EXHIBIT

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Pt 3

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	06	01	TO	06	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				*********	*********	*********				
	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	07	10
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	07	10
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

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VA0003867	001
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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	660	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 NO

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/19/2005

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DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
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VA0003867	001
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Piedmont Regional Office
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Glen Allen VA 23060

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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

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Graham Lyell Jett	Graham Lyell Jett	804.453.4211	06	07	~~06~~ 8/10
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COMMONWEALTH OF VIRGINIA
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
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DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
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4949-A Cox Road
Glen Allen VA 23060

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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	06	01	TO	06	06	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	0.096	0.262	MGD	*********	*********	*********		Ø	CONT	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********		7.49	*********	8.29	SU	Ø	5D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	13.5	13.8	KG/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD	22.0	24.8	KG/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********	144	*********	N/CML	Ø	1/W	GRAB
	REQRMNT	*********	*********		*********	200	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	2.5	*********	KG/D	*********	5.2	*********	mG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	4.8	*********	KG/D	*********	13.2	*********	MG/L	Ø	2/M	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	1.2	1.3	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

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Graham Lyell Jett	Graham Lyell Jett	1911004463	06	07	10
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Graham Lyell Jett	Graham Lyell Jett	804.453.4211	06	07	10
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Industrial Major 10/19/2005

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DEPARTMENT OF ENVIRONMENTAL QUALITY
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068 TKN (N-KJEL)	REPORTD	4.2	*********	KG/D	*********	11.7	*********	mg/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	24.5	27.6	C	Ø	5D/W	IS
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS
140 ENTEROCOCCI	REPORTD	*********	*********		*********	189 *	*********	N/CML	Ø	1/W	GRAB
	REQRMNT	*********	*********		*********	35	*********	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
389 NITRITE+NITRATE-N,TOTAL	REPORTD	0.6	*********	KG/D	*********	1.5	*********	mg/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	2.5	2.8	KG/D	*********	*********	*********		Ø	2/m	GRAB
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	96.8	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

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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Graham Lyell Jett	Graham Lyell Jett	191100 44 63	06	07	10
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	50.8	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
795 ORTHOPHOSPHATE (AS P)	REPORTD	0.9	*********	KG/D	*********	2.1	*********	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	*********	147.2	KG/YR	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	56.9	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

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Reedville VA 22539
FACILITY LOCATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	06	01	TO	06	06	30

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

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	191100463	06	07	10
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	07	10
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	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	06	01	TO	06	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			
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	06	07	10
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	07	10
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)

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	06	01	TO	06	06	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	06	07	10
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	07	10
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)

IAME 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	06	01	TO	06	06	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	5.985	8.424	MGD	*********	*********	*********		Ø	CONT	EST.
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.79	*********	8.07	SU	Ø	5D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********	47	47	UG/L	Ø	1/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	33.9	35.9	C	Ø	1/DAY	IS
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	2.76	2.76	UG/L	Ø	1/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********	58	58	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 Jett	Graham Lyell Jett	1911004463	06	07	10
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	07	10
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	06	01	TO	06	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			
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	96.8	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	*********	50.8	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	*********	147.2	KG/YR	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	56.9	KG/YR	*********	*********	*********		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	06	07	10
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	07	10
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-Jun-06	10:00	25.1	8.24	<0.10	18.0
002	6-Jun-06	10:20	24.8	8.02	<0.10	17.8
995	6-Jun-06	10:10	25.1	8.24	0.125	18.4

Month of June, 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	1750	3.8	7.37	0.273	25.6	7.26	17.8	1845	4.9	6.98	0.125	25.2	7.17	16.6
29														
30														
31														

Name of Vessel Earl J. Conrad

Name of Sampler Andy Hall

Omega Protein, Inc
VPDES Permit #VA0003867

Month of June, 2006

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	1800	3.9	7.4	0.655	25.6	7.24	18.8	1855	3.4	6.94	0.625	25	7.15	18.8
29														
30														
31														

Name of Vessel Great Wicomico

Name of Sampler Andy Hall

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	07	01	TO	06	07	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		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	08	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	06	08	07
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

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	07	01	TO	06	07	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
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		
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PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804.453.4211	06	08	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Sarah Dill

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	07	01	TO	06	07	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

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Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	08	07
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	07	01	TO	06	07	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	0.145	0.372	MGD	*********	*********	*********		Ø	CONT	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********		7.47	*********	8.13	SU	Ø	5D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	1.4	1.6	KG/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD	1.7	2.1	KG/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********	424*	*********	N/CML	Ø	1/W	GRAB
	REQRMNT	*********	*********		*********	200	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	0.4	*********	KG/D	*********	1.7	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	6.3	*********	KG/D	*********	22.4	*********	MG/L	Ø	2/M	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	8.8	9.7	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

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Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	08	07
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 Manhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	07	01	TO	06	07	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
068 TKN (N-KJEL)	REPORTD	5.8	*********	KG/D	*********	20.6	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	27.5	30.4	C	Ø	5D/W	IS.
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS
140 ENTEROCOCCI	REPORTD	*********	*********		*********	440*	*********	N/CML	Ø	1/W	Grab.
	REQRMNT	*********	*********		*********	35	*********	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********		*********	*********				1/3M	24HC
	REQRMNT	*********	*********		*********	*********	14	TU-A		1/3M	24HC
389 NITRITE+NITRATE-N,TOTAL	REPORTD	0.5	*********	KG/D	*********	1.8	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	0.4	0.4	KG/D	*********	*********	*********		Ø	2/M	GRAB.
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	138.6	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

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.)

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PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	08	07
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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	07	01	TO	06	07	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	*********	9.4	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
795 ORTHOPHOSPHATE (AS P)	REPORTD	0.3	*********	KG/D	*********	1.1	*********	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	*********	285.8	KG/YR	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	66.3	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

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Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	08	07
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	07	01	TO	06	07	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

DISC Non Sig

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	08	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	06	08	07
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	07	01	TO	06	07	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	06	08	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	06	08	07
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	07	01	TO	06	07	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	1911004463	06	08	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	06	08	07
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	07	01	TO	06	07	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	7.477	8.424	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.53	*********	8.23	SU	Ø	5D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********	32	32	UG/L	Ø	1/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	34.5	38.6	C	Ø	1/DAY	IS
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	9.24	9.24	UG/L	Ø	1/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********	57	57	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 Jett	Graham Lyell Jett	1911004463	06	08	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	06	08	07
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	07	01	TO	06	07	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	*********	138.6	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	*********	9.4	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	*********	285.8	KG/YR	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	66.3	KG/YR	*********	*********	*********		Ø	1/M	
	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	06	08	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	06	08	07
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	11-Jul-06	7:50	27.1	8.20	0.37	13.7
002	11-Jul-06	7:50	26.2	8.23	0.36	13.9
995	11-Jul-06	7:55	27.0	8.14	0.21	14.4

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of July, 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														
17														
18														
19														
20	1015	2.1	6.88	0.422	28.9	8.84	15.8	1045	5.6	6.9	0.194	28.6	8.91	15.8
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Reedville

Name of Sampler Andy Hall

Month of July, 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	745	2.1	6.86	0.169	28.7	8.86	15.6	805	3.0	6.86	0.278	28.7	8.93	14.9
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Great Wicomico

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 7/3/06 To 7/31/06

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 Pitt 08/07/06
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 7/10/06 To 7/16/06

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 Lycel Jett 08/07/06
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 7/17/06 To 7/23/06

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 08/07/06
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 7 24 06 To 7 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 Ott 08/07/06
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	08	01	TO	06	08	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	2.817	4.212	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.78	*********	8.06	SU	Ø	1D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	423.2	589.9	KG/D	*********	*********	*********		Ø	1D/W	24HC
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD	485.2	610.6	KG/D	*********	*********	*********		Ø	1D/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	2.15	*********	KG/D	*********	0.18	*********	MG/L	Ø	1/W	24HC
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	158.0	*********	KG/D	*********	14.25	*********	MG/L	Ø	1/W	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********	25	50	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.)
	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	191100 4465	06	09	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	09	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 10/12/2005

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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	08	01	TO	06	08	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	*********	*********		*********	13.7	14.8	mg/L	Ø	2/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD	155.6	*********	KG/D	*********	14.1	*********	mg/L	Ø	1/W	24HC
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********	C	*********	*********	34.4	C	Ø	1/Day	IS
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD	2.39	*********	KG/D	*********	0.19	*********	mg/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	53.3	79.7	KG/D	*********	*********	*********		Ø	10/W	GRAB
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	158.0	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	*********	2.15	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.)
	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	06	09	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	09	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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	08	01	TO	06	08	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			
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD	1.03	*********	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	*********	158.0	KG/YR	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	2.15	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.)
	Ø	Ø	Ø

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	6	09	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	09	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	08	01	TO	06	08	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	0.135	0.276	MGD	*********	*********	*********		Ø	CONT	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********		7.40	*********	8.16	SU	Ø	5D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	17.65	30.48	KG/D	*********	*********	*********		Ø	2/m	24HC
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD	10.27	15.67	KG/D	*********	*********	*********		Ø	2/m	24HC
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********	757 *	*********	N/CML	Ø	1/W	GRAB
	REQRMNT	*********	*********		*********	200	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	0.484	*********	KG/D	*********	1.596	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	45.01	*********	KG/D	*********	126.4	*********	MG/L	Ø	2/m	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	59.1	125.0	MG/L	1	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.)
	1	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	09	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-421	06	09	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)

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	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	08	01	TO	06	08	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	44.819	*********	KG/D	*********	124.98	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	8.02	8.16	C	Ø	5D/W	IS
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS
140 ENTEROCOCCI	REPORTD	*********	*********		*********	2400 *	*********	N/CML	Ø	1/W	GRAB
	REQRMNT	*********	*********		*********	35	*********	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********		*********	*********	6.38	TUa	Ø	1/3M	24HC
	REQRMNT	*********	*********		*********	*********	14	TU-A		1/3M	24HC
389 NITRITE+NITRATE-N,TOTAL	REPORTD	0.19	*********	KG/D	*********	1.382	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	0.112	0.167	KG/D	*********	*********	*********		Ø	2/M	GRAB
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	1125.2	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

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100446 3	06	09	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	09	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	08	01	TO	06	08	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	*********	12.1	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
795 ORTHOPHOSPHATE (AS P)	REPORTD	0.165	*********	KG/D	*********	0.56	*********	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	*********	1411	Kg/yr	*********	*********	*********		Ø	1/m	calc
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	78.4	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.)
	Ø	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	191100 4463	06	09	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	09	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	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	08	01	TO	06	08	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

No Discharge

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	191100 4463	06	09	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	09	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

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	08	01	TO	06	08	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

No Discharge

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	06	09	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	09	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)

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	08	01	TO	06	08	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			
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.)

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	09	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	09	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	08	01	TO	06	08	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	6.010	8.424	MGD	*********	*********	*********			Cont	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.76	*********	8.33			5D/W	Grab
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********	34	34.	UG/L		1/m	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	26.7	36.5	C		1/DAY	IS
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	8.20	8.20	UG/L		1/m	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********	49	49	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.)
	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	06	09	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	09	08
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	996
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	08	01	TO	06	08	31

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.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	5074.5	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	*********	*********	*********		Ø	1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	65.8	Kg/mo	*********	*********	*********		Ø	1/mo	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	*********	5360.8	Kg/yr	*********	*********	*********		Ø	1/m	
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	144.2	Kg/yr	*********	*********	*********		Ø	1/m	
	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	191100 4463	06	08	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	09	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	8-Aug-06	7:25	27.3	8.20	1.06	16.4
002	8-Aug-06	7:30	26.2	8.23	0.45	17.5
995	8-Aug-06	7:35	30.1	8.14	1.34	16.6

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of August, 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														
17														
18														
19														
20														
21														
22														
23	1100	<2	5.29	0.204	28.9	7.38	13.3	1145	<2	5.25	0.214	27.6	7.26	13.7
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Earl J. Conrad

Name of Sampler Andy Hall

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of August, 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														
17														
18														
19														
20														
21														
22														
23	1430	<2	5.3	0.407	28.9	7.4	13.9	1545	6.2	5.2	0.308	27.8	7.3	13.9
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Shearwater

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 7,31,06 To 8,06,06

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 09-08-06
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 8/14/06 To 8/24/06

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 09-08-06
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 8/21/06 To 8/27/06

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 Lynch Pratt 09-08-06
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 8/7/06 To 8/13/06

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 09-08-06
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 8/28/06 To 9/3/06

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Ted Schutt 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 Just 09-08-06
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

Amended

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	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	REPORT	2.675	4.667	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.60	*********	7.87	SU	Ø	3D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	417.1	1179.7	KG/D	*********	*********	*********			3D/W	24HC
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD	267.5	860.9	KG/D	*********	*********	*********				
	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	0.87	*********	KG/D	*********	0.16	*********	MG/L	Ø	1/W	24HC
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	169.9	*********	KG/D	*********	21.26	*********	MG/L	Ø	1/W	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********	30	50	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.)
	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	06	10	10
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	10	10
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)

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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	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	*********	*********		*********	19.2	25.2	mg/L	Ø	2/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD	1692	*********	Kg/D	*********	21.10	*********	mg/L	Ø	1/W	24HC
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********	31.8	C	Ø	1/D	IS
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD	0.77	*********	KG/D	*********	0.16	*********	mg/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	54.7	106.0	KG/D	*********	*********	*********		Ø	3D/W	GRAB
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	1699	Kg/m	*********	*********	*********		Ø	1/W	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********		Ø	1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	8.73	Kg/m	*********	*********	*********				
	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.)
	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	06	10	10
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	10	10
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)

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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	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
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********			1/YR	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********				
795 ORTHOPHOSPHATE (AS P)	REPORTD	0.51	*********	KG/D	*********	0.10	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L			
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	2310	KG/Y	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********				
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	16.2	KG/Y	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********				
	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.)
	0	0	0

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100446	06	10	10
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	10	10
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	09	01	TO	06	09	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
001 FLOW	REPORTD	0.128	0.219	MGD	*********	*********	*********		Ø	Cont	Meas
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********		7.36	*********	8.38	SU	Ø	2D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	21.7	29.5	Kg/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD	34.0	47.7	Kg/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********	518 *	*********	N/cmc	Ø	1/W	GRAB
	REQRMNT	*********	*********		*********	200	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	0.32	*********		*********	0.84	*********		Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	44.0	*********		*********	102.2	*********		Ø	2/M	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	61.5	109	mg/L	1	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.)
	1	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	1911084463	06	10	10
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	10	10
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 Protain - 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	09	01	TO	06	09	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	37.2	*********	KG/D	*********	24.5	*********	mg/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	22.6	25.2	C	Ø	2D/W	IS
	REQRMNT	*********	*********		*********	NL *	NL	C		2D/W	IS
140 ENTEROCOCCI	REPORTD	*********	*********		*********	983.4	*********	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	17.6	*********	KG/D	*********	6.83	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	2.61	3.80	KG/D	*********	*********	*********		Ø	2/M	GRAB
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	704.6	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.)

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100 4463	06	10	10
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	10	10
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	09	01	TO	06	09	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	*********	5.12	Kg/m	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********		Ø	1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD	0.18	*********	Kg/D	*********	0.41	*********	mg/L	Ø		24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	2115	Kg/yr	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	83.5	Kg/Y	*********	*********	*********		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.)

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	10	10
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	10	10
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	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	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.)
	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	T911004463	06	10	10
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			
TYPED OR PRINTED NAME	SIGNATURE		YEAR 06	MO. 10	DAY 10

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	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

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

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

No Discharge

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	06	10	10
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	10	10
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	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	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
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.)
	0	0	0

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	10	10
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	10	10
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	09	01	TO	06	09	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
001 FLOW	REPORTD	3.34	4.21	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.29	*********	8.02	SU	Ø	5D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********	31	31	UG/L	Ø	1/m	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	26.6	32.0	C	Ø	1/D	IS
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	2.62	2.62	UG/L	Ø	1/m	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********	48	48	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.)
	0	0	0

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	10	10
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	10	10
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

Amended

VA0003867	996
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	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
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	2404	lbs/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	*********	13.9	lbs/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	*********	4471	lbs/y	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	100.2	lbs/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.)
	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	191100446 3	06	10	10
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	10	10
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	12-Sep-06	8:00	21.9	8.24	0.60	14.6
002	12-Sep-06	8:20	21.8	7.84	1.52	15.0
995	12-Sep-06	8:10	24.6	8.41	0.254	14.7

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of September, 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														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27	1245	<2	7.2	0.224	22	7.32	14.9	1300	<2	7.05	0.105	23.8	8.28	14.9
28														
29														
30														
31														

Name of Vessel Grand Batture

Name of Sampler Andy Hall

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of September, 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														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27	900	<2	7.12	0.135	22	7.28	14.6	940	<2	7.1	0.239	21.8	8.34	14.8
28														
29														
30														
31														

Name of Vessel John 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 9,4,06 To 9,10,06

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 10-5-06
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 9/11/06 To 9/17/06

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 10-5-06
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 9/1/06 To 9/24/06

Paint Area	COMPLIANCE	NONCOMPLIANCE *
	(check as appropriate)	
	✓	

*Comments on Noncompliance

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

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Graham Lyell 10-5-06
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 9/25/06 To 10/01/06

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 10-5-06

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 7,31,06 To 8,06,06

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 09-08-06
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	10	01	TO	06	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	2.836	4.667	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.00	*********	7.85	SU	Ø	3D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	736.7	1695.8	KG/D	*********	*********	*********		Ø	3D/W	24HC
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD	289.5	1006.9	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	2.4	*********	KG/D	*********	0.32	*********	MG/L	Ø	1/W	24HC
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	205.2	*********	KG/D	*********	25.0	*********	MG/L	Ø	1/W	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********	70	100	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	06	11	10
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	11	10
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)

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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	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
039 AMMONIA, AS N	REPORTD	*********	*********		*********	20.7	28.0	MG/L	Ø	2/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD	203.8	*********	KG/D	*********	24.8	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********	31.5	C	Ø	1/Day	IS
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD	1.38	*********	KG/D	*********	0.19	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	50.0	88.3	KG/D	*********	*********	*********		Ø	3D/W	GRAB
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	3078.0	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	*********	36.3	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	06	11	10
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	11	10
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

