



Fredrick R. Stater  
Plant Manager

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Rick.Stater@tronox.com

January 24, 2011

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

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

**Table 1b. Stormwater Flow Totals**

Outfall	October Flow (thousands of gallons)	November Flow (thousands of gallons)	December Flow (thousands of gallons)
001	0	0	0
002	6.3	0	104
003	0	0	0

Laboratory analysis results for the fourth quarter are attached. 5-year plots of monitored stormwater and non-stormwater constituents are attached for the annual report. Please note that there was no non-stormwater discharge through Outfall 001 and Outfall 002 for the year 2010.

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](mailto: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**

**October 2010**

**November 2010**

**December 2010**

# **Discharge Monitoring Report**

**October 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

002A  
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
10/1/2010 TO 10/31/2010

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 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
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	*****	*****	*****				
Allowed Increase		30DA AVG	Req. Mon. DAILY MX	*****	*****	*****			Once Per Discharge	DISCRT

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	1/24/2011
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)

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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  
10/1/2010 TO 10/31/2010

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	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  
1/24/2011

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)

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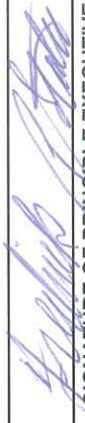
DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
10/1/2010 TO 10/31/2010

001 STORMWATER MONITORING  
External Outfall

No Discharge  X

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

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Fredrick R. Stater / Plant Manager		(702) 651-2200	1/24/2011
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)

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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 TO MM/DD/YYYY  
10/1/2010 TO 10/31/2010

002 STORMWATER MONITORING  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
pH	*****	*****	7.1	*****			
00400 1 0 Effluent Gross	*****	*****	Req. Mon. MINIMUM	*****		Once Per Discharge	DISCRT
Solids, total suspended	*****	*****	*****	75			
00530 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	*****	*****	*****	3.4			
00610 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	*****	*****	*****	2.1			
00630 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	*****		Once Per Discharge	DISCRT
Phosphorus, total (As P)	*****	*****	*****	ND			
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	0.0063	*****	*****			
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	1/24/2011
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

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



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MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
10/1/2010 TO 10/31/2010

002 STORMWATER MONITORING  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Perchlorate (ClO4) 61209 1 0 Effluent Gross	*****	*****	8.4	*****	*****	8.4			
	*****	*****	Opt. Mon. 30DA AVG	*****	*****	Req. Mon. DAILY MIX	mg/L	Once Per Discharge	DISCRT
Solids, total dissolved 70295 1 0 Effluent Gross	*****	*****	2800	*****	*****	2800			
	*****	*****	Opt. Mon. 30DA AVG	*****	*****	Req. Mon. DAILY MIX	mg/L	Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD) 81017 1 0 Effluent Gross	*****	*****	490	*****	*****	490			
	*****	*****	Opt. Mon. 30DA AVG	*****	*****	Req. Mon. DAILY MIX	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 (702) 651-2200	DATE 1/24/2011
COMMENT AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)		AREA Code NUMBER	MM/DD/YYYY

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NV0000078  
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DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
10/1/2010 TO 10/31/2010

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	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	1/24/2011
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)

# **Discharge Monitoring Report**

**November 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	002A
PERMIT NUMBER	DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2010	11/30/2010

DISCHARGE 002  
External Outfall

No Discharge

PARAMETER	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 Effluent Gross	*****	*****	6 MINIMUM	9 MAXIMUM	SU		Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	*****	*****	*****		Continuous	RCORDR
Perchlorate (ClO4)	*****	*****	*****	*****	*****			
61209 1 0 Effluent Gross	*****	*****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved	*****	*****	*****	*****	*****			
70295 IN 0 Allowed Increase	1000 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	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		(702) 651-2200 AREA Code NUMBER	1/24/2011 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

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PERMIT NUMBER

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DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
11/1/2010 TO 11/30/2010

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	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	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	1/24/2011
TYPED OR PRINTED	AREA Code	NUMBER
	(702) 651-2200	MM/DD/YYYY
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MAJOR

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MM/DD/YYYY TO MM/DD/YYYY  
11/1/2010 TO 11/30/2010

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			
Perchlorate (ClO4)	61209 10 Effluent Gross	*****	*****	*****	*****	*****				
Solids, total dissolved	70295 10 Effluent Gross	*****	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	Once Per Discharge	DISCRT	
Chemical Oxygen Demand (COD)	81017 10 Effluent Gross	*****	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	Once Per Discharge	DISCRT	
		*****	*****	*****	*****	Opt. Mon. 30DA AVG	mg/L	Once Per Discharge	DISCRT	

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Frederick R. Stater / Plant Manager	(702) 651-2200	1/24/2011
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MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
11/1/2010 TO 11/30/2010

002 STORMWATER MONITORING  
External Outfall

No Discharge  X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	1/24/2011
TYPED OR PRINTED	AREA Code	NUMBER
	*****	MM/DD/YYYY

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

NV0000078  
PERMIT NUMBER

002B  
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
11/1/2010 TO 11/30/2010

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	VALUE	UNITS	VALUE			
Perchlorate (ClO4) 61209 1 0 Effluent Gross	*****	*****	*****	*****					
	*****	*****	*****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MIX	mg/L	Once Per Discharge	DISCRT	
Solids, total dissolved 70295 1 0 Effluent Gross	*****	*****	*****	*****					
	*****	*****	*****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MIX	mg/L	Once Per Discharge	DISCRT	
Chemical Oxygen Demand (COD) 81017 1 0 Effluent Gross	*****	*****	*****	*****					
	*****	*****	*****	Opt. Mon. 30DA AVG	Req. Mon. DAILY MIX	mg/L	Once Per Discharge	DISCRT	

