EXHIBIT

I

FOLDER 2

Pt. 2

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 Offi
P.O Box 669
Church Street
Kilmarnock VA 22462

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

SEP 2002 KRO

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

NAME: Guega 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	02	8	1	TO	02	8	31

NO DISCHARGE

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	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	49.0	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

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(MG.)	TOTAL BOD5(KG.)	OPERATOR IN RESPONSIBLE CHARGE	DATE
	None				

[illegible] SUBMITTED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE 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.)

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	02	09	06
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	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	8	1	TO	02	8	31

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.

SEP 2002 KRO

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********	38.0		0	1/D	IS
	REQRMNT	*********	*********		*********	*********	45.0	C		1/DAY	IS
556 OIL & GREASE	REPORTD	120	224		*********	*********	*********		0	3D/W	GRAB
	REQRMNT	372	695	KG/D	*********	*********	*********			3D/W	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE 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	02	09	06
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	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	8	1	TO	02	8	31

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

SEP 2002 KRO

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTED	6.675	11.841		*********	*********	*********		-	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTED	*********	*********		6.95	*********	8.15		0	1/D	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTED	202	684		*********	*********	*********		0	3D/W	24HC
	REQRMNT	1755	3142	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTED	231	545		*********	*********	*********		0	3D/W	24HC
	REQRMNT	655	1609	KG/D	*********	*********	*********			3D/W	24HC
912 PHOSPHORUS, TOTAL (AS P)	REPORTED	2.98	5.38		*********	.135	.192		0	2/M	24HC
	REQRMNT	178.4	NL	KG/D	*********	2.0	NL	MG/L		2/M	24HC
013 NITROGEN, TOTAL AS N	REPORTED	113	168		*********	6.89	7.79		-	2/M	24HC
	REQRMNT	NL	NL	KG/D	*********	NL	NL	MG/L		2/M	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTED				*********	10.0	10.0		2	2/M	GRAB
	REQRMNT	********	********		*********	1.54	2.00	UG/L		2/M	GRAB
019 AMMONIA, AS N	REPORTED				*********	1.69	1.96		0	2/M	24HC
	REQRMNT	********	********		*********	1.68	2.1	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE 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	02	09	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 3/26/02 To 8/31/02

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 9-3-2002
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 8/19/02 To 8/25/02

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 9-3-2002

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 8/12/02 To 8/18/02

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 9-3-2002

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 8/5/02 To 8/11/02

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 9-3-2002
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 3/1/02 To 8/4/02

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 9-3-2002

Signature of Principal Officer or Authorized Agent / Date

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of August 2002

Chesapeake Bay Water Quality Monitoring Data

	Predischarge							After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30		<2		0.215			18.5		2.3		0.292			18.7
31														

Name of Vessel Coastal Harvester

Name of Sampler Tom Boyd

DECEMBER 9, 2002

MS. DENISE MOSCA
DEPARTMENT OF ENVIRONMENTAL QUALITY
P.O.BOX 669
429 EAST CHURCH STREET
KILMARNOCK, VA. 22482

DMR EXCURSIONS NOVEMBER REPORT

DEAR DENISE:

DURING THE MONTH OF NOVEMBER WE EXPERIENCED THREE EXCURSIONS THROUGH OUR 006 OUTFALL. AS WE HAVE STATED ON OUR LAST REPORTS WE WERE EXPECTING TO BE DISCHARGING THROUGH A DIFFUSER ON OUR "001" DISCHARGE AND FEEL THESE OCCURANCES WOULD NOT HAVE HAPPENED UNDER THE CONDITIONS OF THE EXPECTED NEW PERMIT.

SINCERELY,

Lyell Jett

LYELL JETT

[illegible] DEPARTMENT OF [illegible] QUALITY

[illegible] DEPT. OF [illegible] QUALITY

PERMITTEE NAME OR RESPONSIBLE OFFICIAL
FACILITY OPERATOR OR OWNER

NAME Chesapeake Seafoods Ltd
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

VA0003867 — PERMIT NUMBER
002 — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	11	1	TO	02	11	30

[illegible] DEQ)
DISCHARGE MONITORING REPORT (DMR)

[illegible] 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	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
081 FLOW	REPORTD	.145	.267		*********	*********	*********		-	CONT	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
003 PH	REPORTD	*********	*********		6.81	*********	7.58		0	1/D	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
083 BOD5	REPORTD	16.7	18.4		*********	*********	*********		0	2/M	24HC
	REQRMNT	460	837	KG/D	*********	*********	*********			2/M	24HC
084 TSS	REPORTD	25.8	30.8		*********	*********	*********		0	2/M	24HC
	REQRMNT	171	422	KG/D	*********	*********	*********			2/M	24HC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	15.7	16.0		0	2/M	24HC
	REQRMNT	*********	*********		*********	38.0	45.3	MG/L		2/M	24HC
000 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	12.2	16.0		-	1/D	IS
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********			*********	*********				
	REQRMNT	*********	*********		100	*********	*********	PERC		1/M	24HC
500 OIL & GREASE	REPORTD	4.18	5.05		*********	*********	*********		0	2/M	GRAB
	REQRMNT	27.6	50.9	KG/D	*********	*********	*********	MG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES ANY	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
OVERFLOWS	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	02	12	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	02	12	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)

NAME OF FACILITY ADDRESS (STREET OR ROUTE NO.) CITY OR TOWN LOCATION IF DIFFERENT FROM ABOVE

NAME Omega Protein Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

VA0003867	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	11	01	TO	02	11	30

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	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
000 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********	21.0		0	1/D	IS
	REQRMNT	*********	*********		*********	*********	45.0	C		1/DAY	IS
500 OIL & GREASE	REPORTD	147	489		*********	*********	*********		0	3D/W	GRAB
	REQRMNT	372	695	KG/D	*********	*********	*********			3D/W	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

BYPASSES	TOTAL	TOTAL FLOW(MG)	TOTAL DOSE(G)	OPERATOR IN RESPONSIBLE CHARGE
OVERFLOWS	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.)

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	02	12	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

[illegible]
[illegible]

[illegible]
[illegible]
[illegible]

[illegible]
[illegible]
[illegible]

NAME Omega Protein Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

VA0003867	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	11	01	TO	02	11	30

[illegible]
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	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTED	6.862	11.841		*********	*********	*********		-	CONT	EST
	REQUIRED	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTED	*********	*********		7.16	*********	8.34		0	1/D	GRAB
	REQUIRED	*********	*********		6.8	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTED	456	3,496		*********	*********	*********		1	3D/W	24HC
	REQUIRED	1755	3142	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTED	311	1,555		*********	*********	*********		0	3D/W	24HC
	REQUIRED	655	1609	KG/D	*********	*********	*********			3D/W	24HC
012 PHOSPHORUS, TOTAL AS P)	REPORTED	3.20	3.40		*********	.099	.130		0	2/M	24HC
	REQUIRED	178.4	NL	KG/D	*********	2.0	NL	MG/L		2/M	24HC
013 NITROGEN, TOTAL AS N	REPORTED	25.6	35.5		*********	.696	.791		-	2/M	24HC
	REQUIRED	NL	NL	KG/D	*********	NL	NL	MG/L		2/M	24HC
18 CYANIDE, TOTAL (AS N)	REPORTED				*********	12.0	13.0		2	2/M	GRAB
	REQUIRED	********	********		*********	1.58	2.80	MG/L		2/M	GRAB
39 AMMONIA, AS N	REPORTED				*********	.445	.520		0	2/M	24HC
	REQUIRED	********	********		*********	1.68	2.1	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND	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. § [illegible]. (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	02	12	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

NAME Otter Produce Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NPDES PERMIT MONITORING SUMMARY SHEET (FORM 3)
DISCHARGE MONITORING REPORT (DMR)

VA0003857	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	11	01	TO	02	11	30

DEQ
FEB 06 2002
DEPARTMENT 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	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	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	114	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	49.0	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

VIOLATION

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(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 actual 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	02	12	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Month of November, 2002

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	1030	2.7	9.4	0.253	13	7.4	19.0	1030	4.7	8.3	0.326	11	6.3	18.8
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Harvester

Name of Sampler Tom Boyd

Omega Protein, Inc
VPDES Permit #VA0003867

Month of November, 2002

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	1600	<2	9.5	0.259	13	7.5	19.0	1600	6.0	8.1	0.215	11	6.1	19.0
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Reed

Name of Sampler Tony Boyd

ZAPATA PROTEIN
REEDVILLE, VIRGINIA
DMR REPORTING

	16 LAGOON 002			DITCH 006 12		
DATE	pH	TEMP C	FLOW	pH	TEMP C	FLOW
11/01/02				7.29	19	2,905,800 1
11/02/02						
11/03/02						
11/04/02				7.9	12	3,948,080 2
11/05/02				7.33	15	6,907,320 3
11/06/02	7.45	16	50,000 1			
11/07/02	7.01	10	174,600 2			
11/08/02	7.24	13	22,000 3			
11/09/02						
11/10/02						
11/11/02						
11/12/02	7	16	266,900 4			
11/13/02	7.08	14	227,000 5	8.33	18	1,480,140 4
11/14/02	6.81	11	186,400 6			
11/15/02	7.26	11	111,000 7	8.21	19	2,465,900 5
11/16/02	7.09	14	~~[illegible]~~ 8			
11/17/02			85,900			
11/18/02						
11/19/02	6.95	11	212,800 9			
11/20/02	7.19	12	81,400 10	8.12	19	6,920,560 6
11/21/02	7.21	12	136,000 11	7.5	18	11,841,120 7
11/22/02	7.18	12	179,200 12	7.78	18	11,841,120 8
11/23/02	7.53	11	209,800 13	8.34	17	11,841,120 9
11/24/02						
11/25/02						
11/26/02						
11/27/02	7.25	10	136,600 14	8.25	21	4,439,420 10
11/28/02	7.66	11	127,200 15	7.43	18	11,841,120 11
11/29/02	7.21	11	110,000 16	7.16	11	6,907,320 12
11/30/02						
Total	115.03	195	2.3148	93.64	207	~~79.459~~ 82.340
AVG.	7.19	12.2	.145	7.8	17.3	~~6.620~~ 6.862
MIN.	6.81	10	.022	7.16	11	~~.003~~ 1.480
MAX.	7.58	16	.267	8.34	21	— 11.841

GILBERT W. CLIFFORD & ASSOCIATES, INC.

