



Fredrick R. Stater
Plant Manager

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

October 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: Third 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	July Flow (thousands of gallons)	August Flow (thousands of gallons)	September Flow (thousands of gallons)
001	0	0	0
002	0	0	0
003	0	0	0

Table 1b. Stormwater Flow Totals

Outfall	July Flow (thousands of gallons)	August Flow (thousands of gallons)	September Flow (thousands of gallons)
001	0	0	0
002	0	0	0
003	0	0	0

There was no discharge through the outfalls system this quarter.

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

Sincerely,

Fredrick R. Stater
Plant Manager

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

Tronox LLC

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

ATTACHMENT 1

Discharge Monitoring Reports

July 2010

August 2010

September 2010

Discharge Monitoring Report

July 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
7/1/2010 TO 7/31/2010

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	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****			
00010 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	33 30DA AVG	*****	37 DAILY MX	deg C	Continuous RCORDR
pH	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****		
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU	Once Per Discharge DISCRT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****		
50050 10 Effluent Gross	PERMIT REQUIREMENT	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	*****	*****	*****		Continuous RCORDR
Perchlorate (ClO4)	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****		
61209 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	Once Per Discharge DISCRT
Solids, total dissolved	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****		
70295 IN 0 Allowed Increase	PERMIT REQUIREMENT	1000 30DA AVG	Req. Mon. DAILY MX	*****	*****	Req. Mon. 30DA AVG	mg/L	Once Per Discharge DISCRT

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	10/26/2010
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

[Signature]
SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT

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.

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

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

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

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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
7/1/2010 TO 7/31/2010

DISCHARGE 002
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			
Temperature, water deg. centigrade	00010 10	*****	*****	*****	*****	*****			
Effluent Gross	00400 1 0	*****	*****	*****	33 30DA AVG	37 DAILY MX		Continuous	RCORDR
pH		*****	*****	*****	*****	*****			
Flow, in conduit or thru treatment plant		*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross		*****	*****	*****	6 MINIMUM	9 MAXIMUM		Once Per Discharge	DISCRT
Perchlorate (ClO4)		*****	*****	*****	*****	*****		Continuous	RCORDR
61209 1 0 Effluent Gross		*****	*****	*****	*****	*****			
Solids, total dissolved		*****	*****	*****	*****	*****			
70295 IN 0 Allowed Increase		*****	*****	*****	*****	*****			
		*****	*****	*****	*****	*****		Once Per Discharge	DISCRT
		*****	*****	*****	*****	*****		Once Per Discharge	DISCRT

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE		DATE
Frederick R. Stater / Plant Manager	(702) 651-2200		10/26/2010
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
COMMENT AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		
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ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

001B
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
7/1/2010 TO 7/31/2010

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			
pH	*****	*****	*****	*****			
00400 1 0 Effluent Gross	*****	*****	Req. Mon. MINIMUM	SU		Once Per Discharge	DISCRT
Solids, total suspended	*****	*****	*****				
00530 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	mg/L		Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	*****	*****	*****				
00610 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	mg/L		Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	*****	*****	*****				
00630 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	mg/L		Once Per Discharge	DISCRT
Phosphorus, total (As P)	*****	*****	*****				
00665 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	mg/L		Once Per Discharge	DISCRT
Oil and grease	*****	*****	*****				
03582 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	*****	*****	*****	*****			
50050 1 0 Effluent Gross	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	*****	*****		Continuous	RCORDR

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

SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
(702) 651-2200
AREA Code NUMBER

DATE
10/26/2010
MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
7/1/2010 TO 7/31/2010

001 STORMWATER MONITORING
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager TYPED OR PRINTED	<small>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.</small>	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (702) 651-2200 <small>AREA Code NUMBER</small>	DATE 10/26/2010 <small>MM/DD/YYYY</small>

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

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ATTN: MR. FREDRICK STATER

NV0000078
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DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
7/1/2010 TO 7/31/2010

002 STORMWATER MONITORING
External Outfall

No Discharge X

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Req. Mon. MINIMUM	*****		Once Per Discharge	DISCRT
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG		Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG		Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG		Once Per Discharge	DISCRT
Phosphorus, total (As P)	SAMPLE MEASUREMENT	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG		Once Per Discharge	DISCRT
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG		Once Per Discharge	DISCRT
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	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	10/26/2010 MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2010	7/31/2010

002 STORMWATER MONITORING
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	10/26/2010
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)

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

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MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
7/1/2010 TO 7/31/2010

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	VALUE	UNITS			
pH	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	Once Per Discharge	DISCRT	
	*****	*****	*****	*****	*****	*****			
Sulfate, total (as SO4)	*****	*****	*****	*****	*****	*****	Once Per Discharge	DISCRT	
	*****	*****	*****	*****	*****	*****			
00945 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	Once Per Discharge	DISCRT	
	*****	*****	*****	*****	*****	*****			
Manganese, total (as Mn)	*****	*****	*****	*****	*****	*****	Once Per Discharge	DISCRT	
	*****	*****	*****	*****	*****	*****			
01055 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	Once Per Discharge	DISCRT	
	*****	*****	*****	*****	*****	*****			
Perchlorate (cO4)	*****	*****	*****	*****	*****	*****	Once Per Discharge	DISCRT	
	*****	*****	*****	*****	*****	*****			
61209 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	Once Per Discharge	DISCRT	
	*****	*****	*****	*****	*****	*****			
Solids, total dissolved	*****	*****	*****	*****	*****	*****	Once Per Discharge	DISCRT	
	*****	*****	*****	*****	*****	*****			
70295 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	Once Per Discharge	DISCRT	
	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager TYPED OR PRINTED	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
		(702) 651-2200 AREA Code NUMBER	10/26/2010 MM/DD/YYYY

