

ENVIRON

January 18, 2012

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

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

Dear Sirs:

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

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

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

Sincerely,



Allan J. DeLorme, PE
Managing Principal

Attachments

Overnight Mail

cc: Please see attached distribution sheet

C:\SMC\My
Documents\Document

Tronox Document Distribution List

Updated: 25-Apr-11

Document Name: **Compliance Report Distribution** - addressee highlighted in yellow

Name		Firm	Distribution		
(Last, First)	Hard		e-Copy	Comment	
Compliance Coordinator		NDEP	X	X	digital analytical
Knight	William	NDEP			
Sous	Nadir	NDEP		X	
Tinney	Al	NDEP			
Palm	Jon	NDEP		X	
Harbour	Shannon	NDEP		X	
Najima	Jim	NDEP			
Hackenberry	Paul	Hackenberry			
Black	Paul	Neptune			
Copeland	Teri				
Otani-Fehling	Joanna	Neptune			
Fehling	Kurt	Fehling Group			
McGinley	Joe	McGinley			
Gratson	Dave	Neptune			
Lovato	Greg	NDEP			
Giroux	Brian	McGinley			
Rakvica	Brian	McGinley			
Pohlmann	Brenda	COH			
Conaty	Barry	COH Counsel			
Paris	Mark	BMI			
Preslo	Lynne	Montrose			
Waggle	Brian	Montrose			
Kaplan	Mitch	EPA, Reg 9			
Tyson	Victoria	Timet			
Wilkinson	Craig	Timet			
Pogoncheff	Nick	Stauffer			
Madiano	Ed	de maximis			

Name		Firm	Distribution		
(Last, First)	Hard		e-Copy	Comment	
Crowley	Susan	Crowley Environmental	X	X	
Bailey	Keith	Environmental Answers			
Krish	Ed	Hydrogeologist		X	
Paque	Matt	Tronox Counsel			
Stater	Rick	Tronox			
Skromyda	Mike	Tronox			
Chambers	Deni	Northgate			IN HOUSE
Willis	Derrick	Northgate			
Donnelly	Dara	Northgate			
Arnold	Cindy	Northgate			DVSR hard cc
DeLorme	Allan	Environ		X	
Knox	Craig	Environ		X	
Steinberg	Andrew	Trust		X	
Pekala	John	Environ		X	
Ritchie	Chris	Environ		X	
Travers	Mark	Environ		X	
Stowers	Kirk	Broadbent			
Sahu	Rahnijit	BMI			
Crouse	George	Syngenta			
Erickson	Lee	Stauffer			
Kelly	Joe	Montrose			
Sundberg	Paul	Montrose			
Gibson	Jeff	AmPac			
Richards	Curt	Olin			
Bellotti	Michael	Olin			

**NPDES Permit NV0023060 – Revised September 2011 DMR
CEM Certification**

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

Susan Crowley 1-23-12
Susan Crowley
CEM 1428, expires 3-8-13

ATTACHMENT 1

**Discharge Monitoring
Reports (DMR)**

11 Sept DMR
revised.xls

Revised September 2011

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS

Name: Nevada Environmental Response Trust

Address: CO Veolia Water NA

510 Fourth Street
Henderson, NV. 89015

Facility: Nevada Environmental Response Trust

Location: Henderson, NV

Attn: Susan M. Crowley

DISCHARGE MONITORING REPORT (DMR)

NV 0023060
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 11	09	01	TO 11	09	30