150 C Olde Greenwich Dr., Fredericksburg, VA 22408
(540) 898-2115

Omega Protein
November, 2002

Analyte	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
TSS	11/1/02	11/2/02	Discharge 006 (0935)	20.0	11-6-02 (0945)	WLW	SM 2540-D	1
	11/5/02	11/6/02	Discharge 006 (0742)	4.0	11-7-02 (1030)	WLW		
	11/6/02	11/7/02	Discharge 006 (0714)	5.1	11-7-02 (1030)	WLW		
	11/13/02	11/13/02	Discharge 006 (0715)	7.9	11-13-02 (1430)	WLW		
	11/15/02	11/15/02	Discharge 006 (1215)	11.9	11-19-02 (1100)	WLW		
	11/20/02	11/21/02	Discharge 006 (0725)	22.7	11-25-02 (1500)	WLW		
	11/21/02	11/22/02	Discharge 006 (0725)	4.8	11-25-02 (1500)	WLW		
	11/22/02	11/23/02	Discharge 006 (0712)	5.7	11-25-02 (1500)	WLW		
	11/26/02	11/27/02	Discharge 006 (0735)	14.4	11-27-02 (0945)	WLW		
	11/27/02	11/28/02	Discharge 006 (0712)	34.7	12-02-02 (1400)	WLW		
	11/28/02	11/29/02	Discharge 006 (0705)	3.0	12-02-02 (1400)	WLW		
BOD	11/1/02	11/2/02	Discharge 006 (0935)	40.5	11-2-02 (0900)	WLW	SM 5210 B	2
	11/5/02	11/6/02	Discharge 006 (0742)	4.1	11-6-02 (1110)	SSC		
	11/6/02	11/7/02	Discharge 006 (0714)	2.5	11-7-02 (11045)	SSC		
	11/13/02	11/13/02	Discharge 006 (0715)	8.8	11-13-02 (1535)	SSC		
	11/15/02	11/15/02	Discharge 006 (1215)	6.0	11-15-02 (1625)	SSC		
	11/20/02	11/21/02	Discharge 006 (0725)	10.0	11-21-02 (1115)	SSC		
	11/21/02	11/22/02	Discharge 006 (0725)	3.4	11-22-02 (1020)	SSC		
	11/22/02	11/23/02	Discharge 006 (0712)	3.3	11-23-02 (1100)	WLW		
	11/26/02	11/27/02	Discharge 006 (0735)	14.4	11-27-02 (1025)	SSC		
	11/27/02	11/28/02	Discharge 006 (0712)	78.0	11-28-02 (0930)	WLW		
	11/28/02	11/29/02	Discharge 006 (0705)	2.9	11-29-02 (1115)	WLW		
Oil & Grease	11/1/02	11/2/02	Discharge 006 (0935)	6.8	11-4-02 (1010)	WLW	EPA 1664	5
	11/5/02	11/6/02	Discharge 006 (0742)	<5	11-4-02 (1010)			
	11/6/02	11/7/02	Discharge 006 (0714)	<5	11-12-02 (0940)			
	11/13/02	11/13/02	Discharge 006 (0715)	<5	11-20-02 (09150			
	11/15/02	11/15/02	Discharge 006 (1215)	<5	11-20-02 (0915)			
	11/20/02	11/21/02	Discharge 006 (0725)	<5	11-27-02 (1010)			
	11/21/02	11/22/02	Discharge 006 (0725)	<5	11-27-02 (1030)			
	11/22/02	11/23/02	Discharge 006 (0712)	<5	11-27-02 (1030)			
	11/26/02	11/27/02	Discharge 006 (0735)	<5	11-27-02 (1030)			
	11/27/02	11/28/02	Discharge 006 (0712)	10.9	12-05-02 (1130)			
	11/28/02	11/29/02	Discharge 006 (0705)	<5	12-05-02 (1130)			

Omega Protein
October, 2002

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
Ammonia Nitrogen	11/6/02 11/21/02	11/7/02 11/22/02	Discharge 006 (0714) Discharge 006 (0725)	0.370 0.520	11-7-02 (1300 11-22-02 (0910)	WLW WLW	EPA 350.2	0.1 Nessler
TKN	11/6/02 11/21/02	11/7/02 11/22/02	Discharge 006 (0714) Discharge 006 (0725)	0.470 0.629		WLW WLW		
Nitrite - N	11/6/02 11/21/02	11/7/02 11/22/02	Discharge 006 (0714) Discharge 006 (0725)	0.029 0.054	11-7-02 (0900) 11-22-02 (0925)	SSC WLW	SM4500-No2-B	0.01
Nitrate-N	11/6/02 11/21/02	11/7/02 11/22/02	Discharge 006 (0714) Discharge 006 (0725)	0.10 0.108	11-7-02 (1105) 11-22-02 (1315)	SSC SSC	EPA 352.1	0.1
Total Nitrogen	11/6/02 11/21/02	11/7/02 11/22/02	Discharge 006 (0714) Discharge 006 (0725)	0.600 0.791				
Total TotP	11/6/02 11/21/02	11/7/02 11/22/02	Discharge 006 (0714) Discharge 006 (0725)	0.130 0.067	11-7-02 (1300) 11-22-02 (1330)	WLW SSC	SM 4500-P E	0.01
Cyanide	11/6/02 11/21/02	11/7/02 11/22/02	Discharge 006 (0714) Discharge 006 (0725)	0.013 <.01				0.01

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

GILBERT W. CLIFFORD & ASSOCIATES, INC.
150 C Olde Greenwich Dr., Fredericksburg, VA 22408
(540) 898-2115

Omega Protein
November, 2002

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
TSS	11/7/02	11/8/02	Discharge 002 (0742)	31.4	11-8-02 (1400)	WLW	SM 2540-D	1
	11/12/02	11/13/02	Discharge 002 (0743)	30.5	11-13-02 (1430)	WLW		
BOD	11/7/02	11/8/02	Discharge 002 (0742)	27.8	11-8-02 (1040)	SSC	SM 5210 B	2
	11/12/02	11/13/02	Discharge 002 (0743)	14.8	11-13-02 (1525)	SSC		
Oil & Grease	11/7/02	11/8/02	Discharge 002 (0742)	<5	11/12/2002 (0940)	WLW	EPA 1664	5
	11/12/02	11/13/02	Discharge 002 (0743)	<5	11-20-02 (0915)			
Ammonia Nitrogen	11/7/02	11/8/02	Discharge 002 (0742)	16.0	11-8-02 (0645)	WLW	EPA 350.2	1 Titrametric
	11/12/02	11/13/02	Discharge 002 (0743)	15.4	11-13-02 (1145)	WLW		

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 11/1/02 To 11/2/02

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).

12-2-02

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 11/13/02 To 11/19/02

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).

12-2-02

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 11/10/02 To 11/16/02

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).

12/2/02

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 11/17/02 To 11/23/02

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).

12-2-02

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 11/24/02 To 11/30/02

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).

12-2-02

Signature of Principal Officer or Authorized Agent / Date

OMEGA PROTEIN

Graham Lyell Jett
General Manager

SEPTEMBER 6, 2002

MS. DENISE MOSCA
DEPARTMENT OF ENVIRONMENTAL QUALITY
P.O.BOX 669
429 EAST CHURCH STREET
KILMARNOCK, VA. 22482

DMR EXCURSIONS AUGUST REPORT

DEAR DENISE:

DURING THE MONTH OF AUGUST WE EXPERIENCED TWO EXCURSIONS THROUGH OUR 006 OUTFALL. AS WE HAVE STATED ON OUR LAST REPORTS WE WERE EXPECTING TO BE DISCHARGING THROUGH A DIFFUSER ON OUR "001" DISCHARGE AND FEEL THAT THESE OCCURANCES WOULD NOT HAVE HAPPENED UNDER THE CONDITIONS OF THE EXPECTED NEW PERMIT.

SINCERELY,

LYELL JETT

SEP 2002
NRO

CC: Bishop

P.O. Box 175, Reedville, Virginia 539, Telephone 804-453-4211, Fax 804-45 475

PERMITTED MANUFACTURERS INCLUDE
FACILITY NAME (LOCATION OF DISCHARGE)

NAME [illegible]
ADDRESS [illegible]

FACILITY LOCATION 610 [illegible]

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

YEAR	MO	DAY		YEAR	MO	DAY
FROM 02	12	1	TO	02	12	31

INDUSTRY MAJOR 08/20/2002

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

[illegible] Regional Office
P.O. Box [illegible]
[illegible] Street
Harrisonburg VA 22801

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
FLOW	REPORTED	.249	.281		********	********	********		-	CONT	MEAS
	REQUIRED	NL	NL	MGD	********	********	********			CONT	MEAS
PH, SU	REPORTED	********	********		7.8	********	7.86		0	1/D	GRAB
	REQUIRED	********	********		6.5	********	9.0	SU		5/W	GRAB
TSS, NONE	REPORTED	11.7	11.7		********	********	********		0	1/M	24HC
	REQUIRED	45	90	KG/D	********	********	********			2/M	24HC
OIL, TOTAL	REPORTED	25.6	25.6		********	********	********		0	1/M	24HC
	REQUIRED	171	422	KG/D	********	********	********			2/M	24HC
059 ARSENIC, AS N	REPORTED	********	********		********	27.7	27.7		0	1/M	24HC
	REQUIRED	********	********		********	10.0	45.3	UG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTED	********	********		********	8.0	12.0			1/D	IS
	REQUIRED	********	********		********	NL	NL	C		1/DAY	IS
379 TOXICITY, FINAL, [illegible]	REPORTED	********	********			********	********				
	REQUIRED	********	********		NL	********	********	PERC		2/M	[illegible]
550 OIL & GREASE	REPORTED	4.71	4.71		********	********	********		0	1/M	GRAB
	REQUIRED	27.6	50.4	KG/D	********	********	********	MG/L		2/M	GRAB

ADDITIONAL REPORT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL DOCKETS/DAYS	TOTAL HOURS	TOTAL DOSES(LB)
	None	Ø	Ø

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	1911004463	03	01	07

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	304-453-4211	03	01	07

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

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

NAME: Orange Regional Airport (LLC)
ADDRESS: P.O. Box 1170
Orange, VA
FACILITY LOCATION: 216 Hendricks Rd

COUNTY: 003
PERMIT NUMBER: VA0060283
DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	12	1	TO	07	12	31

DATE RECEIVED: 06/29/2001

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Blue Ridge Satellite Office
P.O. Box 269
Orange, VA 22960
Telephone: VA 22960

NOTE: READ 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			
00 FLOW	REPORTED										
	REQUIRED	NL	NL	MGD						CONT	EST
002 PH	REPORTED										
	REQUIRED				6.0			SU		1/M	GRAB
003 BOD5	REPORTED										
	REQUIRED	6216	7710	KG/D						2/M	24HC
004 TSS	REPORTED										
	REQUIRED	314	392	KG/D						2/M	24HC
007 DO	REPORTED										
	REQUIRED				NL	NL		MG/L		1/DAY	GRAB
039 MACHIA, AS N	REPORTED										
	REQUIRED					39.6	49.8	MG/L		2/M	24HC
969 CHLORODIBROMOMETHANE, TRIHALOMETHANES, TOTAL	REPORTED										
	REQUIRED					NL	NL	C		1/MO	EC
974 CHLORINE, TOTAL RESIDUAL	REPORTED										
	REQUIRED									1/2	GRAB

NO DISCHARGE

OPTIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND	TOTAL OCCURRENCES	TOTAL FLOW (MG)	TOTAL BOD5 (LB)
	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. (REFER TO 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (c) (2) (A) AND (B)).

