



Susan Crowley  
CEM – 1428

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January 8, 2011

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

Dear Ms. Silsby:

SUBJECT: Discharge Monitoring Report (DMR) – September 2010 – NPDES Permit NV0023060

Tronox LLC maintains an NPDES Permit #0023060 for discharge of treated water, as part of their on-going effort to remediate perchlorate in the Henderson area. The attached amended September 2010 DMR (Attachment 1) reflects information associated with the remediation efforts, i.e. surface discharge of treated groundwater near the Las Vegas Wash. Supporting analytical reports are included in Attachment 2, in electronic format on a CD. Please note this September 2010 DMR has been prepared with analytical received after the October 28, 2010 required submittal date. All analytical has been received at this time and the attached report is complete.

During the September 2010 the biological perchlorate remediation process continued to demonstrate compliance with the 18 ug/l (ppb) permit limit for a monthly average concentration of total perchlorate concentration.

Included with this report are analytical results for four Las Vegas Wash locations, which require analyses to evaluate the mixing zone and impact on constituent load. Analytical reports in electronic format are included in the CD provided as Attachment 2.

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

Should you have any questions concerning this report, please contact me at (702) 592-7727 cell or e-mail [susan.crowley@tronox.com](mailto:susan.crowley@tronox.com). Thank you.

Sincerely,

Susan Crowley  
Certified Environmental Manager, CEM 1428 expires 3-8-11

Attachments  
E-Mail and Overnight Mail

cc: Please see attached distribution sheet

**Tronox. Adding value beyond the product.**

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

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3-Jul-10

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McDaniels	Thomas	Veolia		X	
Baker	Ken	Chartis		X	
Diebenow	Julie	Chartis		X	
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Wilkinson	Craig	Timet			
Mack	Joel	Montrose Counsel			

# **ATTACHMENT 1**

## **Discharge Monitoring Report (DMR)**



10 Sept DMR  
Final.pdf

**September 2010**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS

Name: Tronox LLC  
 Address: PO BOX 55  
 Henderson, NV 89009-7000

DISCHARGE MONITORING REPORT (DMR)

NV 0023060	001
PERMIT NUMBER	DISCHARGE NUMBER

NO DISCHARGE

NOTE: Read instructions before completing this form

Facility: Tronox LLC  
 Location: Henderson, NV  
 Attn: Susan M. Crowley

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
FROM 10	09	01	TO	10	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave(lbs/day)	UNITS			
Flow Effluent	SAMPLE MEASUREMENT	1.39	1.40	MGD	*****	*****	*****		0	Cont	Flow Meter
	PERMIT REQUIREMENT	1.45 MGD Maximum	1.75 MGD Maximum		*****	*****	*****				
BOD5 (Inhibited) Influent	SAMPLE MEASUREMENT	*****	*****	****	1.5	1.5	17.40	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
BOD5 (Inhibited) Effluent	SAMPLE MEASUREMENT	*****	*****	****	2.4	4.9	28.31	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	25 mg/L	40 mg/L	254 lbs/day				
Perchlorate FBR Influent	SAMPLE MEASUREMENT	*****	*****	****	148	190	148	MG/L	0	Weekly	Comp
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Perchlorate FBR Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.66	1.27	0.01	UG/L	0	Weekly	Comp
	PERMIT REQUIREMENT	*****	*****	****	18 ug/l	Monitor & Report	0.22 lbs/day				
pH Effluent	SAMPLE MEASUREMENT	*****	*****	****	6.8	6.90	*****	SU	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	6.5 Minimum	9.0 Maximum	*****				
Hexavalent Chormium Influent	SAMPLE MEASUREMENT	*****	*****	****	0.025	0.070	0.283	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Susan Crowley</b>	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.	<i>S.M. Crowley</i>	TELEPHONE		DATE		
			702 AREA CODE	651-2200 NUMBER	11 YEAR	01 MONTH	07 DAY
CEM 1428. exp 3-8-11 TYPED OR PRINTED		SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS

Name: Tronox LLC

Address: PO BOX 55

Henderson, NV 89009-7000

DISCHARGE MONITORING REPORT (DMR)

NV 0023060
<b>PERMIT NUMBER</b>

001
<b>DISCHARGE NUMBER</b>

NO DISCHARGE

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Facility: Tronox LLC

Location: Henderson, NV

Attn: Susan M. Crowley

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	09	01		10	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave(lbs/day)	UNITS				
Hexavalent Chromium Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.000	0.000	0.000	MG/L	0	Weekly	Discrete	
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	0.01 mg/l	Monitor & Report					
Total Chromium Influent	SAMPLE MEASUREMENT	*****	*****	****	0.041	0.082	0.483	MG/L	0	Weekly	Discrete	
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report					
Total Chromium Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.003	0.012	0.036	MG/L	0	Weekly	Discrete	
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	0.1 mg/l	Monitor & Report					
Total Suspended Solids Effluent	SAMPLE MEASUREMENT	*****	*****	****	13.25	18.00	156.38	MG/L	0	Weekly	Discrete	
	PERMIT REQUIREMENT	*****	*****	****	135 mg/l	Monitor & Report	1,634 lbs/day					
Iron, Total Effluent	SAMPLE MEASUREMENT	*****	*****	****	2.48	3.30	29.11	MG/L	0	Weekly	Discrete	
	PERMIT REQUIREMENT	*****	*****	****	10 mg/l	Monitor & Report	121.03 lbs/day					
Manganese Effluent	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete	
	PERMIT REQUIREMENT	*****	*****	****	5 mg/l	NA	60.52 lbs/day					
Total Phosphorus, as P Influent	SAMPLE MEASUREMENT	*****	*****	****	0.076	0.110	0.895	MG/L	0	Weekly	Discrete	
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Susan Crowley</b>		<small>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>						TELEPHONE		DATE		
CEM 1428, exp 3-8-11 TYPED OR PRINTED								SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>S.M. Crowley</i>		702 AREA CODE	651-2200 NUMBER	11 YEAR

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

\* Analyzed quarterly. Please see July 2010 DMR for 3rd Q 10 information.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS

Name: Tronox LLC  
 Address: PO BOX 55  
 Henderson, NV 89009-7000

DISCHARGE MONITORING REPORT (DMR)

NV 0023060	001
PERMIT NUMBER	DISCHARGE NUMBER

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Facility: Tronox LLC  
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	09	01		10	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave(lbs/day)	UNITS			
Total Phosphorus, as P Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.463	0.750	5.466	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	20 lbs/day				
Total Ammonia, as N Effluent	SAMPLE MEASUREMENT	*****	*****	****	1.49	3.70	17.69	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	40 lbs/day				
Attachment A Effluent	SAMPLE MEASUREMENT	*****	*****	****	Please see attached results				0	Quarterly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Color Influent	SAMPLE MEASUREMENT	*****	*****	****	19	25	*****	ACU	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	*****				
Color Effluent	SAMPLE MEASUREMENT	*****	*****	****	15.00	15.00	*****	ACU	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	*****				
Total Inorganic Nitrogen, as N Influent	SAMPLE MEASUREMENT	*****	*****	****	21.25	23.00	249.97	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Total Inorganic Nitrogen, as N Effluent	SAMPLE MEASUREMENT	*****	*****	****	1.49	3.70	17.69	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				

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		702	651-2200	11	01	07
CEM 1428, exp 3-8-11 TYPED OR PRINTED	SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Susan Crowley</i>	AREA CODE	NUMBER	YEAR	MONTH	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS

Name: Tronox LLC

Address: PO BOX 55

Henderson, NV 89009-7000

DISCHARGE MONITORING REPORT (DMR)