Amended

DEPARTMENT OF ENVIRONMENTAL QUALITY
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	10	01	TO	06	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
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD	1.90	*********	KG/D	*********	0.24	*********	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	*********	5388	KG/YR	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********		Ø	1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	52.5	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

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PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	11	10
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	06	10	01	TO	06	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
001 FLOW	REPORTD	0.104	0.275	MGD	*********	*********	*********		Ø	CONT	Meas
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********		7.62	*********	8.55	SU	Ø	2D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	9.1	11.7	KG/D	*********	*********	*********		Ø	2/m	24HC
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD	15.5	17.6	KG/D	*********	*********	*********		Ø	2/m	24HC
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********	443	*********	N/CML	Ø	1/W	Grab
	REQRMNT	*********	*********		*********	200	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	0.11	*********	KG/D	*********	0.32	*********	mg/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	12.7	*********	KG/D	*********	30.6	*********	mg/L	Ø	2/m	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	8.97	12.90	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

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	11	10
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	11	10
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)

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

IAME 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	10	01	TO	06	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			
068 TKN (N-KJEL)	REPORTD	4.9	*********	KG/D	*********	12.1	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	17.1	24.0	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	7.8	*********	KG/D	*********	18.5	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	2.5	2.9	KG/D	*********	*********	*********		Ø	2/m	GRAB
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	330.7	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	1911004463	06	11	10
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	11	10
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	10	01	TO	06	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
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	0.11	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	0.02	*********		*********	0.10	*********	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	*********	2446	MG/Y	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	86.4		*********	*********	*********		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	06	11	10
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	11	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/13/2006

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	10	01	TO	06	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				*********	*********	*********				
	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

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		19/1004463	DATE		
Graham Lyell Jett	Graham Lyell Jett	[illegible]	06	11	10
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	11	10
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)

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	10	01	TO	06	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			
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

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	11	10
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	11	10
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	10	01	TO	06	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			
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

No Discharge

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	11	10
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	11	10
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	10	01	TO	06	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	3.605	4.223	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.46	*********	8.18	SU	Ø	5D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********	33	33	UG/L	Ø	1/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	25.5	32.0	C	Ø	1/D	IS
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	1.92	1.92	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

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	11	10
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	11	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 11/10/2006

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

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	06	10	01	TO	06	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
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	3408.6	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	*********	39.2	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	*********	7880	KG/Y	*********	*********	*********		Ø	1/m	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	139.4	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	1911009463	06	11	10
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	11	10
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	4-Oct-06	13:10	24.9	7.84	1.38	14.1
002	4-Oct-06	13:05	24.9	8.18	0.14	14.0
995	4-Oct-06	13:15	24.6	7.98	1.010	14.1

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of October, 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														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27	1445	<2	7.7	0.159	14.7	8.26	14.7	1455	2.5	7.52	0.105	14.6	8.22	14.7
28														
29														
30														
31														

Name of Vessel John 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 3/6/05 To 3/12/05

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Dan Jones — 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 — 4-7-2005
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 3/13/05 To 3/19/05

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 4-7-2005

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 3/20/05 To 3/26/05

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 4-7-2005

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 3/27/05 To 3/31/05

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Dan Jones — Yard 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 — 4-7-2005
Signature of Principal Officer or Authorized Agent / Date

OMEGA PROTEIN

Graham Lyell Jett
General Manager

MAY 10, 2005

MS. DENISE MOSCA
DEPARTMENT OF ENVIRONMENTAL QUALITY
4949-A COX ROAD
INNSBROOK CORPORATE CENTER
GLEN ALLEN, VA. 23060-6296

DEAR DENISE:

NO TOXICITY TESTS WERE CONDUCTED AT OUTFALL 002 FOR THE FOURTH QUARTER DUE TO THE PLANT NOT IN OPERATION. THESE TESTS WILL BE CONDUCTED DURING THE NEXT QUARTER.

IF I CAN BE OF ANY FURTHER ASSISTANCE PLEASE LET ME KNOW.

SINCERELY,

Lyell Jett

LYELL JETT

P.O. Box 175, Reedville, Virginia 22539, Telephone 804-453-4211, Fax 804-453-4475

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

NAME Omega Protein Roedville
ADDRESS PO Box 175
Roedville VA 22539
FACILITY LOCATION 620 Menhaden Rd

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

Industrial Major 06/27/2002

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 469
Church Street
Kilmarnock VA 22482

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

VA0003867	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	4	1	TO	05	4	30

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
060 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	********					
	REQRMNT	********	********		********	********	45.0	C		1/DAY	IS
556 OIL & GREASE	REPORTD				********	********	********				
	REQRMNT	372	685	KG/D	********	********	********			3D/W	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(MG)	TOTAL POP(LB)
	NONE	Ø	Ø

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 actual 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 Jeff	Graham Lyell Jeff	804-453-4211	05	05	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 06

OMEGA PROTEIN

20040630 10:50

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 06/27/2002

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 669
Church Street
Kilmarnock VA 22482

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	4	1	TO	05	4	30

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTED				*********	*********	*********				
	REQUIRED	NL	NL	MGD	*********	*********	*********			CONT	EST
002 pH	REPORTED	*********	*********			*********					
	REQUIRED	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTED				*********	*********	*********				
	REQUIRED	1755	3142	MG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTED				*********	*********	*********				
	REQUIRED	655	1609	[illegible]	*********	*********	*********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTED				*********						
	REQUIRED	178.4	NL	MGD	*********	2.0	NL	MG/L		2/M	24HC
013 NITROGEN, TOTAL AS N	REPORTED				*********						
	REQUIRED	NL	NL	KG/D	*********	NL	NL	MG/L		2/M	24HC
028 CYANIDE, TOTAL (AS CN)	REPORTED				*********						
	REQUIRED	*********	*********		*********	1.56	2.00	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTED				*********						
	REQUIRED	*********	*********		*********	1.68	2.1	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.)
	No ue	Ø	Ø

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 prison 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	05	05	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN

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

Industrial Major 06/26/2002

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: VA0003867
DISCHARGE NUMBER: 002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	4	1	TO	05	4	30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 669
Church Street
Kilmarnock VA 22482

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
003 PH	REPORTD	*********	*********			*********	*********				
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/M	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	468	837	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	173	422	KG/D	*********	*********	*********			2/M	24HC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	38.0	45.3	MG/L		2/M	24HC
084 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********			*********	*********				
	REQRMNT	*********	*********		100	*********	*********	PCNRC		1/3M	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	27.6	50.9	KG/D	*********	*********	*********	MG/L		2/M	GRAB

NO DISCHARGE

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	191100463	05	05	10
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	05	05	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 03

OMEGA PROTEIN

8044534475

05/15/2002 08:17

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

Industrial Major 06/26/2002

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

NAME Omega Protein Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 618 Menhadero Rd

PAGE 04

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	4	1	TO	05	4	30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 669
Church Street
Kilmarnock VA 22482

NOTE: READ PENALTY 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	REPORTED				********	********	********				
	REQUIRED	NL	NL	MGD	********	********	********			CONT	EST
002 PH	REPORTED	********	********								
	REQUIRED	********	********		6.0	********	9.0	SU		2/M	GRAB
003 BOD5	REPORTED				********	********	********				
	REQUIRED	4296	7710	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTED				********	********	********				
	REQUIRED	314	282	KG/D	********	********	********			2/M	24HC
007 DO	REPORTED	********	********				********				
	REQUIRED	********	********		NL	NL	********	MG/L		1/DAY	GRAB
039 AMMONIA, AS N	REPORTED	********	********		********						
	REQUIRED	********	********		********	39.5	49.0	MG/L		2/M	24HC
380 TEMPERATURE, WATER (DEG. C)	REPORTED	********	********		********						
	REQUIRED	********	********		********	NL	NL	C		1/DAY	IS
500 OIL & GREASE	REPORTED				********	********	********				
	REQUIRED	426	764	KG/D	********	********	********			2/M	GRAB

No Discharge

OMEGA PROTEIN

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 imprisonment (maximum 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 Jeff	Graham Lyell Jeff	804-453-4211	05	05	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

08/15/2002 08:17

0044534475

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 4/1/05 To 4/3/05

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Dan 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 Jett — 5-10-05
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 4/3/05 To 4/10/05

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).

Signature of Principal Officer or Authorized Agent / Date 5-10-05

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 4/1/05 To 4/17/05

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).

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 4/18/05 To 4/24/05

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).

5-10-05

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 4/25/05 To 4/30/05

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Danny Lowe — Verif 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 — 5-10-05
Signature of Principal Officer or Authorized Agent / Date

OMEGA PROTEIN

Graham Lyell Jett
General Manager

JUNE 7, 2005

MS. DENISE MOSCA
DEPARTMENT OF ENVIRONMENTAL QUALITY
4949-A COX ROAD
INNSBROOK CORPORATE CENTER
GLEN ALLEN, VA. 23060-6296

DEAR DENISE:

ANY OVERAGE FOR OUTFALL 006 WOULD LIKELY NOT HAVE EXCEEDED THE REVISED AND RENEWED PERMIT LIMITS (CURRENTLY IN DRAFT PHASE). ANY AMMONIA OVERAGES UNDER THE EXISTING PERMIT WOULD BE AMELIORATED BY THE EXISTING DIFFUSER THAT WAS INSTALLED IN ANTICIPATION OF THE REVISED PERMIT LIMITS AND NOW OPERATIONAL. ANY CYANIDE OVERAGES ARE ADDRESSED BY A SPECIAL CONSENT ORDER IN EFFECT SINCE MARCH 25, 2003. THE REVISED PERMIT IS EXPECTED TO BE IN EFFECT SOMETIME THIS YEAR.

IF I CAN BE OF ANY FURTHER ASSISTANCE PLEASE CALL ME AT (804) 453-4211.

SINCERELY,

Lyell Jett

LYELL JETT
GENERAL MANAGER

P.O. Box 175, Reedville, Virginia 22539, Telephone 804-453-4211, Fax 804-453-4475

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

NAME Omega Protein Roedville
ADDRESS PO Box 175
Roedville VA 22539

FACILITY LOCATION 618 Menhaden Rd

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

Industrial Major 06/27/2002

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 669
Church Street
Kilmarnock VA 22482

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	006

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	5	1	TO	05	5	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
00 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********	26.1		0	1/D	IS
	REQRMNT	*********	*********		*********	*********	45.0	C		1/DAY	IS
500 OIL & GREASE	REPORTD	105	138		*********	*********	*********		0	3D/W	GRAB
	REQRMNT	372	686	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 BOD5(K.G.)
	No ne	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. § 316. (Penalties under these statutes may include fines up to $10,000 and/or prison 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	05	06	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 06

OMEGA PROTEIN

00003867 12

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	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	5	1	TO	05	5	31

Industrial Major 06/27/2002

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 569
Church Street
Kilmarnock VA 22482

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	REPORTED	5.572	7.301		********	********	********		-	CONT	EST
	REQUIRED	NL	NL	MGD	********	********	********			CONT	EST
001 PH	REPORTED	********	********		7.0	********	7.92		0	1/D	GRAB
	REQUIRED	********	********		6.0	********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTED	327	834		********	********	********		0	3D/W	24HC
	REQUIRED	1755	3142	KG/D	********	********	********			3D/W	24HC
004 TSS	REPORTED	327	829		********	********	********		0	3D/W	24HC
	REQUIRED	655	1609	KG/D	********	********	********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTED	3.78	4.96		********	.192	.228		0	2/M	24HC
	REQUIRED	178.4	NL	KG/D	********	2.0	NL	MG/L		2/M	24HC
013 NITROGEN, TOTAL AS N	REPORTED	114	119		********	6.05	7.09		-	2/M	24HC
	REQUIRED	NL	NL	KG/D	********	NL	NL	MG/L		2/M	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTED				********	235	460		2	2/M	GRAB
	REQUIRED	********	********		********	1.54	2.80	UG/L		2/M	GRAB
035 AMMONIA, AS N	REPORTED				********	2.48	3.36		1	2/M	24HC
	REQUIRED	********	********		********	1.64	2.1	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

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 prison 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	05	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)

Industrial Major 06/26/2002

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 669
Church Street
Kilmarnock VA 22482

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 21539
FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	5	1	TO	05	5	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	REPORTED				*********	*********	*********				
	REQUIRED	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTED	*********	*********			*********					
	REQUIRED	*********	*********		6.8	*********	9.0	SU		2D/M	GRAB
003 BOD5	REPORTED				*********	*********	*********				
	REQUIRED	468	837	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTED				*********	*********	*********				
	REQUIRED	173	322	KG/D	*********	*********	*********			2/M	24HC
039 AMMONIA, AS N	REPORTED	*********	*********		*********						
	REQUIRED	*********	*********		*********	30.0	45.3	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTED	*********	*********		*********						
	REQUIRED	*********	*********		*********	NL	NL	C		1/DAY	IS
379 TOXICITY, FINAL, ACUTE	REPORTED	*********	*********			*********	*********				
	REQUIRED	*********	*********		100	*********	*********	PERCENT		1/3M	24HC
500 OIL & GREASE	REPORTED				*********	*********	*********				
	REQUIRED	27.6	50.9	KG/D	*********	*********	*********	MG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(MG)	TOTAL BOD5(KG)
	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	05	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	05	06	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 03
OMEGA PROTEIN
8044534475
08:17
/2002

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

Industrial Major 06/26/2002

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
VA0001867	003

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	5	1	TO	05	5	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 669
Church Street
Kilmarnock VA 22482

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	MST
002 TK	REPORTD	********	********			********					
	REQRMNT	********	********		6.0	********	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				********	********	********				
	REQRMNT	4296	7710	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTD				********	********	********				
	REQRMNT	116	202	KG/D	********	********	********			2/M	24HC
007 DO	REPORTD	********	********				********				
	REQRMNT	********	********		NL	NL	********	MG/L		1/DAY	GRAB
039 AMMONIA, AS N	REPORTD	********	********		********						
	REQRMNT	********	********		********	39.6	49.8	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********						
	REQRMNT	********	********		********	NL	NL	C		1/DAY	IS
500 OIL & GREASE	REPORTD				********	********	********				
	REQRMNT	426	784	KG/D	********	********	********			2/M	GRAB

OMEGA PROTEIN

08445294475

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (MG)	TOTAL BOD5 (KG)
	None	Ø	Ø

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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	05	06	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

08/15/2002 08:17

Omega Protein, Inc
VPDES Permit #VA0003857

Month of May, 2005

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														
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25														
26														
27														
28														
29														
30														
31	1700	<2	15	0.273	31	8.58	9.45	1715	9.3	15	0.462	31	8.61	9.46

ne of Vessel Tidelands

ne of Sampler Andy Hall

Omega Protein, Inc
VPDES Permit #VA0000336 7

Month of May, 2005

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														
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26														
27														
28														
29														
30														
31	1735	<2	15	0.442	30	8.6	9.51	1745	3.6	15	0.531	30.5	8.63	9.51

Name of Vessel Tangier Island

Name of Sampler Andy Hall

OMEGA PROTEIN

DMR REPORTING

REEDVILLE, VA

	LAGOON 002			6 DITCH 006		
DATE	pH	TEMP C	FLOW	pH	TEMP C	FLOW
05/01/2005	no flow			no flow		
05/02/2005	no flow			no flow		
05/03/2005	no flow			no flow		
05/04/2005	no flow			no flow		
05/05/2005	no flow			no flow		
05/06/2005	no flow			no flow		
05/07/2005	no flow			no flow		
05/08/2005	no flow			no flow		
05/09/2005	no flow			no flow		
05/10/2005	no flow			no flow		
05/11/2005	no flow			no flow		
05/12/2005	no flow			no flow		
05/13/2005	no flow			no flow		
05/14/2005	no flow			no flow		
05/15/2005	no flow			no flow		
05/16/2005	no flow			no flow		
05/17/2005	no flow			7	24.3	5,745,600
05/18/2005	no flow			7.23	26.1	6,084,000
05/19/2005	no flow			7.92	26.1	7,300,800
05/20/2005	no flow			no flow		
05/21/2005	no flow			no flow		
05/22/2005	no flow			no flow		
05/23/2005	no flow			no flow		
05/24/2005	no flow			7.31	24.5	4,440,420
05/25/2005	no flow			no flow		
05/26/2005	no flow			no flow		
05/27/2005	no flow			7.4	24.1	3,942,040
05/28/2005	no flow			no flow		
05/29/2005	no flow			no flow		
05/30/2005	no flow			no flow		
05/31/2005	no flow			7.4	24.1	5,920,560
Total				44.26	149.2	33.433
AVG.				7.38	24.9	5.572
MIN.				7.0	24.1	3.942
MAX.				7.92	26.1	7.301

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 5/1/05 To 5/7/05

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 6-6-05
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 5/8/05 To 5/14/05

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 6-6-05
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 5/15/05 To 5/21/05

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 6-6-05

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 5/22/05 To 5/28/05

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).

Signature of Principal Officer or Authorized Agent / Date 6-6-05

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 29 05 To 5 31 05

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

Dan Fox — 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 Jutt — 6-6-05
Signature of Principal Officer or Authorized Agent / Date

OMEGA PROTEIN™

Graham Lyell Jett
General Manager

RECEIVED
AUG 12 2005
PRO

AUGUST 9, 2005

MS. DENISE MOSCA
DEPARTMENT OF ENVIRONMENTAL QUALITY
4949-A COX ROAD
INNSBROOK CORPORATE CENTER
GLEN ALLEN, VA. 23060-6296

DEAR DENISE:

ANY OVERAGE FOR OUTFALL 006 WOULD LIKELY NOT HAVE EXCEEDED THE REVISED AND RENEWED PERMIT LIMITS (CURRENTLY IN DRAFT PHASE). ANY AMMONIA OVERAGES UNDER THE EXISTING PERMIT WOULD BE AMELIORATED BY THE EXISTING DIFFUSER THAT WAS INSTALLED IN ANTICIPATION OF THE REVISED PERMIT LIMITS AND NOW OPERATIONAL. THE REVISED PERMIT IS EXPECTED TO BE IN EFFECT SOMETIME THIS YEAR.