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	03	01	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

FACILITY NAME: [illegible]
FACILITY NUMBER: [illegible]
MONITORING PERIOD: FROM 02 12 1 TO 02 12 31

Industrial Major 09/27/2002

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Blackstone Satellite Office
P.O. Box [illegible]
Church Street
Blackstone VA 23824

NOTE: READ PERMIT AND CAREFUL 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
[illegible] FLOW	REPORTED	6.430	11.841		********	********	********		-	CONT	EST
	REQUIREMENT	NL	NL	MGD	********	********	********			CONT	EST
[illegible] PH	REPORTED	********	********		7.61	********	8.39		0	1/D	GRAB
	REQUIREMENT	********	********		6.0	********	9.0	SU		3D/W	GRAB
[illegible] BOD5	REPORTED	360	914		********	********	********		0	3D/W	24HC
	REQUIREMENT	1755	3142	KG/D	********	********	********			3D/W	24HC
[illegible] TSS	REPORTED	[illegible]	1179		********	********	********		0	3D/W	24HC
	REQUIREMENT	565	1009	KG/D	********	********	********			3D/W	24HC
[illegible] PHOSPHORUS, TOTAL (AS P)	REPORTED	6.1	10.6		********	.384	.565		0	2/M	24HC
	REQUIREMENT	172.4	NL	KG/D	********	2.0	NL	MG/L		2/M	24HC
[illegible] NITROGEN, TOTAL AS N	REPORTED	19.7	21.3		********	1.87	2.77		-	2/M	24HC
	REQUIREMENT	NL	NL	KG/D	********	NL	NL	MG/L		2/M	24HC
[illegible] CYANIDE, TOTAL (AS CN)	REPORTED				********	<10	<10		2	2/M	GRAB
	REQUIREMENT	********	********		********	1.54	1.00	MG/L		2/M	GRAB
[illegible] ARSENIC, AS AS	REPORTED				********	1.54	2.38		1	2/M	24HC
	REQUIREMENT	********	********		********	1.48	3.1	MG/L		2/M	24HC

[illegible] NOTE: [illegible]

BYPASSES (YES/NO)	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)
	None	0	0

[illegible]

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804-453 4211	03	01	07

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [illegible] TELEPHONE

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY

[illegible] POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME [illegible]
ADDRESS [illegible]
[illegible] VA [illegible]

FACILITY [illegible]
LOCATION [illegible]

VPDES	TYPE
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	1	TO	06	12	31

[illegible] 0600/0000

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

[illegible]
[illegible]
[illegible]
[illegible] VA [illegible]

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			
[illegible]	REPORTED	[illegible]	[illegible]		[illegible]	[illegible]	17.0		0	1/D	IS
[illegible]	REQUIRED	[illegible]	[illegible]		[illegible]	[illegible]	45.0	S		1/DAY	IS
[illegible]	REPORTED	122	129		[illegible]	[illegible]	[illegible]		0	30/D	GRAB
	REQUIRED	372	560	KG/D	[illegible]	[illegible]	[illegible]			30/D	GRAB
	REPORTED										
	REQUIRED									[illegible]	
	REPORTED										
	REQUIRED									[illegible]	
	REPORTED										
	REQUIRED									[illegible]	
	REPORTED										
	REQUIRED									[illegible]	
	REPORTED										
	REQUIRED									[illegible]	
	REPORTED										
	REQUIRED									[illegible]	

BYPASSES	TOTAL	TOTAL FLOW (MGD)	TOTAL DURATION (HRS.)	[illegible]
QUANTITY	None	0	0	

[illegible]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	TELEPHONE 801-453 4211	03	01	07

FEBRUARY 7, 2003

MS. DENISE MOSCA
DEPARTMENT OF ENVIRONMENTAL QUALITY
P.O.BOX 669
429 EAST CHURCH STREET
KILMARNOCK, VA. 22482

DEAR DENISE:

DURING THE MONTH OF JANUARY WE EXERCISED THE DRAW DOWN PROCEDURES AS WERE DESCRIBED IN THE MEMO FROM STEVE STELL DATED DECEMBER 9, 2002. WE COMPLETED THE DRAW DOWN JANUARY 31 AND SAMPLED AS DESCRIBED WITH RESULTS BEING SUBMITTED WITH THIS DMR. IF I CAN BE OF ANY FURTHER ASSISTANCE PLEASE LET ME KNOW.

SINCERELY,

Lyell Jett

LYELL JETT

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

Industrial Major 06/20/2002

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	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	1	1	TO	03	1	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	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	.406	.510		*********	*********	*********		-	CONT	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********		7.61	*********	8.04		0	1/D	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	18.8	22.6		*********	*********	*********		0	3/M	24HC
	REQRMNT	468	937	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD	43.7	55.2		*********	*********	*********		0	3/M	24HC
	REQRMNT	171	422	KG/D	*********	*********	*********			2/M	24HC
039 ARSENIC, AS H	REPORTD	*********	*********		*********	35.7	40.9		0	3/M	24HC
	REQRMNT	*********	*********		*********	38.8	65.3	UG/L		2/M	24HC
000 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	1.3	2.0		-	1/D	IS
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********			*********	*********				
	REQRMNT	*********	*********		100	*********	*********	PCNTC		1/3M	24HC
500 OIL & GREASE	REPORTD	7.68	9.65		*********	*********	*********		0	3/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 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 maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100446 3	03	02	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	03	02	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN
8044534475
08:17 2/15/2002

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

Industrial Major 09/26/2002

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
VA0003867	003

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	1	1	TO	03	1	31

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 TN	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	202	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
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	426	764	MG/D	*********	*********	*********			2/M	GRAB

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. § 315. (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	03	02	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

RECEIVED

OMEGA PROTEIN

PAGE 04

08:17 09/15/2002

8044534475

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)

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	006

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	1	1	TO	03	1	31

Industrial Major 08/27/2002

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				*********	*********	*********				
	REQUIRED	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTED	*********	*********			*********					
	REQUIRED	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTED				*********	*********	*********				
	REQUIRED	1755	3142	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTED				*********	*********	*********				
	REQUIRED	655	1609	KG/D	*********	*********	*********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTED				*********						
	REQUIRED	178.[illegible]	NL	KG/D	*********	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
018 CYANIDE, TOTAL (AS CN)	REPORTED				*********						
	REQUIRED	********	********		*********	1.58	1.80	MG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTED				*********						
	REQUIRED	********	********		*********	1.68	3.1	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 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	804-453-4210	03	02	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

NO DISCHARGE

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	1	1	TO	03	1	31

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.

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
010 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	45.0	C		1/DAY	IS
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	372	635	KG/D	*********	*********	*********			3D/W	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

SYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(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. § 315. (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	03	02	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN

GILBERT W. CLIFFORD & ASSOCIATES, INC.
150 C Olde Greenwich Dr., Fredericksburg, VA 22408
(540) 898-2115

Omega Protein
January, 2003

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
TSS	1/29/03	1/30/03	Discharge 002 (0810)	22.8	1/31/2003(0930)	WLW	SM 2540-D	1
	1/30/03	1/30/03	Discharge 002 (0720)	34.0				
	1/31/03	1/31/03	Discharge 002 (0730)	26.9				
BOD	1/29/03	1/30/03	Discharge 002 (0810)	11-.4	1/30/2003 (1130)	SSC	SM 5210 B	2
	1/30/03	1/30/03	Discharge 002 (0720)	13.9	1/30/2003 (1130)			
	1/31/03	1/31/03	Discharge 002 (0730)	11.3	1/31/2003 (1140)			
Oil & Grease	1/29/03	1/30/03	Discharge 002 (0810)	<5	2-3-03 (0905)	WLW	EPA 1664	5
	1/30/03	1/30/03	Discharge 002 (0720)	<5	2-3-03 (0905)			
	1/31/03	1/31/03	Discharge 002 (0730)	<5	2-3-03 (0905)			
Ammonia Nitrogen	1/29/03	1/30/03	Discharge 002 (0810)	28.0	1-30-03 (1500)	WLW	EPA 350.2	1 Titrametric
	1/30/03	1/30/03	Discharge 002 (0720)	40.9	1-30-03 (1500)			
	1/31/03	1/31/03	Discharge 002 (0730)	38.1	1-31-03 (1330)			

ZAPATA PROTEIN
REEDVILLE, VIRGINIA
DMR REPORTING

	LAGOON 002			DITCH 006		
DATE	pH	TEMP C	FLOW	pH	TEMP C	FLOW
01/01/00						
01/02/00						
01/03/00						
01/04/00						
01/05/00						
01/06/00						
01/07/00						
01/08/00						
01/09/00						
01/10/00						
01/11/00						
01/12/00						
01/13/00						
01/14/00						
01/15/00						
01/16/00						
01/17/00						
01/18/00						
01/19/00						
01/20/00						
01/21/00						
01/22/00						
01/23/00						
01/24/00						
01/25/00						
01/26/00						
01/27/00						
01/28/00						
01/29/00	7.61	1	279200			
01/30/00	8.04	1	428800			
01/31/00	7.92	2	510400			
TOTAL	23.57	4	1.218			
AVG.	7.84	1.3	.406			
MIN.	7.61	1	.279			
MAX.	8.04	2	.510			

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 1/1/03 To 1/4/03

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 Jett — 2/7/03
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 1/5/03 To 1/11/03

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

Danny 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 — 2/7/03
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 1/12/03 To 1/18/03

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 Jutt — 2/7/03
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 1/19/03 To 1/25/03

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

Danny 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 Pitt — 2/7/03
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 1/26/03 To 1/31/03

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Graham Lyell Jett 2-7-03
Signature of Principal Officer or Authorized Agent / Date

OMEGA PROTEIN

Graham Lyell Jett
General Manager

MARCH 3, 2003

MS. DENISE MOSCA
DEPARTMENT OF ENVIRONMENTAL QUALITY
P.O.BOX 669
429 EAST CHURCH STREET
KILMARNOCK, VA. 22482

DEAR DENISE:

DURING THE MONTH OF FEBRUARY WE SUBMITTED TO DEQ OUR PROPOSED REPAIR PLAN FOR THE SEEPAGE THROUGH OUR LAGOON BERM. WE RECEIVED A LETTER OF ACCEPTANCE FROM J.R. BELL ON 2-19-03. WE ORDERED AND RECEIVED THE BENTONITE THAT WILL BE USED IN THIS REPAIR. WE HAVE MADE PLANS WITH A CONTRACTOR TO START CONSTRUCTION AS SOON AS THE WEATHER WILL ALLOW, HOPEFULLY THE WEEK OF MARCH 10. 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

Industrial Major 09/20/2002

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 410 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	2	1	TO	03	2	28

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				********	********	********			CONT	MEAS
	REQRMNT	NL	NL	MGD	********	********	********				
002 PH	REPORTD	********	********			********	9.0	SU		2D/M	GRAB
	REQRMNT	********	********		6.0	********	********				
003 BOD5	REPORTD				********	********	********			2/M	24HC
	REQRMNT	468	837	KG/D	********	********	********				
004 TSS	REPORTD				********	********	********			2/M	24HC
	REQRMNT	171	422	KG/	********	********	********				
039 AMMONIA, AS N	REPORTD	********	********		********	38.8	45.3	MG/L		2/M	24HC
	REQRMNT	********	********		********						
006 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	NL	NL	C		1/DAY	IS
	REQRMNT	********	********			********	********				
379 TOXICITY, TOTAL, ACUTE	REPORTD	********	********		100	********	********	TUACU		1/3M	24HC
	REQRMNT	********	********		********	********	********				
500 OIL & GREASE	REPORTD				********	********	********	MG/L		2/M	GRAB
	REQRMNT	27.6	50.9	KG/D							

No DISCHARGE

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 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	03	03	05
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	03	03	05
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN

8044534475

08:17

Industrial Major 06/26/2002

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

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

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

NAME Omega Protein Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 418 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	2	1	TO	03	2	28

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

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	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
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
504 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 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 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	03	03	05
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 04
OMEGA PROTEIN
08/15/2002 08:17
8044534475

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	2	1	TO	03	2	28

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 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
082 DO	REPORTD	********	********								
	REQRMNT	********	********		6.0	********	9.0	SU		3D/W	GRAB
083 BOD5	REPORTD				********	********	********				
	REQRMNT	1755	3142	KG/D	********	********	********			3D/W	24HC
084 TSS	REPORTD				********	********	********				
	REQRMNT	655	1609	KG/D	********	********	********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTD				********						
	REQRMNT	178.4		KG/D	********	2.0	NL	MG/L		2/M	24HC
013 NITROGEN, TOTAL AS N	REPORTD				********						
	REQRMNT	NL	NL	KG/D	********	NL	NL	MG/L		2/M	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTD				********						
	REQRMNT	********	********		********	1.54	1.00	MG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTD				********						
	REQRMNT	********	********		********	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 BOD(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. § 119. (Penalties under these statutes may include fines up to $10,000 and/or minimum 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	03	03	05
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 2/1/03 To 2/28/03

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 Jott 3-5-03

Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 2/9/03 To 2/15/03

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).

