EXHIBIT

I

FOLDER 1

PT2

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 11/20/06 To 11/26/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jost 12-6-06
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 11/27/06 To 11/30/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

Ted Schuff Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Michael Lyell Jr 12-6-06
Signature of Principal Officer or Authorized Agent / Date

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	2.431	2.762	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.27	*********	7.88	SU	Ø	3D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	372	1150	KG/D	*********	*********	*********		Ø	3D/W	24HC
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD	312	649	KG/D	*********	*********	*********		Ø	3D/W	24HC
	REQRMNT	650	1600	KG/D	*********	*********	*********			3D/W	24HC
005 CL2, TOTAL N/A	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	1.87	*********	KG/D	*********	0.2	*********	MG/L	Ø	1/W	24HC
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	52.8	*********	KG/D	*********	6.8	*********	MG/L	Ø	1/W	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********	10	10	UG/L	Ø	2/M	GRAB
	REQRMNT	*********	*********		*********	96	110	UG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	01	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804.453.4211	07	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
039 AMMONIA, AS N	REPORTD	*********	*********		*********	3.3	4.9	mg/L	Ø	2/m	24HC
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD	51.5	*********	Kg/D	*********	6.6	*********	mg/L	Ø	1/W	24HC
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********	28.7	°C	Ø	1/D	IS
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD	1.28	*********	KG/D	*********	0.15	*********	mg/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	47.0	52.3	KG/D	*********	*********	*********		Ø	3D/W	GRAB
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	422	KG/m	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********	5961	KG/Yr	*********	*********	*********		Ø	1/Yr	CALC.
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	14.9	KG/m	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	01	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

RMITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
CILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********	69.5	KG/Y	*********	*********	*********		Ø	1/Yr	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD	1.25	*********	KG/D	*********	0.14	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	5961	KG/Yr	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	69.5	KG/Y	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	01	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial. Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY OCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	0.078	0.119	MGD	*********	*********	*********		Ø	CONT	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********		7.95	*********	8.50	SU	Ø	2D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	3.4	4.9	KG/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD	4.7	4.8	KG/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********	219 *	*********	N/CML	Ø	1/W	GRAB
	REQRMNT	*********	*********		*********	200	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	0.15	*********	KG/D	*********	0.85	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	4.75	*********	KG/D	*********	27.4	*********	MG/L	Ø	2/M	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	3.7	6.2	MG/L	Ø	2/M	24HC
	REQRMNT	*********	*********		*********	38	45	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	01	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/19/2006

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

MITTEE NAME/ADDRESS(INCLUDE
ILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
ILITY 610 Menhaden Rd
CATION

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
68 TKN (N-KJEL)	REPORTD	1.28	*********	KG/D	*********	7.72	*********	mG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	7.98	10.30	°C	Ø	2D/W	IS
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS
140 ENTEROCOCCI	REPORTD	*********	*********		*********	2420*	*********	N/CML	Ø	1/W	GRAB
	REQRMNT	*********	*********		*********	35	*********	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	14	TU-A		1/3M	24HC
389 NITRITE+NITRATE-N, TOTAL	REPORTD	3.47	*********	KG/D	*********	19.7	*********	mG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	0.9	1.1	KG/D	*********	*********	*********		Ø	2/M	GRAB
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	47.5	KG/M	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********	2542	KG/Y	*********	*********	*********		Ø	1/Yr	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	01	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	1.5	KG/M	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********	90.2	KG/Y	*********	*********	*********		Ø	1/YR	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD	0.13	*********	KG/D	*********	0.72	*********	mg/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	2542	KG/YR	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	90.2	KG/YR	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	01	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/19/2006

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY Omega Protein - Reedville
OCATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	4100	7700	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	110	280	KG/D	*********	*********	*********			2/M	24HC
007 DO	REPORTD	*********	*********				*********				
	REQRMNT	*********	*********		NL	NL	*********	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	3.0	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	37	45	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	0	0

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	791100446 3	07	01	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804.453.4211	07	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	430	780	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	0	0

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	01	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major

ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY OCATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	791100 4463	07	01	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804.453.4211	07	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/19/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	3.707	4.212	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		8.18	*********	8.50	SU	Ø	5D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********	31.0	31.0	UG/L		1/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	8.18	8.50	°C		1/D	IS
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	2.62	2.62	ug/L		1/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********	40.0	40.0	ug/L		1/M	GRAB
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100 4463	07	01	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 11/16/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

VA0003867	996
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	469.8	KG/M	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD		8503	KG/Y	*********	*********	*********		Ø	1/Yr	CALC
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	16.4	KG/M	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD		159.7	KG/Y	*********	*********	*********		Ø	1/Y	CALC.
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	8503	KG/Y	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	159.7	KG/Y	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	01	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	01	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN™

DMR REPORTING
Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (mg/l)
001	6-Dec-06	13:10	9.7	8.38	0.164	13.7
002	6-Dec-06	13:05	11.1	8.22	0.303	13.9
995	6-Dec-06	13:18	10.7	8.39	0.338	13.8

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of December, 2006

Chesapeake Bay Water Quality Monitoring Data

	Predischarge							After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16	1315	2.2	11.98	0.105	8.8	8.65	11.6	1340	5.2	8.7	0.169	11.9	8.84	11.7
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Tidelands

Name of Sampler Andy Hall

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of December, 2006

Chesapeake Bay Water Quality Monitoring Data

	Predischarge							After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16	1615	<2	11.9	0.174	8.9	8.65	11.6	1625	2.3	9.4	0.214	11.6	8.6	11.7
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Lancaster

Name of Sampler Andy Hall

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 12/1/06 To 12/31/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell 1-8-07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 12/4/06 To 12/9/06

Paint Area	COMPLIANCE	NONCOMPLIANCE*
	(check as appropriate)	
	✓	

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jr. 1-8-07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 12/1/06 To 12/12/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett 1-8-07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 12/18/06 To 12/24/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz / Regulator Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Gatt 1-8-07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 12/25/06 To 12/31/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett 1-8-07
Signature of Principal Officer or Authorized Agent / Date

OMEGA PROTEIN INC

8044534123

11/08/2007 11:56

KEH

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	2.916	4.254	MGD	********	********	********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	********	********	********			CONT	EST
002 PH	REPORTD	********	********		7.6	********	8.1	SU	Ø	3D/W	GRAB
	REQRMNT	********	********		6.0	********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	293.4	804.4	KG/D	********	********	********		Ø	3D/W	24HC
	REQRMNT	1700	3100	KG/D	********	********	********			3D/W	24HC
004 TSS	REPORTD	228.2	498.2	KG/D	********	********	********		Ø	3D/W	24HC
	REQRMNT	650	1600	KG/D	********	********	********			3D/W	24HC
005 CL2, TOTAL	REPORTD	********	********		********						
	REQRMNT	********	********		********	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	1.50	********	KG/D	********	0.18	********	MG/L	Ø	1/W	24HC
	REQRMNT	23	********	KG/D	********	2.0	********	MG/L		1/W	24HC
016 CYANIDE, TOTAL (AS CN)	REPORTD	********	********		********	< QL	< QL.	UG/L	Ø	2/M	GRAB
	REQRMNT	********	********		********	96	110	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTD	********	********		********	6.70	10.6	MG/L	Ø	2/M	24HC
	REQRMNT	********	********		********	NL	NL	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to $10,000 and/or criminal imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Sterling Lee Bowlby II	Sterling Lee Bowlby II	1911000976	07	11	8
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
		804-453-4211			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
W. T. BLEUCOUE	W. T. Bleucoue		2007	11	07

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 08/22/2007

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
060 TEMPERATURE, WATER (DEG C)	REPORTD	********	********		********	********	38.3	C	Ø	1/DAY	IS
	REQRMNT	********	********		********	********	50	C		1/DAY	IS
500 OIL & GREASE	REPORTD	58.2	80.5	KG/D	********	********	********		Ø	3D/W	GRAB
	REQRMNT	370	680	KG/D	********	********	********			3D/W	GRAB
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(K G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Stanley Lee Bowles III	Stanley Lee Bowles III	1911000976	07	11	8
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
		804 453 4211			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
W.T. BLENCOWE	W T Blencowe		2007	11	07

OMEGA PROTEIN INC 8044534123 11/08/2007 11:56

OMEGA PROTEIN INC

8844534123

11/08/2007 11:56

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4969-A Cox Road
Glen Allen VA 23060

NOTE READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	0.122	0.246	MGD	********	********	********		Ø	CONT	MEAS
	REQRMNT	NL	NL	MGD	********	********	********			CONT	MEAS
002 PH	REPORTD	********	********		7.6	********	8.5	SU	Ø	2D/W	GRAB
	REQRMNT	********	********		6.0	********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	2.7	4.5	KG/D	********	********	********		Ø	2/M	24HC
	REQRMNT	470	840	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTD	6.5	10.8	KG/D	********	********	********		Ø	2/M	24HC
	REQRMNT	160	410	KG/D	********	********	********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	********	********		********	323	********	N/CML	Ø	1/W	GRAB
	REQRMNT	********	********		********	NL	********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	0.6	********	KG/D	********	2.3	********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	********	KG/D	********	NL	********	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	********	********		********	1.6	2.2	MG/L	Ø	2/M	24HC
	REQRMNT	********	********		********	36	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	21.8	25.8	C	Ø	2D/W	IS
	REQRMNT	********	********		********	NL	NL	C		2D/W	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G)	TOTAL BOD5(K.G)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Stanley Lee Barbour III	Stanley Lee Barbour III	1911000976	07	11	8
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO	YEAR	MO	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
		804 453-4211			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO	DAY
W.T. BLENCOWE	W.T. Blencowe		2007	11	07

OMEGA PROTEIN INC

8044534123

11/08/2007 11:56

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
140 ENTEROCOCCI	REPORTD	********	********		********	496	********	N/CML	Ø	1/W	GRAB
	REQRMNT	********	********		********	NL	********	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	********	********		********	********					
	REQRMNT	********	********		********	********	14	TU-A		1/3M	24HC
500 OIL & GREASE	REPORTD	1.8	2.7	KG/D	********	********	********		Ø	2/M	GRAB
	REQRMNT	25	46	KG/D	********	********	********			2/M	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

SYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M G)	TOTAL BODS(K G)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Stanley Lee Bowles III	Stanley Lee Bowles III	1911000976	07	11	8
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
		804-453-4211			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO	DAY
W.T. BLENCOWITZ	W.T. Blencowitz		2007	11	07

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	003

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	01

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				********	********	********				
	REQRMNT	NL	NL	MGD	********	********	********			CONT	EST
002 PH	REPORTD	********	********			********					
	REQRMNT	********	********		6.0	********	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				********	********	********				
	REQRMNT	6300	7700	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTD				********	********	********				
	REQRMNT	110	280	KG/D	********	********	********			2/M	24HC
007 DO	REPORTD	********	********				********				
	REQRMNT	********	********		NL	NL	********	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		********		********		********				
	REQRMNT	3.0	********	KG/D	********	2.0	********	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	********	********		********						
	REQRMNT	********	********		********	37	45	MG/L		2/M	24HC
060 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********						
	REQRMNT	********	********		********	NL	NL	C		1/DAY	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Stanley Lee Bowles III	Stanley Lee Bowles III	1911000976	07	11	8
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
		804-453-4211			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
W.T. Blevecowe	W.T. Blevecowe		2007	11	07

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	003

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	********	********		********						
	REQRMNT	********	********		********	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				********	********	********				
	REQRMNT	430	780	KG/D	********	********	********			2/M	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines of up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Stanley Lee Bowles III	Stanley Lee Bowles III	1911000976	07	11	8
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
		804-453-4211			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO	DAY
W. T. BLENCOWE	W. T. Blencowe		2007	11	07

OMEGA PROTEIN INC

8044534123

11/08/2007 11:56

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major: 08/23/2007

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	2.887	4.212	MGD	********	********	********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	********	********	********			CONT	EST
002 PH	REPORTD	********	********		7.5	********	8.0	SU	Ø	5D/W	GRAB
	REQRMNT	********	********		6.0	********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	********	********		********	48	48	UG/L	Ø	1/M	24HC
	REQRMNT	********	********		********	NL	NL	UG/L		1/M	24HC
020 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	28.2	31.8	C	Ø	1/DAY	IS
	REQRMNT	********	********		********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	********	********		********	< QL	< QL	UG/L	Ø	1/M	24HC
	REQRMNT	********	********		********	NL	NL	UG/L		1/M	24HC
446 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	********	********		********	72	72	UG/L	Ø	1/M	GRAB
	REQRMNT	********	********		********	NL	NL	UG/L		1/M	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEC 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Stanley Lee Barlow	Stanley Lee Barlow III	1911000976	07	11	8
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
		804-453-4211			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO	DAY
W.T. Blencowe	W.T. Blencowe		2007	11	07