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER  Fredrick R. Stater / Plant Manager TYPED OR PRINTED	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
		(702) 651-2200 AREA Code NUMBER	1/24/2011 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  
11/1/2010 TO 11/30/2010

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	VALUE	UNITS			
pH		*****	*****	*****					
00400 1 0 Effluent Gross		*****	*****	Req. Mon. MINIMUM	Req. Mon. MAXIMUM	SU		Once Per Discharge	DISCRT
Sulfate, total (as SO4)		*****	*****	*****					
00945 1 0 Effluent Gross		*****	*****	*****	Opt. Mon. 30DA AVG	mg/L		Once Per Discharge	DISCRT
Manganese, total (as Mn)		*****	*****	*****					
01055 1 0 Effluent Gross		*****	*****	*****	Opt. Mon. 30DA AVG	mg/L		Once Per Discharge	DISCRT
Perchlorate (ClO4)		*****	*****	*****					
61209 1 0 Effluent Gross		*****	*****	*****	Opt. Mon. 30DA AVG	mg/L		Once Per Discharge	DISCRT
Solids, total dissolved		*****	*****	*****					
70295 1 0 Effluent Gross		*****	*****	*****	Opt. Mon. 30DA AVG	mg/L		Once Per Discharge	DISCRT

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		(702) 651-2200 AREA Code NUMBER	1/24/2011 MM/DD/YYYY

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

# **Discharge Monitoring Report**

**December 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	001A
PERMIT NUMBER	DISCHARGE NUMBER

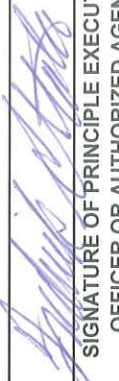
DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2010	12/31/2010
FROM	TO

DISCHARGE 001  
External Outfall

No Discharge  X

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. centigrade 00010 1 0 Effluent Gross	*****	*****	*****	*****			
	*****	*****	33 30DA AVG	37 DAILY MX		Continuous	RCORDR
pH	*****	*****	*****	*****			
	*****	*****	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	*****	*****		Once Per Discharge	DISCRT

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		(702) 651-2200	1/24/2011
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. FREDERICK STATER

NV0000078	002A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2010	12/31/2010
FROM	TO

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 1 0 Effluent Gross	*****	*****	*****	*****	*****				
pH	00400 1 0 Effluent Gross	*****	*****	*****	*****	33 30DA AVG	37 DAILY MX	deg C	Continuous	RCORDR
Flow, in conduit or thru treatment plant	50050 1 0 Effluent Gross	*****	*****	*****	*****	6 MINIMUM	9 MAXIMUM	SU	Once Per Discharge	DISCRT
Perchlorate (ClO4)	61209 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	Continuous	RCORDR
Solids, total dissolved	70295 IN 0 Allowed Increase	1000 30DA AVG	Req. Mon. DAILY MX	*****	*****	*****	*****	mg/L	Once Per Discharge	DISCRT
		*****	*****	*****	*****	*****	*****	mg/L	Once Per Discharge	DISCRT

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	1/24/2011
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)

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

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

NV0000078  
PERMIT NUMBER

001B  
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
12/1/2010 TO 12/31/2010

001 STORMWATER MONITORING  
External Outfall

No Discharge  X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		(702) 651-2200 AREA Code NUMBER	1/24/2011 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: 8900097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
12/1/2010 TO 12/31/2010

001 STORMWATER MONITORING  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	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	TELEPHONE	DATE
Frederick R. Stater / Plant Manager	(702) 651-2200	1/24/2011
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	
		



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

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

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

NV0000078  
PERMIT NUMBER

002B  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
12/1/2010 TO 12/31/2010

002 STORMWATER MONITORING  
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS				
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	7.2	*****	7.3			
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU	Once Per Discharge	DISCRT
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	180			
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX	mg/L	Once Per Discharge	DISCRT
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	1.0			
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX	mg/L	Once Per Discharge	DISCRT
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	2.1			
00630 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX	mg/L	Once Per Discharge	DISCRT
Phosphorus, total (As P)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.53			
00665 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX	mg/L	Once Per Discharge	DISCRT
Oil and grease	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	ND			
03582 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX	mg/L	Once Per Discharge	DISCRT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.035	0.072	*****	*****	*****	*****		
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	*****	*****	*****	*****	Continuous	RCOORDR

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  
1/24/2011

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

002B  
DISCHARGE NUMBER

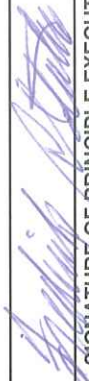
DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
12/1/2010 TO 12/31/2010

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	UNITS	VALUE	UNITS			
Perchlorate (ClO4) 61209 1 0 Effluent Gross	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	2.7	*****			
	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX	*****	mg/L	Once Per Discharge	DISCRT
Solids, total dissolved 70295 1 0 Effluent Gross	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	740	*****			
	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX	*****	mg/L	Once Per Discharge	DISCRT
Chemical Oxygen Demand (COD) 81017 1 0 Effluent Gross	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	160	*****			
	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	Opt. Mon. 30DA AVG	*****	Req. Mon. DAILY MX	*****	mg/L	Once Per Discharge	DISCRT

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager TYPED OR PRINTED		(702) 651-2200 AREA Code NUMBER	1/24/2011 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  
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DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
12/1/2010 TO 12/31/2010

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 (cI04)	*****	*****	*****				
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	TELEPHONE	DATE
Fredrick R. Stater / Plant Manager	(702) 651-2200	1/24/2011
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)

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.