3-5-03

Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 2/16/03 To 2/22/03

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).

3-5-03

Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 2/23/03 To 2/28/03

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).

3-5-03

Signature of Principal Officer or Authorized Agent / Date

APRIL 4, 2003

MS. DENISE MOSCA
DEPARTMENT OF ENVIRONMENTAL QUALITY
P.O.BOX 669
429 EAST CHURCH STREET
KILMARNOCK, VA. 22482

DEAR DENISE:

DURING THE MONTH OF MARCH WE BEGAN THE REPAIRS TO OUR LAGOON BERM. THE PROCEDURES WE HAD SUBMITTED WERE FOLLOWED AND WENT WELL. WE STILL HAVE APPROXIMATELY 125 FEET OF REPAIRS TO DO AND ARE AWAITING THE RETURN OF OUR CONTRACTOR TO FINISH THIS PROJECT.

NO TOXICITY TESTS WERE CONDUCTED AT OUTFALL 006 FOR THE FIRST QUARTER DUE TO THE PLANT NOT IN OPERATION. THESE TESTS WILL BE CONDUCTED DURING THE SECOND QUARTER.

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

SINCERELY,

Lyell Jett

LYELL JETT

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

Industrial Major 09/20/2002

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 22539
FACILITY LOCATION 616 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	3	1	TO	03	3	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
081 FLOW	REPORTED				*********	*******	********				
	REQUIRED	NL	NL	MGD	*********	*******	*********			CONT	MEAS
002 PH	REPORTED	*********	*********			*******					
	REQUIRED	*********	*********		6.0	********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTED				*******	********	*********				
	REQUIRED	468	837	KG/D	*******	********	*********			2/W	24HC
004 TSS	REPORTED				*********	********	*********				
	REQUIRED	171	422	KG/D	*********	********	*********			2/W	24HC
039 AMMONIA, AS N	REPORTED	*********	*********		*********						
	REQUIRED	*********	*******		*********	38.0	45.3	MG/L		2/W	24HC
400 TEMPERATURE, WATER (DEG. C)	REPORTED	*********	*******		*********						
	REQUIRED	*********	*******		*********	NL	NL	C		1/DAY	IS
379 TOXICITY, FINAL, ACUTE	REPORTED	*********	*********			********	*********				
	REQUIRED	*********	*********		100	********	*********	NOAEC		1/3M	24HC
500 OIL & GREASE	REPORTED				*********	********	*********				
	REQUIRED	37.6	50.4	KG/D	*********	********	*********	MG/L		2/W	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	03	04	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	03	04	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN

6844534475

08:17 1/28/02

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

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

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

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	3	1	TO	03	3	31

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	MG/D	********	********	********			2/M	24HC
004 TSS	REPORTD				********	********	********				
	REQRMNT	114	282	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
500 OIL & GREASE	REPORTD				********	********	********				
	REQRMNT	416	784	MG/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. § 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	03	04	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 04
OMEGA PROTEIN
8844534475
08:17
08/15/2002

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

NAME Omega Protein Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 616 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	3	1	TO	03	3	31

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 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	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTED				*********	*********	*********				
	REQUIRED	1755	3162	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTED				*********	*********	*********				
	REQUIRED	655	1609	KG/D	*********	*********	*********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTED				*********						
	REQUIRED	278.4	NL	KG/D	*********	2.0	NL	MG/L		2/M	24HC
013 NITROGEN, TOTAL AS N	REPORTED				*********						
	REQUIRED	NL		KG/D	*********	NL	NL	MG/L		2/M	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTED				*********						
	REQUIRED	*********	*********		*********	1.54	2.80	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(MG)	TOTAL BOD5(KG)
	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	03	04	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

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

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

VA0003867	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	3	1	TO	03	3	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			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
010 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	********					
	REQRMNT	********	********		********	********	30.0	C		1/DAY	IS
500 OIL & GREASE	REPORTD				********	********	********				
	REQRMNT	372	685	KG/D	********	********	********			30/M	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

NO DISCHARGE

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE 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	03	04	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 3/1/03 To 3/8/03

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 4-3-03

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 3/9/03 To 3/15/03

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).

4-3-03

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 3/16/03 To 3/22/03

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).

4-3-03

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 3/23/03 To 3/31/03

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).

4-3-03

Signature of Principal Officer or Authorized Agent / Date

MAY 5, 2003

MS. DENISE MOSCA
DEPARTMENT OF ENVIRONMENTAL QUALITY
P.O.BOX 669
429 EAST CHURCH STREET
KILMARNOCK, VA. 22482

DEAR DENISE:

DURING THE MONTH OF APRIL WE COMPLETED THE REPAIRS TO OUR LAGOON BERM. THE PROCEDURES WE HAD SUBMITTED WERE FOLLOWED AND WENT WELL.

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 OFANY FURTHER ASSISTANCE PLEASE LET ME KNOW.

SINCERELY,

Lyell Jett

LYELL JETT

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 RESTRICTIONS 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 614 Menhaden Rd

VA0003867	007
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	4	1	TO	03	4	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				********	********	********				
	REQRMNT	NL	NL	MGD	********	********	********			CONT	MEAS
002 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	171	422	KG/D	********	********	********			2/M	24HC
039 AMMONIA, AS N	REPORTD	********	********		********						
	REQRMNT	********	********		********	38.8	45.3	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********						
	REQRMNT	********	********		********	NL	NL	C		1/DAY	IS
379 TOXICITY, FINAL, ACUTE	REPORTD	********	********			********	********				
	REQRMNT	********	********		100	********	********	TUACC		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 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	03	05	06
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	(804) 453-4211	03	05	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

UNEGA PROTEIN

B844534475

08:17 1/28/02

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 410 Menhaden Rd

PAGE 04

VA0003167	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	4	1	TO	03	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			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	202	KG/D	*********	*********	*********			2/M	24HC
007 DO	REPORTD	*********	*********				*********				
	REQRMNT	*********	*********		NL	NL	*********	MG/L		1/DAY	GRAB
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	37.6	62.0	MG/L		2/M	24HC
940 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
508 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	426	784	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	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 Jeff	Graham Lyell Jeff	(804)453-4211	03	05	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

08/15/2002 08:17

8044534475

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

Industrial Major 06/27/2002

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

NAME Omega Protein Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 610 Meshaden Rd

VA0003467	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	4	1	TO	03	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			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
000 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	45.0	C		1/DAY	IS
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	372	685	KG/D	*********	*********	*********			30/M	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(MG)	TOTAL BOD5(LB)
	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. § 319. (Penalties under these statutes may include fines up to $10,000 and/or minimum 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	03	05	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

Industrial Major 06/27/2002

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.

VA0003867	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	4	1	TO	03	4	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
000 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********					
	REQRMNT	**********	*********		*********	*********	45.0	C		1/DAY	IS
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	372	685	KG/D	*********	*********	*********			30/M	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (LB.)
	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 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	03	05	06
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	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	4	1	TO	03	4	30

Industrial Major 08/27/2002

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Kilmarnock Satellite Office
P.O Box 669
Church Street
Kilmarnock VA 22487

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	REPORTED				*********	*********	*********				
	REQUIRED	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTED	*********	*********			*********					
	REQUIRED	*********	*********		6.0	[illegible]	9.0	SU		3D/W	GRAB
003 BOD5	REPORTED				*********	*********	*********				
	REQUIRED	1755	3142	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTED				*********	*********	*********				
	REQUIRED	635	1609	KG/D	*********	*********	*********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTED				*********						
	REQUIRED	178.4	NL	KG/D	*********	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
018 CYANIDE, TOTAL (AS CN)	REPORTED				*********						
	REQUIRED	********	********		*********	1.58	2.60	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.)
	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	03	05	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 4/1/03 To 4/5/03

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 5-5-03

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 4/6/03 To 4/12/03

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).

5-5-03

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 4/13/03 To 4/19/03

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 5-5-03

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 4/20/03 To 4/26/03

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 5-5-03
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 4/27/03 To 4/30/03

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 5-5-03
Signature of Principal Officer or Authorized Agent / Date

JUNE 9 , 2003

MS. DENISE MOSCA
DEPARTMENT OF ENVIRONMENTAL QUALITY
P.O.BOX 669
429 EAST CHURCH STREET
KILMARNOCK, VA. 22482

DMR EXCURSIONS MAY REPORT

DEAR DENISE:

DURING THE MONTH OF MAY WE EXPERIENCED TWO EXCURSIONS THROUGH OUR 006 OUTFALL. AS WE HAVE STATED ON OUR LAST REPORTS WE WERE EXPECTING TO BE DISCHARGING THROUGH A DIFFUSER ON OUR "001" DISCHARGE AND FEEL THESE OCCURANCES WOULD NOT HAVE HAPPENED UNDER THE CONDITIONS OF THE EXPECTED NEW PERMIT.

SINCERELY,

Lyell Jett

LYELL JETT

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 22539

FACILITY LOCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	5	01	TO	03	05	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	468	837	KG/D	*********	*********	*********			2/W	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	171	428	KG/D	*********	*********	*********			2/W	24HC
039 AMMONIA, AS N	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	38.8	45.3	MG/L		2/W	24HC
000 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********			*********	*********				
	REQRMNT	*********	*********		100	*********	*********	PERC		1/3M	24HC
506 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	37.6	50.9	KG/D	*********	*********	*********	MG/L		2/W	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	191100 4463	03	06	09
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	03	06	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN

8844534475

08:17 15/2002

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 Neabsken Rd

PERMIT NUMBER: VA0001867
DISCHARGE NUMBER: 003

MONITORING PERIOD
FROM 03 5 01 TO 03 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	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				*********	*********	*********				
	REQRMNT	4296	7718	MG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD				*********	*********	*********				
	REQRMNT	114	202	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
049 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
508 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	426	764	MG/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. § 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	03	06	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 04
OMEGA PROTEIN
08/15/2002 08:17
8044534475

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	5	01	TO	03	5	31

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.

PAGE 05

UNLOAD PROTEIN

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	2.484	4.068		*********	*********	*********		-	CONT	EST
	REQUIRED	NL	NL	MGD	*********	*********	*********			CONT	EST
001 PH	REPORTED	*********	*********		7.18	*********	7.60		0	1/D	GRAB
	REQUIRED	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTED	105	170		*********	*********	*********		0	3D/W	24HC
	REQUIRED	1755	3142	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTED	114	187		*********	*********	*********		0	3D/W	24HC
	REQUIRED	655	1609	KG/D	*********	*********	*********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTED	.875	1.73		*********	.099	.188		0	2/M	24HC
	REQUIRED	178.4	NL	KG/D	*********	2.0	NL	MG/L		2/M	24HC
013 NITROGEN, TOTAL AS N	REPORTED	7.56	12.6		*********	1.32	1.37		-	2/M	24HC
	REQUIRED	NL	NL	KG/D	*********	NL	NL	MG/L		2/M	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTED				*********	< 10	<10		2	2/M	GRAB
	REQUIRED	********	********		*********	1.54	2.80	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTED				*********	.639	.675		0	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(M.G.)	TOTAL BOD5(K.G.)
	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 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 Jr II	Graham Lyell Jr II	804-453-4211	03	06	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

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.