OMEGA PROTEIN

DMR REPORTING
Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	4-Oct-07	8:20	24.4	7.85	0.38	15.9
002	4-Oct-07	8:10	23.9	7.81	0.21	15.9
995	4-Oct-07	8:25	24.8	7.73	0.382	16.0

OMEGA PROTEIN

DMR REPORTING

OUTFALLS

REEDVILLE, VA

	Lagoon 002				Pipe 001				Ditch 995			
Date	pH	Temp deg C	Flow	MGD	pH	Temp deg C	Flow	MGD	pH	Temp deg C	Flow	MGD
10/1/2007	no flow			—	no flow			—	no flow			—
10/2/2007	7.82	22 6	112,000	—	7.96	35.0	2,127,060	—	8.00	30.9	2,106,000	—
10/3/2007	7.80	23.4	143,000	—	7.96	34.7	3,943,924	—	7.91	31.5	3,904,875	—
10/4/2007	7 68	25.8	185,000	—	7 64	33.8	2,658,825	—	7.85	30.1	2,632,500	—
10/5/2007	7 74	25.2	122,000	—	7 70	36.0	1,595,295	—	7 70	29.5	1,579,500	—
10/6/2007	7.72	25.0	116,000	—	7.75	36.2	1,063,530	—	7 99	30 0	1,053,000	—
10/7/2007	7.69	24.8	98,000	—	no flow			—	no flow			—
10/8/2007	7.81	24.8	78,000	—	no flow			—	no flow			—
10/9/2007	8.00	25.8	62,000	—	7.75	38.3	2,038,433	—	7.60	27.8	2,018,250	—
10/10/2007	7.99	25.6	66,000	—	7.77	37.1	1,861,178	—	7.92	29.9	1,842,750	—
10/11/2007	8.04	22.7	120,000	—	7.97	36 5	4,165,493	—	7.94	29.3	4,124,250	—
10/12/2007	8.04	19.8	122,000	—	7.80	36.8	4,032,551	—	7 80	28 4	3,992,625	—
10/13/2007	7.92	19.6	208,000	—	7.70	34 8	3,146,276	—	7.85	27.0	3,115,125	—
10/14/2007	no flow			—	no flow			—	no flow			—
10/15/2007	no flow			—	no flow			—	no flow			—
10/16/2007	8.11	19.7	42,000	—	7.81	31 6	1,418,040	—	7.67	26.6	1,404,000	—
10/17/2007	8.17	21.5	102,000	—	7.90	33 2	4,254,120	—	7.88	27.6	4,212,000	—
10/18/2007	8.05	21.9	138,000	—	7.84	33.6	4,165,493	—	7.82	28.0	4,124,250	—
10/19/2007	7 71	22.8	184,000	—	7.75	33.8	4,076,865	—	7 83	27.9	4,036,500	—
10/20/2007	7.81	23.0	216,000	—	7 80	33.4	4,254,120	—	7.79	23 0	4,212,000	—
10/21/2007	7.87	20.7	62,000	—	7.82	32 8	1,949,805	—	7.72	25.2	1,930,500	—
10/22/2007	7 84	20 4	162,000	—	no flow			—	no flow			—

10/23/2007	7.60	22.3	62,000	—	7.63	33.3	1,905,491	—	7.81	28.7	1,886,625	—
10/24/2007	8.05	23.7	109,000	—	7.82	34.6	4,254,120	—	7.81	29.9	4,212,000	—
10/25/2007	7.91	21.7	202,000	—	7.56	35.1	3,057,649	—	7.51	30.0	3,027,375	—
10/26/2007	8.09	20.7	246,000	—	7.77	33.9	2,969,021	—	7.75	31.8	2,939,625	—
10/27/2007	7.84	21.8	208,000	—	no flow			—	no flow			—
10/28/2007	8.25	16.3	101,000	—	no flow			—	no flow			—
10/29/2007	8.27	16.1	110,000	—	no flow			—	no flow			—
10/30/2007	8.43	16.6	23,000	—	no flow			—	no flow			—
10/31/2007	8.50	16.1	17,000	—	8.06	21.0	2,304,315	—	8.01	19.7	2,281,500	—
Total	222.75	610.4	3,416,000	—	163.76	715.5	61,241,603	—	164.16	592.8	60,635,250	—
No Days	28	28	28	—	21	21	21	—	21	21	21	—
Avg.	7.96		122,000		7.80	34.07	2,916,267		7.82		2,887,393	
Min		16.10	17,000	0.017		21.00	1,063,530	1.064		19.70	1,053,000	1.053
Max			246,000				4,254,120				4,212,000	
		Lagoon 002				Pipe 001				Ditch 995		
Date	pH	deg C	Flow	MGD	pH	deg C	Flow	MGD	pH	deg C	Flow	MGD

Patton Harris Rust & Associates, pc
Engineers. Surveyors. Planners. Landscape Architects.

10712 Ballantrayo Drive Suite 308
Fredericksburg, VA 22407

T 540 898 2115
F 540 898 3230

Omega Protein
October, 2007

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
Salinity (ppt)	10/4/2007	10/4/2007	CC001	15.9	10-04-07 (1340)	WLW	SM18/2520-B	1 ppt
			CC002	15.9	10-04-07 (1340)	WLW		
			CC995	16.0	10-04-07 (1340)	WLW		
Total Dissolved Zinc (µg/L)	10/3/2007	10/3/2007	995	72	10-10-07 (1220)	WLW	SM18/3111-B	50 ug/L
Silver (µg/L)	10/3/2007	10/3/2007	995	<1	10-16-07 (1200)	WLW	SM18/3113-B	1.0 ug/L
Copper (µg/L)	10/3/2007	10/3/2007	995	48	10-10-07 (1150)	WLW	SM18/3111-B	5 µg/L
Ammonia Nitrogen	10/2/2007	10/3/2007	Discharge 001	10.6	10-04-07 (0900)	SSC	SM18/4500-NH3-BCE	0.1
	10/3/2007	10/3/2007	Discharge 002	2.24	10-04-07 (0900)	SSC		
	10/4/2007	10/4/2007	CC001	0.377	10-04-07 (1245)	SSC		
			CC002	0.209	10-04-07 (1245)	SSC		
			CC995	0.382	10-04-07 (1245)	SSC		
	10/16/2007	10/16/2007	Discharge 001	2.80	10-17-07 (0930)	WLW		
	10/16/2007	10/16/2007	Discharge 002	0.896	10-17-07 (0930)	WLW		
TKN	10/2/2007	10/3/2007	Discharge 001	16.8	10-04-07 (0900)	SSC	SM18/4500-Norg-B	0.1
	10/3/2007	10/3/2007	Discharge 002	7.62	10-04-07 (0900)	SSC		
	10/10/2007	10/11/2007	Discharge 002	6.38	10-11-07 (1325)	SSC		
	10/11/2007	10/11/2007	Discharge 001	18.8	10-11-07 (1325)	SSC		
	10/16/2007	10/16/2007	Discharge 001	5.04	10-17-07 (0930)	WLW		
	10/16/2007	10/16/2007	Discharge 002	4.15	10-17-07 (0930)	WLW		
	10/23/2007	10/23/2007	Discharge 001	10.1	10-23-07 (1315)	WLW		
	10/23/2007	10/23/2007	Discharge 002	5.82	10-23-07 (1315)	WLW		

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
TSS	10/2/2007	10/3/2007	Discharge 001	27.2	10-04-07 (1000)	LT	SM18/2540-D	1
	10/3/2007	10/3/2007	Discharge 002	20.0	10-04-07 (0830)	LT		
	10/3/2007	10/3/2007	Discharge 001	32.0	10-04-07 (0830)	LT		
	10/4/2007	10/4/2007	Discharge 001	4.5	10-04-07 (1340)	SSC		
	10/10/2007	10/11/2007	Discharge 001	34.2	10/11/2007	LT		
	10/11/2007	10/11/2007	Discharge 001	31.6	10/11/2007	LT		
	10/12/2007	10/12/2007	Discharge 001	11.3	10-12-07 (1145)	SSC		
	10/16/2007	10/16/2007	Discharge 001	19.9	10-16-07 (1400)	SSC		
	10/16/2007	10/16/2007	Discharge 002	13.6	10-16-07 (1400)	SSC		
	10/18/2007	10/19/2007	Discharge 001	19.8	10-19-07 (1200)	SSC		
	10/19/2007	10/19/2007	Discharge 001	14.7	10-19-07 (1200)	SSC		
	10/23/2007	10/23/2007	Discharge 001	15.4	10-23-07 (1400)	SSC		
	10/24/2007	10/25/2007	Discharge 001	13.5	10-25-07 (1405)	SSC		
	10/25/2007	10/25/2007	Discharge 001	23.2	10-25-07 (1405)	SSC		
	10/31/2007	10/31/2007	Discharge 001	8.1	11-2-07 (1400)	SSC		
BOD	10/2/2007	10/3/2007	Discharge 001	37.2	10-03-07 (1705)	LT	SM18/5210-B	2
	10/3/2007	10/3/2007	Discharge 002	8.4	10-03-07 (1705)	LT		
	10/3/2007	10/3/2007	Discharge 001	19.7	10-03-07 (1705)	LT		
	10/4/2007	10/4/2007	Discharge 001	3.0	10-04-07 (1355)	SSC		
	10/10/2007	10/11/2007	Discharge 001	15.9	10-11-07 (1345)	SSC		
	10/11/2007	10/11/2007	Discharge 001	25.5	10-11-07 (1345)	SSC		
	10/12/2007	10/12/2007	Discharge 001	>52.7	10-12-07 (1330)	SSC		
	10/16/2007	10/16/2007	Discharge 001	3.9	10-17-07 (1040)	SSC		
	10/16/2007	10/16/2007	Discharge 002	5.6	10-17-07 (1040)	SSC		
	10/18/2007	10/19/2007	Discharge 001	25.4	10-19-07 (1300)	LT		
	10/19/2007	10/19/2007	Discharge 001	38.8	10-19-07 (1300)	LT		
	10/23/2007	10/23/2007	Discharge 001	14.2	10-24-07 (0955)	SSC		
	10/24/2007	10/25/2007	Discharge 001	21.4	10-25-07 (1355)	SSC		
	10/25/2007	10/25/2007	Discharge 001	25.9	10-25-07 (1355)	SSC		
	10/31/2007	10/31/2007	Discharge 001	12.0	11-1-07 (1105)	SSC		
Oil & Grease	10/2/2007	10/3/2007	Discharge 001	<5	10-08-07 (1325)	LT	EPA 1664A	5
	10/3/2007	10/3/2007	Discharge 002	<5	10-08-07 (1325)	LT		
	10/3/2007	10/3/2007	Discharge 001	<5	10-08-07 (1325)	LT		
	10/4/2007	10/4/2007	Discharge 001	<5	10-08-07 (1325)	LT		
	10/10/2007	10/11/2007	Discharge 001	<5	10-12-07 (1240)	LT		
	10/11/2007	10/11/2007	Discharge 001	<5	10-12-07 (1240)	LT		
	10/12/2007	10/12/2007	Discharge 001	<5	10-12-07 (1240)	LT		
	10/16/2007	10/16/2007	Discharge 001	<5	10-17-07 (1515)	LT		
	10/16/2007	10/16/2007	Discharge 002	<5	10-17-07 (1515)	LT		
	10/18/2007	10/19/2007	Discharge 001	<5	10-19-07 (1430)	LT		
	10/19/2007	10/19/2007	Discharge 001	<5	10-19-07 (1430)	LT		
	10/23/2007	10/23/2007	Discharge 001	<5	10-26-07 (1230)	LT		
	10/24/2007	10/25/2007	Discharge 001	<5	10-26-07 (1230)	LT		
	10/25/2007	10/25/2007	Discharge 001	<5	10-26-07 (1230)	LT		
	10/31/2007	10/31/2007	Discharge 001	<5	11-6-07 (0800)	LT		