# **Discharge Monitoring Report**

## **2010 Annual Non-stormwater Discharge**

**Outfall 001**

**Outfall 002**

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 8901566619

FACILITY: TRONOX FAC-BMI COMPLEX  
LOCATION: 560 W LAKE MEAD PKWY  
HENDERSON, NV 8901566619

ATTN: MR. FREDRICK STATER

NV0000078  
PERMIT NUMBER

002 Y  
DISCHARGE NUMBER

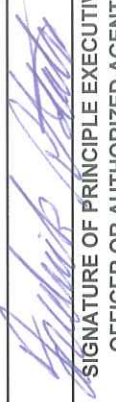
ANNUAL MONITORING  
DMR Mailing ZIP CODE: 890097000  
MAJOR

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
1/1/2010 TO 12/31/2010

DISCHARGE 002  
External Outfall

No Discharge  X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER  Fredrick R. Stater / Plant Manager TYPED OR PRINTED	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
		(702) 651-2200 AREA Code NUMBER	1/24/2011 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

001 Y  
 DISCHARGE NUMBER


ANNUAL MONITORING DMR Mailing ZIP CODE: 890097000  
 MAJOR

MONITORING PERIOD  
 MM/DD/YYYY TO MM/DD/YYYY  
 1/1/2010 TO 12/31/2010

DISCHARGE 001  
 External Outfall

No Discharge  X

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE			
SOLIDS, TOTAL DISSOLVED, TOTAL TONS	*****		(5D)	*****	*****	0		
03613 > 0 0 INCREASE (NOT END OF PIPE)	*****	175 TONS ANNL TOTAL	TONS	*****	*****		ONCE/DISCHG	DISCRT
SAMPLE MEASUREMENT REQUIREMENT								
SAMPLE MEASUREMENT REQUIREMENT								
SAMPLE MEASUREMENT REQUIREMENT								
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NAME/TITLE PRINCIPLE EXECUTIVE OFFICER Fredrick R. Stater / Plant Manager	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		(702) 651-2200	1/24/2011
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

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

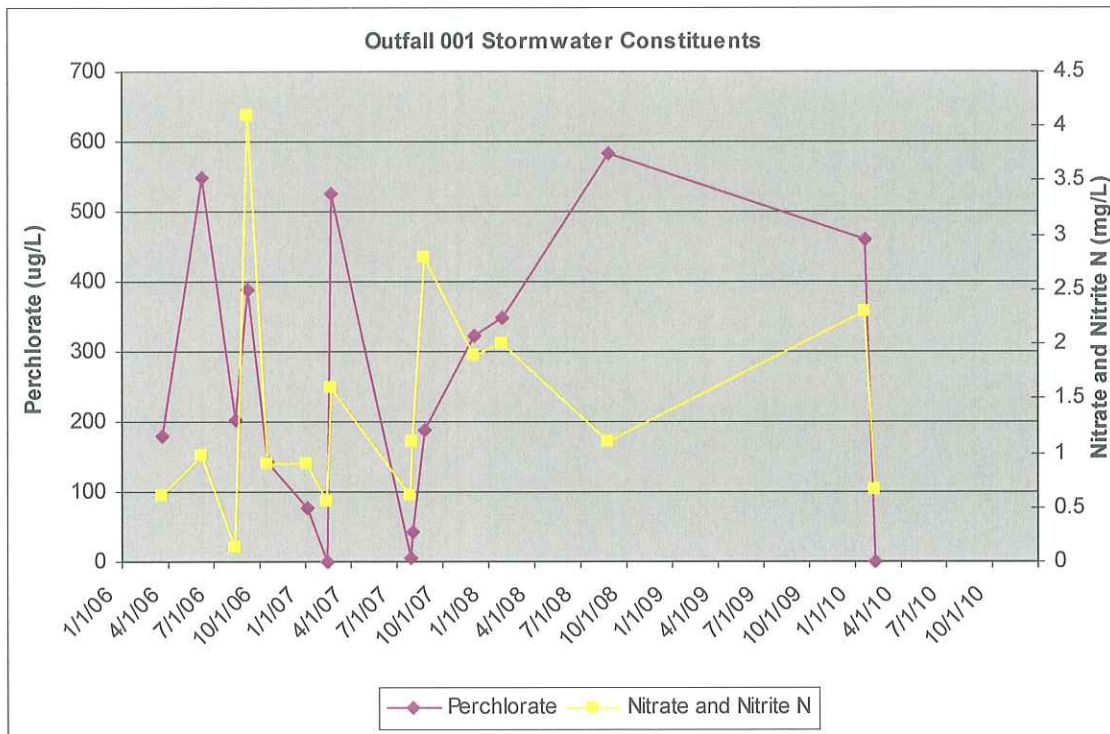
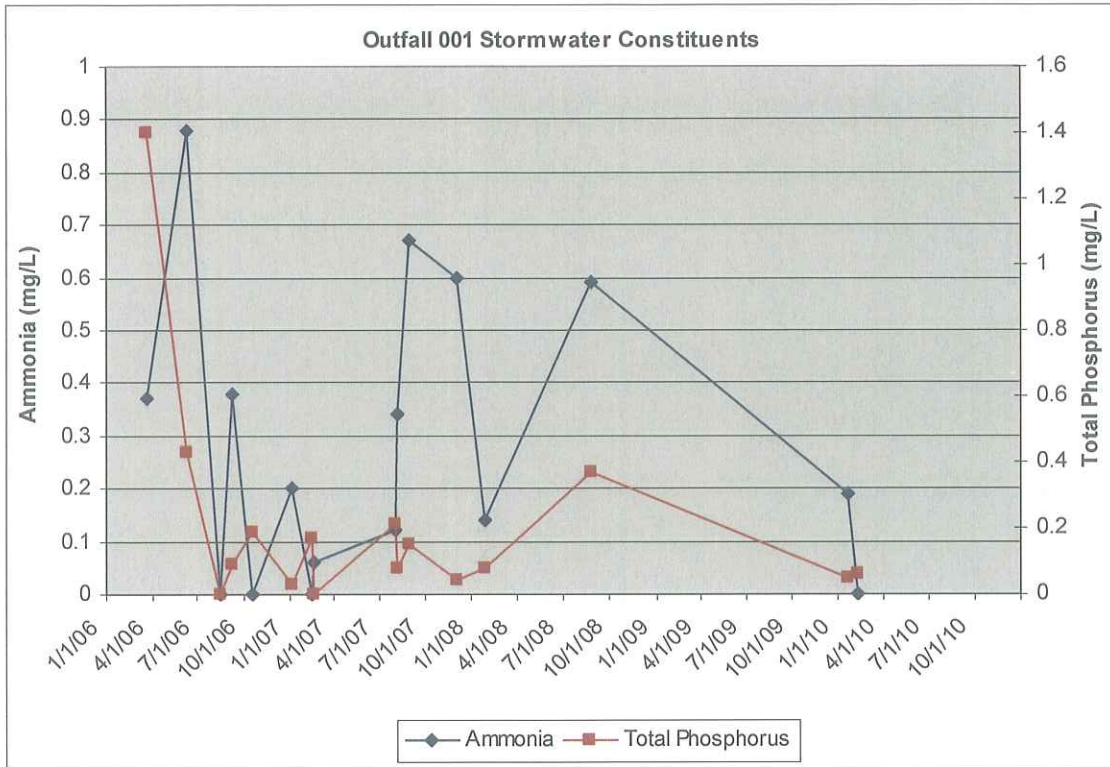