NO DISCHARGE

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave(lbs/day)	UNITS			
Flow Effluent	SAMPLE MEASUREMENT	1.29	1.33	MGD	*****	*****	*****		0	Cont	Flow Meter
	PERMIT REQUIREMENT	1.45 MGD Maximum	1.75 MGD Maximum		*****	*****	*****				
BOD5 (Inhibited) Influent	SAMPLE MEASUREMENT	*****	*****	****	1.0	1.0	10.81	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
BOD5 (Inhibited) Effluent	SAMPLE MEASUREMENT	*****	*****	****	1.0	1.0	10.81	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	25 mg/L	40 mg/L	254 lbs/day				
Perchlorate FBR Influent	SAMPLE MEASUREMENT	*****	*****	****	123	140	1,345	MG/L	0	Weekly	Comp
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Perchlorate FBR Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.22	0.25	0.00	UG/L	0	Weekly	Comp
	PERMIT REQUIREMENT	*****	*****	****	18 ug/l	Monitor & Report	0.22 lbs/day				
pH Effluent	SAMPLE MEASUREMENT	*****	*****	****	7.3	7.40	*****	SU	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	6.5 Minimum	9.0 Maximum	*****				
Hexavalent Chormium Influent	SAMPLE MEASUREMENT	*****	*****	****	0.019	0.047	0.199	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Susan Crowley		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE		
CEM 1428, exp 3-8-13 TYPED OR PRINTED							SIGNATURE OF PRICIPAL EXECUTIVE <i>S.M. Crowley</i>		702	592-7727	12
		OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY			

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

Name: Nevada Environmental Response Trust

Address: CO Veolia Water NA

510 Fourth Street
Henderson, NV. 89015

Facility: Nevada Environmental Response Trust

Location: Henderson, NV

Attn: Susan M. Crowley

NV 0023060
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	09	01		11	09	30

NO DISCHARGE

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave(lbs/day)	UNITS					
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	*****	*****	****	0.035	0.051	0.382	MG/L	0	Weekly	Discrete		
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report						
Total Chromium Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.003	0.005	0.037	MG/L	0	Weekly	Discrete		
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	0.1 mg/l	Monitor & Report						
Total Suspended Solids Effluent	SAMPLE MEASUREMENT	*****	*****	****	10.75	15.00	116.36	MG/L	0	Weekly	Discrete		
	PERMIT REQUIREMENT	*****	*****	****	135 mg/l	Monitor & Report	1,634 lbs/day						
Iron, Total Effluent	SAMPLE MEASUREMENT	*****	*****	****	1.45	2.30	15.72	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	*****	*****	****	0.067	0.120	0.735	MG/L	0	Weekly	Discrete		
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Susan Crowley		<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 3-8-13 TYPED OR PRINTED									SIGNATURE OF PRICIPAL EXECUTIVE <i>S.M. Crowley</i>		702	592-7727	12
		OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY					

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

* This analyte is monitored quarterly. Please see the July 2011 DMR for information for the 3rd Q 2011.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS

Name: Nevada Environmental Response Trust
Address: CO Veolia Water NA

510 Fourth Street
Henderson, NV. 89015

Facility: Nevada Environmental Response Trust

Location: Henderson, NV

Attn: Susan M. Crowley

DISCHARGE MONITORING REPORT (DMR)

NV 0023060
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 11 MO 09 DAY 01 TO YEAR 11 MO 09 DAY 30

NO DISCHARGE

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave(lbs/day)	UNITS			
Total Phosphorus, as P Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.287	0.840	3.052	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	20 lbs/day				
Total Ammonia, as N Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.12	0.21	1.33	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	*****	*****	****	15	20	*****	ACU	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	*****				
Color Effluent	SAMPLE MEASUREMENT	*****	*****	****	11.25	20.00	*****	ACU	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	*****				
Total Inorganic Nitrogen, as N Influent	SAMPLE MEASUREMENT	*****	*****	****	16.00	21.00	174.96	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Total Inorganic Nitrogen, as N Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.36	0.64	3.90	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Susan Crowley

CEM 1428, exp 3-8-13
TYPED OR PRINTED

CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

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

TELEPHONE: 702 AREA CODE, 592-7727 NUMBER
DATE: 12 YEAR, 01 MONTH, 23 DAY

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

PERMITTEE NAME/ADDRESS

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

Facility: Nevada Environmental Response Trust

Location: Henderson, NV

Attn: Susan M. Crowley

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NV 0023060
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
11	09	01	TO	11	09	30