NV 0023060
<b>PERMIT NUMBER</b>

001
<b>DISCHARGE NUMBER</b>

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Facility: Tronox LLC

Location: Henderson, NV

Attn: Susan M. Crowley

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	09	01	TO	10	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave(lbs/day)	UNITS			
Sulfate	SAMPLE MEASUREMENT	*****	*****	****	1,700	*****	19,274	MG/L	0	Monthly	Discrete
Influent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Sulfate	SAMPLE MEASUREMENT	*****	*****	****	1,700	*****	19,274	MG/L	0	Monthly	Discrete
Effluent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Total Dissolved Solids	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete
Influent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Total Dissolved Solids	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete
Effluent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Sulfide	SAMPLE MEASUREMENT	*****	*****	****	0.01	*****	0.13	MG/L	0	Monthly	Discrete
Influent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Sulfide	SAMPLE MEASUREMENT	*****	*****	****	0.01	*****	0.13	MG/L	0	Monthly	Discrete
Effluent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete
Influent	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				

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			702 AREA CODE	651-2200 NUMBER	11 YEAR	01 MONTH	07 DAY

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

\* Analyzed quarterly. Please see July 2010 DMR for 3rd Q 10 information.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS

Name: Tronox LLC  
 Address: PO BOX 55  
 Henderson, NV 89009-7000

DISCHARGE MONITORING REPORT (DMR)

NV 0023060	001
PERMIT NUMBER	DISCHARGE NUMBER


NO DISCHARGE

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Facility: Tronox LLC  
 Location: Henderson, NV  
 Attn: Susan M. Crowley

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	09	01		10	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave(lbs/day)	UNITS			
Oil & Grease Effluent	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Boron Effluent	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Dissolved Oxygen Effluent	SAMPLE MEASUREMENT	*****	*****	****	6.63	6.79	76.91	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Nitrate as N Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.13	*****	1.47	MG/L	0	Monthly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Kjeldahl Nitrogen as N Influent	SAMPLE MEASUREMENT	*****	*****	****	6.98	7.60	81.96	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Kjeldahl Nitrogen as N Effluent	SAMPLE MEASUREMENT	*****	*****	****	3.63	5.90	42.86	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Chloride Influent	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Susan Crowley</b>  CEM 1428, exp 3-8-11 TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TELEPHONE		DATE		
		SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	702	651-2200	11	01

COMMENT AND EXPANATION OF ANY VIOLATIONS (Reference all attachments here)  
 \* Analyzed quarterly. Please see July 2010 DMR for 3rd Q 10 information.



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

Name: Tronox LLC  
 Address: PO BOX 55  
 Henderson, NV 89009-7000

NV 0023060  
**PERMIT NUMBER**

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 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	09	01		10	09	30

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Facility: Tronox LLC  
 Location: Henderson, NV  
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave(lbs/day)	UNITS			
Chloride Effluent	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Radium 226 + 228 Effluent	SAMPLE MEASUREMENT	*****	*****	****	1.82	2.03	*****	pCi/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	*****				
Gross Alpha Effluent	SAMPLE MEASUREMENT	*****	*****	****	15.43	18.70	*****	pCi/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	*****				
Chlorate Influent	SAMPLE MEASUREMENT	*****	*****	****	265	*****	3,117	MG/L	0	Monthly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Chlorate Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.00	*****	0.04	MG/L	0	Monthly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
	SAMPLE MEASUREMENT	*****	*****	****					0		
	PERMIT REQUIREMENT	*****	*****	****							
	SAMPLE MEASUREMENT	*****	*****	****					0		
	PERMIT REQUIREMENT	*****	*****	****							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Susan Crowley</b>  CEM 1428. exp 3-8-11 TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TELEPHONE		DATE		
		SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Susan Crowley</i>	702 AREA CODE	651-2200 NUMBER	11 YEAR	01 MONTH

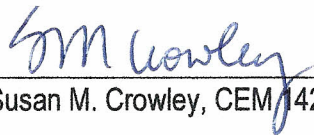
COMMENT AND EXPANATION OF ANY VIOLATIONS (Reference all attachments here)

\* Analyzed quarterly. Please see July 2010 DMR for 3rd Q 10 information.

## **ATTACHMENT 2**

### **Supporting Analytical Reports**

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



---

Susan M. Crowley, CEM 1428, exp 3-8-011