## **Annual Plot of Analyzed Constituents**

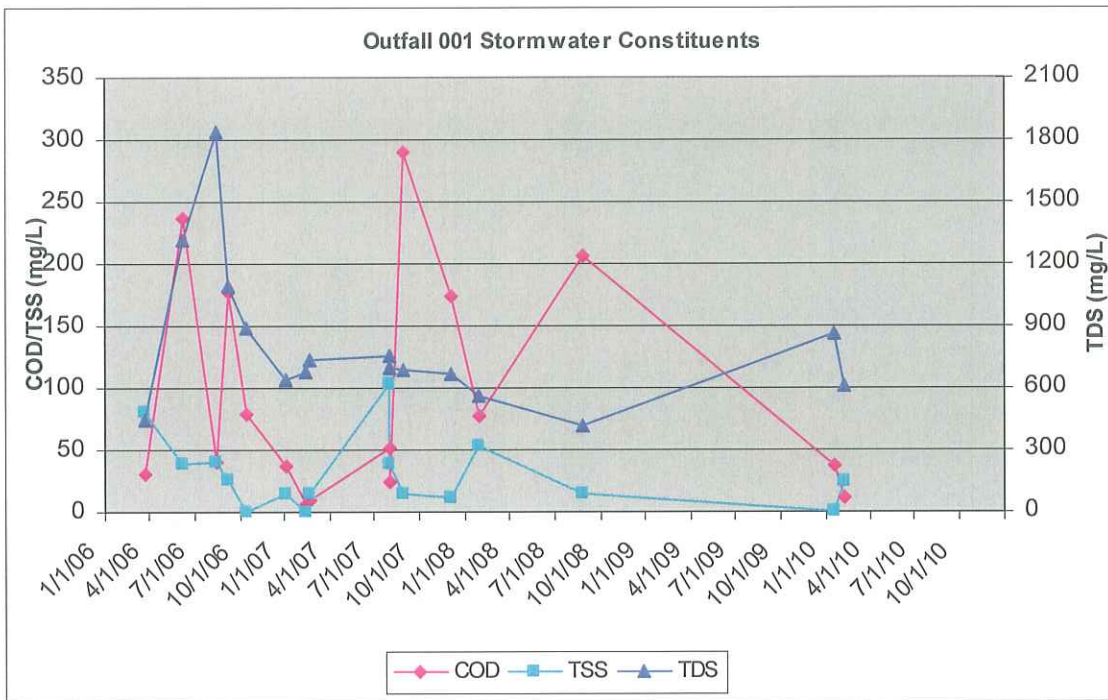
**5-year Stormwater Constituents**