IF I CAN BE OF ANY FURTHER ASSISTANCE PLEASE CALL ME AT (804) 453-4211.

SINCERELY,

Lyell Jett

LYELL JETT
GENERAL MANAGER

P.O. Box 175, Reedville, Virginia 22539. Telephone 804-453-4211. Fax 804-453-4475

PAGE 03

OMEGA PROTEIN

8044534475

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

RECEIVED JUL 11 2005 PRO

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	05	06	01	TO	05	06	30

Industrial Major 08/26/2002

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 669
Church Street
Kilmarnock VA 22482

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	REPORTED	.147	.372		********	********	********		—	CONT	MEAS
	REQUIRED	NL	NL	MGD	********	********	********			CONT	MEAS
002 PH	REPORTED	********	********		6.69	********	7.81		0	1/D	GRAB
	REQUIRED	********	********		6.0	********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTED	13.2	19.6		********	********	********		0	2/M	24HC
	REQUIRED	460	837	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTED	14.9	25.2		********	********	********		0	2/M	24HC
	REQUIRED	172	422	KG/D	********	********	********			2/M	24HC
039 AMMONIA, AS N	REPORTED	********	********		********	26.0	40.3		0	2/M	24HC
	REQUIRED	********	********		********	~~35.0~~ 65	~~45.0~~ 75	MG/L *		2/M	24HC
400 TEMPERATURE, WATER (DEG. C)	REPORTED	********	********		********	25.1	25.7		—	1/D	IS
	REQUIRED	********	********		********	NL	NL	C		1/DAY	IS
379 TOXICITY, FINAL, ACUTE	REPORTED	********	********			********	********				
	REQUIRED	********	********		100	********	********	TOXIC		1/3M	24HC
500 OIL & GREASE	REPORTED	2.25	3.77		********	********	********		0	2/M	GRAB
	REQUIRED	27.6	50.9	KG/D	********	********	********	MG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

*Interim Limitations through 9-1-06

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	05	07	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	05	07	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

08:17 07/15/2002

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

NAME Omega Protein Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 416 Residence Rd

RECEIVED
JUL 11 2005
PRO

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

VA0001867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	06	01	TO	05	06	30

Industrial Major 06/26/2002

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 669
Church Street
Kilmarnock VA 22482

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	4296	7710	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	114	282	KG/D	*********	*********	*********			2/M	24HC
007 DO	REPORTD	*********	*********				*********				
	REQRMNT	*********	*********		NL	NL	*********	MG/L		2/DAY	GRAB
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	39.6	49.0	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	426	784	KG/D	*********	*********	*********			2/M	GRAB

NO DISCHARGE

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(MG)	TOTAL BOD5(KG)
	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. § 119 (Penalties under these statutes may include fines up to $10,000 and/or prison 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	05	07	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 04
OMEGA PROTEIN
08:17 08/15/2002
0844534475

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	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	06	01	TO	03	06	30

Industrial Major 08/27/2002

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 669
Church Street
Kilmarnock VA 22482

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	REPORTED	8.963	11.841		*********	*********	*********		—	CONT	EST
	REQUIRED	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTED	*********	*********		6.77	*********	8.39		0	1/D	GRAB
	REQUIRED	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTED	985	3361		*********	*********	*********		1	3D/W	24HC
	REQUIRED	1755	3142	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTED	747	2133		*********	*********	*********		2	3D/W	24HC
	REQUIRED	655	1609	KG/D	*********	*********	*********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTED	6.49	7.75		*********	.203	.233		0	2/M	24HC
	REQUIRED	178.4	NL	KG/D	*********	2.0	NL	MG/L		2/M	24HC
013 NITROGEN, TOTAL AS N	REPORTED	278	291		*********	9.45	13.0		—	2/M	24HC
	REQUIRED	NL	NL	KG/D	*********	NL	NL	MG/L		2/M	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTED				*********	15	20		0	2/M	GRAB
	REQUIRED	********	********		*********	~~1.54~~ 96	~~2.68~~ 110	UG/L *		2/M	GRAB
039 AMMONIA, AS N	REPORTED				*********	4.16	9.52		2	2/M	24HC
	REQUIRED	********	********		*********	1.68	2.1	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

*Interim Limitations through 9-1-06

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

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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	05	07	08
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

RECEIVED JUL 11 2005 PRO

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

Industrial Major 06/27/2002

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 669
Church Street
Kilmarnock VA 22482

VA0003867	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	06	01	TO	05	06	30

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
060 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	********	37.9		0	1/D	IS
	REQRMNT	********	********		********	********	45.0	C		1/DAY	IS
600 OIL & GREASE	REPORTD	149	224		********	********	********		0	3D/W	GRAB
	REQRMNT	372	695	MG/D	********	********	********			3D/W	GRAB
	REPORTD										
	REQRMNT										
	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(L.G.)
	Ø	Ø	Ø

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 KNOWN 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 prison 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	05	07	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 06

UMEGA PROTEIN

02/03/2005

RECEIVED
JUL 11 2005
PRO

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 6/1/05 To 6/5/05

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).

7-5-05

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 6/6/05 To 6/12/05

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).

7-5-05

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 6/13/05 To 6/19/05

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).

7-5-05

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 6/20/05 To 6/26/05

Paint Area	COMPLIANCE	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).

Graham Lyell Jett 7-5-05

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 6/27/05 To 6/30/05

Paint Area	COMPLIANCE	NONCOMPLIANCE*
	(check as appropriate)	
	✓	

*Comments on Noncompliance

Dan 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 Jr — 7-5-05
Signature of Principal Officer or Authorized Agent / Date

OMEGA PROTEIN

DMR REPORTING

REEDVILLE, VA

	LAGOON 002			DITCH 006		
	7			18		
		TEMP			TEMP	
DATE	pH	C	FLOW	pH	C	FLOW
06/01/2005	no flow			7.36	28.8	5,427,180
06/02/2005	no flow			6.83	28.3	6,413,940
06/03/2005	no flow			no flow		
06/04/2005	no flow			no flow		
06/05/2005	no flow			no flow		
06/06/2005	NO FLOW			no flow		
06/07/2005	NO FLOW			7.55	28.8	6,403,940
06/08/2005	NO FLOW			7.32	31.6	11,841,120
06/09/2005	no flow			7.4	29.9	11,841,120
06/10/2005	no flow			7.36	32.9	11,841,120
06/11/2005	no flow			7.19	34.4	11,841,120
06/12/2005	no flow			no flow		
06/13/2005	no flow			no flow		
06/14/2005	no flow			7.38	37.9	6,907,320
06/15/2005	no flow			7.82	34.6	11,841,120
06/16/2005	no flow			7.32	37.1	11,841,120
06/17/2005	no flow			7.82	35.8	11,841,120
06/18/2005	7.81	24.4	371,800	7.8	33.8	11,841,120
06/19/2005	no flow			8.39	34.1	11,841,120
06/20/2005	7.53	24.5	2,900	no flow		
06/21/2005	no flow			no flow		
6/22/2005	no flow			6.77	32.4	10,360,980
6/23/2005	7.5	24.2	199,100	8.14	31.4	3,947,040
24-Jun	7.38	25.7	212,800	8.29	28.8	5,920,560
6/25/2005	7.12	25.7	85,800	no flow		
6/26/2005				no flow		
6/27/2005				no flow		
6/28/2005	6.75	25.7	56,600	no flow		
6/29/2005				7.29	34.3	5,920,560
6/30/2005	6.69	25.5	99,600	7.34	17	3,453,660
Total	50.78	175.7	1.0286	135.37	571.9	161.325
AVG.	7.25	25.1	.147	7.52	31.8	8.963
MIN.	6.69	24.2	.003	6.77	17.0	3.454
MAX.	7.81	25.7	.372	8.39	37.9	11.841

Omega Protein, Inc
VPDES Permit #VA0003867

Month of June, 2005

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														
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28														
29														
30	1440	2.6	8.09	0.169	26.3	7.0	13.0	1455	7.1	7.99	0.273	25.9	7.2	13.2
31														

Name of Vessel Earl Conrad

Name of Sampler Andy Hall

Omega Protein, Inc
VPDES Permit #VA0003867

Month of June, 2005

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														
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25														
26														
27														
28														
29														
30	1460	2.4	8.02	0.244	26.4	7.0	12.7	1510	7.9	8.23	0.273	26	7.93	12.8
31														

Name of Vessel Smith Island

Name of Sampler Andy Hall

OMEGA PROTEIN

Graham Lyell Jett
General Manager

AUGUST 9, 2005

MS. DENISE MOSCA
DEPARTMENT OF ENVIRONMENTAL QUALITY
4949-A COX ROAD
INNSBROOK CORPORATE CENTER
GLEN ALLEN, VA. 23060-6296

DEAR DENISE:

ANY OVERAGE FOR OUTFALL 006 WOULD LIKELY NOT HAVE EXCEEDED THE REVISED AND RENEWED PERMIT LIMITS (CURRENTLY IN DRAFT PHASE). ANY AMMONIA OVERAGES UNDER THE EXISTING PERMIT WOULD BE AMELIORATED BY THE EXISTING DIFFUSER THAT WAS INSTALLED IN ANTICIPATION OF THE REVISED PERMIT LIMITS AND NOW OPERATIONAL. THE REVISED PERMIT IS EXPECTED TO BE IN EFFECT SOMETIME THIS YEAR.

IF I CAN BE OF ANY FURTHER ASSISTANCE PLEASE CALL ME AT (804) 453-4211.

SINCERELY,

Lyell Jett

LYELL JETT
GENERAL MANAGER

Industrial Major 07/07/2005

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 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: Stockholder Rd
LOCATION

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	006

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	07	01	TO	05	07	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
	REPORTD	********	********		********	********	38.8		0	1/D	IS
DEG TEMPERATURE, WATER (DEG C)	REQRMNT	********	********		********	********	45.0	C		1/DAY	IS
	REPORTD	********	********		********	********	********		0	3D/W	GRAB
SUM OIL & GREASE	REPORTD	171	308		********	********	********			3D/W	GRAB
	REQRMNT	372	665	MG/D	********	********	********				
STC	REPORTD	IC 25	Growth	>	100%					*******	
CV	REQRMNT										
STC	REPORTD	NOEC	Growth	=	100%					*******	
Toxicity CV	REQRMNT	TUc	= 1.0								
STC	REPORTD	NOEC	Survival	=	100%					*******	
CV	REQRMNT	TUc	= 1.0								
SA	REPORTD	LC 50	> 100%							*******	
CV	REQRMNT	TUa	= 1.0								
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(MGD)	TOTAL BODS(KGD)
	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 Jeff	Graham Lyell Jeff	804-453-4211	05	08	09

Industrial Major 07/07/2005

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 610 Menhaden Rd
LOCATION

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	006

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	07	01	TO	05	07	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	REPORTED	8.933	11.841		********	********	********		—	CONT	EST
	REQUIRED	NL	NL	MGD	********	********	********			CONT	EST
002 PH	REPORTED	********	********		6.78	********	8.19		0	1/D	GRAB
	REQUIRED	********	********		6.0	********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTED	1355	4661		********	********	********		1	3D/W	24HC
	REQUIRED	1755	3142	KG/D	********	********	********			3D/W	24HC
004 TSS	REPORTED	758	1494		********	********	********		0	3D/W	24HC
	REQUIRED	655	2609	KG/D	********	********	********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTED	11.9	13.9		********	.457	.531		0	2/M	24HC
	REQUIRED	178.4	NL	KG/D	********	2.0	NL	MG/L		2/M	24HC
013 NITROGEN, TOTAL (AS N)	REPORTED	542	748		********	20.7	28.6		—	2/M	24HC
	REQUIRED	NL	NL	KG/D	********	NL	NL	MG/L		2/M	24HC
918 CYANIDE, TOTAL (AS CN)	REPORTED					15.0	20.0		0	2/M	GRAB
	REQUIRED	********	********			96	119	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTED				********	15.9	23.2		2	2/M	24HC
	REQUIRED	********	********		********	1.68	2.1	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(MG)	TOTAL BOD5(KG)
	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. (Violations under these statutes may include fines up to $10,000 and/or 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	05	08	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 05/07/2005

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 INSTRUCTIONS AND GENERAL DMR INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

NAME Omega Protein Rendville
ADDRESS PO Box 275
Rendville VA 23538

FACILITY 610 Rendvalen Rd
LOCATION

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	07	01	TO	05	07	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
082 FLOW	REPORTED	.244	.467		********	********	********		—	CONT	MEAS
	REQUIRED	NL	NL	MGD	********	********	********			CONT	MEAS
002 PH	REPORTED	********	********		6.83	********	8.44		0	1/D	GRAB
	REQUIRED	********	********		6.0	********	9.0	SU		2D/M	GRAB
003 BOD5	REPORTED	36.6	45.1		********	********	********		0	2/M	24HC
	REQUIRED	468	837	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTED	26.7	35.3		********	********	********		0	2/M	24HC
	REQUIRED	173	422	KG/D	********	********	********			2/K	24HC
039 AMMONIA, AS N	REPORTED					2.96	3.00		0	2/M	24HC
	REQUIRED	********	********			65	75	MG/L		2/M	24HC
010 TEMPERATURE, WATER (DEG. C)	REPORTED	********	********		********	29.0	30.6		—	1/D	IS
	REQUIRED	********	********		********	NL	NL	C		1/DAY	IS
375 TOXICITY, FDGAL, ACUTE	REPORTED			NOAEC = 100		%	1.0			1/3M	24HC
	REQUIRED	********	********				14	TU-A		1/3M	24HC
500 OIL & GREASE	REPORTED	7.12	8.54		********	********	********		0	2/M	GRAB
	REQUIRED	27.6	50.9	MG/D	********	********	********	MG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (MGD)	TOTAL HOURS (MGD)
	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	19110044 63	05	08	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	05	08	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)

Industrial Major 06/26/2002

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 669
Church Street
Kilmarnock VA 22482

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	07	01	TO	05	07	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				********	********	********				
	REQRMNT	NL	NL	MGD	********	********	********			CONT	EST
002 PH	REPORTD	********	********			********					
	REQRMNT	********	********		6.0	********	********	SU		2/M	GRAB
003 BOD5	REPORTD				********	********	********				
	REQRMNT	4296	7710	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTD				********	********	********				
	REQRMNT	114	282	KG/D	********	********	********			2/M	24HC
007 DO	REPORTD	********	********				********				
	REQRMNT	********	********		NL	NL	********	MG/L		1/DAY	GRAB
039 AMMONIA, AS N	REPORTD	********	********		********						
	REQRMNT	********	********		********	39.6	49.8	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********						
	REQRMNT	********	********		********	NL	NL	C		1/DAY	IS
500 OIL & GREASE	REPORTD				********	********	********				
	REQRMNT	426	284	KG/D	********	********	********			2/M	GRAB

NO DISCHARGE

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. § 319 (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	05	08	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN

8044534475

08/12/2002 08:17

OMEGA PROTEIN.

DMR REPORTING

REEDVILLE, VA

	17 LAGOON 002			19 DITCH 006		
DATE	pH	TEMP C	FLOW	pH	TEMP C	FLOW
1-Jul	7.31	27.6	23,600	7.62	33.8	7,400,700
2-Jul	7.36	28.9	373,300	7.74	36.1	11,841,120
3-Jul	7.09	27.2	301,600	no flow		
4-Jul	7.82	27.4	52,800	no flow		
5-Jul	no flow			no flow		
6-Jul	8.06	27.4	20,300	7.3	23.8	3,453,660
7-Jul	8.44	30.4	174,400	7.68	37	6,907,320
8-Jul	7.02	28.8	450,800	7.02	18.3	9,374,380
9-Jul	no flow			no flow		
10-Jul	no flow			no flow		
11-Jul	no flow			no flow		
12-Jul	7.37	28.8	192,400	7.73	35.2	6,907,320
13-Jul	6.83	29	300,500	7.48	36	11,841,120
14-Jul	7.19	29.3	430,300	7.41	36.2	11,841,120
15-Jul	7.86	30	467,100	7.95	37.2	11,841,120
16-Jul	no flow			8.19	38.8	11,841,120
17-Jul	no flow			no flow		
18-Jul	no flow			no flow		
19-Jul	no flow			7.79	28.3	7,400,700
20-Jul	8.3	30.4	108,000	7.69	35.9	11,841,120
21-Jul	7.69	30.2	121,500	7.78	37.3	11,841,120
22-Jul	7.67	30.1	172,800	7.79	30.6	6,907,320
23-Jul	no flow			no flow		
24-Jul	no flow			no flow		
25-Jul	no flow			no flow		
26-Jul	no flow			7.46	35.9	5,427,160
27-Jul	no flow			7.41	37.1	6,907,320
28-Jul	7.59	30.6	280,000	7.28	30.3	7,894,080
29-Jul	7.62	29.6	338,400	6.78	31.5	9,374,220
30-Jul	7.71	27.9	338,400	7.16	30.1	8,880,840
Total	128.93	493.6	4.1462	143.26	629.4	169.723
AVG.	7.58	29.0	.244	7.54	33.1	8.933
MIN	6.83	27.2	.020	6.78	18.3	3.454
MAX.	8.44	30.6	.467	8.19	38.8	11.841

Omega Protein, Inc
VPDES Permit #VA0003867

Month of July, 2005

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
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26	1600	3.3	9.6	0.268	29.7	8.72	11.8	1630	3.7	7.85	0.630	29.3	8.5	12.9
27														
28														
29														
30														
31														

Name of Vessel Reedville

Name of Sampler Andy Hall

Month of July, 2005

Omega Protein, Inc
VPDES Permit #VA0003867

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														
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26	1600	2.1	9.7	0.100	29.7	8.73	12.3	1615	3.8	7.76	0.825	29.1	8.55	13.1
27														
28														
29														
30														
31														

Name of Vessel Earl Conrad

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 7/1/05 To 7/3/05

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Dan 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 Lynell Jett — 8-4-05
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 7/4/05 To 7/10/05

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Daryl Forel — 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 Just — 8-4-05
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 7/11/05 To 7/17/05

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Daryl Forel — 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 Witt — 8-4-05
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 7/18/05 To 7/24/05

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Dany 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 Jett — 8-4-05
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 7/25/05 To 7/31/05

Paint Area	COMPLIANCE	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).