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	03	5	01	TO	03	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
949 TEMPERATURE, WATER (DEG. C)	REPORTED	********	********		********	********	27.0		0	1/D	IS
	REQUIRED	********	********		********	********	45.0	C		1/DAY	IS
500 OIL & GREASE	REPORTED	47	77		********	********	********		0	3D/W	GRAB
	REQUIRED	372	695	KG/D	********	********	********			3D/W	GRAB
	REPORTED										
	REQUIRED									*******	
	REPORTED										
	REQUIRED									*******	
	REPORTED										
	REQUIRED									*******	
	REPORTED										
	REQUIRED									*******	
	REPORTED										
	REQUIRED									*******	
	REPORTED										
	REQUIRED									*******	

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 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	03	06	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN

B0445999/D

SINCE 1891

FROEHLING & ROBERTSON, INC.
GEOTECHNICAL • ENVIRONMENTAL • MATERIALS
ENGINEERS • LABORATORIES
"OVER ONE HUNDRED YEARS OF SERVICE"

CERTIFICATE OF ANALYSIS

June 5, 2003

LAB #: 0305240

CLIENT: Gilbert W. Clifford & Associates, Inc.
PO Box 781/150-C Olde Greenwich Drive
Fredericksburg, VA 22404
Attn: Bill Wright

PROJECT NAME: Omega-Protein

LAB RECEIPT: 5/30/2003
SAMPLED BY: J.R. Hall

PARAMETER	ANALYSIS DATE/TIME	METHOD	ANALYST
Cyanide	6/4/03, 1640	SM18/4500-CN E	DI

F&R# :	0305240-01	0305240-02	0305240-03	
SAMPLE ID :	Discharge 006	End of Main St.	Between Ampro & Omega	
DATE/TIME :	5/22/03, 0745	5/27/03, 0725	5/27/03, 0715	
MATRIX :	Water/G	Water/G	Water/G	
				QL:
Cyanide, mg/L	BQL	BQL	BQL	0.01

F&R# :	0305240-04	030524-05	
SAMPLE ID :	Pump Intake	Discharge 006	
DATE/TIME :	5/27/03, 0740	5/29/03, 0720	
MATRIX :	Water/G	Water/G	
			QL:
Cyanide, mg/L	BQL	BQL	0.01

mg/L = milligram per Liter BQL = Below Quantitation Limit

Andrey N. Brubeck
Chemical Services Manager

HEADQUARTERS: 3016 DUNBARTON ROAD • BOX 27524 • RICHMOND, VA 23261-7524
TELEPHONE (804) 254-2701 • FAX (804) 254-1202 • www.FandR.com

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

CERTIFICATIONS: AIHA ELLAP - 100133
VIRGINIA DRINKING WATER - 00150
NORTH CAROLINA DRINK - 452
SOUTH CAROLINA DHEC - 03010001 & 03010002
MARYLAND DRINKING WATER - 270

SINCE 1881

FROEHLING & ROBERTSON, INC.
GEOTECHNICAL • ENVIRONMENTAL • MATERIALS
ENGINEERS • LABORATORIES
"OVER ONE HUNDRED YEARS OF SERVICE"

CERTIFICATE OF ANALYSIS

May 27, 2003

LAB #: 0305165

CLIENT: Gilbert W. Clifford & Associates, Inc.
PO Box 781/150-C Olde Greenwich Drive
Fredericksburg, VA 22404
Attn: Bill Wright

PROJECT NAME: Omega-Protein

LAB RECEIPT: 5/21/2003
SAMPLED BY: J.R. Hall

PARAMETER	ANALYSIS DATE/TIME	METHOD	ANALYST
Cyanide	5/23/03, 1630	SM18/4500-CN E	DI

F&R# :	0305165-01	0305165-02	0305165-03	
SAMPLE ID :	End of Main St	Between Ampro & Omega	Pump Intake	
DATE/TIME :	5/12/03, 0725	5/12/03, 0715	5/12/03, 0735	
MATRIX :	Water/G	Water/G	Water/G	
				QL:
Cyanide, mg/L	BQL	BQL	BQL	0.01

F&R# :	0305165-04	0305165-05	0305165-06	
SAMPLE ID :	End of Main St	Between Ampro & Omega	Pump Intake	
DATE/TIME :	5/19/03, 0825	5/19/03, 0815	5/19/03, 0840	
MATRIX :	Water/G	Water/G	Water/G	
				QL:
Cyanide, mg/L	BQL	BQL	BQL	0.01

mg/L = milligram per Liter BQL = Below Quantitation Limit

Audrey N. Brubeck
Chemical Services Manager

HEADQUARTERS: 3016 DUMBARTON ROAD • BOX 27524 • RICHMOND, VA 23261-7524
TELEPHONE (804) 264-2701 • FAX (804) 264-1502 • www.FandR.com

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

CERTIFICATIONS:
AIHA ELLAP - 100533
VIRGINIA DRINKING WATER • 00150
NORTH CAROLINA DENR • 437
SOUTH CAROLINA DHEC - 93010001 & 93010002
MARYLAND DRINKING WATER • 270

SINCE 1881

FROEHLING & ROBERTSON, INC.

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

CERTIFICATE OF ANALYSIS

May 14, 2003

LAB #: 0305047

CLIENT: Gilbert W. Clifford & Associates, Inc.
PO Box 781/150-C Olde Greenwich Drive
Fredericksburg, VA 22404
Attn: Bill Wright

PROJECT NAME: Omega-Protein

LAB RECEIPT: 5/7/2003
SAMPLED BY: J.R.

PARAMETER	ANALYSIS DATE/TIME	METHOD	ANALYST
Cyanide	5/14/03, 1600	SM18/4500-CN C&E	DI

F&R# :	0305047-01	0305047-02	0305047-03
SAMPLE ID :	End of Main St.	Between Ampro & Omega	Pump Intake
DATE/TIME :	5/5/03, 0805	5/5/03, 0755	5/5/03, 0815
MATRIX :	Water/g	Water/g	Water/g
Cyanide, mg/L	BQL	BQL	BQL

mg/L = milligram per Liter BQL = Below Quantitation Limit

Audrey N. Brubeck
Chemical Services Manager

HEADQUARTERS: 2015 DUMBARTON ROAD • BOX 27624 • RICHMOND, VA 23261-7624
TELEPHONE (804) 264-2701 • FAX (804) 264-1936 • www.FandR.com

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

CERTIFICATIONS: AIHA ELLAP - 100523
VIRGINIA DRINKING WATER - 00150
NORTH CAROLINA DEHNR - 422
SOUTH CAROLINA DHEC - 93010001 & 93010002
MARYLAND DRINKING WATER - 279

ZAPATA PROTEIN
REEDVILLE, VIRGINIA
DMR REPORTING

	LAGOON 002			DITCH 006		
DATE	pH	TEMP C	FLOW	pH	TEMP C	FLOW
05/01/03						
05/02/03						
05/03/03						
05/04/03						
05/05/03						
05/06/03						
05/07/03						
05/08/03						
05/09/03						
05/10/03						
05/11/03						
05/12/03						
05/13/03						
05/14/03						
05/15/03						
05/16/03						
05/17/03						
05/18/03						
05/19/03						
05/20/03						
05/21/03				7.6	18.4	526,800
05/22/03						
05/23/03						
05/24/03						
05/25/03						
05/26/03						
05/27/03						
05/28/03				7.66	27	2,433,600
05/29/03				7.18	26	2,905,600
05/30/03				7.54	12	4,068,120
05/31/03						
Total				29.88	82.4	9.934
AVG.				7.47	20.6	2.484
MIN.				7.18	12	.527
MAX.				7.6	27	4.068

Month of May, 2003

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	1630	<2	6.9	0.242	23	8.1	10.1	1630	4.1	7.2	0.270	21	7.2	10.0
30														
31														

Name of Vessel Great Wicomico

Name of Sampler Tom Boyd

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of May, 2003

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	1700	3.0	6.5	0.237	24	7.6	10.1	1700	6.7	7.4	0.442	21	7.3	9.8
30														
31														

Name of Vessel John Dempster

Name of Sampler Tom Boyd

GILBERT W. CLIFFORD & ASSOCIATES, INC.
150 C Olde Greenwich Dr., Fredericksburg, VA 22408
(540) 898-2115

Omega Protein
May, 2003

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
TSS	5/5/03	5/6/03	Creek Main Street	6.4	5/6/03	WLW	SM 2540-D	1
			Creek Ampro & Omega	5.6	1400			
			Creek Pump Intake	8.1				
	5/12/03	5/12/03	Creek Main Street	7.1	5/12/03	SSC		
			Creek Ampro & Omega	6.5	1530			
			Creek Pump Intake	16.5				
	5/19/03	5/20/03	Creek Main Street	4.7	05/20/03	WLW		
			Creek Ampro & Omega	7.0	1500			
			Creek Pump Intake	7.1				
	5/27/03	5/28/03	Creek Main Street	4.1	05/28/03	WLW		
			Creek Ampro & Omega	6.2	1430			
			Creek Pump Intake	5.3				
Ammonia Nitrogen	5/5/03	5/6/03	Creek Main Street	0.242	5/8/03	WLW	EPA 350.2	0.1 Nessler
			Creek Ampro & Omega	0.253	1500			
			Creek Pump Intake	0.231				
	5/12/03	5/12/03	Creek Main Street	0.387	5/12/03	WLW		
			Creek Ampro & Omega	0.381	1355			
			Creek Pump Intake	0.470				
	5/19/03	5/20/03	Creek Main Street	0.270	5/22/03	WLW		
			Creek Ampro & Omega	0.337	810			
			Creek Pump Intake	0.392				
	5/27/03	5/28/03	Creek Main Street	0.248	5/28/03	WLW		
			Creek Ampro & Omega	0.159	950			
			Creek Pump Intake	0.276				

GILBERT W. CLIFFORD & ASSOCIATES, INC.

150 C Olde Greenwich Dr., Fredericksburg, VA 22408
(540) 898-2115

Omega Protein
May, 2003

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
TSS	5/22/03	5/23/03	Discharge 006 (0745)	13.8	5-30-03 (09454)	WLW	SM 2540-D	1
	5/29/03	5/30/03	Discharge 006 (0720)	13.1	6-2-03 (1000)	WLW		
	5/30/03	5/31/03	Discharge 006 (0710)	17.0	6-2-03 (1000)	WLW		
	5/31/03	5/31/03	Discharge 006 (0620)	7.8	6-2-03 (1000)	WLW		
BOD	5/22/03	5/23/03	Discharge 006 (0745)	4.3	5-23-03 (1000)	SSC	SM 5210 B	2
	5/29/03	5/30/03	Discharge 006 (0720)	18.4	5-30-03 (0945)			
	5/30/03	5/31/03	Discharge 006 (0710)	10.0	5-31-03 (0930)			
	5/31/03	5/31/03	Discharge 006 (0620)	8.6	5-31-03 (0930)			
Oil & Grease	5/22/03	5/23/03	Discharge 006 (0745)	<5	6-2-03 (1300)	WLW	EPA 1664	5
	5/29/03	5/30/03	Discharge 006 (0720)	<5	6-2-03 (1300)			
	5/30/03	5/31/03	Discharge 006 (0710)	<5	6-2-03 (1300)			
	5/31/03	5/31/03	Discharge 006 (0620)	<5	6-2-03 (1300)			
Ammonia Nitrogen	5/22/03	5/23/03	Discharge 006 (0745)	0.675	5-23-03 (0945)	WLW	EPA 350.2	0.1 Nessler
	5/29/03	5/30/03	Discharge 006 (0720)	0.603	5-30-03 (0845)	WLW		
TKN	5/22/03	5/23/03	Discharge 006 (0745)	1.01		WLW		
	5/29/03	5/30/03	Discharge 006 (0720)	1.18		WLW		
Nitrites - N	5/22/03	5/23/03	Discharge 006 (0745)	0.020	5-23-03 (0845)	SSC	SM4500-No2-B	0.01
	5/29/03	5/30/03	Discharge 006 (0720)	0.018	5-30-03 (0835)	SSC		
Nitrates-N	5/22/03	5/23/03	Discharge 006 (0745)	0.225	5-23-03 (1015)	SSC	EPA 352.1	0.1
	5/29/03	5/30/03	Discharge 006 (0720)	0.172	5-30-03 (1030)	SSC		
Total Nitrogen	5/22/03	5/23/03	Discharge 006 (0745)	1.26				
	5/29/03	5/30/03	Discharge 006 (0720)	1.37				
Total Po4-P	5/22/03	5/23/03	Discharge 006 (0745)	<.01	5-23-03 (1030)	SSC	SM 4500-P E	0.01
	5/29/03	5/30/03	Discharge 006 (0720)	0.188	5-30-03 (01040	SSC		
Cyanide	5/22/03	5/23/03	Discharge 006 (0745)					0.01
	5/29/03	5/30/03	Discharge 006 (0720)					