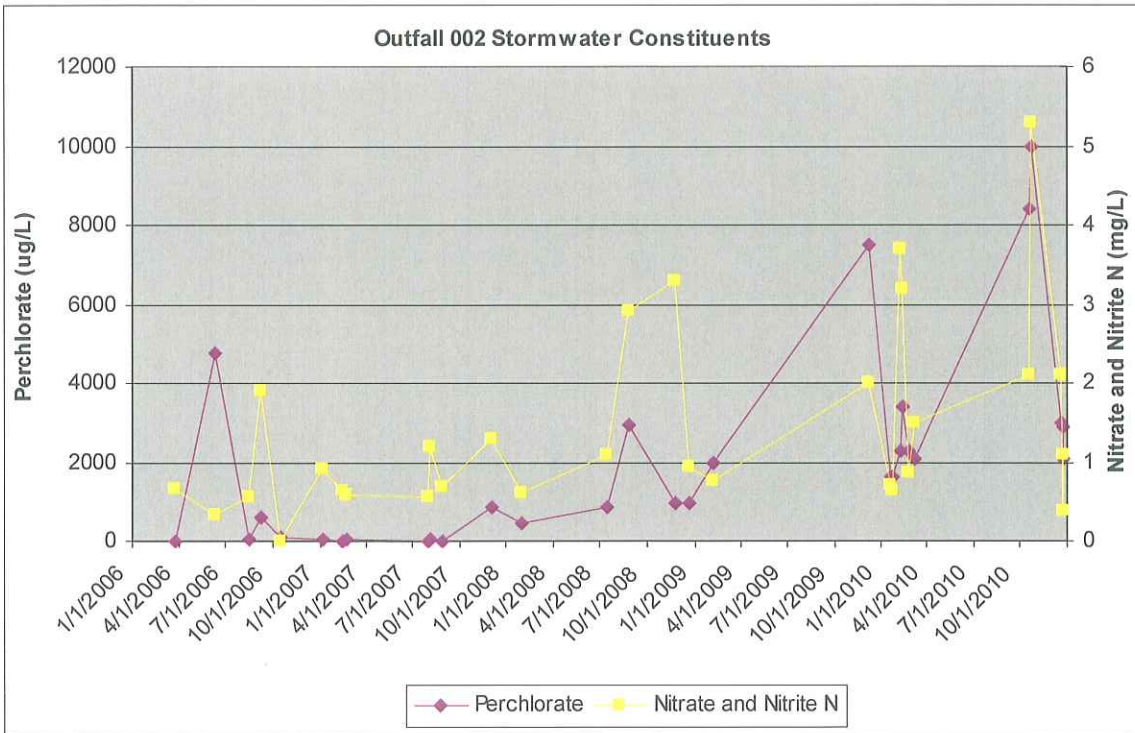
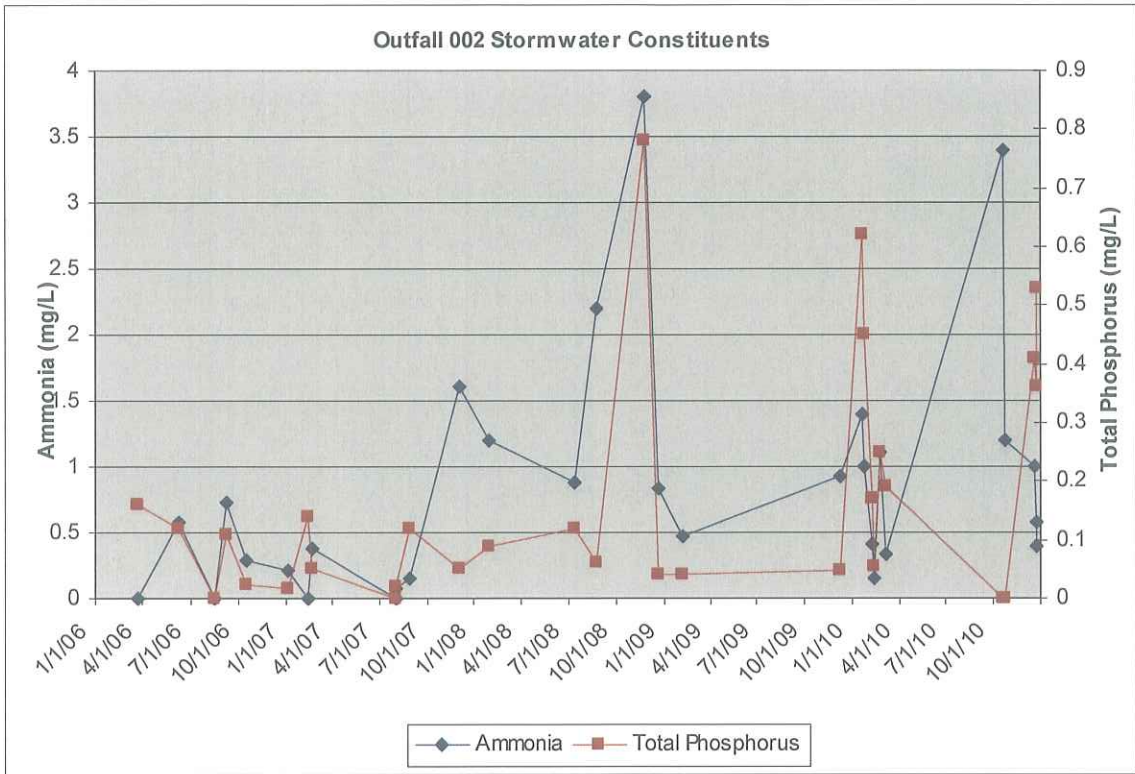
**5-year Non-stormwater Constituents**