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
Fecal Coliform (MPN/100mL)	10/3/2007	10/3/2007	Discharge 002	80	10-03-07 (1200)	SSC	SM18/9221-E	2
	10/11/2007	10/11/2007	Discharge 002	500	10-11-07 (1145)	SSC		
	10/16/2007	10/16/2007	Discharge 002	170	10-16-07 (1200)	SSC		
	10/23/2007	10/23/2007	Discharge 002	>1600	10-23-07 (1200)	WLW		
Enterococci (MPN/100mL)	10/3/2007	10/3/2007	Discharge 002	686.7	10-03-07 (1200)	SSC	SM18/9230 Enterolert	1
	10/11/2007	10/11/2007	Discharge 002	416	10-11-07 (1140)	SSC		
	10/16/2007	10/16/2007	Discharge 002	275.5	10-16-07 (1200)	SSC		
	10/23/2007	10/23/2007	Discharge 002	770.1	10-23-07 (1200)	WLW		

Microbac®

CERTIFICATE OF ANALYSIS

October 18, 2007

LAB#: 0710105

CLIENT: Omega Protein, Inc
P.O. Box 175
Reedville VA, 22539
Ted Schultz

PROJECT: VPDES Samples
PROJECT NO.:
SAMPLED BY: Ted Schultz
RECEIVED: 10/04/07

Lab ID: 0710105-01 (Water)
Client ID: 3Oct07-001-F
Sampled Date/Time: 10/3/07 7:15

Analyte	Result	Quant Limit	Units	Prepared	Analyzed	Method	Analyst	Notes
Microbac Labs, Camp Hill								
Cyanide	<10	10	µg/L		10/9/07 0:00	SM20/4500CE	OLF	

Notes and Definitions

mg/L = milligrams per Liter
µg/L = micrograms per Liter
pCi/L = picocuries per Liter
BQL = Below the Quantitation Limit
mg/kg = milligrams per kilogram
ppm = parts per million
CPU/mL = Colony forming units per milliliter
su = standard units
NTU = Nephelometric Turbidity Units
MPN/100mL = Most Probable Number per 100 milliliters

Audrey N Brubock

Audrey Brubock
Technical Manager

2028 DARNEY ROAD • RICHMOND, VA 23230
TELEPHONE (804) 353-1999 • FAX (804) 353-0320 • www.microbac.com
elab www.microbacrichmond.com/elabmanager

CERTIFICATIONS
VIRGINIA DRINKING WATER - 00100
NORTH CAROLINA DENR - 432
SOUTH CAROLINA DHEC- 93010001 & 93010
MARYLAND DRINKING WATER - 275

For any feedback concerning our services please contact the Managing Director or Trevor Boyce, President, at tboyce@microbac.com or Robert Morgan, Chief Operating Officer, at rmorgan@microbac.com

Microbac

CERTIFICATE OF ANALYSIS

November 01, 2007

LAB#: 0710450

CLIENT: Omega Protein, Inc
P.O. Box 175
Reedville VA, 22539
Ted Schultz

PROJECT: VPDES Samples
PROJECT NO.:
SAMPLED BY: Ted Schultz
RECEIVED: 10/24/07

Lab ID: 0710450-01 (Water)
Client ID: 17Oct07-001-F
Sampled Date/Time: 10/17/07 13:00

Analyte	Result	Quant Limit	Units	Prepared	Analyzed	Method	Analyst	Notes
Wet Chemistry								
Cyanide	BQL	10	µg/L	10/29/07 14:30	10/29/07 14:30	SM18/4500-CN C&E	ABS	

Notes and Definitions

mg/L = milligrams per Liter
µg/L = micrograms per Liter
pCi/L = picocuries per Liter
BQL = Below the Quantitation Limit
mg/kg = milligrams per kilogram
ppm = parts per million
CFU/mL = Colony forming units per milliliter
su = standard units
NTU = Nephelometric Turbidity Units
MPN/100mL = Most Probable Number per 100 milliliters

Audrey N Brubeck

Audrey Brubeck
Technical Manager

2020 DABNEY ROAD • RICHMOND, VA 23230
TELEPHONE (804) 353-1990 • FAX (804) 303-0330 • www.microbac.com
elab www.microbacrichmond.com/elementweb/

CERTIFICATIONS
VIRGINIA DRINKING WATER - 00150
NORTH CAROLINA DENR - 432
SOUTH CAROLINA DHEC- 93010001 & 93010
MARYLAND DRINKING WATER - 279

For any feedback concerning our services, please contact the Managing Director or Trevor Boyce, President, at tboyce@microbac.com or Robert Morgan, Chief Operating Officer, at rmorgan@microbac.com

Omega Protein Inc
VPDES Permit #VA0000386 7

Month of October, 2007

Chesapeake Bay Water Quality Monitoring Data

	Predischarge							After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30	1715	<2	9.01	0.164	18.6	8.20	15.7	1735	3.3	9.09	0.422	19.1	8.02	15.8
31														

Name of Vessel Lancaster

Name of Sampler Andy Hall

Omega Protein, Inc
VPDES Permit #VA0003867

Month of October, 2007

Chesapeake Bay Water Quality Monitoring Data

Date	Predischarge							After Discharge						
	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30	1725	<2	9.00	0.363	18.6	8.22	15.6	1800	<2	9.04	0.442	18.8	8.08	15.8
31														

Name of Vessel Smuggler's Point

Name of Sampler Andy Hall

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07	08	31

NOTE READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
680 TEMPERATURE, WATER (DEG C)	REPORTD	********	********		********	********	44.4	°C	Ø	1/DAY	IS
	REQRMNT	********	********		********	********	50	C		1/DAY	IS
500 OIL & GREASE	REPORTD	60.2	80.5	KG/D	********	********	********		Ø	3D/W	GRAB
	REQRMNT	370	680	KG/D	********	********	********			3D/W	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	09	07
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	09	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN INC

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07	08	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	0.158	0.301	MGD	********	********	********		Ø	CONT	Meas
	REQRMNT	NL	NL	MGD	********	********	********			CONT	MEAS
002 PH	REPORTD	********	********		7.5	********	8.5	SU	Ø	2D/W	GRAB
	REQRMNT	********	********		6.0	********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	23.6	35.6	KG/D	********	********	********		Ø	2/M	24HC
	REQRMNT	270	840	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTD	42.3	51.7	KG/D	********	********	********		Ø	2/M	24HC
	REQRMNT	160	410	KG/D	********	********	********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	********	********		********	1426	********	N/CML	Ø	1/W	GRAB
	REQRMNT	********	********		********	NL	********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	2.2	********	KG/D	********	5.0	********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	********	KG/D	********	NL	********	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	********	********		********	7.4	8.4	MG/L	Ø	2/M	24HC
	REQRMNT	********	********		********	38	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG C)	REPORTD	********	********		********	22.7	31.4	°C	Ø	2D/W	IS
	REQRMNT	********	********		********	NL	NL	C		2D/W	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	NONE	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100446 3	07	09	07
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	09	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07	08	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
140 ENTEROCOCCI	REPORTD	********	********		********	1487	********	N/CML	Ø	1/W	GRAB
	REQRMNT	********	********		********	NL	********	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	********	********		********	********	<1.0	TU-A	Ø	1/3M	24HC
	REQRMNT	********	********		********	********	14	TU-A		1/3M	24HC
500 OIL & GREASE	REPORTD	2.0	2.3	KG/D	********	********	********		Ø	2/M	GRAB
	REQRMNT	25	46	KG/D	********	********	********			2/M	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	09	07
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	09	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07	08	31

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	4300	7700	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	110	280	KG/D	*********	*********	*********			2/M	24HC
007 DO	REPORTD	*********	*********				*********				
	REQRMNT	*********	*********		NL	NL	*********	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	3.0	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	37	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEC C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	09	07
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	09	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	003

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07	08	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
492 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	********	********		********						
	REQRMNT	********	********		********	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				********	********	********				
	REQRMNT	430	780	KG/D	********	********	********			2/M	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	09	07
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	09	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

Industrial Major 08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	995

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07	08	31

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	3.159	4.212	MGD	********	********	********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	********	********	********			CONT	EST
002 PH	REPORTD	********	********		7.5	********	8.3	SU	Ø	5D/W	GRAB
	REQRMNT	********	********		6.0	********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	********	********		********	16.0	16.0	UG/L	Ø	1/M	24HC
	REQRMNT	********	********		********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	34.0	39.8	°C	Ø	1/Day	IS
	REQRMNT	********	********		********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	********	********		********	< QL	< QL	UG/L	Ø	1/M	24HC
	REQRMNT	********	********		********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	********	********		********	68.0	68.0	UG/L	Ø	1/M	GRAB
	REQRMNT	********	********		********	NL	NL	UG/L		1/M	GRAB
	REPORTD										
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	09	07
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	09	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN

DMR REPORTING

OUTFALLS

REEDVILLE, VA

	Lagoon 002				Pipe 001				Ditch 995			
Date	pH	Temp deg C	Flow	MGD	pH	Temp deg C	Flow	MGD	pH	Temp deg C	Flow	MGD
7/31/2007	8.14	28.2	86,000	—	7.51	41.7	443,138	—	7.47	33.1	438,750	—
8/1/2007	8.29	29.2	76,000	—	7.85	42.9	4,032,551	—	7.92	33.8	3,992,625	—
8/2/2007	8.33	28.5	112,000	—	7.92	37.4	4,254,120	—	8.02	32.6	4,212,000	—
8/3/2007	8.33	28.6	301,000	—	7.97	36.3	3,279,218	—	7.75	32.8	3,246,750	—
8/4/2007	8.06	28.7	261,000	—	7.71	37.8	3,633,728	—	7.93	33.0	3,597,750	—
8/5/2007	8.18	29.7	139,000	—	7.94	37.4	3,722,355	—	7.91	36.6	3,685,500	—
8/6/2007	7.53	28.6	157,000	—	7.92	35.0	709,020	—	7.84	35.9	702,000	—
8/7/2007	8.09	29.2	133,000	—	7.86	34.7	1,949,805	—	7.77	32.1	1,930,500	—
8/8/2007	8.21	30.4	118,000	—	8.20	37.5	4,254,120	—	8.05	33.6	4,212,000	—
8/9/2007	8.22	31.4	115,000	—	7.79	39.4	4,254,120	—	7.73	34.7	4,212,000	—
8/10/2007	8.15	29.6	135,000	—	7.96	37.9	3,678,041	—	7.96	37.5	3,641,625	—
8/11/2007	8.26	25.0	175,000	—	8.27	37.9	3,722,355	—	7.99	37.2	3,685,500	—
8/12/2007	8.47	28.9	199,000	—	8.08	39.8	4,076,865	—	7.77	38.6	4,036,500	—
8/13/2007	8.29	26.8	170,000	—	8.22	38.4	1,063,530	—	7.92	37.3	1,053,000	—
8/14/2007	8.16	27.4	123,000	—	7.95	37.5	2,127,060	—	7.85	39.8	2,106,000	—
8/15/2007	8.07	27.0	138,000	—	8.01	37.8	4,254,120	—	7.93	34.6	4,212,000	—
8/16/2007	8.09	28.4	198,000	—	8.18	37.2	4,254,120	—	8.00	35.4	4,212,000	—
8/17/2007	8.00	27.0	186,000	—	7.93	39.1	4,254,120	—	7.89	37.0	4,212,000	—
8/18/2007	7.93	27.0	217,000	—	8.33	44.4	4,076,865	—	8.30	33.2	4,036,500	—
8/19/2007	8.02	27.2	103,000	—	8.31	42.4	3,367,845	—	8.28	33.0	3,334,500	—
8/20/2007	7.98	25.2	143,000	—	8.25	41.0	1,240,785	—	8.18	31.0	1,228,500	—
8/21/2007	7.94	26.0	123,000	—	7.73	36.0	1,462,354	—	7.70	32.0	1,447,875	—

Date	Lagoon 002 pH	Lagoon 002 deg C	Lagoon 002 Flow	Lagoon 002 MGD	Ditch 001 pH	Ditch 001 deg C	Ditch 001 Flow	Ditch 001 MGD	Ditch 995 pH	Ditch 995 deg C	Ditch 995 Flow	Ditch 995 MGD
8/22/2007	8.18	22.6	142,000	—	8.09	37.0	2,392,943	—	8.04	31.5	2,369,250	—
8/23/2007	8.06	26.0	185,000	—	8.03	36.7	4,254,120	—	7.96	32.0	4,212,000	—
8/24/2007	8.04	26.0	194,000	—	7.95	37.8	3,545,100	—	7.93	31.8	3,510,000	—
8/25/2007	8.15	27.3	208,000	—	7.75	37.2	4,254,120	—	7.81	32.8	4,212,000	—
8/26/2007	8.14	28.7	216,000	—	8.06	38.5	3,633,728	—	7.83	34.1	3,597,750	—
8/27/2007	8.12	27.8	171,000	—	7.90	37.5	1,063,530	—	7.90	33.0	1,053,000	—
8/28/2007	8.03	28.2	91,000	—	8.01	37.0	1,994,119	—	7.84	32.0	1,974,375	—
8/29/2007	8.03	27.8	110,000	—	8.03	38.4	4,254,120	—	8.01	32.7	4,212,000	—
8/30/2007	8.05	27.2	153,000	—	8.03	39.2	4,254,120	—	7.98	33.0	4,212,000	—
8/31/2007	8.14	27.5	175,000	—	7.98	39.9	4,254,120	—	7.84	34.0	4,212,000	—
9/1/2007	8.08	26.7	180,000	—	8.21	32.9	3,545,100	—	7.97	31.7	3,510,000	—
9/2/2007	7.99	26.5	152,000	—	8.10	33.0	2,924,708	—	7.80	32.0	2,895,750	—
Total	275.75	940.30	5,385,000	—	272.03	1294.60	108,480,050	—	269.07	1155.40	107,406,000	—
No Days	34	34	34	—	34	34	34	—	34	34	34	—
Avg.	8.11		158,382		8.00	38.08	3,190,590		7.91		3,159,000	
Min		22.60	76,000	0.076		32.90	443,138	0.443		31.00	438,750	0.439
Max			301,000				4,254,120				4,212,000	

Patton Harris Rust & Associates, pc
Engineers. Surveyors. Planners. Landscape Architects.