NO DISCHARGE

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave(lbs/day)	UNITS			
Sulfate Influent	SAMPLE MEASUREMENT	*****	*****	****	1,500	*****	16,221	MG/L	0	Monthly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Sulfate Effluent	SAMPLE MEASUREMENT	*****	*****	****	1,300	*****	14,058	MG/L	0	Monthly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Total Dissolved Solids Influent	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Total Dissolved Solids Effluent	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Sulfide Influent	SAMPLE MEASUREMENT	*****	*****	****	0.01	*****	0.13	MG/L	0	Monthly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Sulfide Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.01	*****	0.13	MG/L	0	Monthly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Oil & Grease Influent	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				

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

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

S.M. Crowley
 SIGNATURE OF PRICIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
702	592-7727	12	01	23
AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPANATION OF ANY VIOLATIONS (Reference all attachments here)
 * This analyte is monitored quarterly. Please see the July 2011 DMR for information for the 3rd Q 2011.

PERMITTEE NAME/ADDRESS

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

Facility: Nevada Environmental Response Trust

Location: Henderson, NV

Attn: Susan M. Crowley

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NV 0023060
 PERMIT NUMBER

001
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	09	01		11	09	30

NO DISCHARGE

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave(lbs/day)	UNITS			
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	*****	*****	****	6.49	7.88	70.29	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Nitrate as N Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.27	*****	2.97	MG/L	0	Monthly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Kjeldahl Nitrogen as N Influent	SAMPLE MEASUREMENT	*****	*****	****	1.29	3.40	14.34	MG/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	Monitor & Report				
Kjeldahl Nitrogen as N Effluent	SAMPLE MEASUREMENT	*****	*****	****	1.43	2.60	15.36	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
Susan Crowley
 CEM 1428, exp 3-8-13
 TYPED OR PRINTED

CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

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

TELEPHONE		DATE		
702	592-7727	12	01	23
AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPANATION OF ANY VIOLATIONS (Reference all attachments here)
 * This analyte is monitored quarterly. Please see the July 2011 DMR for information for the 3rd Q 2011.

PERMITTEE NAME/ADDRESS

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

Facility: Nevada Environmental Response Trust

Location: Henderson, NV

Attn: Susan M. Crowley

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NV 0023060
 PERMIT NUMBER

001
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	09	01		11	09	30

NO DISCHARGE

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		30 Day Ave	7 Day Average	UNITS	30 Day Ave (mg/l)	7 Day Ave (mg/l)	30 Day Ave (lbs/day)	UNITS			
Chloride Effluent	SAMPLE MEASUREMENT	*****	*****	****	*	*****	*	MG/L	0	Quarterly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Radium 226 + 228 Effluent	SAMPLE MEASUREMENT	*****	*****	****	1.43	1.51	*****	pCi/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	*****				
Gross Alpha Effluent	SAMPLE MEASUREMENT	*****	*****	****	17.45	23.00	*****	pCi/L	0	Weekly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	Monitor & Report	*****				
Chlorate Influent	SAMPLE MEASUREMENT	*****	*****	****	250	*****	2,722	MG/L	0	Monthly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
Chlorate Effluent	SAMPLE MEASUREMENT	*****	*****	****	0.01	*****	0.11	MG/L	0	Monthly	Discrete
	PERMIT REQUIREMENT	*****	*****	****	Monitor & Report	*****	Monitor & Report				
	SAMPLE MEASUREMENT	*****	*****	****					0		
	PERMIT REQUIREMENT	*****	*****	****							
	SAMPLE MEASUREMENT	*****	*****	****					0		
	PERMIT REQUIREMENT	*****	*****	****							