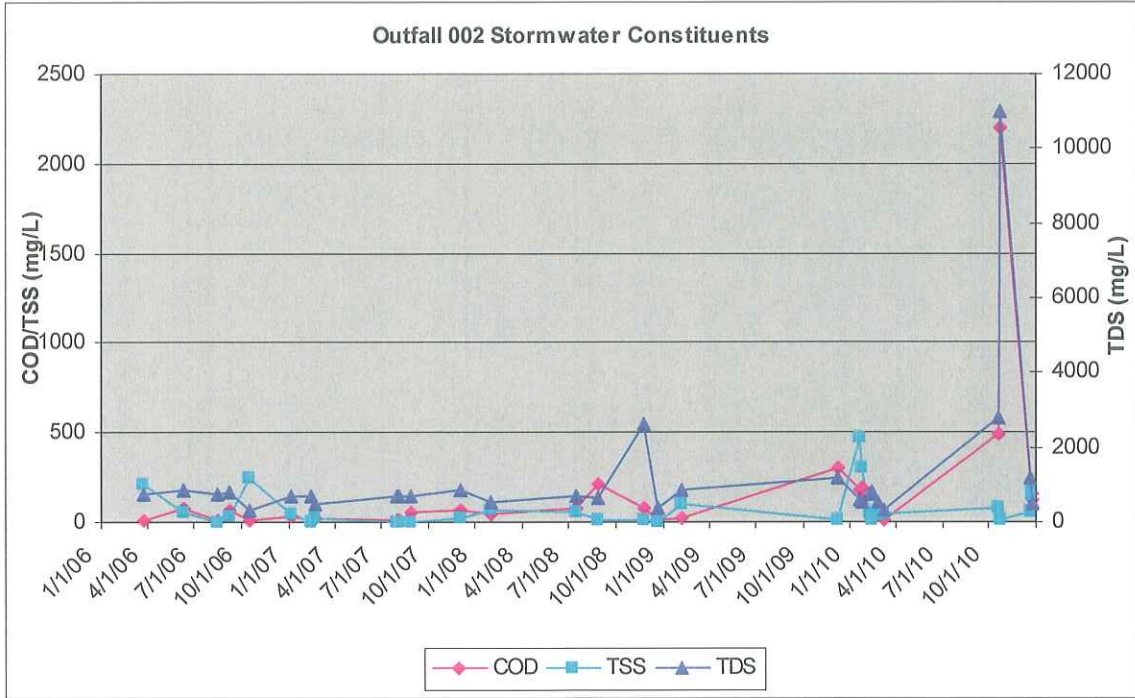
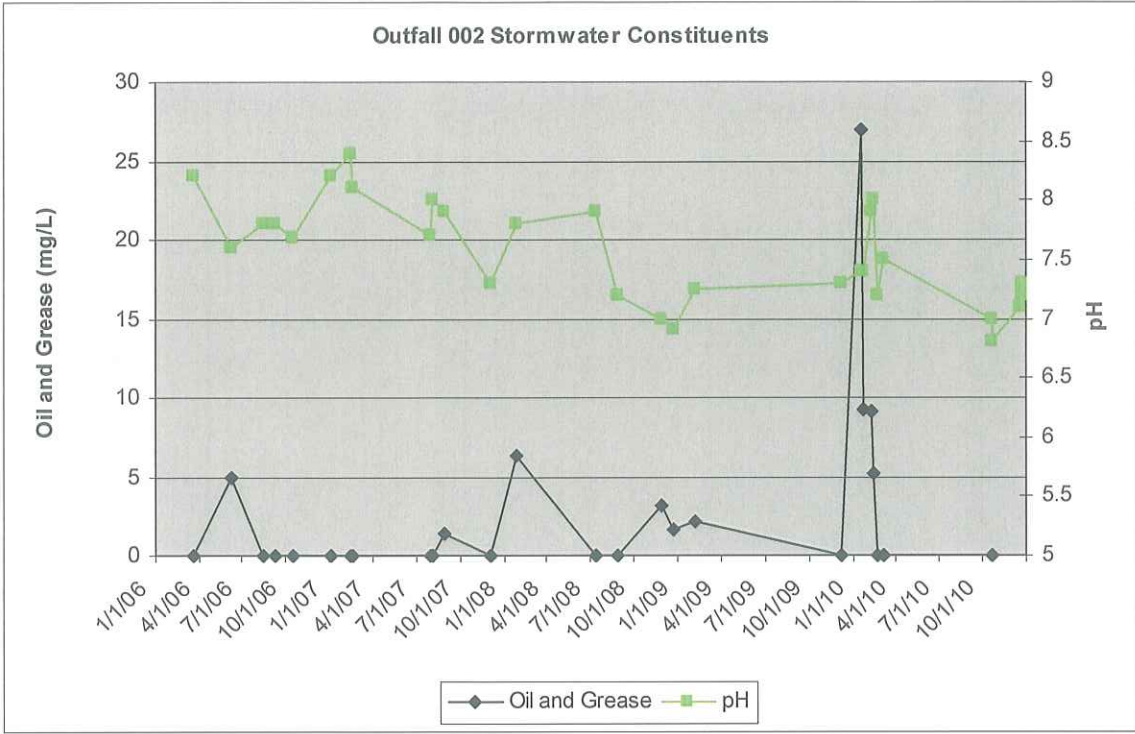
## **5-year Stormwater Constituents**