Signature of Principal Officer or Authorized Agent / Date

OMEGA PROTEIN

Graham Lyell Jett
General Manager

September 9, 2005

Aug 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.

There have been other exceedances this fishing season that started in May, all from Outfall 006 and all due to the scrubber contribution to 006 (the good news is that there have not been any exceedances from 002):

- Cyanide, 006 in May
- BOD maximums, 006 in June and July
- TSS, 006 in June and July

Regarding Cyanide, we have been investigating this issue all summer. There is a relationship between cyanide and dryer furnace temperatures—high furnace temperatures produce higher cyanide. May was start up month for the 2005 fishing season. The only explanation we have for Cyanide exceedances in May is due to furnace start up and balancing attempts that usually produce temporarily high temperatures. To further exacerbate the problem, we installed a new dryer drum and had some operational problems with it in May as well as June and July. We note that there have been no cyanide exceedances since starting up in May.

Regarding the BOD and TSS, we really don't know for sure what caused those exceedances but have some theories. We note that each of the BOD maximum exceedances occurred on a single day in each of the two months. We believe that BOD and TSS are related to stabilization of the two dryers. We had stabilization problems with the new drum. We now have the new drum operating properly. BOD and TSS were both within permit limits for August.

Sincerely,

Lyell Jett

Lyell Jett

P.O. Box 175, Reedville, Virginia 22539, Telephone 804-453-4211, Fax 804-453-4475

BIOLOGICAL MONITORING, INC.

1800 Kraft Drive, Suite 101 • Blacksburg, VA 24060
Tel 540-953-2821 • Fax 540-951-1481 • Toll Free 877-CLENWTR
www.biomon.com

August 25, 2005

Mr. Lyell Jett
Omega Protein
P.O. Box 175
Reedville, VA 22539

Dear Mr. Jett:

Enclosed are the results of the toxicity tests which Biological Monitoring, Inc. (BMI) recently performed for Omega Protein. The following table summarizes your results:

SAMPLE	TEST	RESULTS	Pass/Fail*	Next Step (if any)
Outfall 002	SA Mb	LC50 = 63.728% TUa = 1.57	Pass	N/A

* Pass = Test results were in compliance with biological monitoring requirements or produced Toxic Unit (TU) values that were equal to or below the appropriate WET limits.

* Fail = Test results were not in compliance with biological monitoring requirements or produced TU values that were above the appropriate WET limits.

BMI thanks you for the opportunity to provide your group with our services.

Sincerely,

Tony Timpano
Laboratory Manager

enc: as stated

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

Industrial Major 07/07/2005

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 22519

FACILITY LOCATION: 610 Menhaden Rd

PERMIT NUMBER: VA0001467
DISCHARGE NUMBER: 005

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	06	01	TO	05	06	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
050 TEMPERATURE, WATER (DEG C)	REPORTD	********	********		********	********	38.8		0	1/D	IS
	REQRMNT	********	********		********	********	45.0	C		1/DAY	IS
556 OIL & GREASE	REPORTD	187	224		********	********	********		0	3D/W	GRAB
	REQRMNT	322	665	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 BUDGE (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

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	05	09	09

Industrial Major 07/07/2005

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 616 Menhaden Rd
LOCATION

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	006

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	08	01	TO	05	08	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	10.290	11.841	MGD	********	********	********		-	CONT	EST
	REQRMNT	NL	NL		********	********	********			CONT	EST
002 PH	REPORTD	********	********		7.03	********	7.63	SU	0	1/D	GRAB
	REQRMNT	********	********		6.0	********	9.0			3D/W	GRAB
003 BOD5	REPORTD	1136	2290	KG/D	********	********	********		0	3D/W	24HC
	REQRMNT	1756	3182		********	********	********			3D/W	24HC
004 TSS	REPORTD	522	1103	KG/D	********	********	********		0	3D/W	24HC
	REQRMNT	855	1685		********	********	********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	6.82	8.07	KG/D	********	.152	.180	MG/L	0	2/M	24HC
	REQRMNT	178.4	NL		********	2.0	NL			2/M	24HC
033 NITROGEN, TOTAL (AS N)	REPORTD	308	342	KG/D	********	6.86	7.63	MG/L	-	2/M	24HC
	REQRMNT	NL	NL		********	NL	NL			2/M	24HC
038 CYANIDE, TOTAL (AS CN)	REPORTD					20	30	UG/L	0	2/M	GRAB
	REQRMNT	********	********			96	130			2/M	GRAB
039 AMMONIA, AS N	REPORTD				********	4.37	5.26	MG/L	2	2/M	24HC
	REQRMNT	********	********		********	1.68	2.1			2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(MG)	TOTAL BOD5(KG)
	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 prison 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	05	09	09

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

Industrial Major 07/07/2005

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 610 Menhaden Rd
LOCATION

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	08	01	TO	05	08	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
002 TKN	REPORTD	.185	.371		********	********	********		–	CONT	MEAS
	REQRMNT	NL	NL	MGD	********	********	********			CONT	MEAS
002 DO	REPORTD	********	********		7.60	********	8.25		0	1/D	GRAB
	REQRMNT	********	********		6.0	********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	21.2	27.8		********	********	********		0	2/M	24HC
	REQRMNT	468	837	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTD	31.2	38.6		********	********	********		0	2/M	24HC
	REQRMNT	171	422	KG/D	********	********	********			2/M	24HC
639 AMMONIA, AS N	REPORTD					13.3	18.9		0	2/M	24HC
	REQRMNT	********	********			55	75	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	28.7	31.8		–	1/D	IS
	REQRMNT	********	********		********	NL	NL	C		1/DAY	IS
375 TOXICITY, FINAL, ACUTE	REPORTD	LC 50	= 63.728	%			1.57	TU-a			
	REQRMNT	********	********				34	TU-A		1/3M	24DC
500 OIL & GREASE	REPORTD	5.33	5.45		********	********	********		0	2/M	GRAB
	REQRMNT	27.4	55.9	KG/D	********	********	********	MG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (MGD)	TOTAL BOD5 (LB)
	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 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	05	09	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	05	09	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)

Industrial Major 06/26/2002

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Kilmarnock Satellite Office
P.O Box 669
Church Street
Kilmarnock VA 22482

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0001867	003

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	08	01	TO	05	08	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				********	********	********				
	REQRMNT	NL	NL	MGD	********	********	********			CONT	EST
002 PH	REPORTD	********	********			********					
	REQRMNT	********	********		6.0	********	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				********	********	********				
	REQRMNT	4296	7710	MG/D	********	********	********			2/M	24HC
004 TSS	REPORTD				********	********	********				
	REQRMNT	114	242	MG/D	********	********	********			2/M	24HC
007 DO	REPORTD	********	********				********				
	REQRMNT	********	********		NL	NL	********	MG/L		1/DAY	GRAB
039 AMMONIA, AS N	REPORTD	********	********		********						
	REQRMNT	********	********		********	39.6	49.0	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********						
	REQRMNT	********	********		********	NL	NL	C		1/DAY	IS
508 OIL & GREASE	REPORTD				********	********	********				
	REQRMNT	426	764	KG/D	********	********	********			2/M	GRAB

DISCHARGE

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. § 319. (Penalties under these statutes may include fines up to $10,000 and/or prison 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	05	09	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 04

OMEGA PROTEIN

08/15/2002 08:17

0844534475

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 8/1/05 To 8/7/05

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).

9-8-05

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 8 18 105 To 8 14 105

Paint Area	COMPLIANCE	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).

Graham Lyell Jr. 9-8-05

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 8/15/05 To 8/22/05

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).

9-8-05

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 8/23/05 To 8/29/05

Paint Area	COMPLIANCE	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).

9-8-05

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 8/30/05 To 8/31/05

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 — 9-8-05
Signature of Principal Officer or Authorized Agent / Date

Aug

Month of July, 2005

Omega Protein, Inc
VPDES Permit #VA0003867

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	1645	2.2	7.48	0.105	29.2	7.7	13.2	1700	3.4	7.97	0.407	27.5	8.38	13.1
30														
31														

Name of Vessel Great Wicomico

Name of Sampler Andy Hall

A-59

Month of July, 2005

Omega Protein, Inc
VPDES Permit #VA0000366 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														
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17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29	1710	2.5	7.6	0.219	29.3	7.75	13.4	1730	2.9	7.8	0.298	28.6	8.25	13.2
30														
31														

Name of Vessel Earl Conrad

Name of Sampler Andy Hall

gilbert w. clifford & associates

a division of

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
August, 2005

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
TSS	8/3/2005 8/17/2005	8/4/2005 8/18/2005	Discharge 002 (0755) Discharge 002 (0750)	21.8 37.1	8-5-05 (0940) 8-18-05 (1440)	WLW WLW	SM 2540-D	1
BOD	8/3/2005 8/17/2005	8/4/2005 8/18/2005	Discharge 002 (0755) Discharge 002 (0750)	13.3 26.7	8/4/2005 8/18/2005	SSC SSC	SM 5210 B	2
Oil & Grease	8/3/2005 8/17/2005	8/4/2005 8/18/2005	Discharge 002 (0755) Discharge 002 (0750)	<5 <5	8-8-05 (1020) 8-23-05 (0900)	WLW WLW	EPA 1664	5
Ammonia Nitrogen	8/3/2005 8/17/2005	8/4/2005 8/18/2005	Discharge 002 (0755) Discharge 002 (0750)	7.73 18.9	8-4-05 (1520) 8-19-05 (1035)	WLW WLW	EPA 350.2	1 Titrametric

Omega Protein
August, 2005

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
Oil & Grease	8/23/2005	8/24/2005	Discharge 006(0725)	<5	9-7-05 (0910)	WLW	EPA 1664	5
	8/24/2005	8/25/2005	Discharge 006 (0755)	<5	9-7-05 (0910)	WLW		
	8/25/2005	8/26/2005	Discharge 006(0725)	<5	9-7-05 (0910)	WLW		
	8/30/2005	8/31/2005	Discharge 006 (0735)	<5	9-7-05 (0910)	WLW		
	8/31/2005	9/1/2005	Discharge 006 (0735)					
Ammonia Nitrogen	8/3/2005	8/4/2005	Discharge 006 (0725)	3.47	8-4-05 (1520)	WLW	EPA 350.2	1 Titrametric
	8/17/2005	8/18/2005	Discharge 006 (0750)	5.26	8-19-05 (1035)	WLW		
TKN	8/3/2005	8/4/2005	Discharge 006 (0725)	5.71		WLW		
	8/17/2005	8/18/2005	Discharge 006 (0750)	7.39		WLW		
Nitrites - N	8/3/2005	8/4/2005	Discharge 006 (0725)	0.162	8-4-05 (1135)	SSC	SM4500-No2-B	0.01
	8/17/2005	8/18/2005	Discharge 006 (0750)	0.118	8-18-05 (1045)	SSC		
Nitrates-N	8/3/2005	8/4/2005	Discharge 006 (0725)	0.217	8-4-05 (1135)	SSC	EPA 352.1	0.1
	8/17/2005	8/18/2005	Discharge 006 (0750)	0.120	8-18-05 (1045)	SSC		
Total Nitrogen	8/3/2005	8/4/2005	Discharge 006 (0725)	6.09				
	8/17/2005	8/18/2005	Discharge 006 (0750)	7.63				
Total Po4-P	8/3/2005	8/4/2005	Discharge 006 (0725)	0.18	8-5-05 (1100)	SSC	SM 4500-P E	0.01
	8/17/2005	8/18/2005	Discharge 006 (0750)	0.124	8-18-05 (1330)	SSC		
Cyanide	8/3/2005	8/4/2005	Discharge 006 (0725)					0.01
	8/17/2005	8/18/2005	Discharge 006 (0750)					

Note : All Cyanide analysis are preformed by Froehling & Robertson Laboratories in Richmond, VA

See attached F & R Lab Reports

gilbert w. clifford & associates

a division of

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
August, 2005

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
TSS	8/2/2005	8/3/2005	Discharge 006 (0740)	17.9	8-5-05 (0940)	WLW	SM 2540-D	1
	8/3/2005	8/4/2005	Discharge 006 (0725)	11.0	8-5-05 (0940)	WLW		
	8/4/2005	8/5/2005	Discharge 006 (0735)	8.9	8-9-05 (1515)	WLW		
	8/9/2005	8/10/2005	Discharge 006 (0730)	9.6	8-12-05 (1130)	WLW		
	8/10/2005	8/11/2005	Discharge 006 (0730)	24.6	8-12-05 (1130)	WLW		
	8/11/2005	6/10/2005	Discharge 006 (0730)	16.7	8-12-05 (1130)	WLW		
	8/16/2005	8/17/2005	Discharge 006 (0735)	15.5	8-18-05 (1440)	WLW		
	8/17/2005	8/18/2005	Discharge 006 (0750)	11.4	8-18-05 (1440)	WLW		
	8/18/2005	8/19/2005	Discharge 006 (0730)	13.1	8-18-05 (1440)	WLW		
	8/23/2005	8/24/2005	Discharge 006(0725)	21.1	8-24-05 (1355)	WLW		
	8/24/2005	8/25/2005	Discharge 006 (0755)	9.8	8-26-05 (1130)	WLW		
	8/25/2005	8/26/2005	Discharge 006(0725)	17.0	8-26-05 (1130)	WLW		
	8/30/2005	8/31/2005	Discharge 006 (0735)	6.9	9-2-05 (0930)	WLW		
	8/31/2005	9/1/2005	Discharge 006 (0735)	10.9	9-2-05 (0930)	WLW		
BOD	8/2/2005	8/3/2005	Discharge 006 (0740)	44.0	8/3/2005	SSC	SM 5210 B	2
	8/3/2005	8/4/2005	Discharge 006 (0725)	22.7	8/4/2005	SSC		
	8/4/2005	8/5/2005	Discharge 006 (0735)	19.7	8/10/2005	SSC		
	8/9/2005	8/10/2005	Discharge 006 (0730)	14.0	8/11/2005	SSC		
	8/10/2005	8/11/2005	Discharge 006 (0730)	39.1	8/12/2005	SSC		
	8/11/2005	8/12/2005	Discharge 006 (0730)	48.5	8/12/2005	SSC		
	8/16/2005	8/17/2005	Discharge 006 (0735)	46	8/17/2005	SSC		
	8/17/2005	8/18/2005	Discharge 006 (0750)	24.7	8/18/2005	SSC		
	8/18/2005	8/19/2005	Discharge 006 (0730)	22.4	8/19/2005	SSC		
	8/23/2005	8/24/2005	Discharge 006(0725)	42.8	8/24/2005	WLW		
	8/24/2005	8/25/2005	Discharge 006 (0755)	23.4	8/25/2005	WLW		
	8/25/2005	8/26/2005	Discharge 006(0725)	51.1	8/26/2005	WLW		
	8/30/2005	8/31/2005	Discharge 006 (0735)	6.7	8/31/2005	SSC		
	8/31/2005	9/1/2005	Discharge 006 (0735)	17.3	9/1/2005	SSC		
Oil & Grease	8/2/2005	8/3/2005	Discharge 006 (0740)	<5	8-8-05 (1020)	WLW	EPA 1664	5
	8/3/2005	8/4/2005	Discharge 006 (0725)	<5	8-8-05 (1020)	WLW		
	8/4/2005	8/5/2005	Discharge 006 (0735)	<5	8-8-05 (1020)	WLW		
	8/9/2005	8/10/2005	Discharge 006 (0730)	<5	8-17-05 (0945)	WLW		
	8/10/2005	8/11/2005	Discharge 006 (0730)	<5	8-17-05 (0945)	WLW		
	8/11/2005	8/12/2005	Discharge 006 (0730)	<5	8-17-05 (0945)	WLW		
	8/16/2005	8/17/2005	Discharge 006 (0735)	<5	8-23-05 (0900)	WLW		
	8/17/2005	8/18/2005	Discharge 006 (0750)	<5	8-23-05 (0900)	WLW		
	8/18/2005	8/19/2005	Discharge 006 (0730)	<5	8-23-05 (0900)	WLW		

FROEHLING & ROBERTSON, INC

GEOTECHNICAL • ENVIRONMENTAL • MATERIALS
ENGINEERS • LABORATORIES
"OVER ONE HUNDRED YEARS OF SERVICE"

SINCE 1881

CERTIFICATE OF ANALYSIS

August 18, 2005

LAB#: 0508356

CLIENT: Patton Harris Rust & Associates
P.O. Box 781
Fredericksburg VA, 22404
Bill Wright

PROJECT: Omega Protein
PROJECT NO.:
SAMPLED BY: J.R. Hall
RECEIVED: 08/15/05

PARAMETER	PREP DATE/TIME	ANALYSIS DATE/TIME	METHOD	ANALYST
Cyanide	8/17/05 8:00	8/17/05 11:00	SM18/4500-CN C&E	RR

LAB #	0508356-01	-	-	-		
SAMPLE ID	Discharge 006	-	-	-	Quant	
DATE/TIME	08/03/05	-	-	-	Limit:	Units
MATRIX	Water	-	-	-		
Wet Chemistry (Water)						
Cyanide	0.03	-	-	-	0.01	mg/L

Notes and Definitions

mg/L = milligrams per Liter
µg/L = micrograms 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/100 mL = Most Probable Number per 100 milliliters

Audrey Brubeck
Manager Analytical Laboratory Services

HEADQUARTERS: 3016 DUMBARTON ROAD • BOX 27824 • RICHMOND, VA 23261-7824
TELEPHONE (804) 264-2701 • FAX (804) 264-1202 • www.FandR.com

BRANCHES: ASHEVILLE, NC • BALTIMORE, MD • CHARLOTTE, NC • CHESAPEAKE, VA
CROZET, VA • FAYETTEVILLE, NC • FREDERICKSBURG, VA
GREENVILLE, SC • HICKORY, NC • RALEIGH, NC • ROANOKE, VA • STERLING, VA

