perchlorate (ClO4)	61209 1 0 Effluent Gross	*****	*****	*****	*****	1.6	1.6			
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	
		*****	*****	*****	*****	180	190			
		*****	*****	*****	*****	Opt. Mon. 30DA AVG	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	4/26/2010 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)

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
1/1/2010 TO 1/31/2010

003 STORMWATER MONITORING
External Outfall

No Discharge X

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	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	4/26/2010 MM/DD/YYYY

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

Discharge Monitoring Report

February 2010

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

Form Approved
OMB No. 2040-0004

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

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

NV0000078
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
2/1/2010 TO 2/28/2010

DISCHARGE 001
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager	TELEPHONE (702) 651-2200	DATE 4/26/2010
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

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.

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

Form Approved
OMB No. 2040-0004

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

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

NV0000078
PERMIT NUMBER

002A
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
2/1/2010 TO 2/28/2010

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	UNITS	VALUE	UNITS			
Temperature, water deg. centigrade	00010 10	*****	*****	*****	*****	*****				
Effluent Gross	00010 10	*****	*****	*****	*****	33 30DA AVG	37 DAILY MX	deg C	Continuous	RCORDR
pH	00400 10	*****	*****	*****	*****	*****	*****			
Effluent Gross	00400 10	*****	*****	*****	*****	6 MINIMUM	9 MAXIMUM	SU	Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	50050 10	*****	*****	*****	*****	*****	*****		Continuous	RCORDR
Effluent Gross	50050 10	*****	*****	*****	*****	*****	*****		Continuous	RCORDR
Perchlorate (ClO4)	61209 10	*****	*****	*****	*****	*****	*****		Once Per Discharge	DISCRT
Effluent Gross	61209 10	*****	*****	*****	*****	*****	*****		Once Per Discharge	DISCRT
Solids, total dissolved	70295 IN 0	*****	*****	*****	*****	*****	*****		Once Per Discharge	DISCRT
Allowed Increase	70295 IN 0	*****	*****	*****	*****	*****	*****		Once Per Discharge	DISCRT

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
Fredrick R. Stater / Plant Manager			(702) 651-2200	4/26/2010
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)

Form Approved
OMB No. 2040-0004

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

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

NV0000078
PERMIT NUMBER

001B
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR


MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
2/1/2010 TO 2/28/2010

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			
pH	*****	*****	8.3	*****			
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)	*****	*****	*****	*****			
00610 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	*****	*****	0.66	*****			
00630 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Phosphorus, total (As P)	*****	*****	0.063	*****			
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	0.0626	0.162	*****	*****			
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

SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE
(702) 651-2200
AREA Code NUMBER

DATE
4/26/2010
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)

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
2/1/2010 TO 2/28/2010

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 10 Effluent Gross	*****	*****	*****	ND			
	*****	*****	Opt. Mon. 30DA AVG	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved 70295 10 Effluent Gross	*****	*****	610	610			
	*****	*****	Opt. Mon. 30DA AVG	mg/L		Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD) 81017 10 Effluent Gross	*****	*****	11	11			
	*****	*****	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	4/26/2010 MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

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

NV0000078
PERMIT NUMBER

002B
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
2/1/2010 TO 2/28/2010

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	*****	*****	7.2	*****			
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	0.0027	0.0063	*****	*****			
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	4/26/2010
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

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

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

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

Form Approved
OMB No. 2040-0004

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

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

NV0000078
PERMIT NUMBER

002B
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
2/1/2010 TO 2/26/2010

002 STORMWATER MONITORING
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			
Perchlorate (ClO4) 61209 1 0 Effluent Gross	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	2.7	3.4			
Solids, total dissolved 70295 1 0 Effluent Gross	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	710	Req. Mon. DAILY MX		Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD) 81017 1 0 Effluent Gross	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	34	Req. Mon. DAILY MX		Once Per Discharge	DISCRT
		*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX		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	4/26/2010 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)