10712 Ballantrae Drive Suite 308
Fredericksburg, VA 22407

T 540 898 2115
F 540 898 3230

Omega Protein
August,2007

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
Salinity (ppt)	8/6/2007	8/7/2007	CC001	13.9	8/7/07 (1440)	WLW	SM 2520 B	1
	8/6/2007	8/7/2007	CC002	13.4	8/7/07 (1440)	WLW		
	8/6/2007	8/7/2007	CC995	13.9	8/7/07 (1440)	WLW		
Total Dissolved Zinc (µg/L)	8/1/2007	8/2/2007	995	68.0	8/13/07 (1410)	WLW	SM 3111 B	50 ug/L
Silver (µg/L)	8/1/2007	8/2/2007	996	<1.0	8/13/07 (1000)	WLW	SM 3113 B	1.0 ug/L
Copper (µg/L)	8/1/2007	8/2/2007	995	16.0	8/13/07 (1435)	WLW	SM 3111 B	5 µg/L
Ammonia Nitrogen	7/31/2007	7/31/2007	Discharge 002	8.40	8/1/07 (1365)	WLW	EPA 350.2	0.1
	7/31/2007	7/31/2007	Discharge 001	8.51	8/1/07 (1355)	WLW		
	8/6/2007	8/7/2007	CC001	0.372	8/7/07 (1225)	WLW		
	8/6/2007	8/7/2007	CC002	0.293	8/7/07 (1225)	WLW		
	8/6/2007	8/7/2007	CC995	0.521	8/7/07 (1225)	WLW		
	8/14/2007	8/14/2007	Discharge 001	8.18	8/15/07 (0825)	WLW		
	8/14/2007	8/14/2007	Discharge 002	6.38	8/15/07 (0825)	WLW		
TKN	7/31/2007	7/31/2007	Discharge 002	17.7	8/1/07 (1355)	WLW		
	7/31/2007	7/31/2007	Discharge 001	12.3	8/1/07 (1355)	WLW		
	8/7/2007	8/7/2007	Discharge 001	10.8	8/7/07 (1225)	WLW		
	8/7/2007	8/7/2007	Discharge 002	21.0	8/7/07 (1225)	WLW		
	8/14/2007	8/14/2007	Discharge 001	10.2	8/15/07 (0825)	WLW		
	8/14/2007	8/14/2007	Discharge 002	19.3	8/15/07 (0825)	WLW		
	8/21/2007	8/21/2007	Discharge 001	6.16	8/21/07 (1400)	WLW		
	8/21/2007	8/21/2007	Discharge 002	20.4	8/21/07 (1400)	WLW		
	8/28/2007	8/29/2007	Discharge 001	5.71	8/29/07 (1300)	WLW		
	8/28/2007	8/29/2007	Discharge 002	23.9	8/29/07 (1300)	WLW		
Nitrites	7/31/2007	7/31/2007	Discharge 002	2.30	7/31/07 (1410)	WLW	EPA 354.1	0.01
	7/31/2007	7/31/2007	Discharge 001	0.076	7/31/07 (1410)	WLW		
	8/7/2007	8/7/2007	Discharge 001	<.01	8/7/07 (1230)	LT		
	8/7/2007	8/7/2007	Discharge 002	0.246	8/7/07 (1230)	LT		

	8/14/2007	8/14/2007	Discharge 001	<.01	8/14/07 (1430)	WLW		
	8/14/2007	8/14/2007	Discharge 002	0.700	8/14/07 (1430)	WLW		
	8/21/2007	8/21/2007	Discharge 001	0.012	8/21/07 (1420)	WLW		
	8/21/2007	8/21/2007	Discharge 002	0.210	8/21/07 (1420)	WLW		
	8/28/2007	8/29/2007	Discharge 001	0.015	8/29/07 (1335)	WLW		
	8/29/2007	8/29/2007	Discharge 002	0.720	8/29/07 (1335)	WLW		
Nitrates	7/31/2007	7/31/2007	Discharge 002	0.786	8/2/07 (1230)	WLW	EPA 352.1	0.1
	7/31/2007	7/31/2007	Discharge 001	0.187	8/2/07 (1230)	WLW		
	8/7/2007	8/7/2007	Discharge 001	<.10	8/8/07 (0850)	WLW		
	8/7/2007	8/7/2007	Discharge 002	2.01	8/8/07 (0850)	WLW		
	8/14/2007	8/14/2007	Discharge 001	<.10	8/15/07 (0950)	WLW		
	8/14/2007	8/14/2007	Discharge 002	1.06	8/15/07 (0950)	WLW		
	8/21/2007	8/21/2007	Discharge 001	<.10	8/22/07 (1340)	WLW		
	8/21/2007	8/21/2007	Discharge 002	2.12	8/22/07 (1340)	WLW		
	8/28/2007	8/29/2007	Discharge 001	<.10	8/30/07 (0950)	WLW		
	8/29/2007	8/29/2007	Discharge 002	0.386	8/30/07 (0950)	WLW		
Total Phosphorus	7/31/2007	7/31/2007	Discharge 002	6.46	8/1/07 (0930)	LT	EPA 365.2	0.01
	7/31/2007	7/31/2007	Discharge 001	0.540	8/1/07 (0930)	LT		
	8/7/2007	8/7/2007	Discharge 001	0.242	8/7/07 (1300)	LT		
	8/7/2007	8/7/2007	Discharge 002	6.15	8/7/07 (1300)	LT		
	8/14/2007	8/14/2007	Discharge 001	0.126	8/14/07 (1330)	LT		
	8/14/2007	8/14/2007	Discharge 002	4.97	8/14/07 (1330)	LT		
	8/21/2007	8/21/2007	Discharge 001	0.184	8/21/07 (1400)	LT		
	8/21/2007	8/21/2007	Discharge 002	4.40	8/21/07 (1400)	LT		
	8/28/2007	8/29/2007	Discharge 001	0.168	8/29/07 (1300)	LT		
	8/29/2007	8/29/2007	Discharge 002	3.22	8/29/07 (1300)	LT		

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
Ortho Phosphorus	7/31/2007	7/31/2007	Discharge 002	4.69	8/1/07 (0930)	LT	EPA 365.2	0.01
	7/31/2007	7/31/2007	Discharge 001	0.128	8/1/07 (0930)	LT		
	8/7/2007	8/7/2007	Discharge 001	0.086	8/7/07 (1300)	LT		
	8/7/2007	8/7/2007	Discharge 002	5.11	8/7/07 (1300)	LT		
	8/14/2007	8/14/2007	Discharge 001	0.044	8/14/07 (1330)	LT		
	8/14/2007	8/14/2007	Discharge 002	3.46	8/14/07 (1330)	LT		
	8/21/2007	8/21/2007	Discharge 001	0.069	8/21/07 (1400)	LT		
	8/21/2007	8/21/2007	Discharge 002	3.40	8/21/07 (1400)	LT		
	8/28/2007	8/29/2007	Discharge 001	0.048	8/29/07 (1300)	LT		
	8/29/2007	8/29/2007	Discharge 002	2.11	8/29/07 (1300)	LT		
TSS	7/31/2007	7/31/2007	Discharge 002	101	8/1/07 (1500)	LT	SM 2540-D	1
	7/31/2007	7/31/2007	Discharge 001	39.8	8/1/07 (1500)	LT		
	8/1/2007	8/1/2007	Discharge 001	35.3	8/2/07 (1430)	LT		
	8/2/2007	8/2/2007	Discharge 001	31.0	8/2/07 (1430)	LT		
	8/7/2007	8/7/2007	Discharge 001	26.7	8/8/07 (1430)	LT		
	8/8/2007	8/8/2007	Discharge 001	25.8	8/9/07 (1215)	LT		
	8/9/2007	8/9/2007	Discharge 001	27.3	8/9/07 (1215)	LT		
	8/14/2007	8/14/2007	Discharge 001	28.2	8/15/07 (0940)	LT		

	8/14/2007	8/14/2007	Discharge 002	111	8/15/07 (0940)	LT		
	8/16/2007	8/17/2007	Discharge 001	12.7	8/20/07 (1420)	LT		
	8/17/2007	8/17/2007	Discharge 001	17.4	8/20/07 (1420)	LT		
	8/21/2007	8/21/2007	Discharge 001	28.0	8/23/07 (0800)	LT		
	8/22/2007	8/22/2007	Discharge 001	20.6	8/23/07 (0800)	LT		
	8/24/2007	8/24/2007	Discharge 001	20.4	8/24/07 (1415)	LT		
	8/28/2007	8/28/2007	Discharge 001	23.3	8/29/07 (1530)	LT		
	8/29/2007	8/29/2007	Discharge 001	22.2	8/29/07 (1530)	LT		
	8/30/2007	8/30/2007	Discharge 001	34.5	8/31/07 (1135)	LT		
BOD	7/31/2007	7/31/2007	Discharge 002	35.7	8/1/07 (1340)	LT	SM 5210-B	2
	7/31/2007	7/31/2007	Discharge 001	33.9	8/1/07 (1340)	LT		
	8/1/2007	8/1/2007	Discharge 001	24.4	8/2/07 (1415)	LT		
	8/2/2007	8/2/2007	Discharge 001	16.3	8/2/07 (1415)	LT		
	8/7/2007	8/7/2007	Discharge 001	6.0	8/8/07 (0855)	LT		
	8/8/2007	8/9/2007	Discharge 001	8.8	8/9/07 (1165)	LT		
	8/9/2007	8/9/2007	Discharge 001	15.8	8/9/07 (1165)	LT		
	8/14/2007	8/14/2007	Discharge 001	15.3	8/15/07 (0805)	LT		
	8/14/2007	8/14/2007	Discharge 002	76.5	8/15/07 (0805)	LT		
	8/16/2007	8/17/2007	Discharge 001	6.8	8/17/07 (1200)	LT		
	8/17/2007	8/17/2007	Discharge 001	11.2	8/17/07 (1200)	LT		
	8/21/2007	8/21/2007	Discharge 001	16.0	8/22/07 (0900)	LT		
	8/22/2007	8/22/2007	Discharge 001	6.0	8/22/07 (1430)	LT		
	8/24/2007	8/24/2007	Discharge 001	6.0	8/24/07 (1400)	WLW		
	8/28/2007	8/29/2007	Discharge 001	7.3	8/29/07 (1230)	LT		
	8/29/2007	8/29/2007	Discharge 001	6.7	8/29/07 (1230)	LT		
	8/30/2007	8/30/2007	Discharge 001	21.5	8/30/07 (1415)	WLW		
Oil & Grease	7/31/2007	7/31/2007	Discharge 002	<5	8/2/07 (1330)	LT	EPA 1664	6
	7/31/2007	7/31/2007	Discharge 001	<5	8/2/07 (1330)	LT		
	8/1/2007	8/1/2007	Discharge 001	<5	8/2/07 (1330)	LT		
	8/2/2007	8/2/2007	Discharge 001	<5	8/2/07 (1330)	LT		
	8/7/2007	8/7/2007	Discharge 001	<5	8/9/07 (1330)	LT		
	8/8/2007	8/9/2007	Discharge 001	<5	8/9/07 (1330)	LT		
	8/9/2007	8/9/2007	Discharge 001	<5	8/9/07 (1330)	LT		
	8/14/2007	8/14/2007	Discharge 001	<5	8/15/07 (1030)	LT		
	8/14/2007	8/14/2007	Discharge 002	<5	8/15/07 (1030)	LT		
	8/16/2007	8/17/2007	Discharge 001	<5	8/17/07 (1300)	LT		
	8/17/2007	8/17/2007	Discharge 001	<5	8/17/07 (1300)	LT		
	8/21/2007	8/21/2007	Discharge 001	<5	8/22/07 (1500)	LT		
	8/22/2007	8/22/2007	Discharge 001	<5	8/22/07 (1500)	LT		
	8/24/2007	8/24/2007	Discharge 001	<5	8/24/07 (1500)	LT		
	8/28/2007	8/29/2007	Discharge 001	<5	8/29/07 (1600)	LT		
	8/29/2007	8/29/2007	Discharge 001	<5	8/29/07 (1600)	LT		
	8/30/2007	8/30/2007	Discharge 001	<5	8/31/07 (1130)	LT		
Fecal Coliform (MPN/100mL)	7/31/2007	7/31/2007	Discharge 002	900	7/31/07 (1230)	WLW	SM 9221-E	2
	8/7/2007	8/7/2007	Discharge 002	1600	8/7/07 (1200)	WLW		
	8/14/2007	8/14/2007	Discharge 002	1600	8/14/07 (1330)	WLW		
	8/21/2007	8/21/2007	Discharge 002	>1600	8/21/07 (1310)	WLW		
	8/28/2007	8/29/2007	Discharge 002	1600	8/29/07 (1230)	WLW		