CERTIFICATIONS: VIRGINIA DRINKING WATER - 00150
NORTH CAROLINA DENR - 402
SOUTH CAROLINA DHEC - 85010001 & 85010
MARYLAND DRINKING WATER - 279

FROEHLING & ROBERTSON, INC

GEOTECHNICAL • ENVIRONMENTAL • MATERIALS
ENGINEERS • LABORATORIES
"OVER ONE HUNDRED YEARS OF SERVICE"

SINCE 1881

CERTIFICATE OF ANALYSIS

August 26, 2005

LAB#: 0508567

CLIENT: Patton Harris Rust & Associates
P.O. Box 781
Fredericksburg VA, 22404
Bill Wright

PROJECT: Omega Protein
PROJECT NO.:
SAMPLED BY: J.R. Hall
RECEIVED: 08/24/05

PARAMETER	PREP DATE/TIME	ANALYSIS DATE/TIME	METHOD	ANALYST
Cyanide	8/23/05 8:00	8/24/05 14:45	SM18/4500-CN C&E	RR

LAB #	0508567-01	-	-	-		
SAMPLE ID	Discharge 006	-	-	-	Quant	
DATE/TIME	08/17/05	-	-	-	Limit:	Units
MATRIX	Water	-	-	-		
Wet Chemistry (Water)						
Cyanide	<0.01	-	-	-	0.01	mg/L

Notes and Definitions

mg/L = milligrams per Liter
µg/L = micrograms 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/100 mL = Most Probable Number per 100 milliliters

Audrey Brubeck
Manager Analytical Laboratory Services

HEADQUARTERS: 3015 DUNBARTON ROAD • BOX 27524 • RICHMOND, VA 23261-7524
TELEPHONE (804) 264-2701 • FAX (804) 264-1202 • www.froehlrt.com

BRANCHES: ASHEVILLE, NC • BALTIMORE, MD • CHARLOTTE, NC • CHESAPEAKE, VA
CAZZET, VA • FAYETTEVILLE, NC • FREDERICKSBURG, VA
GREENVILLE, SC • HICKORY, NC • RALEIGH, NC • ROANOKE, VA • STERLING, VA

CERTIFICATIONS: VIRGINIA DRINKING WATER - 00150
NORTH CAROLINA DENR - 402
SOUTH CAROLINA DHEC- 93010001 & 93010
MARYLAND DRINKING WATER - 279

July 2005

OMEGA PROTEIN

DMR REPORTING

REEDVILLE, VA

	LAGOON 002			DITCH 006		
	37			21		
DATE	pH	TEMP C	FLOW	pH	TEMP C	FLOW
1-Aug	no flow			no flow		
2-Aug	8	27.8	276,800	7.31	24.9	5,428,180
3-Aug	7.97	28.3	288,400	7.53	34.8	11,841,120
4-Aug	8.25	29.7	244,800	7.18	38.1	11,841,120
5-Aug	8.18	31.8	226,400	7.25	38.2	11,841,120
6-Aug	8.02	29.9	371,000	7.03	38.7	11,841,120
7-Aug	7.84	30.4	28,000	7.34	37.4	11,841,120
8-Aug	7.8	29.3	85,000	no flow		
9-Aug	7.85	28.5	12,000	7.22	33.6	5,920,560
10-Aug	8.09	27.8	237,000	7.16	34.3	11,841,120
11-Aug	8.06	28.5	264,000	7.49	37.3	11,841,120
12-Aug	8.09	29.6	290,000		7.2	36
13-Aug	8.13	29.7	217,000	7.61	38.2	11,841,120
14-Aug	8.04	29.4	207,000	no flow		
15-Aug				no flow		
16-Aug	7.84	30.1	36,000	7.34	35.6	6,907,320
17-Aug	7.96	29.1	275,000	7.4	35.5	11,841,120
18-Aug	7.98	29.1	246,000	7.15	34.7	11,841,120
19-Aug	8.08	29.3	211,000	7.15	38.8	6,413,940
20-Aug	7.6	29.4	250,000	no flow		
21-Aug	7.66	28.2	197,000	no flow		
22-Aug	no flow			no flow		
23-Aug	8.19	28.5	3,000	7.47	34.2	7,894,424
24-Aug	7.77	27.3	86,000	7.08	32.1	11,841,120
25-Aug	8.14	27.3	157,000	7.28	35.1	11,841,120
26-Aug	8.13	26.9	193,000	7.41	35.7	11,841,120
27-Aug	8.05	27.2	253,000	7.5	33.6	11,841,120
28-Aug	7.71	26	164,000			
29-Aug	no flow					
30-Aug	8.12	28.2	48,000	7.55	32.1	5,920,560
31-Aug	7.95	28.1	133,000	7.63	32.3	11,841,120
TOTAL	215.5	775.4	4.999	154.1	740.4	216.1
AVG.	7.98	28.7	.185	7.34	35.3	10.290
MIN.	7.60	26.0	.003	7.03	7.2	.000036
MAX.	8.25	31.8	.371	7.63	38.8	11.841

OMEGA PROTEIN

Graham Lyell Jett
General Manager

October 10, 2005

Ms. Denise Mosca
Department of Environmental Quality
4949-A Cox Road
Innsbrook Corporate Center
Glen Allen, Va. 23060-6296

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.

Sincerely,

Lyell Jett

Lyell Jett

P.O. Box 175, Reedville, Virginia 22539, Telephone 804-453-4211, Fax 804-453-4475

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

Industrial Major 07/07/2005

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 510 Menhaden Rd
LOCATION

PERMIT NUMBER	DISCHARGE NUMBER
VA0001867	006

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	09	01	TO	05	09	30

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
080 TEMPERATURE, WATER (DEG C)	REPORTD	********	********		********	********	34.4		0	1/D	IS
	REQRMNT	********	********		********	********	45.0	C		1/DAY	IS
556 OIL & GREASE	REPORTD	138	224		********	********	********		0	3D/W	GRAB
	REQRMNT	372	665	KG/D	********	********	********			1D/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 BODS(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 Jeff	Graham Lyell Jeff	804-453-4211	05	10	10
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 630 Menhaden Rd
LOCATION

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

VA0003867	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	09	01	TO	05	09	30

Industrial Waste

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
									—	CONT	EST
001 FLOW	REPORTED	7.83	11.841	MGD						CONT	EST
	REQUIRED	NL	NL						D	1/D	Grab
002 pH	REPORTED				6.91		8.19	SU		3D/W	GRAB
	REQUIRED				6.0		9.0		O	3D/W	24HC
003 BOD5	REPORTED	1269	2764							3D/W	24HC
	REQUIRED	1755	3742	KG/D					O	3D/W	24HC
004 TSS	REPORTED	438	788							3D/W	24HC
	REQUIRED	652	1009	KG/D					D	2/M	24HC
012 NITROGEN, TOTAL (AS N)	REPORTED	8.27	9.41			.347	.420			2/M	24HC
	REQUIRED	178.3	NL	KG/D		2.0	NL	MG/L	—	2/M	24HC
013 PHOSPHORUS, TOTAL (AS P)	REPORTED	344	392			14.1	15.0			2/M	24HC
	REQUIRED	NL	NL	KG/D		NL	NL	MG/L		2/M	GRAB
016 CHLORINE, TOTAL (AS Cl)	REPORTED					15	20			2/M	GRAB
	REQUIRED					NL	120	UG/L		2/M	24HC
019 AMMONIA, AS N	REPORTED					8.64	10.1		2	2/M	24HC
	REQUIRED					1.68	2.1	MG/L		2/M	24HC

ADDITIONAL DMR REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(MGD)	TOTAL DURATION
	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 CONTAINED HEREIN. 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. (Modified under cover letter by Jerome Ziner up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATION IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE
Graham Lyell Jett	Graham Lyell Jett	804-453-4211

DATE

	YEAR	MO.	DAY
	05	10	10

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

Industrial Major 07/07/2005

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 Henbaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0001867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	09	01	TO	05	09	30

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
002 FLOW	REPORTD	.151	.294		********	********	********		—	CONT	MEAS.
	REQRMNT	NL	NL	MGD	********	********	********			CONT	MEAS
002 PH	REPORTD	********	********		7.42	********	8.34		0	1/D	Grab
	REQRMNT	********	********		6.0	********	9.0	SU		2D/W	GRAB
061 BOD5	REPORTD				********	********	********		0	2/M	24HC
	REQRMNT	468	837	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTD				********	********	********		0	2/M	24HC
	REQRMNT	171	422	KG/D	********	********	********			2/M	24HC
039 AMMONIA, AS N	REPORTD				1.27	5.42	9.57		0	2/M	24HC
	REQRMNT	********	********			65	75	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	25.2	26.8		—	1/D	IS
	REQRMNT	********	********		********	NL	NL	C		1/DAY	IS
375 TOXICITY, FINAL, ACUTE	REPORTD										
	REQRMNT	********	********				16	TU-A		1/3M	24HC
560 OIL & GREASE	REPORTD	2.73	3.10		********	********	********		0	2/M	Grab
	REQRMNT	77.6	50.8	KG/D	********	********	********	MG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (MG)	TOTAL BOD5 (#)
	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	05	10	10
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	05	10	10
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 619 Benbaden Rd

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

VA0001867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	09	01	TO	05	09	30

Industrial Major 07/07/2005

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.

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	.151	.294		********	********	********		—	CONT	MEAS.
	REQRMNT	NL	NL	MGD	********	********	********			CONT	MEAS
002 pH	REPORTD	********	********		7.42	********	8.34		0	1/D	Grab
	REQRMNT	********	********		5.0	********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	17.5	22.5		********	********	********		0	2/M	24HC
	REQRMNT	468	837	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTD	20.1	22.7		********	********	********		0	2/M	24HC
	REQRMNT	171	422	KG/D	********	********	********			2/M	24HC
039 AMMONIA, AS N	REPORTD	5.42	9.57		1.27	5.42	9.57		0	2/M	24HC
	REQRMNT	********	********			65	75	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	25.2	26.8		—	1/D	IS
	REQRMNT	********	********		********	NL	NL	C		1/DAY	IS
275 TOXICITY, FINAL, ACUTE	REPORTD										
	REQRMNT	********	********				14	TU-A		1/3M	24DC
580 OIL & GREASE	REPORTD	2.73	3.10		********	********	********		0	2/M	Grab
	REQRMNT	77.6	93.8	KG/D	********	********	********	MG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(MGD)	TOTAL SOLIDS (S)
	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	05	10	20
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	05	10	20
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

* Amended page

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

Industrial Major 06/26/2002

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

PAGE 04

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	09	01	TO	05	09	30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 669
Church Street
Kilmarnock VA 22482

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	4296	7710	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	114	202	KG/D	*********	*********	*********			2/M	24HC
087 DO	REPORTD	*********	*********				*********				
	REQRMNT	*********	*********		NL	NL	*********	MG/L		1/DAY	GRAB
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	39.6	49.0	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	426	704	KG/D	*********	*********	*********			2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

No Discharge

OMEGA PROTEIN

00445344 75

08:17 08/15/2002

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. § 309. (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	05	10	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Patton Harris Rust & Associates, pc

Engineers. Surveyors. Planners. Landscape Architects.

P.O. Box 761
150-C Olde Greenwich Drive
Fredericksburg, VA 22404

T 540.898.2115
F 540.898.3230

Omega Protein
September, 2005

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
TSS	9/1/2005	9/2/2005	Discharge 006 (0720)	13.2	9-2-05 (0930)	WLW	SM 2540-D	1
	9/7/2005	9/8/2005	Discharge 006 (0740)	17.8	9-12-05 (1340)	WLW		
	9/8/2005	9/9/2005	Discharge 006 (0745)	4.0	9-12-05 (1340)	WLW		
	9/9/2005	9/9/2005	Discharge 006 (0700)	15.2	9-12-05 (1340)	WLW		
	9/13/2005	9/14/2005	Discharge 006 (0840)	14.6	9-14-05 (1345)	WLW		
	9/14/2005	9/15/2005	Discharge 006 (0740)	13.5	9-16-05 (0930)	SSC		
	9/15/2005	9/16/2005	Discharge 006 (0745)	22.3	9-16-05 (1100)	SSC		
	9/20/2005	9/21/2005	Discharge 006 (0750)	12.8	9-26-05 (1200)	WLW		
	9/21/2005	9/22/2005	Discharge 006 (0750)	21.1	9-26-05 (1200)	WLW		
	9/22/2005	9/23/2005	Discharge 006(0740)	14.7	9-26-05 (1200)	WLW		
	9/27/2005	9/28/2005	Discharge 006 (0735)	24.8	9-30-05 (1210)	WLW		
	9/28/2005	9/29/2005	Discharge 006(0755)	10.5	9-30-05 (1210)	WLW		
	9/29/2005	9/30/2005	Discharge 006 (0755)	20.8	9-30-05 (1210)	WLW		
BOD	9/1/2005	9/2/2005	Discharge 006 (0720)	62.5	9/2/2005	SSC	SM 5210 B	2
	9/7/2005	9/8/2005	Discharge 006 (0740)	28.2	9/8/2005	SSC		
	9/8/2005	9/9/2005	Discharge 006 (0745)	6.7	9/9/2005	SSC		
	9/9/2005	9/9/2005	Discharge 006 (0700)	35.9	9/9/2005	SSC		
	9/13/2005	9/14/2005	Discharge 006 (0840)	28.2	9/14/2005	SSC		
	9/14/2005	9/15/2005	Discharge 006 (0740)	27.7	9/15/2005	SSC		
	9/15/2005	9/16/2005	Discharge 006 (0745)	57.5	9/16/2005	SSC		
	9/20/2005	9/21/2005	Discharge 006 (0750)	35.9	9/21/2005	SSC		
	9/21/2005	9/22/2005	Discharge 006 (0750)	74.0	9/22/2005	SSC		
	9/22/2005	9/23/2005	Discharge 006(0740)	53.5	9/23/2005	SSC		
	9/27/2005	9/28/2005	Discharge 006 (0735)	64.0	9/28/2005	SSC		
	9/28/2005	9/29/2005	Discharge 006(0755)	34.0	9/29/2005	SSC		
	9/29/2005	9/30/2005	Discharge 006 (0755)	73.5	9/30/2005	SSC		
Oil & Grease	9/1/2005	9/2/2005	Discharge 006 (0720)	5.6	9-7-05 (0910)	WLW	EPA 1664	5
	9/7/2005	9/8/2005	Discharge 006 (0740)	5.5	9-13-05 (1310)	WLW		
	9/8/2005	9/9/2005	Discharge 006 (0745)	<5	9-13-05 (1310)	WLW		
	9/9/2005	9/9/2005	Discharge 006 (0700)	5.7	9-13-05 (1310)	WLW		
	9/13/2005	9/14/2005	Discharge 006 (0840)	<5	9-19-05 (1050)	WLW		
	9/14/2005	9/15/2005	Discharge 006 (0740)	<5	9-19-05 (1050)	WLW		
	9/15/2005	9/16/2005	Discharge 006 (0745)	<5	9-19-05 (1050)	WLW		
	9/20/2005	9/21/2005	Discharge 006 (0750)	<5	9-27-05 (0810)	WLW		
	9/21/2005	9/22/2005	Discharge 006 (0750)	<5	9-27-05 (0810)	WLW		

Omega Protein
September, 2005

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
Oil & Grease	9/22/2005	9/23/2005	Discharge 006(0740)	<5	9-27-05 (0810)	WLW	EPA 1664	5
	9/27/2005	9/28/2005	Discharge 006 (0735)	5.4	9-30-05 (1310)	WLW		
	9/28/2005	9/29/2005	Discharge 006(0755)	<5	9-30-05 (1310)	WLW		
	9/29/2005	9/30/2005	Discharge 006 (0755)	<5	9-30-05 (1310)	WLW		
Ammonia Nitrogen	9/7/2005	9/8/2005	Discharge 006 (0740)	7.17	9-9-05 (0920)	WLW	EPA 350.2	1 Titrametric
	9/20/2005	9/21/2005	Discharge 006 (0750)	10.1	9-22-02 (1235)	WLW		
TKN	9/7/2005	9/8/2005	Discharge 006 (0740)	12.7		WLW		
	9/20/2005	9/21/2005	Discharge 006 (0750)	14.5		WLW		
Nitrites - N	9/7/2005	9/8/2005	Discharge 006 (0740)	0.230	9-8-05 (1010)	SSC	SM4500-No2-B	0.01
	9/20/2005	9/21/2005	Discharge 006 (0750)	0.255	9-21-05 (1105)	SSC		
Nitrates-N	9/7/2005	9/8/2005	Discharge 006 (0740)	0.238	9-8-05 (1300)	SSC	EPA 352.1	0.1
	9/20/2005	9/21/2005	Discharge 006 (0750)	0.201	9-21-05 (1305)	SSC		
Total Nitrogen	9/7/2005	9/8/2005	Discharge 006 (0740)	13.2				
	9/20/2005	9/21/2005	Discharge 006 (0750)	15.0				
Total Po4-P	9/7/2005	9/8/2005	Discharge 006 (0740)	0.420	9-9-05 (1050)	SSC	SM 4500-P E	0.01
	9/20/2005	9/21/2005	Discharge 006 (0750)	0.273	9-21-05 (1315)	SSC		
Cyanide	9/7/2005	9/8/2005	Discharge 006 (0740)					0.01
	9/20/2005	9/21/2005	Discharge 006 (0750)					

Note : All Cyanide analysis are preformed by Froehling & Robertson Laboratories in Richmond, VA

See attached F & R Lab Reports

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
September, 2005

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
TSS	9/8/2005	9/9/2005	Discharge 002 (0815)	37.3	9-12-05 (1340)	WLW	SM 2540-D	1
	9/21/2005	9/22/2005	Discharge 002 (0815)	36.5	9-26-05 (1200)	WLW		
BOD	9/8/2005	9/9/2005	Discharge 002 (0815)	26.9	9/9/2005	SSC	SM 5210 B	2
	9/21/2005	9/22/2005	Discharge 002 (0815)	36.2	9/22/2005	SSC		
Oil & Grease	9/8/2005	9/9/2005	Discharge 002 (0815)	<5	9-13-05 (1310)	WLW	EPA 1664	5
	9/21/2005	9/22/2005	Discharge 002 (0815)	<5	9-27-05 (0810)	WLW		
Ammonia Nitrogen	9/8/2005	9/9/2005	Discharge 002 (0815)	20.4	9-9-05 (1325)	WLW	EPA 350.2	1
	9/21/2005	9/22/2005	Discharge 002 (0815)	2.04	9-22-05 (1235)	WLW		Titrametric

Omega Protein, Inc
VPDES Permit #VA0003867

Month of September, 2005

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	1630	2.3	6.9	0.239	26.4	7.35	16.7	1700	10.9	6.75	0.145	26.1	7.6	16.5
23														
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Tidelands

Name of Sampler Andy Hall

Omega Protein, Inc
VPDES Permit #VA0003867

Month of September, 2005

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	1045	2.1	6.9	0.308	26.3	7.38	16.5	1100	11.7	6.8	0.333	26	7.7	16.6
23														
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Shearwater

Name of Sampler Andy Hall

OMEGA PROTEIN.