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

See attached F & R Lab Reports

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 5/1/03 To 5/31/03

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 6-2-03

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 5/4/03 To 5/10/03

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 Jutt — 6-2-03
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 5/11/03 To 5/17/03

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

Dan Fowl 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 6-2-03
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 5/18/03 To 5/24/03

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Danny Foul — 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 Jott — 6-2-03
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 5/25/03 To 5/31/03

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 — 6-2-03
Signature of Principal Officer or Authorized Agent / Date

OMEGA PROTEIN

Graham Lyell Jett
General Manager

June 9, 2003

Ms. Denise Mosca
Department of Environmental Quality
P.O. Box 669
429 East Church Street
Kilmarnock, VA 22482

Re: Monthly DMR Letter to DEQ

Dear Denise:

Any overages 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.

Sincerely,

Lyell Jett

Lyell Jett
General Manager

GLJ:sdh

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 08/26/2002

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

NAME Omega Protein Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 614 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	6	1	TO	03	6	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	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	.221	.387		********	********	********		-	CONT	MEAS
	REQRMNT	NL	NL	MGD	********	********	********			CONT	MEAS
003 PH	REPORTD	********	********		7.23	********	7.45		0	1/D	GRAB
	REQRMNT	********	********		6.0	********	9.0	SU		2D/M	GRAB
003 BOD5	REPORTD	38.1	69.5		********	********	********		0	2/M	24HC
	REQRMNT	468	837	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTD	28.1	49.9		********	********	********		0	2/M	24HC
	REQRMNT	171	422	KG/D	********	********	********			2/M	24HC
039 AMMONIA, AS N	REPORTD	********	********		********	33.8	42.0		0	2/M	24HC
	REQRMNT	********	********		********	30.0	45.3	MG/L		2/M	24HC
000 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	26.7	28.7		-	I/D	IS
	REQRMNT	********	********		********	NL	NL	C		1/DAY	IS
379 TOXICITY; FINAL, ACUTE	REPORTD	********	********			********	********				
	REQRMNT	********	********		100	********	********	PERSC		1/3M	24HC
580 OIL & GREASE	REPORTD	3.05	4.83		********	********	********		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(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 prison imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	03	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	03	07	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN

8044534475

08:17 7/5/2002

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	03	6	1	TO	03	6	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 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				*********	*********	*********				
	REQUIRED	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTED	*********	*********			*********					
	REQUIRED	*********	*********		6.0	*********	9.0	SU		2/M	GRAB
003 BOD5	REPORTED				*********	*********	*********				
	REQUIRED	4296	7716	MG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTED				*********	*********	*********				
	REQUIRED	114	202	MG/D	*********	*********	*********			2/M	24HC
007 DO	REPORTED	*********	*********				*********				
	REQUIRED	*********	*********		NL	NL	*********	MG/L		1/DAY	GRAB
039 AMMONIA, AS N	REPORTED	*********	*********		*********						
	REQUIRED	*********	*********		*********	39.6	49.0	MG/L		2/M	24HC
060 TEMPERATURE, WATER (DEG. C)	REPORTED	*********	*********		*********						
	REQUIRED	*********	*********		*********	NL	NL	C		1/DAY	IS
500 OIL & GREASE	REPORTED				*********	*********	*********				
	REQUIRED	426	784	MG/D	*********	*********	*********			2/M	GRAB

NO DISCHARGE

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. § 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	03	07	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

FACE 04
OMEGA PROTEIN
00445344475
08:17
08/15/2002

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	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	6	1	TO	03	6	30

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
501 FLOW	REPORTED	7.085	11.841		********	********	********		-	CONT	EST
	REQUIRED	NL	NL	MGD	********	********	********			CONT	EST
002 PH	REPORTED	********	********		6.87	********	8.36		0	1/D	GRAB
	REQUIRED	********	********		6.0	********	9.0	SU		1D/W	GRAB
081 BOD5	REPORTED	292	475		********	********	********		0	3D/W	24HC
	REQUIRED	1755	3142	KG/D	********	********	********			3D/W	24HC
094 TSS	REPORTED	288	475		********	********	********		0	3D/W	24HC
	REQUIRED	655	1409	KG/D	********	********	********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTED	8.88	10.9		********	.199	.244		0	2/M	24HC
	REQUIRED	178.4	NL	MG/D	********	2.0	NL	MG/L		2/M	24HC
013 NITROGEN, TOTAL AS N	REPORTED	260	304		********	5.79	6.78		-	2/M	24HC
	REQUIRED	NL	NL	KG/D	********	NL	NL	MG/L		2/M	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTED				********	<10	<10		2	2/M	GRAB
	REQUIRED	********	********		********	1.54	2.80	MG/L		2/M	GRAB
019 AMMONIA, AS N	REPORTED				********	1.14	1.24		0	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(M.G.)	TOTAL BOD5(K.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 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	03	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

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	6	1	TO	03	6	30

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

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
000 TEMPERATURE, WATER (DEG. C)	REPORTED	*********	*********		*********	*********	33.2		0	1/D	IS
	REQUIRED	*********	*********		*********	*********	45.0	C		1/DAY	IS
550 OIL & GREASE	REPORTED	118	224		*********	*********	*********		0	3D/W	GRAB
	REQUIRED	372	685	KG/D	*********	*********	*********			3D/W	GRAB
	REPORTED										
	REQUIRED									*******	
	REPORTED										
	REQUIRED									*******	
	REPORTED										
	REQUIRED									*******	
	REPORTED										
	REQUIRED									*******	
	REPORTED										
	REQUIRED									*******	
	REPORTED										
	REQUIRED									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(MG)	TOTAL BODS(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. § 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	03	07	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

GILBERT W. CLIFFORD & ASSOCIATES, INC.
150 C Olde Greenwich Dr., Fredericksburg, VA 22408
(540) 898-2115

Omega Protein
June, 2003

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
TSS	6/24/03	6/25/03	Discharge 002 (0740)	24.7	6-25-03 (1200)	WLW	SM 2540-D	1
	6/30/03	7/1/03	Discharge 002 (0715)	51.7	7-2-03 (1445)			
BOD	6/24/03	6/25/03	Discharge 002 (0740)	26.3	6/25/03	SSC	SM 5210 B	2
	6/30/03	7/1/03	Discharge 002 (0715)	72.0	7/1/03			
Oil & Grease	6/24/03	6/25/03	Discharge 002 (0740)	<5	7-1-03 (0835)	WLW	EPA 1664	5
	6/30/03	7/1/03	Discharge 002 (0715)	<5	7-1-03 (0835)			
Ammonia Nitrogen	6/24/03	6/25/03	Discharge 002 (0740)	25.5	6-25-03 (0915)	WLW	EPA 350.2	1 Titrametric
	6/30/03	7/1/03	Discharge 002 (0715)	42.0	7-1-03 (0930)	SSC		

Omega Protein
June, 2003

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
Ammonia Nitrogen	6/25/03	6/26/03	Discharge 006 (0720)	1.24	6-26-03 (0900)	WLW	EPA 350.2	0.1 Nessler
	6/27/03	6/28/03	Discharge 006 (0715)	1.03	3-63--03 90950)	SSC		
TKN	6/25/03	6/26/03	Discharge 006 (0720)	6.64		WLW		
	6/27/03	6/28/03	Discharge 006 (0715)	4.57		WLW		
Nitrites - N	6/25/03	6/26/03	Discharge 006 (0720)	0.024	6-26-03 (1105)	SSC	SM4500-No2-B	0.01
	6/27/03	6/28/03	Discharge 006 (0715)	0.019	6-28-03 (1300)	WLW		
Nitrates-N	6/25/03	6/26/03	Discharge 006 (0720)	0.111	6-26-03 (1345)	SSC	EPA 352.1	0.1
	6/27/03	6/28/03	Discharge 006 (0715)	0.199	6-20-03 (0950)	SSC		
Total Nitrogen	6/25/03	6/26/03	Discharge 006 (0720)	6.78				
	6/27/03	6/28/03	Discharge 006 (0715)	4.79				
Total Po4-P	6/25/03	6/26/03	Discharge 006 (0720)	0.244	6-30-03 (1005)	SSC	SM 4500-P E	0.01
	6/27/03	6/28/03	Discharge 006 (0715)	0.153	6-30-03 (1005)	SSC		
Cyanide	6/25/03	6/26/03	Discharge 006 (0720)					0.01
	6/27/03	6/28/03	Discharge 006 (0715)					

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

See attached F & R Lab Reports

GILBERT W. CLIFFORD & ASSOCIATES, INC.
150 C Olde Greenwich Dr., Fredericksburg, VA 22408
(540) 898-2115

Omega Protein
June, 2003

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
TSS	6/6/03	6/6/03	Discharge 006 (0740)	19.8	6-9-03 (1130)	WLW	SM 2540-D	1
	6/7/03	6/7/03	Discharge 006 (0615)	8.1	6-9-03 (1130)	WLW		
	6/10/03	6/10/03	Discharge 006 (0725)	15.1	6-16-03 (1315)	WLW		
	6/11/03	6/12/03	Discharge 006 (0735)	19.8	6-16-03 (315)	WLW		
	6/12/03	6/13/03	Discharge 006 (0715)	10.0	6-16-03 (1315)	WLW		
	6/17/03	6/18/03	Discharge 006 (0705)	12.6	6-18-03 (1600)	WLW		
	6/18/03	6/19/03	Discharge 006 (0745)	9.7	6-20-03 (1345)	WLW		
	6/19/03	6/20/03	Discharge 006 (0720)	10.5	6-20-03 (145)	WLW		
	6/24/03	6/25/03	Discharge 006(0720)	18.2	6-25-03 (1200)	WLW		
	6/25/03	6/26/03	Discharge 006 (0740)	10.6	6-27-03 (0930)	WLW		
	6/26/03	6/27/03	Discharge 006(0715)	8.7	6-27-03 (0930)	WLW		
BOD	6/6/03	6/6/03	Discharge 006 (0740)	26.5	6/6/03	SSC	SM 5210 B	2
	6/7/03	6/7/03	Discharge 006 (0615)	14.1	6/7/03	SSC		
	6/10/03	6/10/03	Discharge 006 (0725)	16.8	6/10/03	SSC		
	6/11/03	6/12/03	Discharge 006 (0735)	14.2	6/12/03	SSC		
	6/12/03	6/13/03	Discharge 006 (0715)	11.2	6/13/03	SSC		
	6/17/03	6/18/03	Discharge 006 (0705)	10.8	6/16/03	SSC		
	6/18/03	6/19/03	Discharge 006 (0745)	10.4	6/19/03	SSC		
	6/19/03	6/20/03	Discharge 006 (0720)	12.6	6/20/03	SSC		
	6/24/03	6/25/03	Discharge 006(0720)	15.5	6/25/03	SSC		
	6/25/03	6/26/03	Discharge 006 (0740)	8.4	6/26/03	SSC		
	6/26/03	6/27/03	Discharge 006(0715)	10.6	6/27/03	SSC		
Oil & Grease	6/6/03	6/6/03	Discharge 006 (0740)	<5	6-16-03 (0900)	WLW	EPA 1664	5
	6/7/03	6/7/03	Discharge 006 (0615)	<5	6-16-03 (0900)	WLW		
	6/10/03	6/10/03	Discharge 006 (0725)	<5	6-16-03 (0900)	WLW		
	6/11/03	6/12/03	Discharge 006 (0735)	<5	6-16-03 (0900)	WLW		
	6/12/03	6/13/03	Discharge 006 (0715)	<5	6-16-03 (0900)	WLW		
	6/17/03	6/18/03	Discharge 006 (0705)	<5	6-23-03 (850)	WLW		
	6/18/03	6/19/03	Discharge 006 (0745)	<5	6-23-03 (850)	WLW		
	6/19/03	6/20/03	Discharge 006 (0720)	<5	6-23-03 (850)	WLW		
	6/24/03	6/25/03	Discharge 006(0720)	<5	6-23-03 (850)	WLW		
	6/25/03	6/26/03	Discharge 006 (0740)	<5	7-1-03 (0920)	WLW		
	6/26/03	6/27/03	Discharge 006(0715)	<5	7-1-03 (920)	WLW		