Enterococci (MPN/100mL)	7/31/2007	7/31/2007	Discharge 002	461.1	7/31/07 (1230)	WLW	SM 9230 Enterolert	1
	8/7/2007	8/7/2007	Discharge 002	1553.1	8/7/07 (1200)	WLW		
	8/14/2007	8/14/2007	Discharge 002	1732.9	8/14/07 (1330)	WLW		
	8/21/2007	8/21/2007	Discharge 002	>2419.6	8/21/07 (1315)	WLW		
	8/29/2007	8/29/2007	Discharge 002	>2419.6	8/29/07 (1200)	WLW		

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY OCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	001

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	01	01	07	01	31

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	0.217	0.217	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.92	*********	7.92	SU	Ø	3D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	78.8	78.8	KG/D	*********	*********	*********		Ø	3D/W	24HC
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD	36.4	36.4	KG/D	*********	*********	*********		Ø	3D/W	24HC
	REQRMNT	650	1600	KG/D	*********	*********	*********			3D/W	24HC
005 CL2, TOTAL N/A	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	0.47	*********	KG/D	*********	0.57	*********	MG/L	Ø	1/W	24HC
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	17.1	*********	KG/D	*********	20.8	*********	MG/L	Ø	1/W	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********	20	20	UG/L	Ø	2/M	GRAB
	REQRMNT	*********	*********		*********	96	110	UG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE YEAR	MO.	DAY
TYPED OR PRINTED NAME: Graham Lyell Jett	SIGNATURE: Graham Lyell Jett	CERTIFICATE NO.: 1911004463	07	02	05
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME: Graham Lyell Jett	SIGNATURE: Graham Lyell Jett	804-453-4211	07	02	05

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RMITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175 VA 22539
Reedville
CILITY 610 Menhaden Rd
OCATION

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
039 AMMONIA, AS N	REPORTD	*********	*********		*********	16.2	16.2	mg/L	Ø	2/m	24HC
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD	17.0	*********	kg/D	*********	20.7	*********	mg/L	Ø	1/W	24HC
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********	25.4	°C	Ø	1/D	IS
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD	0.11	*********	kg/D	*********	0.14	*********	mg/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	4.2	4.2	kg/D	*********	*********	*********		Ø	3D/W	GRAB
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	17.1	kg/m	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	0.47	kg/mo	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	02	05
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804.453.4211	07	02	05
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MITTEE NAME/ADDRESS(INCLUDE
ITY NAME/LOCATION IF DIFFERENT)

E Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539
LITY 610 Menhaden Rd
ATION

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
94 PHOSPHORUS, TOTAL (AS) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********			1/YR	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********				
95 ORTHOPHOSPHATE (AS P)	REPORTD	0.07	*********	KG/D	*********	0.08	*********	mg/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
05 NITROGEN, TOTAL (AS) (YEAR-TO-DATE)	REPORTD	*********	17.1	KG/Y	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
306 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	0.47	KG/Yr	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	NONE	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. [Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.]

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100446 3	07	02	05
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804 453-4211	07	02	05
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial. Major 10/12/2000

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

:MITTEE NAME/ADDRESS(INCLUDE
:ILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
CILITY CATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD					
FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	01	01	07	01	31

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********			CONT	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********				
002 PH	REPORTD	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
	REQRMNT	*********	*********		*********	*********	*********				
003 BOD5	REPORTD				*********	*********	*********			2/M	24HC
	REQRMNT	470	840	KG/D	*********	*********	*********				
004 TSS	REPORTD				*********	*********	*********			2/M	24HC
	REQRMNT	160	410	KG/D	*********		*********				
006 COLIFORM, FECAL	REPORTD	*********	*********		*********	200	*********	N/CML		1/W	GRAB
	REQRMNT	*********	*********		*********		*********				
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********	NL	*********	MG/L		1/W	24HC
	REQRMNT	NL	*********	KG/D	*********		*********				
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********	NL	*********	MG/L		2/M	CALC
	REQRMNT	NL	*********	KG/D	*********						
039 AMMONIA, AS N	REPORTD	*********	*********		*********	38	45	MG/L		2/M	24HC
	REQRMNT	*********	*********								

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	02	05
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	02	05
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FACILITY NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175 Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	01	01	07	01	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
68 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS
140 ENTEROCOCCI	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	35	*********	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	14	TU-A		1/3M	24HC
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC

Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE
TYPED OR PRINTED NAME: Graham Lyell Jett	SIGNATURE: Graham Lyell Jett	CERTIFICATE NO.: 1911004463	YEAR 07 MO. 02 DAY 05
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	
TYPED OR PRINTED NAME: Graham Lyell Jett	SIGNATURE: Graham Lyell Jett	804-453-4211	YEAR 07 MO. 02 DAY 05

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********			1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********				
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********			1/YR	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********				
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********	MG/L		1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********				
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********			1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********				
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********			1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********				
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	02	05
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804.453-4211	07	02	05
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

IMITTEE NAME/ADDRESS(INCLUDE
ILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
CILITY 610 Menhaden Rd
CATION

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	003

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********			CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********				
002 PH	REPORTD	*********	*********			*********				2/M	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU			
003 BOD5	REPORTD				*********	*********	*********			2/M	24HC
	REQRMNT	4300	7700	KG/D	*********	*********	*********				
004 TSS	REPORTD				*********	*********	*********			2/M	24HC
	REQRMNT	110	280	KG/D	*********	*********	*********				
007 DO	REPORTD	*********	*********				*********			1/DAY	GRAB
	REQRMNT	*********	*********		NL	NL	*********	MG/L			
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********			1/W	24HC
	REQRMNT	3.0	*********	KG/D	*********	2.0	*********	MG/L			
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********			1/W	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L			
039 AMMONIA, AS N	REPORTD	*********	*********		*********					2/M	24HC
	REQRMNT	*********	*********		*********	37	45	MG/L			

Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	02	05
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-4534211	07	02	05
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

MITTEE NAME/ADDRESS(INCLUDE
ILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
CILITY 610 Menhaden Rd
CATION

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	430	780	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	02	05
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	02	05
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MITTEE NAME/ADDRESS(INCLUDE ILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175 VA 22539
Reedville
CILITY CATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	003

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********			1/YR	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********				
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********	MG/L		1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********				
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********			1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********				
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********			1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********				
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME: Graham Lyell Jett	SIGNATURE: Graham Lyell Jett	CERTIFICATE NO.: 1911004463	YEAR: 07	MO.: 02	DAY: 05
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME: Graham Lyell Jett	SIGNATURE: Graham Lyell Jett	804-453-4211	YEAR: 07	MO.: 02	DAY: 05

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ÆMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
CILITY ICATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	995

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	0.351	0.351	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		8.37	*********	8.37		Ø	5D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********	70	70	UG/L	Ø	1/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	16.2	16.2	°C	Ø	1/D	IS
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	2.82	2.82	UG/L	Ø	1/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********	54	54	UG/L	Ø	1/M	GRAB
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	NONE	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME: Graham Lyell Jett	SIGNATURE: Graham Lyell Jett	CERTIFICATE NO.: 1911004463	YEAR: 07	MO.: 02	DAY: 05
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME: Graham Lyell Jett	SIGNATURE: Graham Lyell Jett	804.453.4211	YEAR: 07	MO.: 02	DAY: 05

Industrial Major 11/16/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

ERMITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY LOCATION 610 Menhaden Rd

VA0003867	996
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	1701	KG/M	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	0.47	KG/m	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	1701	KG/Y	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	0.47	KG/m	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	02	05
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	02	05
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN

DMR REPORTING
Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (mg/l)
001	5-Jan-07	1:10	9.7	8.38	0.43	11.7
002	5-Jan-07	1:05	11.1	8.22	0.73	12.2
995	5-Jan-07	1:18	10.7	8.39	0.823	11.6

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 1/1/07 To 1/7/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Scholtz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jott 02/05/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 1/8/07 To 1/14/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Scholtz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell 02/05/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 1/15/07 To 1/21/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Tyell 02/05/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 1/22/07 To 1/31/07

Paint Area	COMPLIANCE	NONCOMPLIANCE*
	(check as appropriate)	
	✓	

*Comments on Noncompliance

Ted Schaff Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lynell Pitt 02/05/07
Signature of Principal Officer or Authorized Agent / Date

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
	REQRMNT	*********	*********		*********	*********	*********				
003 BOD5	REPORTD				*********	*********	*********			3D/W	24HC
	REQRMNT	1700	3100	KG/D	*********	*********	*********				
004 TSS	REPORTD				*********	*********	*********			3D/W	24HC
	REQRMNT	650	1600	KG/D	*********	*********	*********				
005 CL2, TOTAL	REPORTD	*********	*********		*********	580	1200	UG/L		1/DAY	GRAB
	REQRMNT	*********	*********		*********		*********				
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********	2.0	*********	MG/L		1/W	24HC
	REQRMNT	23	*********	KG/D	*********		*********				
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********	NL	*********	MG/L		1/W	CALC
	REQRMNT	NL	*********	KG/D	*********						
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********	96	110	UG/L		2/M	GRAB
	REQRMNT	*********	*********		*********						

Discharge

No

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	0	0

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191004463	07	03	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	03	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175 Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

No Discharge

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191004463	07	03	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-9211	07	03	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY OCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	191004463	07	03	08

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	03	08

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

Discharge

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	200	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	38	45	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	0	0

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	03	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	03	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/19/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS
140 ENTEROCOCCI	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	35	*********	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	14	TU-A		1/3M	24HC
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC

Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	03	08

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	03	08

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	0	0

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	191100446 3	07	03	08

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	03	08

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Industrial Major 10/19/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539

ACILITY OCATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		5.0	*********	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	4300	7700	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	110	280	KG/D	*********	*********	*********			2/M	24HC
007 DO	REPORTD	*********	*********				*********				
	REQRMNT	*********	*********		NL	NL	*********	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	3.0	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	37	45	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	03	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	03	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

RMITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Readville
DDRESS PO Box 175
Reedville VA 22539

ACILITY 610 Menhaden Rd
OCATION

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	430	780	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jeff	Graham Lyell Jeff	7911004463	07	03	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jeff	Graham Lyell Jeff	804-453-4211	07	03	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/19/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ERMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY OCATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	0	0

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	03	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	03	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	995

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	0	0

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	03	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	03	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 11/16/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	996
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	17.1	KG/mo	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	0.47	KG/mo	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	17.1	KG/Y	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	0.47	KG/Y	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100 4463	07	03	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	03	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN

DMR REPORTING

Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (mg/l)
001	15-Feb-07	9:00	8.0	8.36	0.36	11.5
002	15-Feb-07	9:10	8.2	8.20	0.35	11.5
995	15-Feb-07	9:15	8.4	8.25	0.29	11.4