DMR REPORTING

REEDVILLE, VA

	a) LAGOON 002			n) DITCH 006		
DATE	pH	TEMP C	FLOW	pH	TEMP C	FLOW
9/1/2005	7.68	26.7	239,000	no flow		
9/2/2005	8.01	26.2	118,000	7.52	31.9	5,920,560
9/3/2005	7.98	26		7.83	34.4	11,841,120
9/4/2005	7.63	24.9	201,000	no flow		
9/5/2005	no flow			no flow		
9/6/2005	no flow			no flow		
9/7/2005	no flow			7.21	26.6	5,920,560
9/8/2005	7.74	24.7	124,000	8.19	32.8	4,440,420
9/9/2005	8.05	24.8	97,000	7.35	32.8	5,920,560
9/10/2005	8.12	25.6	294,000	no flow		
9/11/2005	no flow			no flow		
9/12/2005	no flow			no flow		
9/13/2005	7.94	25.4	17,000	7.58	30.4	5,920,560
9/14/2005	7.91	26.5	119,000	7.45	31.1	7,894,080
9/15/2005	7.82	26.8	227,000	7.31	32.8	8,387,460
9/16/2005	7.42	20.8	233,000	no flow		
9/17/2005	no flow			no flow		
9/18/2005	no flow			no flow		
9/19/2005	no flow			no flow		
9/20/2005	8.34	26.7	5,000	7.23	32.4	6,907,320
9/21/2005	7.99	26.1	164,000	7.27	33.2	9,867,600
9/22/2005	8.13	25.8	231,000	7.44	31.2	11,841,120
9/23/2005	8.27	25.4	233,000	7.32	31.5	11,841,120
9/24/2005	8.05	26.3	241,000	7.28	31.6	11,841,120
9/25/2005	7.94	26.1	285,000	no flow		
9/26/2005	7.98	26.2	24,000	no flow		
9/27/2005	no flow			6.91	30.6	6,907,320
9/28/2008	7.91	23.1	72,000	7.19	30.1	5,427,180
9/29/2005	8.08	23.3	36,000	7.16	30.2	6,413,940
9/30/2005	8.13	21.3	216,000	7.3	30.3	5,815,656
Total	167.12	528.5	3.176	125.54	533.9	133.108
Avg.	7.96	25.2	.151	7.38	31.4	7.83
min.	7.42	20.8	.005	6.91	26.6	4,440
max.	8.34	26.8	.294	8.19	34.4	11.841

FROEHLING & ROBERTSON, INC

GEOTECHNICAL • ENVIRONMENTAL • MATERIALS
ENGINEERS • LABORATORIES
"OVER ONE HUNDRED YEARS OF SERVICE"

SINCE 1881

CERTIFICATE OF ANALYSIS

October 07, 2005

LAB#: 0509730

CLIENT: Patton Harris Rust & Associates
P.O. Box 781
Fredericksburg VA, 22404
Bill Wright

PROJECT: Omega Protein
PROJECT NO.:
SAMPLED BY: J.R. Hall
RECEIVED: 09/29/05

PARAMETER	PREP DATE/TIME	ANALYSIS DATE/TIME		METHOD	ANALYST
Cyanide	10/3/05 15:30	10/4/05 10:00	10/7/05 14:00	SM18/4500-CN C&E	ANB
Cyanide	10/7/05 10:45	10/4/05 10:00	10/7/05 14:00	SM18/4500-CN C&E	ANB

LAB #	0509730-01	0509730-02	-	-		
SAMPLE ID	Discharge 006	Discharge 006	-	-		
DATE/TIME	09/20/05	09/27/05	-	-	Quant	
MATRIX	Water	Water	-	-	Limit:	Units
Wet Chemistry (Water)						
Cyanide	0.02	<0.01	-	-	0.01	mg/L

Notes and Definitions

mg/L = milligrams per Liter
µg/L = micrograms 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/100 mL = Most Probable Number per 100 milliliters

Audrey Brubeck
Manager Analytical Laboratory Services

HEADQUARTERS: 3015 DUMBARTON ROAD • BOX 27524 • RICHMOND, VA 23231-1824
TELEPHONE (804) 264-2701 • FAX (804) 264-1202 • www.FandR.com

BRANCHES: ASHEVILLE, NC • BALTIMORE, MD • CHARLOTTE, NC • CHESAPEAKE, VA
CROZET, VA • FAYETTEVILLE, NC • FREDERICKSBURG, VA
GREENVILLE, SC • HICKORY, NC • RALEIGH, NC • ROANOKE, VA • STERLING, VA

CERTIFICATIONS: VIRGINIA DRINKING WATER - 00160
NORTH CAROLINA DENR - 432
SOUTH CAROLINA DHEC- 93010001 & 93010
MARYLAND DRINKING WATER - 278

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 9/1/05 To 9/4/05

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).

10-4-05

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 9/5/05 To 9/11/05

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).

Signature of Principal Officer or Authorized Agent / Date 10-4-05

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 9/12/05 To 9/18/05

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Dan Fox — 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 Lynell Jett — 10-4-05
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 9/1/05 To 9/25/05

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 10-4-05

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 9/26/05 To 9/30/05

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 10-4-05

Signature of Principal Officer or Authorized Agent / Date

OMEGA PROTEIN

Graham Lyell Jett
General Manager

November 9, 2005

October 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.

There have been other exceedances this fishing season that started in May, all from Outfall 006 and all due to the scrubber contribution to 006 (the good news is that there have not been any exceedances from 002):

- Cyanide, 006 in May
- BOD maximums, 006 in June and July
- TSS, 006 in June and July

Regarding Cyanide, we have been investigating this issue all summer. There is a relationship between cyanide and dryer furnace temperatures—high furnace temperatures produce higher cyanide. May was start up month for the 2005 fishing season. The only explanation we have for Cyanide exceedances in May is due to furnace start up and balancing attempts that usually produce temporarily high temperatures. To further exacerbate the problem, we installed a new dryer drum and had some operational problems with it in May as well as June and July. We note that there have been no cyanide exceedances since starting up in May.

Regarding the BOD and TSS, we really don't know for sure what caused those exceedances but have some theories. We note that each of the BOD maximum exceedances occurred on a single day in each of the two months. We believe that BOD and TSS are related to stabilization of the two dryers. We had stabilization problems with the new drum. We now have the new drum operating properly. BOD and TSS were both within permit limits for August.

Sincerely,

Lyell Jett

Lyell Jett

P.O. Box 175, Reedville, Virginia 22539, Telephone 804-453-4211, Fax 804-453-4475

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

Industrial Major 07/07/2005

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

NOTE READ PERMIT AND CONFIRM 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 Gto Menhaden Fil
LOCATION

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	006

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	10	01	TO	05	10	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
060 TEMPERATURE, WATER (DEG C)	REPORTD	********	********		********	********	32.3		0	1/D	IS
	REQRMNT	********	********		********	********	45.0	C		1/DAY	IS
556 OIL & GREASE	REPORTD	135	224		********	********	********		0	3D/W	GRAB
	REQRMNT	372	665	KG/D	********	********	********			1D/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 BOD5(KG)
	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	05	11	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)

Industrial Major 07/07/2005

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	006

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	10	1	TO	05	10	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	8.432	11.841		********	********	********		—	CONT	EST
	REQRMNT	NL	NL	MGD	********	********	********			CONT	EST
002 PH	REPORTD	********	********		7.04	********	8.47		0	1/D	GRAB
	REQRMNT	********	********		4.4	********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	922	2779		********	********	********		0	3D/W	24HC
	REQRMNT	1756	3142	KG/D	********	********	********			3D/W	24HC
004 TSS	REPORTD	380	932		********	********	********		0	3D/W	24HC
	REQRMNT	655	1609	KG/D	********	********	********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	8.49	9.10		********	.309	.406		0	2/M	24HC
	REQRMNT	170.4	NL	KG/D	********	2.8	NL	MG/L		2/M	24HC
039 NITROGEN, TOTAL (AS N)	REPORTD	197	275		********	6.35	7.37		—	2/M	24HC
	REQRMNT	NL	NL	KG/D	********	NL	NL	MG/L		2/M	24HC
010 CYANIDE, TOTAL (AS CN)	REPORTD					60	70		0	2/M	GRAB
	REQRMNT	********	********			96	110	UG/L		2/M	GRAB
035 AMMONIA, AS N	REPORTD				********	3.81	4.93		2	2/M	24HC
	REQRMNT	********	********		********	1.68	2.1	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(MG)	TOTAL BOD5(KG)
	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 & 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 Jeff	Graham Lyell Jeff	804-453-4211	05	11	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)

Industrial Major 67/07/2005

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 410 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	10	01	TO	05	10	31

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
003 FLOW	REPORTED	.176	.336		********	********	********		—	CONT	MEAS
	REQUIRED	NL	NL	MGD	********	********	********			CONT	MEAS
002 PH	REPORTED	********	********		7.68	********	8.47		0	1/D	GRAB
	REQUIRED	********	********		5.0	********	9.0	SU		2D/W	GRAB
002 BOD5	REPORTED	8.20	12.4		********	********	********		0	2/m	24HC
	REQUIRED	450	837	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTED	12.9	19.5		********	********	********		0	2/m	24HC
	REQUIRED	171	422	KG/D	********	********	********			2/M	24HC
639 AMMONIA, AS N	REPORTED					2.30	2.60		0	2/m	24HC
	REQUIRED	********	********			65	75	MG/L		2/M	24HC
010 TEMPERATURE, WATER (DEG. C)	REPORTED	********	********		********	21.1	24.6		—	1/D	IS
	REQUIRED	********	********		********	NL	NL	C		3/DAY	IS
375 TOXICITY, FDHAL, ACUTE	REPORTED										
	REQUIRED	********	********				1¢	TU-A		1/3M	24DC
580 OIL & GREASE	REPORTED	1.39	1.63		********	********	********		0	2/m	GRAB
	REQUIRED	77.6	50.9	KG/D	********	********	********	MG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	(TOTAL FLOW(MG))	TOTAL BOD5(KG)
	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 5 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	05	11	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	05	11	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)

Industrial Major 06/26/2002

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 469
Church Street
Kilmarnock VA 22482

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 618 Menhaden Rd

VA0002867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	10	01	TO	05	10	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	REPORTED				*********	*********	*********				
	REQUIRED	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTED	*********	*********								
	REQUIRED	*********	*********		6.[illegible]	*********	9.0	SU		2/M	GRAB
003 BOD5	REPORTED				*********	*********	*********				
	REQUIRED	4296	7710	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTED				*********	*********	*********				
	REQUIRED	114	202	KG/D	*********	*********	*********			2/M	24HC
007 DO	REPORTED	*********	*********				*********				
	REQUIRED	*********	*********		NL	NL	*********	MG/L		1/DAY	GRAB
039 AMMONIA, AS N	REPORTED	*********	*********		*********						
	REQUIRED	*********	*********		*********	39.6	49.8	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTED	*********	*********		*********						
	REQUIRED	*********	*********		*********	NL	NL	C		1/DAY	IS
500 OIL & GREASE	REPORTED				*********	*********	*********				
	REQUIRED	426	784	KG/D	*********	*********	*********			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. § 309. (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	05	11	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 04
OMEGA PROTEIN
08/15/2002 08:17
9844534475

OMEGA PROTEIN

DMR REPORTING

REEDVILLE, VA

	LAGOON 002			DITCH 006		
DATE	pH	TEMP C	FLOW	pH	TEMP C	FLOW
10/1/2005	no flow			no flow		
10/2/2005	no flow			no flow		
10/3/05	no flow			no flow		
10/4/05	8.46	22.9	118,000	8.05	27.9	3,452,660
10/5/05	8.24	23.2	86,000	7.21	27.9	9,869,600
10/6/05	8.28	23.6	191,000	7.23	29.1	11,841,120
10/7/05	8.3	24.6	228,000	7.7	32.3	11,841,120
10/8/05	7.71	24.2	225,000	no flow		
10/9/05	7.68	21.8	180,000	no flow		
10/10/05	8.09	21.7	117,000	no flow		
10/11/05	no flow			no flow		
10/12/05	no flow			no flow		
10/13/05	no flow			no flow		
10/14/05	no flow			no flow		
10/15/05	no flow			no flow		
10/16/05	no flow			no flow		
10/17/05	no flow			no flow		
10/18/05	no flow			8.01	22	4,933,800
10/19/05	no flow			7.2	28.2	5,920,560
10/20/05	8.47	16.3	61,000	8.47	29.1	11,841,120
10/21/05	8.08	18.9	208,000	7.36	28.2	11,841,120
10/22/05	7.85	19.1	336,000	7.7	20.9	11,841,120
10/23/05	7.89	16.3	183,000	no flow		
10/24/05	no flow			no flow		
10/25/05	no flow			no flow		
10/26/05	no flow			no flow		
10/27/05	no flow			no flow		
10/28/05	no flow			7.04	22.5	6,412,940
10/29/05	no flow			7.1	23.4	2,960,280
10/30/05	no flow			no flow		
10/31/05	no flow			no flow		
TOTAL	89.05	232.6	1.933	83.07	289.5	92.755
AVG.	8.10	21.1	.176	7.55	26.3	8.432
MIN	7.68	16.3	.061	7.04	20.9	2.960
MAX	8.47	24.6	.336	8.47	32.3	11.841

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
October, 2005

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
TSS	10/4/2005	10/5/2005	Discharge 006 (0740)	18.3	10-7-05 (1130)	SSC	SM 2540-D	1
	10/5/2005	10/6/2005	Discharge 006 (0725)	16.0	10-7-05 (1130)	SSC		
	10/6/2005	10/7/2005	Discharge 006 (0740)	20.8	10-7-05 (1130)	SSC		
	10/18/2005	10/19/2005	Discharge 006 (0715)	7.7	10-24-05 (0955)	WLW		
	10/19/2005	10/20/2005	Discharge 006 (0740)	11.4	10-24-05 (0955)	WLW		
	10/20/2005	10/21/2005	Discharge 006 (0725)	12.1	10-24-05 (0955)	WLW		
	10/28/2005	10/28/2005	Discharge 006 (0805)	9.3	10-31-05 (0945)	WLW		
	10/28/2005	10/28/2005	Discharge 006 (1235)	9.5	10-31-05 (0945)	WLW		
BOD	10/4/2005	10/5/2005	Discharge 006 (0740)	33.4	10/5/2005	SSC	SM 5210 B	2
	10/5/2005	10/6/2005	Discharge 006 (0725)	33.5	10/6/2005	SSC		
	10/6/2005	10/7/2005	Discharge 006 (0740)	62.0	10/7/2005	SSC		
	10/18/2005	10/19/2005	Discharge 006 (0715)	12.0	10/19/2005	SSC		
	10/19/2005	10/20/2005	Discharge 006 (0740)	21.4	10/20/2005	SSC		
	10/20/2005	10/21/2005	Discharge 006 (0725)	36.9	10/21/2005	SSC		
	10/28/2005	10/28/2005	Discharge 006 (0805)	15.3	10/28/2005	SSC		
	10/28/2005	10/28/2005	Discharge 006 (1235)	16.0	10/28/2005	SSC		
Oil & Grease	10/4/2005	10/5/2005	Discharge 006 (0740)	<5	10-11-05 (0835)	WLW	EPA 1664	5
	10/5/2005	10/6/2005	Discharge 006 (0725)	<5	10-11-05 (0835)	WLW		
	10/6/2005	10/7/2005	Discharge 006 (0740)	<5	10-11-05 (0835)	WLW		
	10/18/2005	10/19/2005	Discharge 006 (0715)	<5	10-25-05 (0830)	WLW		
	10/19/2005	10/20/2005	Discharge 006 (0740)	<5	10-25-05 (0830)	WLW		
	10/20/2005	10/21/2005	Discharge 006 (0725)	<5	10-25-05 (0830)	WLW		
	10/28/2005	10/28/2005	Discharge 006 (0805)	<5	11-1-05 (820)	WLW		
	10/28/2005	10/28/2005	Discharge 006 (1235)	<5	11-1-05 (820)	WLW		
Ammonia Nitrogen	10/5/2005	10/6/2005	Discharge 006 (0725)	4.93	10-7-05 (0830)	SSC	EPA 350.2	1
	10/19/2005	10/20/2005	Discharge 006 (0740)	2.69	10-24-05 (0900)	WLW		Titrametric
TKN	10/5/2005	10/6/2005	Discharge 006 (0725)	7.06		WLW		
	10/19/2005	10/20/2005	Discharge 006 (0740)	5.04		WLW		
Nitrites - N	10/5/2005	10/6/2005	Discharge 006 (0725)	0.205	10-06-05 (1050)	SSC	SM4500-Na2-B	0.01
	10/19/2005	10/20/2005	Discharge 006 (0740)	0.170	10-20-05 (1130)	SSC		
Nitrates-N	10/5/2005	10/6/2005	Discharge 006 (0725)	0.104	10-6-05 (1300)	SSC	EPA 352.1	0.1
	10/19/2005	10/20/2005	Discharge 006 (0740)	0.112	10-20-05 (1140)	SSC		
Total Nitrogen	10/5/2005	10/6/2005	Discharge 006 (0725)	7.37				
	10/19/2005	10/20/2005	Discharge 006 (0740)	5.32				

Omega Protein
October, 2005

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
Total Po4-P	10/5/2005	10/6/2005	Discharge 006 (0725)	0.211	10-6-05 (1315)	SSC	SM 4500-P E	0.01
	10/19/2005	10/20/2005	Discharge 006 (0740)	0.408	10-21-05 (0900)	SSC		
Cyanide	10/5/2005	10/6/200	Discharge 006 (0725)					0.01
	10/19/2005	10/20/2005	Discharge 006 (0740)					

Note : All Cyanide analysis are preformed by Froehling & Robertson Laboratories in Richmond, VA

See attached F & R Lab Reports

Patton Harris Rust & Associates, pc

Engineers. Surveyors. Planners. Landscape Architects.