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
2/1/2010 TO 2/28/2010

003 STORMWATER MONITORING
External Outfall

No Discharge X

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS			
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		*****	*****	*****	*****	mg/L	Once Per Discharge	DISCRT
Manganese, total (as Mn)		*****	*****	*****	*****			
01055 1 0 Effluent Gross		*****	*****	*****	*****	mg/L	Once Per Discharge	DISCRT
Perchlorate (ClO4)		*****	*****	*****	*****			
61209 1 0 Effluent Gross		*****	*****	*****	*****	mg/L	Once Per Discharge	DISCRT
Solids, total dissolved		*****	*****	*****	*****			
70295 1 0 Effluent Gross		*****	*****	*****	*****	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	4/26/2010 MM/DD/YYYY

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

Discharge Monitoring Report

March 2010

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

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

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

NV0000078
 PERMIT NUMBER

001A
 DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890097000
 MAJOR

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 3/1/2010 TO 3/31/2010

DISCHARGE 001
 External Outfall

No Discharge X

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. centigrade	*****	*****	*****	*****			
	*****	*****	*****	*****			
pH	*****	*****	*****	*****			
	*****	*****	*****	*****			
Flow, in conduit or thru treatment plant	*****	*****	*****	*****			
	*****	*****	*****	*****			
50050 1 0 Effluent Gross	*****	*****	*****	*****			
	*****	*****	*****	*****			
Perchlorate (ClO4)	*****	*****	*****	*****			
	*****	*****	*****	*****			
Solids, total dissolved	*****	*****	*****	*****			
	*****	*****	*****	*****			
70295 IN 0 Allowed Increase	*****	*****	*****	*****			
	*****	*****	*****	*****			

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		(702) 651-2200	4/26/2010
TYPED OR PRINTED	OFFICER OR AUTHORIZED AGENT	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
3/1/2010 TO 3/31/2010

DISCHARGE 002
External Outfall

No Discharge X

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	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	*****	*****	*****	*****	*****	*****	*****	Once Per Discharge	DISCRT
		1000 30DA AVG	Req. Mon. DAILY MX	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L	Once Per Discharge	DISCRT
		*****	*****	*****	*****	*****	*****	*****	Once Per Discharge	DISCRT

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	4/26/2010
TYPED OR PRINTED	AREA Code	NUMBER
	MM/DD/YYYY	MM/DD/YYYY

[Signature]
SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

Form Approved
OMB No. 2040-0004

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

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

NV0000078
PERMIT NUMBER

001B
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 8900097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
3/1/2010 TO 3/31/2010

001 STORMWATER MONITORING
External Outfall

No Discharge X

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

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
			AREA Code NUMBER (702) 661-2200	MM/DD/YYYY 4/26/2010

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)

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
3/1/2010 TO 3/31/2010

001 STORMWATER MONITORING
External Outfall

No Discharge X

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

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	4/26/2010 MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

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

NV0000078
PERMIT NUMBER

002B
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
3/1/2010 TO 3/31/2010

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	*****	*****	7.5	*****			
00400 1 0 Effluent Gross	*****	*****	Req. Mon. MINIMUM	*****		Once Per Discharge	DISCRT
Solids, total suspended	*****	*****	44	*****			
00530 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	*****	*****	0.33	*****			
00610 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	*****	*****	1.5	*****			
00630 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Phosphorus, total (As P)	*****	*****	0.19	*****			
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	0.006	0.0062	Req. Mon. DAILY MX	*****			
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	4/26/2010
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

[Signature]
SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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.

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	002B
PERMIT NUMBER	DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2010	3/31/2010
FROM	TO

002 STORMWATER MONITORING
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				
Perchlorate (ClO4)	61209 1 0 Effluent Gross	*****	*****	*****	*****	2.1	2.1			
Solids, total dissolved	70295 1 0 Effluent Gross	*****	*****	*****	*****	340	340		Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD)	81017 1 0 Effluent Gross	*****	*****	*****	*****	15	15		Once Per Discharge	DISCRT
		*****	*****	*****	*****	340	340		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	4/26/2010 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)

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
3/1/2010 TO 3/31/2010

003 STORMWATER MONITORING
External Outfall

No Discharge X

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	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	4/26/2010 MM/DD/YYYY

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

Tronox LLC
First Quarter 2010
NPDES Permit NV0000078

Supporting
Analytical Reports

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

Michael Skromyda
Michael Skromyda, CEM 2121, (exp. 10-18-11)

4/26/10
Date