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867
Report Period: From 2,1,07 To 2,4,07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jr 03/08/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 2/5/07 To 2/11/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jr. 03/08/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 2/16/07 To 2/18/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Gelinski / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jr 03/08/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 2/19/07 To 2/25/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schulz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jr 03/08/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 2/26/07 To 2/28/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jr. 03/08/07
Signature of Principal Officer or Authorized Agent / Date

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY OCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	650	1600	KG/D	*********	*********	*********			3D/W	24HC
005 CL2, TOTAL	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	96	110	UG/L		2/M	GRAB

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	DATE MO.	DATE DAY
Graham Lyell Jett	Graham Lyell Jett	191004463	07	04	03

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	04	03

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
CILITY CATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

NO DISCHARGE

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100 4463	07	04	03
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	04	03
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MITTEE NAME/ADDRESS(INCLUDE
LITY NAME/LOCATION IF DIFFERENT)

E Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539
ILITY 610 Menhaden Rd
ATION

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

ARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
94 PHOSPHORUS, TOTAL (AS) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
95 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
105 NITROGEN, TOTAL (AS) (YEAR-TO-DATE)	REPORTD	*********	17.1	KG/Y	*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	0.47	KG/Y	*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	04	03
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	04	03
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/12/2003

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY OCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

No Discharge

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	200	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	38	45	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett (TYPED OR PRINTED NAME)	Graham Lyell Jett (SIGNATURE)	1911004463 (CERTIFICATE NO.)	07 (YEAR)	04 (MO.)	03 (DAY)
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett (TYPED OR PRINTED NAME)	Graham Lyell Jett (SIGNATURE)	804-453-4211	07 (YEAR)	04 (MO.)	03 (DAY)

Industrial Major 10/19/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

IMITTEE NAME/ADDRESS(INCLUDE
ILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
ILITY 610 Menhaden Rd
CATION

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
68 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
80 TEMPERATURE, WATER DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS
40 ENTEROCOCCI	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	35	*********	N/CML		1/W	GRAB
79 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	14	TU-A		1/3M	24HC
89 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	T911004463	07	04	03
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	04	03
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TTEE NAME/ADDRESS(INCLUDE
TY NAME/LOCATION IF DIFFERENT)

Omega Protein - Reedville
ESS PO Box 175 VA 22539
Reedville
ITY
TION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	03	01	07	03	31

RAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
3 PHOSPHORUS, TOTAL (AS (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********			1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********				
94 PHOSPHORUS, TOTAL (AS) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********			1/YR	CALC
	REQRMNT	*********	NL	KG/YR	*********		*********				
95 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********	MG/L		1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********				
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********			1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********				
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********			1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********				
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD										
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	04	03
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.			
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	04	03
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TTEE NAME/ADDRESS(INCLUDE
TY NAME/LOCATION IF DIFFERENT)

Omega Protein - Reedville
ESS PO Box 175
Reedville VA 22539
ITY 610 Menhaden Rd
TION

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	003

MONITORING PERIOD					
YEAR	MO	DAY		YEAR	MO	DAY
07	03	01	TO	07	03	31

FROM

RAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 FLOW	REPORTD				*********	*********	*********			CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********				
2 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2/M	GRAB
03 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	4300	7700	KG/D	*********	*********	*********			2/M	24HC
04 TSS	REPORTD				*********	*********	*********				
	REQRMNT	110	280	KG/D	*********	*********	*********			2/M	24HC
07 DO	REPORTD	*********	*********				*********				
	REQRMNT	*********	*********		NL	NL	*********	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	3.0	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	37	45	MG/L		2/M	24HC

Discharg
No

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	04	03
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		**TELEPHONE**			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	04	03

Industrial Major 10/19/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TTEE NAME/ADDRESS(INCLUDE
TY NAME/LOCATION IF DIFFERENT)

Omega Protein - Reedville
ESS PO Box 175
Reedville VA 22539
ITY
TION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

RAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
0 TEMPERATURE, WATER EG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
9 NITRITE+NITRATE-TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
12 COPPER, DISSOLVED UG/L AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
00 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	430	780	KG/D	*********	*********	*********			2/M	GRAB
191 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	04	03
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	04	03
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/19/2003

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

MITTEE NAME/ADDRESS(INCLUDE
ITY NAME/LOCATION IF DIFFERENT)

E Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539
LITY 610 Menhaden Rd
ATION

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
04 PHOSPHORUS, TOTAL (AS (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
95 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
05 NITROGEN, TOTAL (AS) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
06 PHOSPHORUS, TOTAL (AS) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	04	03

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453 4211	07	04	03

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Industrial Major 10/19/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
CILITY ICATION 610 Menhaden Rd

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	04	03
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	04	03
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 11/16/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

TEE NAME/ADDRESS(INCLUDE
Y NAME/LOCATION IF DIFFERENT)

Omega Protein - Reedville
SS PO Box 175
Reedville VA 22539
Y
ION 610 Menhaden Rd

VA0003867	996
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NITROGEN, TOTAL (AS MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
NITROGEN, TOTAL (AS (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
PHOSPHORUS, TOTAL (AS (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
PHOSPHORUS, TOTAL (AS (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
5 NITROGEN, TOTAL (AS (YEAR-TO-DATE)	REPORTD	*********	171	KG/Y	*********	*********	*********				CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
6 PHOSPHORUS, TOTAL (AS (YEAR-TO-DATE)	REPORTD	*********	0.47	KG/Y	*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

DITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE EPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION BMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR HOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION UBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION NCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 .S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include ines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100446 3	07	04	03
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	04	03
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 3,1,07 To 3,4,07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz/Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Orth 4/3/2007
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 3/5/07 To 3/11/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Gatt 4/3/2007
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 3/12/07 To 3/18/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett 4/3/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 3/19/07 To 3/25/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett 4/3/2007
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 3/26/07 To 3/31/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance.
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jr 4/3/2007
Signature of Principal Officer or Authorized Agent / Date

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	650	1600	KG/D	*********	*********	*********			3D/W	24HC
005 CL2, TOTAL	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	96	110	UG/L		2/M	GRAB

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	NONE	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191004463	07	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

MITTEE NAME/ADDRESS(INCLUDE
LITY NAME/LOCATION IF DIFFERENT)

E Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539

ILITY 610 Menhaden Rd
ATION

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
4 PHOSPHORUS, TOTAL (AS	REPORTD	*********			*********	*********	*********				
(CALENDAR YEAR)	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
95 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
05 NITROGEN, TOTAL (AS	REPORTD	*********	17.1	KG/Y	*********	*********	*********				
) (YEAR-TO-DATE)	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
06 PHOSPHORUS, TOTAL (AS	REPORTD	*********	0.47	KG/Y	*********	*********	*********				
) (YEAR-TO-DATE)	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4217	07	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial. Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

IAME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	470	8407	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	200	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	38	45	MG/L		2/M	24HC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. [Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.]

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/19/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

MITTEE NAME/ADDRESS(INCLUDE
ILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
CILITY CATION 610 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

No Discharge

ARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
68 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
80 TEMPERATURE, WATER DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS
40 ENTEROCOCCI	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	35	*********	N/CML		1/W	GRAB
.79 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	14	TU-A		1/3M	24HC
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY OCATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	4300	7700	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	110	280	KG/D	*********	*********	*********			2/M	24HC
007 DO	REPORTD	*********	*********				*********				
	REQRMNT	*********	*********		NL	NL	*********	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	3.0	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	37	45	MG/L		2/M	24HC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RMITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 195
Reedville VA 22539
CILITY CATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	430	780	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RMITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
CILITY 610 Menhaden Rd
CATION

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY
OCATION 610 Menhaden Rd

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 11/16/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

MITTEE NAME/ADDRESS(INCLUDE
LITY NAME/LOCATION IF DIFFERENT)

E Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539
ILITY 610 Menhaden Rd
ATION

VA0003867	996
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 NITROGEN, TOTAL (AS (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
92 NITROGEN, TOTAL (AS) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
93 PHOSPHORUS, TOTAL (AS) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
94 PHOSPHORUS, TOTAL (AS) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
05 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	17.1	MG/Y	*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	0.47	MG/Y	*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø.

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
EMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 4/2/07 To 4/8/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett 05-01-2007
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 4/9/07 To 4/15/07

Paint Area	COMPLIANCE	NONCOMPLIANCE*
	(check as appropriate)	
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett 05-01-2007
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 4/16/07 To 4/22/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett 05-01-2007
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 4/23/07 To 4/29/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Gott 05-01-2007
Signature of Principal Officer or Authorized Agent / Date

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175 Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	2.535	2.839	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.8	*********	8.1	SU	Ø	3D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	365.6	612.4	KG/D	*********	*********	*********		Ø	3D/W	24HC
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD	217.3	301.7	KG/D	*********	*********	*********		Ø	3D/W	24HC
	REQRMNT	650	1600	KG/D	*********	*********	*********			3D/W	24HC
005 CL2, TOTAL	REPORTD	*********	*********		*********	NA	NA			—	—
	REQRMNT	*********	*********		*********	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	3.5	*********	KG/D	*********	0.4	*********	MG/L	Ø	1/W	24HC
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	100.6	*********	KG/D	*********	10.9	*********	MG/L	Ø	1/W	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********	10	10	UG/L		2/M	GRAB
	REQRMNT	*********	*********		*********	96	110	UG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	06	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804.453.4211	07	06	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539

ACILITY OCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
039 AMMONIA, AS N	REPORTD	*********	*********		*********	7.6	11.5	MG/L	Ø	2/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD	95.3	*********	KG/D	*********	10.4	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********	35.9	°C	Ø	1/DAY	IS
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD	5.3	*********	KG/D	*********	0.6	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	52.6	73.7	KG/D	*********	*********	*********		Ø	3D/W	GRAB
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	604	KG/mo	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	21.0	KG/mo	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	06	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	06	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

IITTEE NAME/ADDRESS(INCLUDE
.ITY NAME/LOCATION IF DIFFERENT)

E Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539
LITY 610 Menhaden Rd
ATION

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

.RAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
4 PHOSPHORUS, TOTAL (AS	REPORTD	*********			*********	*********	*********			1/YR	CALC
(CALENDAR YEAR)	REQRMNT	*********	NL	KG/YR	*********	*********	*********				
05 ORTHOPHOSPHATE (AS P)	REPORTD	0.6	*********	KG/D	*********	0.06	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
05 NITROGEN, TOTAL (AS	REPORTD	*********	621	KG/Yr	*********	*********	*********		Ø	1/m	CALC
) (YEAR-TO-DATE)	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
06 PHOSPHORUS, TOTAL (AS	REPORTD	*********	21.5	KG/Yr	*********	*********	*********		Ø	1/m	CALC
) (YEAR-TO-DATE)	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lydell Jett	Graham Lydell Jett	1911004463	07	06	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lydell Jett	Graham Lydell Jett	804-453-4211	07	06	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 05/24/2007

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
CILITY CATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

'ARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
01 FLOW	REPORTD	0.221	0.356	MGD	*********	*********	*********		Ø	CONT	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********		7.03	*********	7.42	SU	Ø	2D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	18.4	22.6	KG/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD	41.2	56.6	KG/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********	15	*********	N/cmL	Ø	2/W	GRAB
	REQRMNT	*********	*********		*********	NL	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	5.7	*********	KG/D	*********	5.2	*********	MG/L	Ø	2/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	15.6	*********	KG/D	*********	14.5	*********	MG/L	Ø	2/M	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	5.5	5.6	MG/L	Ø	2/M	24HC
	REQRMNT	*********	*********		*********	35	45	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	06	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	06	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MITTEE NAME/ADDRESS(INCLUDE
ILITY NAME/LOCATION IF DIFFERENT)

IE Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539
ILITY 610 Menhaden Rd
CATION

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

ARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
58 TKN (N-KJEL)	REPORTD	14.2	*********	KG/D	*********	13.2	*********	MG/L	Ø	2/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
80 TEMPERATURE, WATER DEG. C)	REPORTD	*********	*********		*********	21.0	22.8	°C	Ø	2D/W	IS
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS
40 ENTEROCOCCI	REPORTD	*********	*********		*********	31	*********	N/CML	Ø	2/W	GRAB
	REQRMNT	*********	*********		*********	NL	*********	N/CML		1/W	GRAB
79 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	14	TU-A		1/3M	24HC
389 NITRITE+NITRATE-N,TOTAL	REPORTD	1.4	*********	KG/D	*********	1.3	*********	MG/L	Ø	2/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	5.6	7.1	KG/D	*********	*********	*********		Ø	2/M	GRAB
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	46.9	KG/m	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100446 3	07	06	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	06	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY OCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	17.1	KG/M	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD	4.6	*********	MG/D	*********	4.2	*********	MG/L	Ø	2/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	46.9	MG/Yr	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	17.1	MG/Yr	*********	*********	*********		Ø	1/m	CALC.
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	06	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	06	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