Omega Protein, Inc
VPDES Permit #VA0003867

Month of June, 2003

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		7.1	6.8	0.276	18	8.2	9.48		8.0	6.5	0.253	16	8.5	8.82
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Lancaster

Name of Sampler Tom Boyd

Omega Protein, Inc
VPDES Permit #VA0003867

Month of June, 2003

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		3.1	6.9	0.209	18	8.3	9.71		9.4	6.3	0.309	16	8.6	8.81
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Shearwater

Name of Sampler Tom Boyd

FROEHLING & ROBERTSON, INC.
GEOTECHNICAL • ENVIRONMENTAL • MATERIALS
ENGINEERS • LABORATORIES
"OVER ONE HUNDRED YEARS OF SERVICE"
1891

CERTIFICATE OF ANALYSIS

June 16, 2003

LAB #: 0306100

CLIENT: Gilbert W. Clifford & Associates, Inc.
PO Box 781/150-C Olde Greenwich Drive
Fredericksburg, VA 22404
Attn: Bill Wright

PROJECT NAME: Omega-Protein

LAB RECEIPT: 6/11/2003
SAMPLED BY: J.R. Hall

PARAMETER	ANALYSIS DATE/TIME	METHOD	ANALYST
Cyanide	6/13/03, 1550	SM18/4500-CN E	DI

F&R# :	0306100-01	0306100-01	0306100-03	
SAMPLE ID :	End of Main St	Between Ampro & Omega	Pump Intake	
DATE/TIME :	6/2/03, 0725	6/2/03, 0715	6/2/03, 0735	
MATRIX :	Water/G	Water/G	Water/G	
				QL: 0.01
Cyanide, mg/L	BQL	BQL	BQL	

F&R# :	0306100-04	0306100-05	0306100-06	
SAMPLE ID :	End of Main St	Between Ampro & Omega	Pump Intake	
DATE/TIME :	6/9/03, 0810	6/9/03, 0755	6/9/03, 0825	
MATRIX :	Water/G	Water/G	Water/G	
				QL: 0.01
Cyanide, mg/L	BQL	BQL	BQL	

mg/L = milligram per Liter BQL = Below Quantitation Limit

Audrey N. Brubeck
Chemical Services Manager

HEADQUARTERS: 3016 DUMBARTON ROAD • BOX 27384 • RICHMOND, VA 23261-7384
TELEPHONE (804) 264-2701 • FAX (804) 264-1202 • www.froehling.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
AIHA ELLAP - 100503
VIRGINIA DRINKING WATER - 00140
NORTH CAROLINA DENR - 439
SOUTH CAROLINA DHEC - 93010001 & 93010002
MARYLAND DRINKING WATER - 279

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 6/1/03 To 6/7/03

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Dary Fore — Deal 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 Jeet — 7-1-03
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 18 103 To 6/14/03

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 7-1-03

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 6/15/03 To 6/21/03

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).

7-1-03

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 6/22/03 To 6/28/03

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).

7-1-03

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 6/29/03 To 6/30/03

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 7-1-03

Signature of Principal Officer or Authorized Agent / Date

Note: Read F ıit And General Instructions
Before Completing Form.

DEPT. OF ENVIRONMENTAL QU 'TY
PIEDMONT REGIONAL OFFICE
4949-A COX ROAD
GLEN ALLEN, VIRGINIA 23060
(804) 527-5020

VIRGINIA POLLUTANT ELIMINATION SYSTEM (VPDES)
DISCHARGE MONITORING REPORT (DMR)

TYPE: **STORM WATER**
Fats and Oil Products Facilities

VAR540298	001
PERMIT NUMBER	OUTFALL NO.

PERMITTEE NAME: Omega Protein

FACILITY NAME: Omega Protein

ADDRESS: P. O. Box 175
Reedville, VA 232539

Check One	MONITORING PERIOD						
	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2000	JULY	1		2000	DEC.	31
	2001	JAN.	1		2001	JUNE	30
	2002	JULY	1		2002	DEC.	31
✓	2003	JAN.	1		2003	JUNE	30

CONTACT PERSON: ~~Steve Jones~~ Lyell Jett TELEPHONE: (804) 453-4211

PERAMETER		CONCENTRATION				NO. EX.	MONITORING WAIVED
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
003	REPORTED	******	******	14.0			
Biological Oxygen Demand (BOD5)	MONITORING CUT-OFF	******	******	30	mg/L		(Y) YES OR (N) NO
068	REPORTED	******	******	8.62			
Total Kjeldahl Nitrogen (TKN)	MONITORING CUT-OFF	******	******	1.5	mg/L		(Y) YES OR (N) NO
389	REPORTED	******	******	.18			
Nitrate plus Nitrite nitrogen	MONITORING CUT-OFF	******	******	0.68	mg/L		(Y) YES OR (N) NO
004	REPORTED	******	******	92.8			
Total Suspended Solids	MONITORING CUT-OFF	******	******	100	mg/L		(Y) YES OR (N) NO
	REPORTED	******	******	******			
	MONITORING CUT-OFF	******	******	******			(Y) YES OR (N) NO
	REPORTED	******	******	******			
	MONITORING CUT-OFF	******	******	******			(Y) YES OR (N) NO
	REPORTED	******	******	******			
	MONITORING CUT-OFF	******	******	******			(Y) YES OR (N) NO
	REPORTED	******	******	******			
	MONITORING CUT-OFF	******	******	******			(Y) YES OR (N) NO

STORM EVENT INFORMATION			
DATE	YR.	MO.	DAY
	2003	07	01
DURATION	HRS	MIN	
PRECIP. AMOUNT (IN.)	3/4"		
RUNOFF VOL. (GAL)	168,311		
PRECEDING EVENT	DAYS	HRS	
	16	—	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly reponsible for gathering the information, the information submitted is to the best of my knowledge and belief, true and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U. S. C. subsection 1001 and 33 U. S. C. subsection 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and five years.)

PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	
Graham Lyell Jett	

DATE		
YR.	MO.	DAY
03 -	07 -	08

Note: Read : ılt And General Instructions
Before Completing Form.

DEPT. OF ENVIRONMENTAL QU ,TY
PIEDMONT REGIONAL OFFICE
4949-A COX ROAD
GLEN ALLEN, VIRGINIA 23060
(804) 527-5020

VIRGINIA POLLUTANT ELIMINATION SYSTEM (VPDES)
DISCHARGE MONITORING REPORT (DMR)

TYPE: **STORM WATER**
Fats and Oil Products Facilities

VAR540312	001
PERMIT NUMBER	OUTFALL NO.

PERMITTEE NAME: Omega Protein

FACILITY NAME: Omega Protein

ADDRESS: 610 Menhaden Road
Reedville, VA 232539

Check One	MONITORING PERIOD						
	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2002	JAN.	1		2002	JUNE	30
	2002	JULY	1		2002	DEC.	31
	2004	JAN.	1		2004	JUNE	30

CONTACT PERSON: ~~Steve Jones~~ Lyell Jett TELEPHONE: (804) 453-4211

PERAMETER		CONCENTRATION				NO. EX.	MONITORING WAIVED
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
003	REPORTED	******	******	9.5			
Biological Oxygen Demand (BOD5)	MONITORING CUT-OFF	******	******	30	mg/L		(Y) YES OR (N) NO
068	REPORTED	******	******	3.92			
Total Kjeldahl Nitrogen (TKN)	MONITORING CUT-OFF	******	******	1.5	mg/L		(Y) YES OR (N) NO
389	REPORTED	******	******	1.115			
Nitrate plus Nitrite nitrogen	MONITORING CUT-OFF	******	******	0.68	mg/L		(Y) YES OR (N) NO
004	REPORTED	******	******	207			
Total Suspended Solids	MONITORING CUT-OFF	******	******	100	mg/L		(Y) YES OR (N) NO
	REPORTED	******	******	******			
	MONITORING CUT-OFF	******	******	******			(Y) YES OR (N) NO
	REPORTED	******	******	******			
	MONITORING CUT-OFF	******	******	******			(Y) YES OR (N) NO
	REPORTED	******	******	******			
	MONITORING CUT-OFF	******	******	******			(Y) YES OR (N) NO
	REPORTED	******	******	******			
	MONITORING CUT-OFF	******	******	******			(Y) YES OR (N) NO

STORM EVENT INFORMATION			
DATE	YR.	MO.	DAY
	2003	07	08
DURATION	HRS	MIN	
PRECIP. AMOUNT (IN.)	3/4"		
RUNOFF VOL. (GAL)	203,376		
PRECEDING EVENT	DAYS	HRS	
	16	—	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly reponsible for gathering the information, the information submitted is to the best of my knowledge and belief, true and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U. S. C. subsection 1001 and 33 U. S. C. subsection 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and five years.)

PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	
Graham Lyell Jett	

DATE		
YR.	MO.	DAY
03	07	08

OMEGA PROTEIN

Graham Lyell Jett
General Manager

AUGUST 6, 2003

MS. DENISE MOSCA
DEPARTMENT OF ENVIRONMENTAL QUALITY
P.O.BOX 669
429 EAST CHURCH STREET
KILMARNOCK, VA. 22482

RE: TOXIC TESTING RESULTS

DEAR DENISE:

DURING THE RECENT WINTER WE REPLACED OUR AERATION SYSTEM AT OUR TREATMENT LAGOON AND HAVE, SO FAR HAD A START-UP PROBLEM KEEPING THEM IN THEIR PROPER POSITION. THEY SEEM TO WANT TO TURN OVER AND THEREFOR NOT GETTING THE PROPER AMMOUNT OF AIR INTRODUCED IN THE WATER. WE HAVE BEEN WORKING ON THIS AND I THINK HAVE JUST ABOUT SOLVED THE PROBLEM BY WEIGHTING THEM DOWN. FROM PAST HISTORY WE HAVE FOUND THAT IT TAKES APPROXIMATELY ONE MONTH AFTER LOW DO READINGS TO RECOVER. AMMONIA LEVELS AT THE TIME OF THE FIRST TEST WERE APPROXIMATELY 25, 15 ON THE RE-TEST, AND ACCORDING TO IN HOUSE READINGS TAKEN A FEW DAYS AGO WERE AROUND 10 WHICH WE BELIEVE TO BE A LEVEL THAT WILL PASS THIS TOXIC TEST. 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

OMEGA PROTEIN

Graham Lyell Jett
General Manager

August 6, 2003

Ms. Denise Mosca
Department of Environmental Quality
P.O. Box 669
429 East Church Street
Kilmarnock, VA 22482

Re: Monthly DMR Letter to DEQ

Dear Denise:

Any overages 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.