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

Discharge Monitoring Report

August 2010

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

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

NAME: TRONOX LLC
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DMR Mailing ZIP CODE: 890097000
 MAJOR

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 8/1/2010 TO 8/31/2010

DISCHARGE 001
 External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	10/26/2010
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)

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002A
 DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890097000
 MAJOR

MONITORING PERIOD
 FROM 8/1/2010 TO 8/31/2010

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	VALUE	UNITS			
Temperature, water deg. centigrade	00010 1 0	*****	*****	*****	*****	*****			
Effluent Gross		*****	*****	*****	33 30DA AVG	37 DAILY MX	deg C	Continuous	RCORDR
pH		*****	*****	*****	*****	*****			
00400 1 0		*****	*****	*****	6 MINIMUM	9 MAXIMUM	SU	Once Per Discharge	DISCRT
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		*****	*****	*****	*****	*****	*****		
Effluent Gross		*****	*****	*****	*****	*****	*****	Once Per Discharge	DISCRT
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 TYPED OR PRINTED	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
		(702) 651-2200	10/26/2010
COMMENT AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER
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MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
8/1/2010 TO 8/31/2010

001 STORMWATER MONITORING
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	10/26/2010
TYPED OR PRINTED	AREA Code	NUMBER
	*****	*****
SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		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
8/1/2010 TO 8/31/2010

001 STORMWATER MONITORING
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager TYPED OR PRINTED	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
		(702) 651-2200 AREA Code NUMBER	10/26/2010 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
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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
8/1/2010 TO 8/31/2010

002 STORMWATER MONITORING
External Outfall

No Discharge X

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE				
pH	*****	*****	*****	*****				
00400 1 0 Effluent Gross	*****	*****	Req. Mon. MINIMUM	Req. Mon. MAXIMUM	SU		Once Per Discharge	DISCRT
Solids, total suspended	*****	*****	*****	*****				
00530 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	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	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		(702) 651-2200 AREA Code NUMBER	10/26/2010 MM/DD/YYYY

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

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

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

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ATTN: MR. FREDRICK STATER

NV0000078
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DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2010	8/31/2010

002 STORMWATER MONITORING
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	10/26/2010
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

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

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

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

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

NV0000078
PERMIT NUMBER

003B
DISCHARGE NUMBER

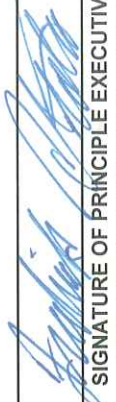
DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
8/1/2010 TO 8/31/2010

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		(702) 651-2200 AREA Code NUMBER	10/26/2010 MM/DD/YYYY

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

Discharge Monitoring Report

September 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
9/1/2010 TO 9/30/2010

DISCHARGE 001
External Outfall

No Discharge

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		(702) 651-2200	10/26/2010
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. FREDERICK STATER

NV0000078
PERMIT NUMBER

002A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
FROM 9/1/2010 TO 9/30/2010

DISCHARGE 002
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Frederick R. Stater / Plant Manager TYPED OR PRINTED	TELEPHONE (702) 651-2200	DATE 10/26/2010
COMMENT AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)	AREA Code NUMBER	MM/DD/YYYY

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

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

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
9/1/2010 TO 9/30/2010

001 STORMWATER MONITORING
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (702) 651-2200	DATE 10/26/2010
COMMENT AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER
			MM/DD/YYYY

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

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

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NV0000078
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DMR Mailing ZIP CODE: 8900097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
9/1/2010 TO 9/30/2010

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager TYPED OR PRINTED		(702) 651-2200 AREA Code NUMBER	10/26/2010 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
9/1/2010 TO 9/30/2010

002 STORMWATER MONITORING
External Outfall

No Discharge X

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

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

SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
(702) 651-2200
AREA Code NUMBER

DATE
10/26/2010
MM/DD/YYYY

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

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

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

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ATTN: MR. FREDRICK STATER

NV0000078
PERMIT NUMBER

002B
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2010	9/30/2010

002 STORMWATER MONITORING
External Outfall

No Discharge X

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Perchlorate (ClO4)	61209 1 0 Effluent Gross	*****	*****	*****	*****					
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	
		*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	Once Per Discharge	DISCRT	
		*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	Once Per Discharge	DISCRT	

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE		DATE
Frederick R. Stater / Plant Manager	(702) 651-2200		10/26/2010
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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

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

Form Approved
OMB No. 2040-0004

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

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

NV0000078
PERMIT NUMBER

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DMR Mailing ZIP CODE: 890097000
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
9/1/2010 TO 9/30/2010

003 STORMWATER MONITORING
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	10/26/2010
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY


SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT

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