P.O. Box 781
150-C Olde Greenwich Drive
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T 540.898.2115
F 540.898.3230

Omega Protein
October, 2005

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
TSS	10/5/2005	10/6/2005	Discharge 002 (0755)	60.0	10-07-05 (1130)	SSC	SM 2540-D	1
	10/20/2005	10/21/2005	Discharge 002 (0755)	26.9	10-24-05 (0955)	WLW		
BOD	10/5/2005	10/6/2005	Discharge 002 (0755)	38.2	10/6/2005	SSC	SM 5210 B	2
	10/20/2005	10/21/2005	Discharge 002 (0755)	17.3	10/21/2005	SSC		
Oil & Grease	10/5/2005	10/6/2005	Discharge 002 (0755)	<5	10-11-05 (0835)	WLW	EPA 1664	5
	10/20/2005	10/21/2005	Discharge 002 (0755)	<5	10-25-05 (0920)	WLW		
Ammonia Nitrogen	10/5/2005	10/6/2005	Discharge 002 (0755)	2.6	10-07-05 (0830)	SSC	EPA 350.2	1 Titrametric
	10/20/2005	10/21/2005	Discharge 002 (0755)	2.04	10-24-05 (0900)	WLW		

FROEHLING & ROBERTSON, INC

GEOTECHNICAL • ENVIRONMENTAL • MATERIALS
ENGINEERS • LABORATORIES
"OVER ONE HUNDRED YEARS OF SERVICE"

SINCE 1881

CERTIFICATE OF ANALYSIS

October 25, 2005

LAB#: 0510373

CLIENT: Patton Harris Rust & Associates
P.O. Box 781
Fredericksburg VA, 22404
Bill Wright

PROJECT: Omega Protein
PROJECT NO.:
SAMPLED BY: J.R. Hall
RECEIVED: 10/14/05

PARAMETER	PREP DATE/TIME	ANALYSIS DATE/TIME		METHOD	ANALYST
Cyanide	10/20/05 14:30	10/21/05 8:46	10/21/05 18:54	SM18/4500-CN C&E	KFF
Cyanide	10/21/05 10:00	10/21/05 8:46	10/21/05 18:54	SM18/4500-CN C&E	KFF

LAB #	0510373-01	0510373-02	-	-		
SAMPLE ID	Discharge 006	Discharge 001	-	-		
DATE/TIME	10/05/05	10/07/05	-	-	Quant	
MATRIX	Water	Water	-	-	Limit	Units
Wet Chemistry (Water)						
Cyanide	**0.05 [1]**	**0.08**	-	-	0.01	mg/L

Notes and Definitions

1 = This test was performed outside of the EPA recommended holding time.

mg/L = milligrams per Liter
µg/L = micrograms 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/100 mL = Most Probable Number per 100 milliliters

Audrey Brubeck
Manager Analytical Laboratory Services

HEADQUARTERS: 3016 DUMBARTON ROAD • BOX 27324 • RICHMOND, VA 23261-7324
TELEPHONE (804) 264-2701 • FAX (804) 264-1202 • www.FandR.com

BRANCHES: ASHEVILLE, NC • BALTIMORE, MD • CHARLOTTE, NC • CHESAPEAKE, VA
CROZET, VA • FAYETTEVILLE, NC • FREDERICKSBURG, VA
GREENVILLE, SC • HICKORY, NC • RALEIGH, NC • ROANOKE, VA • STERLING, VA

CERTIFICATIONS: VIRGINIA DRINKING WATER - 00150
NORTH CAROLINA DENR - 432
SOUTH CAROLINA DHEC- 93010001 & 93010
MARYLAND DRINKING WATER - 278

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"OVER ONE HUNDRED YEARS OF SERVICE"

SINCE 1881

CERTIFICATE OF ANALYSIS

November 03, 2005

LAB#: 0510591

CLIENT: Patton Harris Rust & Associates
P.O. Box 781
Fredericksburg VA, 22404
Bill Wright

PROJECT: Omega Protein
PROJECT NO.:
SAMPLED BY: J.R. Hall
RECEIVED: 10/27/05

PARAMETER	PREP DATE/TIME	ANALYSIS DATE/TIME	METHOD	ANALYST
Cyanide	11/1/05 8:00	11/2/05 15:30	SM18/4500-CN C&E	RR

LAB #	0510591-01	-	-	-		
SAMPLE ID	Discharge 006	-	-	-		
DATE/TIME	10/19/05	-	-	-	Quant	
MATRIX	Water	-	-	-	Limit	Units
Wet Chemistry (Water)						
Cyanide	**0.07**	-	-	-	0.01	mg/L

Notes and Definitions

mg/L = milligrams per Liter
µg/L = micrograms 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/100 mL = Most Probable Number per 100 milliliters

Audrey N Bl

Audrey Brubeck
Manager Analytical Laboratory Services

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CROZET, VA • FAYETTEVILLE, NC • FREDERICKSBURG, VA
GREENVILLE, SC • HICKORY, NC • RALEIGH, NC • ROANOKE, VA • STERLING, VA

CERTIFICATIONS: VIRGINIA DRINKING WATER - 00150
NORTH CAROLINA DENR - 422
SOUTH CAROLINA DHEC - 93010001 & 93019
MARYLAND DRINKING WATER - 278

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of Ocotber, 2005

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	1110	<2	8.1	0.10	19.6	8.01	15.6	1130	<2	7.97	0.10	19.7	7.93	14.7
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Reedville

Name of Sampler Andy Hall

Omega Protein, Inc
VPDES Permit #VA0003867

Month of Ocotber, 2005

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	1610	<2	8.1	0.303	19.8	8.0	15.4	1630	5.6	8	0.145	19.4	7.94	15.8
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 10/1/05 To 10/31/05

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Dan Fox — 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 Jr. — 11-3-05
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 10/19/05 To 10/15/05

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).

11-3-05

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 10/16/05 To 10/22/05

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).

11-3-05

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 10/23/05 To 10/29/05

Paint Area	COMPLIANCE	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).

Graham Lyell Jett 11-3-05

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 10/30/05 To 10/31/05

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).

11-3-05

Signature of Principal Officer or Authorized Agent / Date

OMEGA PROTEIN™

Graham Lyell Jett
General Manager

December 12, 2005

November 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.

Sincerely,

Lyell Jett

P.O. Box 175, Reedville, Virginia 22539, Telephone 804-453-4211, Fax 804-453-4475

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

Industrial Major 07/07/2005

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 610 Menhaden Rd
LOCATION

VA0003867	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	11	01	TO	05	11	30

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
OIL TEMPERATURE, WATER (DEG C)	REPORTD	********	********		********	********	27.0		0	1/D	IS
	REQRMNT	********	********		********	********	45.0	C		1/DAY	IS
GRP OIL & GREASE	REPORTD	112	198		********	********	********		0	3D/W	GRAB
	REQRMNT	372	685	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(MGD)	TOTAL BOD5(KG)
	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 Jeff	Graham Lyell Jeff	804-453-4211	05	12	12
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 07/07/2005

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 Reeville
ADDRESS PO Box 115
Reeville VA 22539

FACILITY 614 Menhaden Rd
LOCATION

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	006

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	11	01	TO	05	11	30

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	5.703	10.104	MGD	********	********	********		—	CONT	EST
	REQRMNT	NL	NL		********	********	********			CONT	EST
002 PH	REPORTD	********	********		6.77	********	8.65	SU	0	1/D	GRAB
	REQRMNT	********	********		6.0	********	9.0			3D/W	GRAB
003 BOD5	REPORTD	853	2008	KG/D	********	********	********		0	3D/W	24HC
	REQRMNT	1755	3102		********	********	********			3D/W	24HC
004 TSS	REPORTD	500	1063	KG/D	********	********	********		0	3D/W	24HC
	REQRMNT	855	1609		********	********	********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	2.10	2.16	KG/D	********	.296	.360	MG/L	0	2/M	24HC
	REQRMNT	178.4	NL		********	2.0	NL			2/M	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	50.5	91.0	KG/D	********	5.78	9.78	MG/L	—	2/M	24HC
	REQRMNT	NL	NL		********	NL	NL			2/M	24HC
016 CYANIDE, TOTAL (AS CN)	REPORTD					30.0	50.0	UG/L	0	2/M	GRAB
	REQRMNT	********	********			96	110			2/M	GRAB
019 AMMONIA, AS N	REPORTD				********	3.80	6.38	MG/L	1	2/M	24HC
	REQRMNT	********	********		********	1.68	2.1			2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(MG)	TOTAL BOD5(KG)
	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 4 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	804-493-4211	05	12	12
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 07/07/2005

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 Neabsken Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0001867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	11	01	TO	05	11	30

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	.194	.373		*********	*********	*********		—	CONT	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 pH	REPORTD	*********	*********		8.04	*********	8.56		0	1/D	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/M	GRAB
001 BOD5	REPORTD	5.0	9.2		*********	*********	*********		0	2/M	24HC
	REQRMNT	668	837	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD	6.4	11.8		*********	*********	*********		0	2/M	24HC
	REQRMNT	171	422	KG/D	*********	*********	*********			2/M	24HC
039 AMMONIA, AS N	REPORTD					14.1	16.2		0	2/M	24HC
	REQRMNT	*********	*********			25	75	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	14.5	25.1		—	1/D	IS
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
375 TOXICITY, FISH, ACUTE	REPORTD	LC50	>100%				<1.0	TU-a			
	REQRMNT	*********	*********				1.0	TU-A		1/3M	24HC
500 OIL & GREASE	REPORTD	.79	1.48		*********	*********	*********		0	2/M	GRAB
	REQRMNT	27.6	50.9	KG/D	*********	*********	*********	MG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(MG)	TOTAL BOD5(KG)
	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	05	12	12
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	05	12	12
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: 618 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	05	11	01	TO	05	11	30

Industrial Major 06/26/2002

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 669
Church Street
Kilmarnock VA 22482

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	4256	7718	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	114	282	KG/D	*********	*********	*********			2/M	24HC
087 DO	REPORTD	*********	*********				*********				
	REQRMNT	*********	*********		NL	NL	*********	MG/L		1/DAY	GRAB
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	39.6	49.0	MG/L		2/M	24HC
060 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
508 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	426	784	KG/D	*********	*********	*********			2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(KG.)
	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	05	12	12
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

DISCHARGE

PAGE 04

OMEGA PROTEIN

8044534475

08/15/2002 08:17

Work Order

Results for 0512042-02

Patton Harris Rust & Associates
P.O. Box 781
Fredericksburg, VA 22404

Project:
Project Number:
Project Manager:

Omega Protein
[none]
Bill Wright

Reported:
12/12/05 09:33

Discharge 006
0512042-02 (Water)
Froehling and Robertson, Inc.

Wet Chemistry

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Analys
Cyanide	**0.05**	0.01	mg/L	1	BL50930	12/09/05	12/09/05	SM18/4500-CN

Top of Page

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Results for 0512042-01

Work Order

Patton Harris Rust & Associates P.O. Box 781 Fredericksburg, VA 22404	Project: Project Number: Project Manager:	Omega Protein [none] Bill Wright	**Reported:** 12/12/05 09:33

Discharge 006
0512042-01 (Water)
Froehling and Robertson, Inc.

Wet Chemistry

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Analys
Cyanide	BQL	0.01	mg/L	1	BL50618	12/06/05	12/06/05	SM18/4500-CN

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Top of Page

Month of November, 2005

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														
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16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28	1845	3.7	10	<.10	13.6	8.14	14.8	1830	7.8	9.98	0.151	13.4	8.05	14.8
29														
30														
31														

Name of Vessel Smith Island

Name of Sampler Andy Hall

Month of November, 2005

Omega Protein, Inc
VPDES Permit #VA000386 7

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	1650	4.5	10	<.10	13.7	8.2	14.5	1750	9.3	9.65	0.172	12.5	7.95	14.5
29														
30														
31														

Name of Vessel Reedville

Name of Sampler Andy Hall

FROEHLING & ROBERTSON, INC.

F&R's e-Lab Log In Search Help Log Out F&R Home

0

Click on the lab sample identifier to view results.

Client: **Patton Harris Rust & Associates**
Project: **Omega Protein**

Project Number: **[none]**

Report To:
Patton Harris Rust & Associates
Bill Wright
P.O. Box 781
Fredericksburg, VA 22404
Phone: (540) 898-2143
Fax: (540) 898-3230

Invoice To:
Patton Harris Rust & Associates
Bill Wright
P.O. Box 781
Fredericksburg, VA 22404
Phone: (540) 898-2143
Fax: (540) 898-3230

Laboratory Project Manager:
Status: Received
Status Date: 12/02/05 10:20

Date Due: 12/16/05
Date Received: 12/02/05 10:20
Date Logged In: 12/02/05 10:20

Received at:	°C	Sufficient sample submitted:	Yes
Received on Ice:	No	Received within holding time:	Yes
Samples Intact:	Yes	Custody seals present and intact:	No
COC/Labels Agree:	Yes		
Preservation confirmed:	Yes		
Proper sample container:	Yes		

Analysis	Expires	Status	Status Date
Discharge 006 (0512042-01) **Water**		**Sampled: 11/29/05 09:05 (Eastern)**	
CN	12/13/05	Reviewed	12/06/05 15:17
Discharge 006 (0512042-02) **Water**		**Sampled: 11/30/05 09:30 (Eastern)**	
CN	12/14/05	Received	12/02/05 10:21

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ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 11/28/05 To 11/30/05

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 Pitt 12-6-2005
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 11/21/05 To 11/27/05

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 Jutt 12-6-2005

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 11/14/05 To 11/20/05

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 12-6-2005

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 11/17/05 To 11/13/05

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 Jutt 12-6-2005
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 11/1/05 To 11/16/05

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).

12-6-2005

Signature of Principal Officer or Authorized Agent / Date

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
November, 2005

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
TSS	11/1/2002	11/2/2005	Discharge 006 (1030)	11.0	11-3-05 (1025)	WLW	SM 2540-D	1
	11/2/2005	11/3/2005	Discharge 006 (0720)	11.4	11-7-05 (1100)	WLW		
	11/3/2005	11/4/2005	Discharge 006 (0725)	14.0	11-7-05 (1100)	WLW		
	11/9/2005	11/10/2005	Discharge 006 (0700)	21.7	11-14-05 (0950)	WLW		
	11/10/2005	11/11/2005	Discharge 006 (0720)	38.8	11-14-05 (0950)	WLW		
	11/11/2005	11/11/2005	Discharge 006 (0725)	32.0	11-14-05 (0950)	WLW		
	11/15/2005	11/16/2005	Discharge 006 (0720)	27.9	11-18-05 (1200)	WLW		
	11/16/2005	11/17/2005	Discharge 006 (0720)	24.6	11-18-05 (1200)	WLW		
	11/17/2005	11/18/2005	Discharge 006 (0725)	28.5	11-18-05 (1200)	WLW		
	11/29/2005	11/30/2005	Discharge 006 (0905)	7.9	12-1-05 (1120)	WLW		
	11/30/2005	12/1/2005	Discharge 006 (0930)	11.6	12-1-05 (1120)	WLW		
BOD	11/1/2002	11/2/2005	Discharge 006 (1030)	4.7	11/2/2005	SSC	SM 5210 B	2
	11/2/2005	11/3/2005	Discharge 006 (0720)	27.4	11/3/2005	SSC		
	11/3/2005	11/4/2005	Discharge 006 (0725)	58.5	11/4/2005	SSC		
	11/9/2005	11/10/2005	Discharge 006 (0700)	69.5	11/10/2005	SSC		
	11/10/2005	11/11/2005	Discharge 006 (0720)	57.0	11/11/2005	SSC		
	11/11/2005	11/11/2005	Discharge 006 (0725)	5.3	11/11/2005	SSC		
	11/15/2005	11/16/2005	Discharge 006 (0720)	42.8	11/16/2005	SSC		
	11/16/2005	11/17/2005	Discharge 006 (0720)	47.0	11/17/2005	SSC		
	11/17/2005	11/18/2005	Discharge 006 (0725)	42.1	11/18/2005	SSC		
	11/29/2005	11/30/2005	Discharge 006 (0905)	8.0	11/30/2005	SSC		
	11/30/2005	12/1/2005	Discharge 006 (0930)	38.0	12/1/2005	SSC		
Oil & Grease	11/1/2002	11/2/2005	Discharge 006 (1030)	<5	11-7-05 (0910)	WLW	EPA 1664	5
	11/2/2005	11/3/2005	Discharge 006 (0720)	<5	11-7-05 (0910)	WLW		
	11/3/2005	11/4/2005	Discharge 006 (0725)	<5	11-7-05 (0910)	WLW		
	11/9/2005	11/10/2005	Discharge 006 (0700)	5.1	11-14-05 (1005)	WLW		
	11/10/2005	11/11/2005	Discharge 006 (0720)	5.5	11-14-05 (1005)	WLW		
	11/11/2005	11/11/2005	Discharge 006 (0725)	<5	11-14-05 (1005)	WLW		
	11/15/2005	11/16/2005	Discharge 006 (0720)	<5	11-21-05 (0840)	WLW		
	11/16/2005	11/17/2005	Discharge 006 (0720)	5.8	11-21-05 (0840)	WLW		
	11/17/2005	11/18/2005	Discharge 006 (0725)	5.0	11-21-05 (0840)	WLW		
	11/29/2005	11/30/2005	Discharge 006 (0905)	<5	12-05-05 (0845)	WLW		
	11/30/2005	12/1/2005	Discharge 006 (0930)	<5	12-05-05 (0845)	WLW		