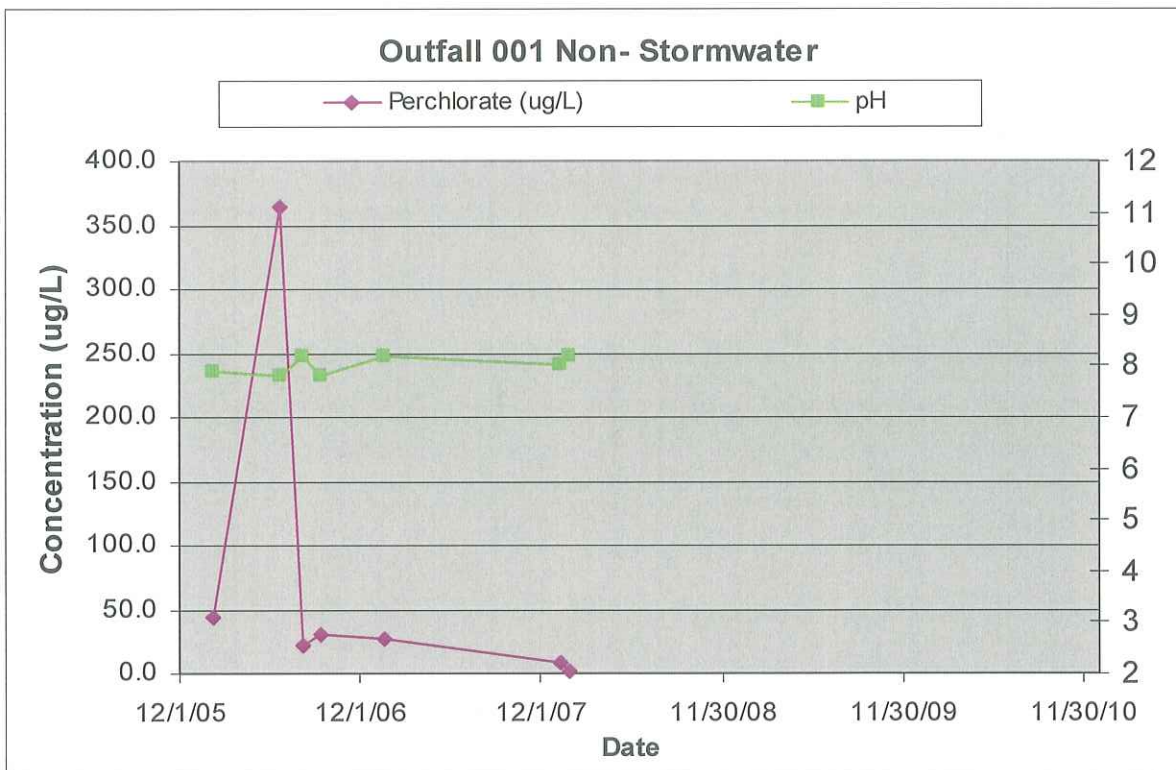
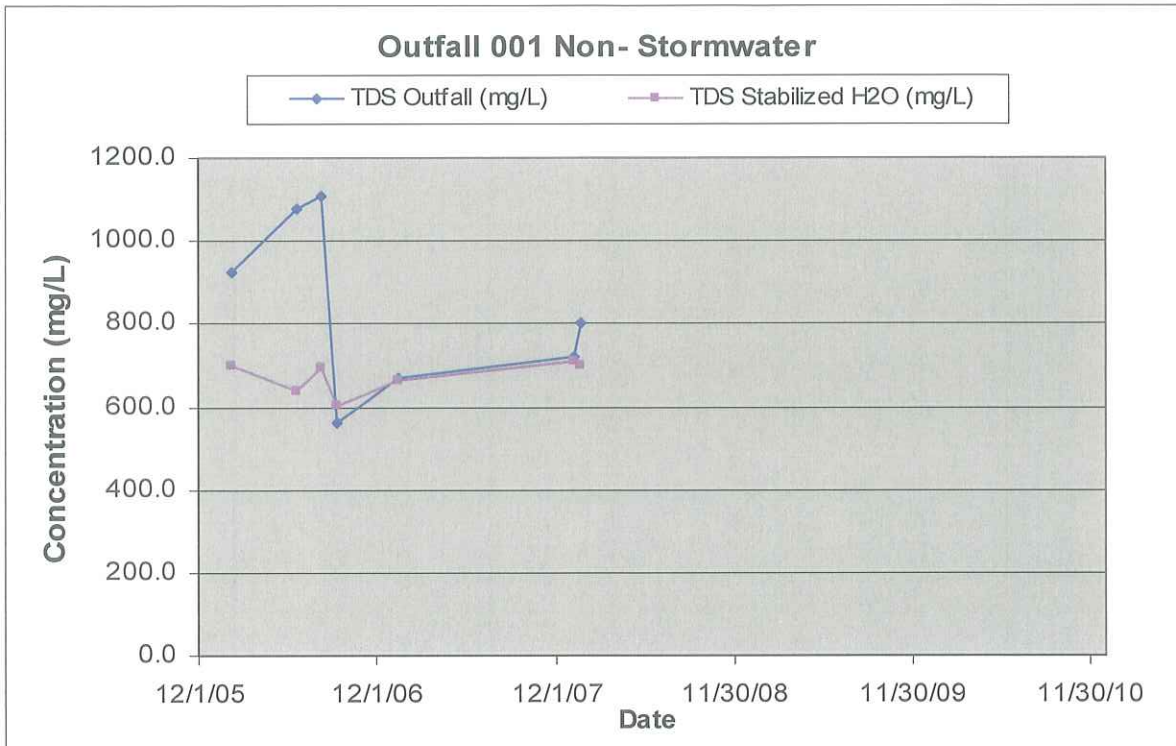