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

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

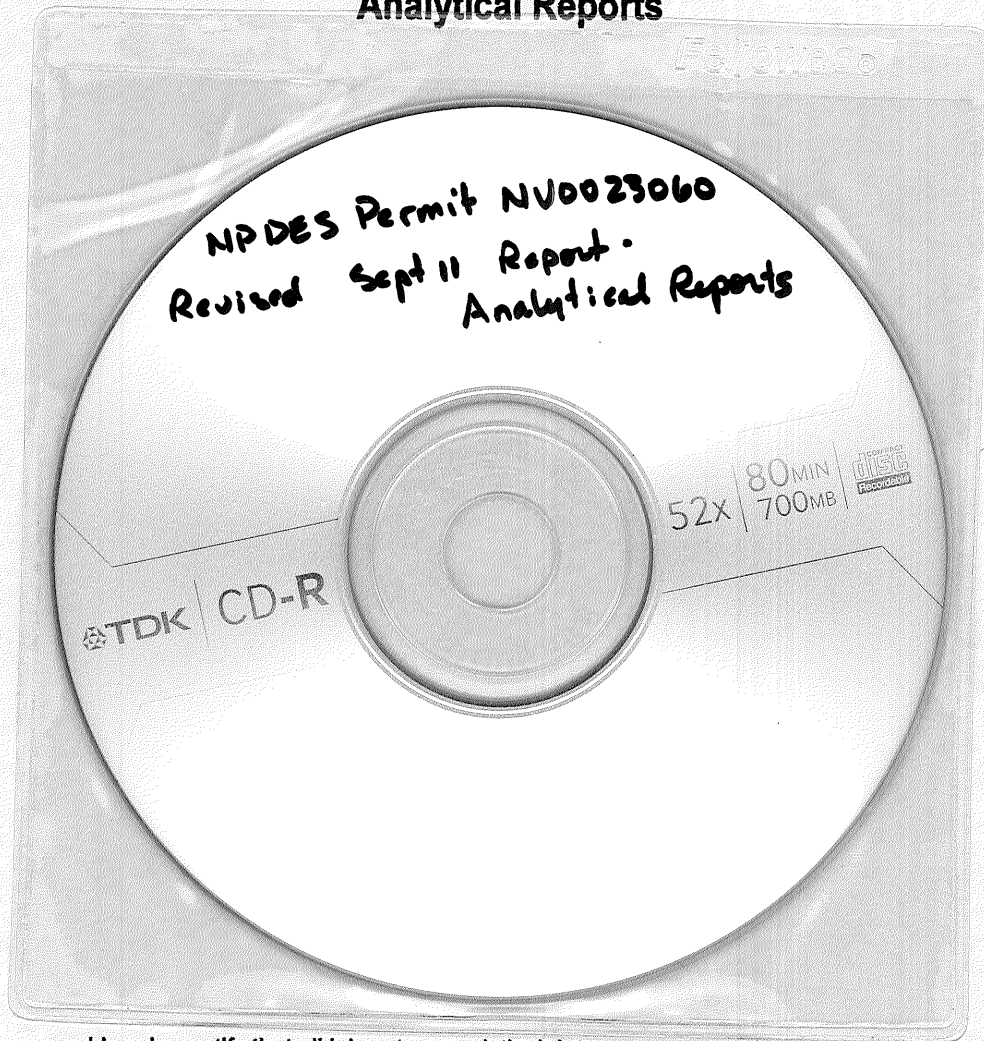
S.M. Crowley
 SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 702 592-7727
 DATE: 12 01 23

COMMENT AND EXPANATION OF ANY VIOLATIONS (Reference all attachments here)
 * This analyte is monitored quarterly. Please see the July 2011 DMR for information for the 3rd Q 2011.

ATTACHMENT 2

Supporting Analytical Reports



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

Susan M. Crowley 1-23-12
Susan M. Crowley, CEM 1428, exp 3-8-13