Omega Protein
November, 2005

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
Ammonia Nitrogen	11/29/2005	11/30/2005	Discharge 006 (0905)	1.22	11-30-05 (1305)	SSC	EPA 350.2	1 Titrametric
	11/30/2005	12/1/2005	Discharge 006 (0930)	6.38	12-0505 (0850)	WLW		
TKN	11/29/2005	11/30/2005	Discharge 006 (0905)	1.42		WLW		
	11/30/2005	12/1/2005	Discharge 006 (0930)	9.52		WLW		
Nitrites - N	11/29/2005	11/30/2005	Discharge 006 (0905)	0.025	11-30-05 (1130)	WLW	SM4500-No2-B	0.01
	11/30/2005	12/1/2005	Discharge 006 (0930)	0.130	12-1-05 (1130)	SSC		
Nitrates-N	11/29/2005	11/30/2005	Discharge 006 (0905)	0.332	12-1-05 (1100)	SSC	EPA 352.1	0.1
	11/30/2005	12/1/2005	Discharge 006 (0930)	0.130	12-01-05 (1100)	SSC		
Total Nitrogen	11/29/2005	11/30/2005	Discharge 006 (0905)	1.78				
	11/30/2005	12/1/2005	Discharge 006 (0930)	9.78				
Total Po4-P	11/29/2005	11/30/2005	Discharge 006 (0905)	0.360	12-1-05 (1320)	SSC	SM 4500-P E	0.01
	11/30/2005	12/1/2005	Discharge 006 (0930)	0.231	12-1-05 (1320)	SSC		
Cyanide	11/29/2005	11/30/2005	Discharge 006 (0905)					0.01
	11/30/2005	12/1/2005	Discharge 006 (0930)					

Note : All Cyanide analysis are preformed by Froehling & Robertson Laboratories in Richmond, VA

See attached F & R Lab Reports

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
November, 2005

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
TSS	11/22/2005	11/23/2005	Discharge 002 (0755)	40.8	11-28-05 (1040)	WLW	SM 2540-D	1
	11/29/2005	11/30/2005	Discharge 002 (0730)	40.0	12-1-05 (1120)	WLW		
BOD	11/22/2005	11/23/2005	Discherge 002 (0755)	38.0	11/23/2005	WLW	SM 5210 B	2
	11/29/2005	11/30/2005	Discharge 002 (0730)	31.2	11/30/2004	SSC		
Oil & Grease	11/22/2005	11/23/2005	Discharge 002 (0755)	<5	12-05-05 (0845)	WLW	EPA 1664	5
	11/29/2005	11/30/2005	Discharge 002 (0730)	<5	12-05-05 (0845)	WLW		
Ammonia Nitrogen	11/22/2005	11/23/2005	Discharge 002 (0755)	16.2	11-23-05 (1310)	WLW	EPA 350.2	1 Titrametric
	11/29/2005	11/30/2005	Discharge 002 (0730)	12.0	11-30-05 (13050)	SSC		

OMEGA PROTEIN

DMR REPORTING

REEDVILLE, VA

	13 LAGOON 002			11 DITCH 008		
DATE	pH	TEMP C	FLOW	pH	TEMP C	FLOW
11/1/05	8.5	16.6	227,000	8.65	18.2	5,327,180
11/2/05	8.45	14	80,000	7.18	24.2	5,429,110
11/3/05	8.51	15.4	183,000	6.9	8	5,429,180
11/4/05	8.55	15.8	189,000	no flow		
11/5/05	no flow			no flow		
11/6/05	no flow			no flow		
11/7/05	no flow			no flow		
11/8/05	no flow			no flow		
11/9/05	no flow			6.77	–	7.634
11/10/05	8.55	16.2	347,000	7.14	26.5	6,678,000
11/11/05	8.39	16.2	66,000	7.76	27	7.337
11/12/05	8.56	13.6	294,000	no flow		
11/13/05	no flow			no flow		
11/14/05	no flow			no flow		
11/15/05	no flow			7.05	25.4	10,104,040
11/16/05	8.44	25.1	316,000	6.93	25.8	8,880,840
11/17/05	8.04	13	125,000	7.14	25.8	1,971,520
11/18/05	8.06	13.2	373,000	no flow		
11/19/05	no flow			no flow		
11/20/05	no flow			no flow		
11/21/05	no flow			no flow		
11/22/05	8.25	6.6	6,000			
11/23/05	8.32	11.7	234,000	no flow		
11/24/05	no flow			no flow		
11/25/05	no flow			no flow		
11/26/05	no flow			no flow		
11/27/05	no flow			no flow		
11/28/05	no flow			no flow		
11/29/05	8.49	10.8	78,000	7.12	11.4	1,480,140
11/30/05	no flow			7.71	18.4	2,466,900
TOTAL	109.11	188.2	2.518	80.35	210.7	62.738
AVG.	8.39	14.5	.194	7.30	21.1	5.703
MIN.	8.04	6.6	.006	6.77	8	1.480
MAX.	8.56	25.1	.373	8.65	27.0	10.104

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

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

FACILITY LOCATION 610 Neddulee Rd

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

VA0003867	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	12	01	TO	05	12	31

Individual Major 07/07/2005

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

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

NOTE READ PERMIT AND CONFIRM 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
080 TEMPERATURE, WATER (DEG C)	REPORTD	********	********		********	********	17.6		0	1/D	IS
	REQRMNT	********	********		********	********	45.0	C		1/DAY	IS
556 OIL & GREASE	REPORTD	184	318		********	********	********		0	3D/W	GRAB
	REQRMNT	372	685	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 BOD5(KG)
	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 [illegible] Fine 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	01	04
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 07/07/2005

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	006

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	12	01	TO	05	12	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	REPORTED	7.962	11.841		********	********	********		—	CONT	EST
	REQUIRED	NL	NL	MGD	********	********	********			CONT	EST
002 PH	REPORTED	********	********		6.88	********	7.24		0	1/D	GRAB
	REQUIRED	********	********		4.0	********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTED	970	2689		********	********	********		0	3D/W	24HC
	REQUIRED	3795	3142	MG/D	********	********	********			3D/W	24HC
004 TSS	REPORTED	431	959		********	********	********		0	3D/W	24HC
	REQUIRED	555	1609	MG/D	********	********	********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTED	7.51	10.1		********	.244	.262		0	2/M	24HC
	REQUIRED	178.9	NL	MG/D	********	2.0	NL	MG/L		2/M	24HC
013 NITROGEN, TOTAL (AS N)	REPORTED	169	195		********	6.01	7.65		—	2/M	24HC
	REQUIRED	NL	NL	MG/D	********	NL	NL	MG/L		2/M	24HC
018 CHLORIDE, TOTAL (AS CL)	REPORTED					35.0	50.0		0	2/M	GRAB
	REQUIRED	********	********			56	110	MG/L		2/M	GRAB
019 AMMONIA, AS N	REPORTED				********	3.25	4.48		1	2/M	24HC
	REQUIRED	********	********		********	1.68	2.1	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (MG)	TOTAL BIOSOLIDS (DRY KG)
	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 2 months and 4 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	DATE YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	06	01	04

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

Industrial Major 06/26/2002

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	05	12	01	TO	05	12	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Kilmarnock Satellite Office
P.O Box 669
Church Street
Kilmarnock VA 22482

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	4296	7710	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTD				********	********	********				
	REQRMNT	114	282	KG/D	********	********	********			2/M	24HC
007 DO	REPORTD	********	********				********				
	REQRMNT	********	********		NL	NL	********	MG/L		1/DAY	GRAB
039 AMMONIA, AS N	REPORTD	********	********		********						
	REQRMNT	********	********		********	39.6	63.0	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********						
	REQRMNT	********	********		********	NL	NL	C		1/DAY	IS
500 OIL & GREASE	REPORTD				********	********	********				
	REQRMNT	426	784	KG/D	********	********	********			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. § 319. (Penalties under these statutes may include fines up to $10,000 and/or 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	01	04
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 04
OMEGA PROTEIN
08/05/2002 08:17
0044534475

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)

VA0001867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	12	01	TO	05	12	31

Industrial Major 07/07/2005

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.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	.109	.163		*********	*********	*********		—	CONT	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********		8.81	*********	8.80		0	1/D	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	11.9	16.3		*********	*********	*********		0	2/M	24HC
	REQRMNT	468	837	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD	19.2	30.0		*********	*********	*********		0	2/M	24HC
	REQRMNT	171	422	KG/D	*********	*********	*********			2/M	24HC
039 AMMONIA, AS N	REPORTD	4.95	7.77			14.9	17.1		0	2/M	24HC
	REQRMNT	*********	*********			65	75	MG/L		2/M	24HC
980 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	5.1	6.1		—	1/D	IS
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
375 FOXFCTYL, FERAL, ACOTB	REPORTD										
	REQRMNT	*********	*********				14	TO-A		1/3M	24HC
580 OIL & GREASE	REPORTD	1.85	3.08		*********	*********	*********		0	2/M	GRAB
	REQRMNT	27.6	50.9	KG/D	*********	*********	*********	MG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (MG)	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 imprisonment).

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	06	01	04
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	01	04
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN.

DMR REPORTING

REEDVILLE, VA

	3 LAGOON 002			4 DITCH 006		
DATE	pH	TEMP C	FLOW	pH	TEMP C	FLOW
12/1/05	no flow			no flow		
12/2/05	no flow			no flow		
12/3/05	no flow			no flow		
12/4/05	no flow			no flow		
12/6/05	no flow			no flow		
12/7/05	no flow			no flow		
12/8/05	no flow			7.24	12.2	3,235,04(
12/9/05	no flow			7.22	17.6	11,841,12(
12/10/05	no flow			no flow		
12/11/05	no flow			no flow		
12/12/05	no flow			no flow		
12/13/05	8.87	5.8	163000	6.95	9	4,931,80(
12/14/05	8.81	3.3	33000	6.88	8	11,841,12(
12/15/05	8.8	6.1	130000	no flow		
12/16/05	no flow			no flow		
12/17/2005	no flow			no flow		
12/18/2005	no flow			noflow		
12/19/2005	no flow			no flow		
12/20/2005	no flow			no flow		
12/21/2005	no flow			o flow		
12/22/2005	no flow			no flow		
12/23/2005	no flow			no flow		
12/24/2005	no flow			no flow		
12/25/2005	no flow			no flow		
12/26/2005	no flow			no flow		
12/27/2005	no flow			no flow		
12/28/2005	no flow			no flow		
12/29/2005	no flow			no flow		
12/30/2005	no flow			no flow		
12/31/2005	no flow			no flow		
Total	26.48	15.2	.326	28.29	46.8	34.849
AVG.	8.83	5.1	.109	7.07	11.7	7.962
MIN.	8.81	3.3	.033	6.88	8.0	3.235
MAX.	8.80	6.1	.163	7.24	17.6	11.841

Patton Harris Rust & Associates, pc

Engineers. Surveyors. Planners. Landscape Architects.

P.O. Box 781
150-C Olde Greenwich Drive
Fredericksburg, VA 22404

T 540.89 3.2115
F 540.89 3.3230

Omega Protein
December, 2005

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
TSS	12/8/2005	12/9/2005	Discharge 006 (1130)	7.4	12-14-05 (1425)	WLW	SM 2540-D	
	12/9/2005	12/9/2005	Discharge 006 (0755)	12.6	12-14-05 (1425)			
	12/13/2005	12/13/2005	Discharge 006 (0935)	7.7	12-14-05 (1425)			
	12/14/2005	12/15/2005	Discharge 006 (0805)	8.9	12-15-05 (1125)			
	12/14/2005	12/15/2005	Discharge 006 (1530)	21.4	12-15-05 (1125)			
BOD	12/8/2005	12/9/2005	Discharge 006 (1130)	5.3	12/9/2005	SSC	SM 5210 B	[illegible]
	12/9/2005	12/9/2005	Discharge 006 (0755)	15.3	12/9/2005	SSC		
	12/13/2005	12/13/2005	Discharge 006 (0935)	16.0	12/14/2005	SSC		
	12/14/2005	12/15/2005	Discharge 006 (0805)	24.8	12/15/2005	SSC		
	12/14/2005	12/15/2005	Discharge 006 (1530)	60.0	12/15/2005	SSC		
Oil & Grease	12/8/2005	12/9/2005	Discharge 006 (1130)	<5	12-16-05 (0845)	WLW	EPA 1664	5
	12/9/2005	12/9/2005	Discharge 006 (0755)	<5	12-16-05(0845)			
	12/13/2005	12/13/2005	Discharge 006 (0935)	<5	12-16-05 (1015)			
	12/14/2005	12/15/2005	Discharge 006 (0805)	<5	12-16-05 (1015)			
	12/14/2005	12/15/2005	Discharge 006 (1530)	7.1	12-16-05 (1015)			
Ammonia	12/9/2005	12/9/2005	Discharge 006 (0755)	2.02	12-12-05 (0835)	WLW	EPA 350.2	1
	12/13/2005	12/13/2005	Discharge 006 (0935)	4.48	12-13-05 (1310)	SSC		
TKN	12/9/2005	12/9/2005	Discharge 006 (0755)	4.15		WLW		
	12/13/2005	12/13/2005	Discharge 006 (0935)	5.04		SSC		
Nitrites - N	12/9/2005	12/9/2005	Discharge 006 (0755)	0.095	12-09-05 (1430)	SSC	SM4500-No2-B	0.01
	12/13/2005	12/13/2005	Discharge 006 (0935)	0.125	12-13-05 (1405)	SSC		
Nitrates-N	12/9/2005	12/9/2005	Discharge 006 (0755)	0.112	12-09-09 (1440)	SSC	EPA 352.1	0.1
	12/13/2005	12/13/2005	Discharge 006 (0935)	2.48	12-16-05 (0900)	SSC		
Total Nitrogen	12/9/2005	12/9/2005	Discharge 006 (0755)	4.36				
	12/13/2005	12/13/2005	Discharge 006 (0935)	7.65				
Total Po4-P	12/9/2005	12/9/2005	Discharge 006 (0755)	0.226	12-12-05 (1130)	SSC	SM 4500-P E	0.01
	12/13/2005	12/13/2005	Discharge 006 (0935)	0.262	12-13-05 (1410)	SSC		
Cyanide	12/9/2005	12/9/2005	Discharge 006 (0755)					5
	12/13/2005	12/13/2005	Discharge 006 (0935)					

Note : All Cyanide analysis are preformed by Froehling & Robertson, Inc. in Richmond, VA

Patton Harris Rust & Associates, pc

Engineers. Surveyors. Planners. Landscape Archititects.

P.O. Box 781
150-C Olde Greenwich Drive
Fredericksburg, VA 22404

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Omega Protein
December, 2005

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit mg/L)
TSS	12/13/2005	12/13/2005	Discharge 002 (0740)	48.6	12-14-05 (1425)	WLW	SM 2540-D	1
	12/14/2005	12/15/2005	Discharge 002 (0925)	67.5	12-15-05 (1125)	WLW		
BOD	12/13/2005	12/13/2005	Discharge 002 (0740)	26.5	12/14/2005	SSC	SM 5210 B	2
	12/14/2005	12/15/2005	Discharge 002 (0925)	59	12/15/2005	SSC		
Oil & Grease	12/13/2005	12/13/2005	Discharge 002 (0740)	<5	12-16-05 (1015)	WLW	EPA 1664	5
	12/14/2005	12/15/2005	Discharge 002 (0925)	<5	12-16-05 (1015)	WLW		
Ammonia	12/13/2005	12/13/2005	Discharge 002 (0740)	12.6	12-15-05 (0845)	WLW	EPA 350.2	1
	12/14/2005	12/15/2005	Discharge 002 (0925)	17.1	12-15-05 (1445)	WLW		

FROEHLING & ROBERTSON, INC

GEOTECHNICAL • ENVIRONMENTAL • MATERIALS
ENGINEERS • LABORATORIES
"OVER ONE HUNDRED YEARS OF SERVICE"

SINCE 1881

CERTIFICATE OF ANALYSIS

December 21, 2005

LAB#: 0512401

CLIENT: Patton Harris Rust & Associates
P.O. Box 781
Fredericksburg VA, 22404
Bill Wright

PROJECT: Omega Protein
PROJECT NO.:
SAMPLED BY: J.R. Hall
RECEIVED: 12/16/05

PARAMETER	PREP DATE/TIME	ANALYSIS DATE/TIME	METHOD	ANALYST
Cyanide	12/21/05 9:30	12/21/05 9:30	SM18/4500-CN C&E	KFF

LAB #	0512401-01	0512401-02	-	-		
SAMPLE ID	Discharge 006	Discharge 006	-	-		
DATE/TIME	12/09/05	12/13/05	-	-	**Quant**	
MATRIX	Water	Water	-	-	**Limit:**	**Units**
Wet Chemistry (Water)						
Cyanide	**0.02**	**0.05**	-	-	0.01	mg/L

Notes and Definitions

mg/L = milligrams per Liter
µg/L = micrograms 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/100 mL = Most Probable Number per 100 milliliters

Audrey Brubeck
Manager Analytical Laboratory Services

HEADQUARTERS: 3015 DUMBARTON ROAD • BOX 27624 • RICHMOND, VA 23261-7624
TELEPHONE (804) 264-2701 • FAX (804) 264-1202 • www.froehlr.com

BRANCHES: ASHEVILLE, NC • BALTIMORE, MD • CHARLOTTE, NC • CHESAPEAKE, VA
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GREENVILLE, SC • HICKORY, NC • RALEIGH, NC • ROANOKE, VA • STERLING, VA

CERTIFICATIONS: VIRGINIA DRINKING WATER - 00 50
NORTH CAROLINA DENR - 432
SOUTH CAROLINA DHEC- 92010 01 & 92010
MARYLAND DRINKING WATER - 79

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 12/1/05 To 12/4/05

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).

1-2-06

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 12/5/05 To 12/11/05

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 1-2-06
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 12/12/05 To 12/18/05

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 Pitt 1-2-06

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 12/19/05 To 12/25/05

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).

Signature of Principal Officer or Authorized Agent / Date