MITTEE NAME/ADDRESS(INCLUDE
LITY NAME/LOCATION IF DIFFERENT)

E Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539
ILITY 610 Menhaden Rd
ATION

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
01 FLOW	REPORTD				*********	*********	*********			CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********					
02 PH	REPORTD	*********	*********		6.0	*********	9.0	SU		2/M	GRAB
	REQRMNT	*********	*********		*********	*********	*********				
03 BOD5	REPORTD				*********	*********	*********			2/M	24HC
	REQRMNT	4300	7000	KG/D	*********	*********	*********				
04 TSS	REPORTD				*********	*********	*********			2/M	24HC
	REQRMNT	110	280	KG/D	*********	*********	*********				
007 DO	REPORTD	*********	*********				*********	MG/L		1/DAY	GRAB
	REQRMNT	*********	*********		NL	NL	*********				
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********	MG/L		1/W	24HC
	REQRMNT	3.0	*********	KG/D	*********	2.0	*********				
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********	MG/L		1/W	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********				
039 AMMONIA, AS N	REPORTD	*********	*********		*********	37	45	MG/L		2/M	24HC
	REQRMNT	*********	*********		*********						

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100 4463	07	06	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	06	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

MITTEE NAME/ADDRESS(INCLUDE
LITY NAME/LOCATION IF DIFFERENT)

IE Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539
ILITY 610 Menhaden Rd
ATION

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
58 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
80 TEMPERATURE, WATER DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
89 NITRITE+NITRATE- I, TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
142 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	430	780	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	06	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	06	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

MITTEE NAME/ADDRESS(INCLUDE
ILITY NAME/LOCATION IF DIFFERENT)

IE Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
ILITY 610 Menhaden Rd
CATION

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
94 PHOSPHORUS, TOTAL (AS) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
95 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
05 NITROGEN, TOTAL (AS) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
306 PHOSPHORUS, TOTAL (AS) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	06	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	06	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

MITTEE NAME/ADDRESS(INCLUDE
ILITY NAME/LOCATION IF DIFFERENT)

IE Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539
ILITY CATION 610 Menhaden Rd

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
01 FLOW	REPORTD	2.227	2.457	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
02 PH	REPORTD	*********	*********		7.8	*********	8.2	SU	Ø	3D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
19 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********	49	49	UG/L	Ø	1/m	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
80 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	31.7	38.0	°C	Ø	1/D	IS
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	0.5	0.5	UG/L	Ø		
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********	50	50	UG/L	Ø	1/m	GRAB
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jeff	Graham Lyell Jeff	1911004463	07	06	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jeff	Graham Lyell Jeff	804.453.4211	07	06	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

MITTEE NAME/ADDRESS(INCLUDE
LITY NAME/LOCATION IF DIFFERENT)

E Omega Protein - Reedville
RESS PO Box 175
Reedville VA 22539

LITY
ATION 610 Menhaden Rd

VA0003867	996
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 NITROGEN, TOTAL (AS (MONTHLY LOAD)	REPORTD	*********	651	MG/m	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
92 NITROGEN, TOTAL (AS) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
93 PHOSPHORUS, TOTAL (AS) (MONTHLY LOAD)	REPORTD	*********	38.0	MG/m	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	668	MG/Yr	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	38.5	MG/Y	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lynell Jett	Graham Lynell Jett	191100446 3	07	06	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lynell Jett	Graham Lynell Jett	804.453.4211	07	06	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN™

DMR REPORTING
Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (mg/l)
001	21-May-07	9:45	20.8	8.14	0.541	10.2
002	21-May-07	9:55	20.5	8.14	0.184	10.2
995	21-May-07	9:50	20.8	8.12	0.229	10.4

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of May, 2007

Chesapeake Bay Water Quality Monitoring Data

	Predischarge							After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29	1530	<2	7.7	0.150	22.0	8.53	10.2	1545	2.7	7.89	0.234	21.6	8.93	10.8
30														
31														

Name of Vessel Reedville

Name of Sampler Andy Hall

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of May, 2007

Chesapeake Bay Water Quality Monitoring Data

	Predischarge							After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29	1500	<2	7.72	0.150	22.5	8.32	10.2	1520	2.7	7.83	0.234	22.2	8.64	10.8
30														
31														

Name of Vessel Smuggler's Point

Name of Sampler Andy Hall

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 4 30 07 To 5 16 07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lynn Pitt 06-08-07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 5/7/07 To 5/31/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE* (check as appropriate)
	✓	

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lynell Jett 06-08-07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 5/14/07 To 5/20/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lynch 06-08-07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 5/21/07 To 5/27/07

Paint Area	COMPLIANCE	NONCOMPLIANCE*
	(check as appropriate)	
	✓	

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jost 06-08-07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 5/28/07 To 6/3/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz / Regulatory Compliance.
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

[signature] 06-08-07
Signature of Principal Officer or Authorized Agent / Date

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	3.162	4.254	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.7	*********	8.1	SU	Ø	3D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	402.4	805.1	KG/D	*********	*********	*********		Ø	3D/W	24HC
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD	216.1	421.9	KG/D	*********	*********	*********		Ø	3D/W	24HC
	REQRMNT	650	1600	KG/D	*********	*********	*********			3D/W	24HC
005 CL2, TOTAL	REPORTD	*********	*********		*********	NA	NA				
	REQRMNT	*********	*********		*********	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	1.8	*********	KG/D	*********	0.3	*********	MG/L	Ø	1/W	24HC
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	63.2	*********	KG/D	*********	8.7	*********	MG/L	Ø	1/W	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********	<QL	<QL	UG/L	Ø	2/M	GRAB
	REQRMNT	*********	*********		*********	96	110	UG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	07	06
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804 453-4211	07	07	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
039 AMMONIA, AS N	REPORTD	*********	*********		*********	5.8	7.3	MG/L	Ø	2/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD	62.1	*********	KG/D	*********	8.5	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********	44.2	C	Ø	1/D	IS
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD	1.1	*********	KG/D	*********	0.2	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	59.8	80.5	KG/D	*********	*********	*********		Ø	3D/W	GRAB
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	1390	KG/M	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	39.1	KG/M	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100446 3	07	07	06
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	07	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
CILITY OCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD	0.5	*********	KG/D	*********	0.08	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	2011	KG/Y	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	60.6	KG/Y	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100 4463	07	07	06
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	07	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 05/24/2007

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

RMITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
CILITY CATION 610 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
01 FLOW	REPORTD	0.232	0.278	MGD	*********	*********	*********		Ø	CONT	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
02 PH	REPORTD	*********	*********		7.68	*********	8.18	SU	Ø	2D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
03 BOD5	REPORTD	6.5	10.1	KG/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
04 TSS	REPORTD	5.4	9.4	KG/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
06 COLIFORM, FECAL	REPORTD	*********	*********		*********	162	*********	N/CML	Ø	1/W	GRAB
	REQRMNT	*********	*********		*********	NL	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	2.8	*********	KG/D	*********	3.4	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	18.8	*********	KG/D	*********	22.9	*********	MG/L	Ø	2/M	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	14.9	17.5	MG/L	Ø	2/M	24HC
	REQRMNT	*********	*********		*********	38	45	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	07	06
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	07	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 12/26/05 To 12/31/05

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Danny Ford — Vessel Manager
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Pitt — 1-2-06
Signature of Principal Officer or Authorized Agent / Date

KEH

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 11/16/2005

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RECEIVED
MAR 02 2007

AMENDED

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	996
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2006	12	01	TO	2006	12	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	469.8		*********	*********	*********		0		
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD		9002.8		*********	*********	*********		0		
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	16.4		*********	*********	*********		0		
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD		1661.5		*********	*********	*********		0		
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	9002.8		*********	*********	*********		0		
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	1661.5		*********	*********	*********		0		
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	Ø	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	03	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	03	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	1	1	TO	06	1	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	0.330	0.567	MGD	*********	*********	*********		—	Cont	MEAS.
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********		8.70	*********	8.97	SU	0	2D/W	Grab
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	13.9	13.9		*********	*********	*********		0	1/M	24HC
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD	21.9	21.9		*********	*********	*********		0	1/M	24HC
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	200	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	14.0	14.0		0	1/M	24HC
	REQRMNT	*********	*********		*********	38	45	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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 'BMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. 'M AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, UDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include 'p to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	02	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	02	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY
OCATION 610 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	1	1	TO	06	1	31

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	4.41	4.70		—	2/W	IS
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS
140 ENTEROCOCCI	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	35	*********	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	14	TU-A		1/3M	24HC
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	1.74	1.74		*********	*********	*********		0	1/M	Grab
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	02	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	02	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	1	1	TO	06	1	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
605 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100446 3	06	02	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	02	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

FACILITY NAME/LOCATION (IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

DISCHARGE MONITORING REPORT(DMR)

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********								
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
440 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

DISCHARGE

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. (See 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	02	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

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

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	********			********	********	********				
	REQRMNT	********	NL	KG/YR	********	********	********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		********		********		********				
	REQRMNT	NL	********	KG/D	********	NL	********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	********			********	********	********				
	REQRMNT	********	NL	KG/YR	********	********	********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	********			********	********	********				
	REQRMNT	********	NL	KG/YR	********	********	********			1/M	CALC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	0	0

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	02	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

FACILITY NAME/LOCATION

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

DISCHARGE MONITORING REPORT(DMR)

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	430	JBO	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

NO DISCHARGE

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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 [illegible] FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	02	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

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

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE. READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	4300	7700	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	110	280	KG/D	*********	*********	*********			2/M	24HC
007 DO	REPORTD	*********	*********				*********				
	REQRMNT	*********	*********		NL	NL	*********	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	3.0	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	37	45	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. [illegible] THE SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	02	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

DISCHARGE MONITORING REPORT(DMR)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

NO DISCHARGE

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. (SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. [Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	02	08

FACILITY NAME/LOCATION IF DIFFERENT

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT(DMR)

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N, TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

DISCHARGE

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	02	08

FACILITY NAME/LOCATION (IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

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

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE. READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	650	1600	KG/D	*********	*********	*********			3D/W	24HC
005 CL2, TOTAL	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	96	110	UG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	02	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Patton Harris Rust & Associates, pc

Engineers. Surveyors. Planners. Landscape Architects.

P.O. Box 781
150-C Olde Greenwich Drive
Fredericksburg, VA 22404

T 540.898.2115
F 540.898.3230

Omega Protein

January, 2006

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
TSS	1/11/2006	1/11/2006	Discharge 002 (0755)	63	1-13-06 (0900)	WLW	SM 2540-D	1
BOD	1/11/2006	1/11/2006	Discharge 002 (0755)	40.0	1/11/2006	SSC	SM 5210 B	2
Oil & Grease	1/11/2006	1/11/2006	Discharge 002 (0755)	<5	1-16-06 (0900)	WLW	EPA 1664	5
Ammonia Nitrogen	1/11/2006	1/11/2006	Discharge 002 (0755)	14.0	1-11-06 (1430)	SSC	EPA 350.2	1 Titrametric

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 1/1/06 To 1/18/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE * (check as appropriate)
	✓	

*Comments on Noncompliance

Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

2-7-2006

Signature of Principal Officer or Authorized Agent / Date

OMEGA PROTEIN

Graham Lyell Jett
General Manager

January 4, 2006

December 2005 DMR response

Dear Denise

The only exceedance this month is Ammonia at Outfall 006. As we have informed you on many previous reports, these exceedances would not be exceedances if the renewed permit were in effect. Outfall 006 is a blend of waters from the scrubber (001) and the evaporators (004/005). The ammonia comes from the scrubbers and not from the evaporators. The scrubber water has been discharged through the diffuser for over two years in accordance with the mixing zone analysis that was approved by DEQ. Thus, all discharges of ammonia through the diffuser during the last two plus years have been well within a permit requirement, if an appropriate permit had been in effect.

We did not have a refrigeration water discharge during the month of December and therefore no analysis is being reported.