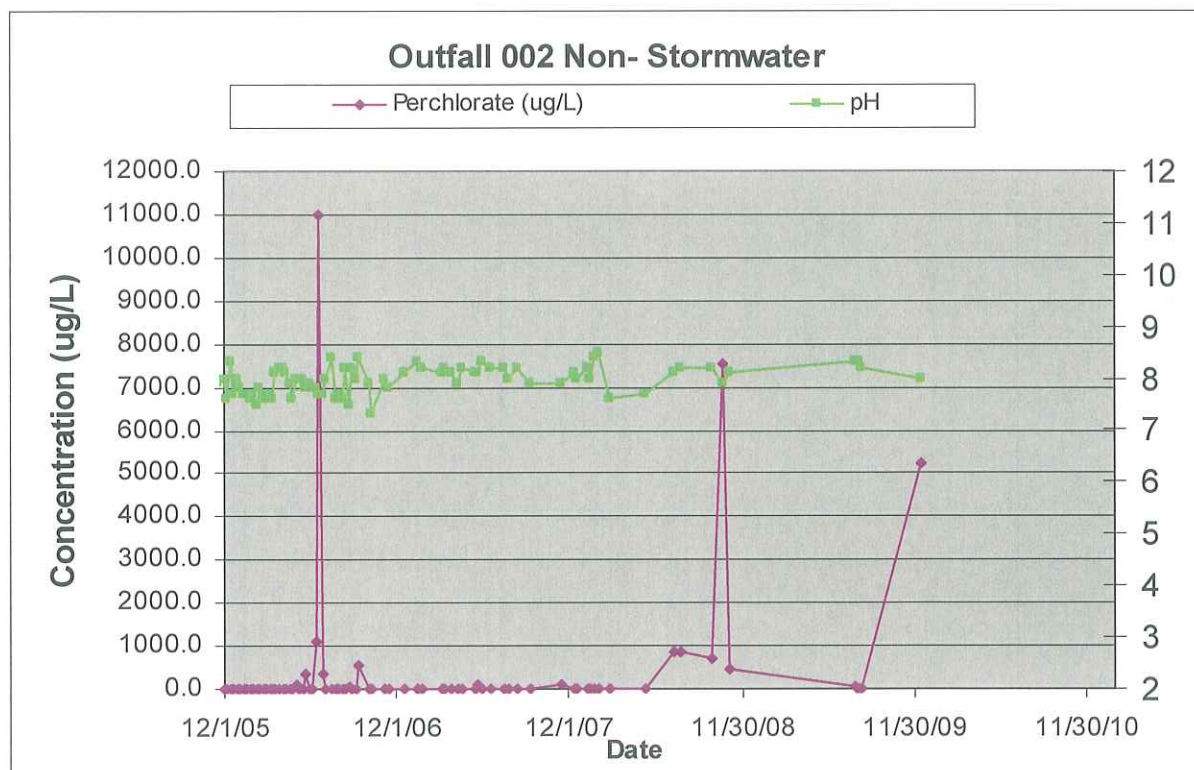
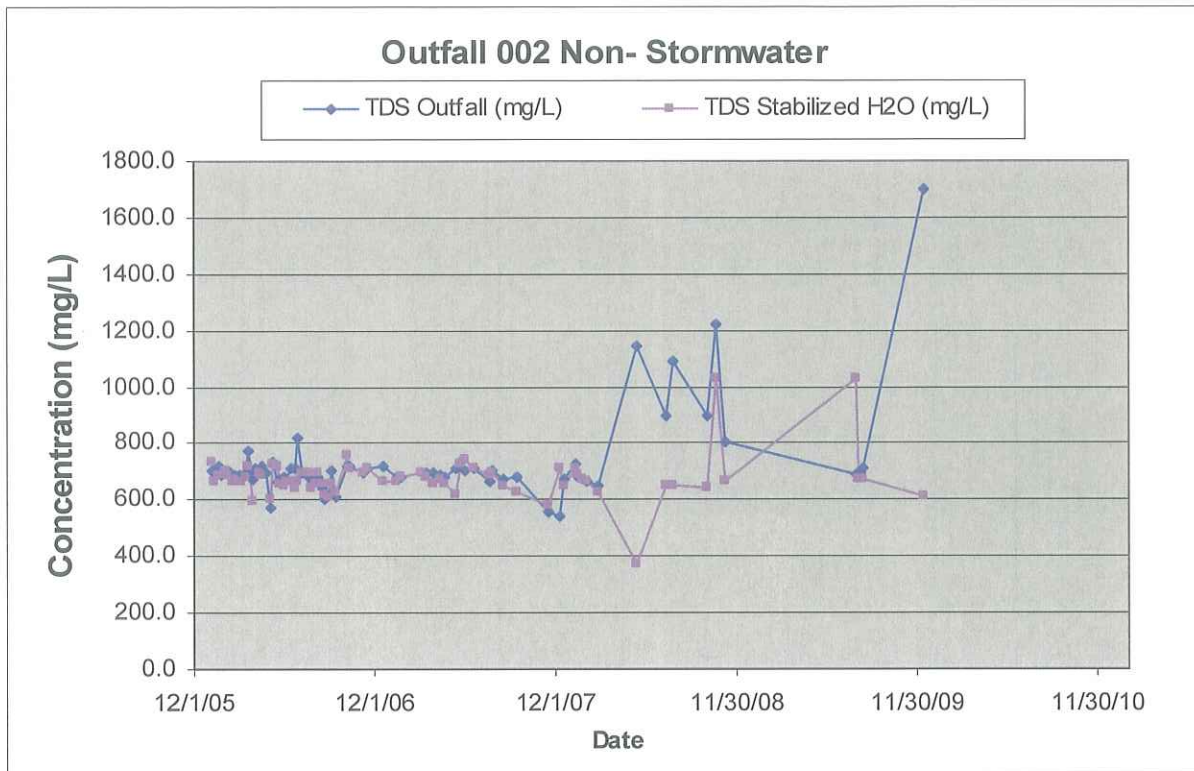




## 5-year Non-stormwater Constituents



Note: There were no non-stormwater discharges from Outfall 001 in the year 2010.



Note: There were no non-stormwater discharges from Outfall 002 in the year 2010.



Tronox LLC  
Fourth 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)

1/25/11  
Date