Sincerely,

Lyell Jett

Lyell Jett

P.O. Box 175, Reedville, Virginia 22539, Telephone 804-453-4211, Fax 804-453-4475

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 1/8/06 To 1/14/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

2-7-2006

Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 1/15/06 To 1/21/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett 2-7-2006

Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 1/22/06 To 1/28/06

Paint Area	COMPLIANCE / NONCOMPLIANCE * (check as appropriate)	
	✓	

*Comments on Noncompliance

Danny Forbes — Vessel Manager
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett — 2-7-2006
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 1/29/06 To 1/31/06

Paint Area	COMPLIANCE / NONCOMPLIANCE * (check as appropriate)	
	✓	

*Comments on Noncompliance

Dan Joel — Vessel Manager
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett — 2-7-2006
Signature of Principal Officer or Authorized Agent / Date

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	2	1	TO	06	2	28

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	650	1600	KG/D	*********	*********	*********			3D/W	24HC
005 CL2, TOTAL	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	96	110	UG/L		2/M	GRAB

Discharge

No

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY
		191100 4463			

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	03	09

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	2	1	TO	06	2	28

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	0	0

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	03	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175 Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	2	1	TO	06	2	28

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	03	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	2	1	TO	06	2	28

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	0		*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	50.4		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	6.1		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	03	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

RMITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
CILITY 610 Menhaden Rd
OCATION

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	2	1	TO	06	2	28

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS
140 ENTEROCOCCI	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	35	*********	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	14	TU-A		1/3M	24HC
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	0		*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********	~~NL~~ NA		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	0	0

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	03	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175, Reedville VA 22539
FACILITY LOCATION: 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	2	1	TO	06	2	28

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	200	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	0	*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	0	*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	38	45	MG/L		2/M	24HC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	0	0

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
		1911004463			
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	03	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	2	1	TO	06	2	28

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	4300	7700	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	110	280	KG/D	*********	*********	*********			2/M	24HC
007 DO	REPORTD	*********	*********				*********				
	REQRMNT	*********	*********		NL	NL	*********	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	3.0	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	37	45	MG/L		2/M	24HC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	03	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/15/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

RMITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

.ME Omega Protain - Reedville
DRESS PO Box 175
Reedville VA 22539
CILITY CATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	2	1	TO	06	2	28

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	430	780	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	03	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/19/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

IMITTEE NAME/ADDRESS(INCLUDE
ILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
CILITY CATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	2	1	TO	06	2	28

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
94 PHOSPHORUS, TOTAL (AS) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
195 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	03	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/19/2006

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY OCATION 610 Menhaden Rd

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	2	1	TO	06	2	28

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
		19110044 63			
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	03	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 11/16/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY OCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	996

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	2	1	TO	06	2	28

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	50.4		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	6.1		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
		191100446 3			
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	03	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 2/1/06 To 2/5/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz — Regulatory Compliance.
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett — 03-09-2006
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 2/6/06 To 2/12/06

Paint Area	COMPLIANCE	NONCOMPLIANCE*
	(check as appropriate)	
	✓	

*Comments on Noncompliance

Ted Schultz — Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett — 03-09-2006
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 2/13/06 To 2/19/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance.
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett 03-08-2006
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 2/1/2006 To 2/26/06

Paint Area	COMPLIANCE	NONCOMPLIANCE*
	(check as appropriate)	
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lynell Jett 03-09-2006
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 2/27/06 To 2/28/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schaff Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Tatt 03-09-2006
Signature of Principal Officer or Authorized Agent / Date

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	1	TO	06	03	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	650	1600	KG/D	*********	*********	*********			3D/W	24HC
005 CL2, TOTAL	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
010 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	96	110	UG/L		2/M	GRAB

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	0	0

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	04	03
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
		804-453-4211			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett		06	04	03

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	1	TO	06	03	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	04	03
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/19/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No DMR

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	04	03
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	200	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	38	45	MG/L		2/M	24HC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	04	03
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	04	03
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY OCATION 610 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS
140 ENTEROCOCCI	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	35	*********	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	14	TU-A		1/3M	24HC
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804.453.4211	06	04	03

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	50.4		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	6.1		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804.453.4211	06	04	03
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	003

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
06	03	01	06	03	31

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	4300	7700	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	110	280	KG/D	*********	*********	*********			2/M	24HC
007 DO	REPORTD	*********	*********				*********				
	REQRMNT	*********	*********		NL	NL	*********	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	3.0	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	37	45	MG/L		2/M	24HC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	04	03

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	04	03

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	430	780	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

Discharge

NO

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	04	03

Industrial Major 10/19/2000

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY OCATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. [Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.]

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	04	03

Industrial Major 10/19/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	0	0

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	191100 4463	06	04	03

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804.453.4211	06	04	03

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Industrial Major 11/16/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	996
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	50.4		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	6.1		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE		1911004463	DATE		
Graham Lyell Jett	Graham Lyell Jett	H9 V13	06	04	03
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	04	03
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 3/1/06 To 3/5/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory compliance.
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett April 3 2006
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 3/6/06 To 3/12/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schmitt Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett April 3, 2006
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 3/13/06 To 3/19/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance.
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett April 3, 2006
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 3/29/06 To 3/26/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett April 3, 2006
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 3/27/06 To 3/31/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance.
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett April 3, 2006
Signature of Principal Officer or Authorized Agent / Date

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		8.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	650	2600	KG/D	*********	*********	*********			3D/W	24HC
005 CL2, TOTAL	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	96	110	UG/L		2/M	GRAB

Discharge

No

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/19/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY OCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME: Omega Protein - Reedville
ADDRESS: PO Box 175, Reedville VA 22539
FACILITY LOCATION: 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	200	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	38	45	MG/L		2/M	24HC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/19/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
000 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS
140 ENTEROCOCCI	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	35	*********	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	14	TU-A		1/3M	24HC
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	50.4		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	6.1		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett (TYPED OR PRINTED NAME)	Graham Lyell Jett (SIGNATURE)	1911004463 (CERTIFICATE NO.)	06 (YEAR)	05 (MO.)	01 (DAY)
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett (TYPED OR PRINTED NAME)	Graham Lyell Jett (SIGNATURE)	804.453.4211	06 (YEAR)	05 (MO.)	01 (DAY)

Industrial Major 10/19/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		8.0	*********	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	4300	7700	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	110	280	KG/D	*********	*********	*********			2/M	24HC
007 DO	REPORTD	*********	*********				*********				
	REQRMNT	*********	*********		NL	NL	*********	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	3.0	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	37	45	MG/L		2/M	24HC

Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	05	01

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	05	01

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Industrial Major 10/19/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

:RMITTEE NAME/ADDRESS(INCLUDE
.CILITY NAME/LOCATION IF DIFFERENT)

AME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY OCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	003

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	430	780	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

Discharg

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	DATE MO.	DATE DAY
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	05	01

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	05	01

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Industrial Major 10/19/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

AMITTEE NAME/ADDRESS(INCLUDE
CILITY NAME/LOCATION IF DIFFERENT)

VIE Omega Protein - Reedville
DRESS PO Box 175
Reedville VA 22539
CILITY CATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
194 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

ME Omega Protein - Reedville
DDRESS PO Box 175
Reedville VA 22539
ACILITY OCATION 610 Menhaden Rd

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 11/16/2005

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	996
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	50.4		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	6.1		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100446-3	06	05	01
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	05	01
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 4/1/06 To 4/9/06

Paint Area	COMPLIANCE	NONCOMPLIANCE*
	(check as appropriate)	
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett May 1, 2006
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 4/10/06 To 4/16/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schuff Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett May 1, 2006
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 4/17/06 To 4/23/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett May 1, 2006
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 4,24,06 To 4,30,06

Paint Area	COMPLIANCE	NONCOMPLIANCE*
	(check as appropriate)	
	✓	

*Comments on Noncompliance

TED Schultz Regulatory Compliance.
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett May 1, 2006
Signature of Principal Officer or Authorized Agent / Date

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	650	1600	KG/D	*********	*********	*********			3D/W	24HC
005 CL2, TOTAL	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	96	110	UG/L		2/M	GRAB

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	06	09
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	06	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/12/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100 4463	06	06	09
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	06	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	06	09
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	06	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

No Discharge

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********			CONT	MEAS
	REQRMNT	NL	NL	MGD	*********	*********					
002 PH	REPORTD	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
	REQRMNT	*********	*********		*********	*********	*********				
003 BOD5	REPORTD				*********	*********	*********			2/M	24HC
	REQRMNT	470	840	KG/D	*********	*********	*********				
004 TSS	REPORTD				*********	*********	*********			2/M	24HC
	REQRMNT	160	410	KG/D	*********	*********	*********				
006 COLIFORM, FECAL	REPORTD	*********	*********		*********		*********	N/CML		1/W	GRAB
	REQRMNT	*********	*********		*********	200	*********				
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********	MG/L		1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********				
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********	MG/L		2/M	CALC
	REQRMNT	NL	*********	KG/D	*********	NL					
039 AMMONIA, AS N	REPORTD	*********	*********		*********		45	MG/L		2/M	24HC
	REQRMNT	*********	*********		*********	38					

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	06	09
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	06	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175 Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS
140 ENTEROCOCCI	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	35	*********	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	14	TU-A		1/3M	24HC
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC

Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett (TYPED OR PRINTED NAME)	Graham Lyell Jett (SIGNATURE)	1911004463 (CERTIFICATE NO.)	06 (YEAR)	06 (MO.)	09 (DAY)
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett (TYPED OR PRINTED NAME)	Graham Lyell Jett (SIGNATURE)	804.453.4211	06 (YEAR)	06 (MO.)	09 (DAY)

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	50.4		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	6.1		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

NO DISCHARGE

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	06	09
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	06	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	4300	7700	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	110	280	KG/D	*********	*********	*********			2/M	24HC
007 DO	REPORTD	*********	*********				*********				
	REQRMNT	*********	*********		NL	NL	*********	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	3.0	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	37	45	MG/L		2/M	24HC

Discharge NO

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	06	09
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804.453.4211	06	06	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	430	780	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	191100 4463	06	06	09

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804.453.4211	06	06	09

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	003

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
06	05	01	06	05	31

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	06	09
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.			
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	06	09
TYPED OR PRINTED NAME	SIGNATURE				

Industrial Major

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	995
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	3.597	8.424	MGD	*********	*********	*********		–	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.86	*********	8.24	SU	0	5D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********	33	33	UG/L	0	1/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	30.2	31.3	C	0	1/DAY	IS
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	1.8	1.8	UG/L	0	1/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********	50	50	UG/L	0	1/M	GRAB
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100 4463	06	06	09
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	06	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 11/16/2005

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Omega Protein - Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	996

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	50.4		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	6.1		*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	None	Ø	Ø

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	06	09

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	06	09

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OMEGA PROTEIN

DMR REPORTING
Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (mg/l)
001	29-May-06	9:30	29..0	8.25	0.784	16.8
002	29-May-06	9:50	25.5	8.16	0.536	16.8
995	29-May-06	9:40	24.5	8.10	0.472	16.7

Month of May, 2006

Omega Protein, Inc
VPDES Permit #VA000386 7

Chesapeake Bay Water Quality Monitoring Data

	Predischarge							After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30	1645	3.8	8.68	0.912	24.1	8.66	16.6	1655	11.4	8.6	0.551	24	8.4	16.6
31														

Name of Vessel Smith Island

Name of Sampler Andy Hall

Month of May, 2006

Omega Protein, Inc
VPDES Permit #VA000386 7

Chesapeake Bay Water Quality Monitoring Data

	Predischarge							After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30	1720	2.5	8.78	0.283	24.2	8.64	16.3	1740	>32	8.64	0.11	23.8	8.6	16.6
31														

Name of Vessel John S. Dempster

Name of Sampler Andy Hall

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 5/8/06 To 5/14/06

Paint Area	COMPLIANCE	NONCOMPLIANCE*
	(check as appropriate)	
	✓	

*Comments on Noncompliance

Ted Schmitt Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Ott 06-09-06
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 5/1/06 To 5/7/06

Paint Area	COMPLIANCE	NONCOMPLIANCE*
	(check as appropriate)	
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett 6-09-06
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 5/15/06 To 5/21/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett 06-09-06
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 5/22/06 To 5/28/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett 06-09-06
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 5/29/06 To 5/31/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schultz Regulatory Compliance
Name of Principal Exec. Officer or Authorized Agent / Title

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. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett 06-09-06
Signature of Principal Officer or Authorized Agent / Date