Sincerely,

Lyell Jett

Lyell Jett
General Manager

GLJ:sdh

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 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.

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

NAME Omega Protein Reedville
ADDRESS PO Box 175
Reedville VA 22539

FACILITY LOCATION 616 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	7	1	TO	03	7	31

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	.164	.476		********	********	********		-	CONT	MEAS
	REQRMNT	NL	NL	MGD	********	********	********			CONT	MEAS
002 PH	REPORTD	********	********		6.89	********	7.63		0	1/D	GRAB
	REQRMNT	********	********		6.0	********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	18.4	24.2		********	********	********		0	2/M	24HC
	REQRMNT	468	837	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTD	36.3	49.1		********	********	********		0	2/M	24HC
	REQRMNT	171	422	KG/D	********	********	********			2/M	24HC
039 AMMONIA, AS N	REPORTD	********	********		********	30.8	40.9		0	6/M	24HC
	REQRMNT	********	********		********	38.0	45.3	MG/L		2/M	24HC
600 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	27.4	29.4		-	1/D	IS
	REQRMNT	********	********		********	NL	NL	C		1/DAY	IS
379 TOXICITY, FINAL, ACUTE	REPORTD	********	********			********	********				
	REQRMNT	********	********		100	********	********	BIOMC		1/3M	24HC
500 OIL & GREASE	REPORTD	4.87	5.62		********	********	********		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(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

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 03
OMEGA PROTEIN
9044534475
08:17
08/15/2002

Industrial Major 06/26/2002

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

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

VA0001867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	7	1	TO	03	7	31

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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	214	282	MG/D	********	********	********			2/M	24HC
007 DO	REPORTD	********	********				********				
	REQRMNT	********	********		NL	NL	********	MG/L		1/DAY	GRAB
039 AMMONIA, AS N	REPORTD	********	********		********						
	REQRMNT	********	********		********	39.6	69.2	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********						
	REQRMNT	********	********		********	NL	NL	C		1/DAY	IS
500 OIL & GREASE	REPORTD				********	********	********				
	REQRMNT	426	764	MG/D	********	********	********			2/M	GRAB

NOT DISCHARGED

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(M.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 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			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 04

OMEGA PROTEIN

08/15/2002 08:17

8844534475

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

Industrial Major 06/27/2002

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	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	7	1	TO	03	7	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	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTED	6.962	11.841		*********	*********	*********		-	CONT	EST
	REQUIRED	NL	NL	MGD	*********	*********	*********			CONT	EST
002 DO	REPORTED	*********	*********		7.16	*********	8.33		0	1/D	GRAB
	REQUIRED	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTED	174	533		*********	*********	*********		0	3D/W	24HC
	REQUIRED	1755	3142	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTED	206	354		*********	*********	*********		0	3D/W	24HC
	REQUIRED	655	1609	KG/D	*********	*********	*********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTED	8.21	8.55		*********	.349	.416		0	2/M	24HC
	REQUIRED	178.4	NL	KG/D	*********	2.0	NL	MG/L		2/M	24HC
013 NITROGEN, TOTAL AS N	REPORTED	159	244		*********	7.26	11.9		-	2/M	24HC
	REQUIRED	NL	NL	KG/D	*********	NL	NL	MG/L		2/M	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTED				*********	<10	<10		2	2/M	GRAB
	REQUIRED	********	********		*********	1.56	2.00	MG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTED				*********	6.38	11.4		1	2/M	24HC
	REQUIRED	********	********		*********	1.66	2.1	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE 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			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN

08:17 06/27/2002 10443344/D

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

Industrial Major 08/27/2002

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	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	7	1	TO	03	7	31

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
090 TEMPERATURE, WATER (DEG. C)	REPORTED	*********	*********		*********	*********	35.3		0	1/D	IS
	REQUIRED	*********	*********		*********	*********	45.0	C		1/DAY	IS
500 OIL & GREASE	REPORTED	128	224		*********	*********	*********		0	3D/W	GRAB
	REQUIRED	372	685	KG/D	*********	*********	*********			3D/W	GRAB
	REPORTED										
	REQUIRED									*******	
	REPORTED										
	REQUIRED									*******	
	REPORTED										
	REQUIRED									*******	
	REPORTED										
	REQUIRED									*******	
	REPORTED										
	REQUIRED									*******	
	REPORTED										
	REQUIRED									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(MG)	TOTAL BOD5(KG)

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

08/15/2002 08:17 8844b44/D UMCLWA PROTEIN PAGE 06

GILBERT W. CLIFFORD & ASSOCIATES, INC.
150 C Olde Greenwich Dr., Fredericksburg, VA 22408
(540) 898-2115

Omega Protein
July, 2003

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
TSS								
	7/9/03	7/10/03	Discharge 002 (0755)	28.6	7-10-03 (153)	WLW	SM 2540-D	1
	7/17/03	7/18/03	Discharge 002 (0740)	43.7	7-21-03 (0930)	WLW		
BOD								
	7/9/03	7/10/03	Discharge 002 (0755)	15.3	7/10/03	SSC	SM 5210 B	2
	7/17/03	7/18/03	Discharge 002 (0740)	21.5	7/18/03			
Oil & Grease						WLW	EPA 1664	5
	7/9/03	7/10/03	Discharge 002 (0755)	<5	7-15-03 (1015)			
	7/17/03	7/18/03	Discharge 002 (0740)	<5	7-22-03 (0905)			
Ammonia	7/1/03	7/2/03	Discharge 002 (0825)	40.9	7-2-03 (1535)	WLW	EPA 350.2	1
	7/8/03	7/9/03	Disvahrge 002 (0715)	38.1	7-9-03 (0855)	WLW		
Nitrogen	7/9/03	7/10/03	Discharge 002 (0755)	35.6	7-10-03 (0840)	WLW		Titrametric
	7/15/03	7/16/03	Discharge 002 (0815)	26.0	7-16-03 (0915)	WLW		
	7/17/03	7/18/03	Discharge 002 (0740)	21.0	7-18-03 (1420)	WLW		
	7/22/03	7/23/03	Discharge 002 (0820)	23.2	7-23-03 (0850)	WLW		

GILBERT W. CLIFFORD & ASSOCIATES, INC.

150 C Olde Greenwich Dr., Fredericksburg, VA 22408
(540) 898-2115

Omega Protein
July, 2003

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
TSS	7/1/03	7/2/03	Discharge 006 (0705)	3.1	7-2-03 (1445)	WLW	SM 2540-D	1
	7/2/03	7/3/03	Discharge 006 (0800)	7.7	7-7-03 (1100)	WLW		
	7/3/03	7/4/03	Discharge 006 (0735)	7.0	7-7-03 (1100)	WLW		
	7/8/03	7/9/03	Discharge 006 (0710)	9.0	7-10-03 (1530)	WLW		
	7/9/03	7/10/03	Discharge 006 (0700)	8.7	7-10-03 (1530)	WLW		
	7/10/03	7/11/03	Discharge 006 (0725)	15.1	7-14-03 (1035)	SSC		
	7/15/03	7/16/03	Discharge 006 (0810)	7.8	7-17-03 (1130)	WLW		
	7/16/03	7/17/03	Discharge 006 (0800)	13.7	7-17-03 (1130)	WLW		
	7/17/03	7/18/03	Discharge 006(0725)	7.0	7-21-03 (0930)	WLW		
	7/22/03	7/23/03	Discharge 006 (0735)	11.8	7-24-03 (0930)	WLW		
	7/23/03	7/24/03	Discharge 006(0755)	4.9	7-28-03 (1015)	WLW		
	7/25/03	7/26/03	Discharge 006 (0730)	14.6	7-28-03 (1015)	WLW		
	7/29/03	7/30/03	Discharge 006 (0710)	5.2	7-30-03 (1600)	WLW		
	7/30/03	7/31/03	Discharge 006 (0725)	7.9	8-4-03 (0940)	WLW		
BOD	7/1/03	7/2/03	Discharge 006 (0705)	<2	6/6/03	SSC	SM 5210 B	2
	7/2/03	7/3/03	Discharge 006 (0800)	6.2	7/3/03	SSC		
	7/3/03	7/4/03	Discharge 006 (0735)	8.8	7/4/03	SSC		
	7/8/03	7/9/03	Discharge 006 (0710)	8.6	7/9/03	SSC		
	7/9/03	7/10/03	Discharge 006 (0700)	4.4	7/10/03	SSC		
	7/10/03	7/11/03	Discharge 006 (0725)	5.6	7/11/03	SSC		
	7/15/03	7/16/03	Discharge 006 (0810)	6.2	7/16/03	SSC		
	7/16/03	7/17/03	Discharge 006 (0800)	10.4	7/17/03	SSC		
	7/17/03	7/18/03	Discharge 006(0725)	11.9	7/18/03	SSC		
	7/22/03	7/23/03	Discharge 006 (0735)	8.8	7/23/03	SSC		
	7/23/03	7/24/03	Discharge 006(0755)	3.4	7/24/03	SSC		
	7/25/03	7/26/03	Discharge 006 (0730)	12.4	7/26/03	SSC		
	7/29/03	7/30/03	Discharge 006 (0710)	2.4	7/30/03	SSC		
	7/30/03	7/31/03	Discharge 006 (0725)	4.2	7/31/03	SSC		
Oil & Grease	7/1/03	7/2/03	Discharge 006 (0705)	<5	7-7-03 (1025)	WLW	EPA 1664	5
	7/2/03	7/3/03	Discharge 006 (0800)	<5	7-7-03 (1025)	WLW		
	7/3/03	7/4/03	Discharge 006 (0735)	<5	7-7-03 (1025)	WLW		
	7/8/03	7/9/03	Discharge 006 (0710)	<5	7-15-03 (0950)	WLW		
	7/9/03	7/10/03	Discharge 006 (0700)	<5	7-15-03 (1015)	WLW		
	7/10/03	7/11/03	Discharge 006 (0725)	7.4	7-15-03 (1015)	WLW		
	7/15/03	7/16/03	Discharge 006 (0810)	<5	7-22-03 (0905)	WLW		
	7/16/03	7/17/03	Discharge 006 (0800)	<5	7-22-03 (0905)	WLW		
	7/17/03	7/18/03	Discharge 006(0725)	<5	7-22-03 (0905)	WLW		

Omega Protein
July, 2003

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
Oil & Grease	7/22/03	7/23/03	Discharge 006 (0735)	<5	7-29-03 (0845)	WLW	EPA 1664	5
	7/23/03	7/24/03	Discharge 006(0755)	<5	7-29-03 (0845)	WLW		
	7/25/03	7/26/03	Discharge 006 (0730)	<5	7-29-03 (0845)	WLW		
	7/29/03	7/30/03	Discharge 006 (0710)	<5	8-5-03 (0850)	WLW		
	7/30/03	7/31/03	Discharge 006 (0725)	<5	8-5-03 (0850)	WLW		
Ammonia Nitrogen	7/9/03	7/10/03	Discharge 006 (0700)	1.36	7-10-03 (0840)	WLW	EPA 350.2	0.1
	7/16/03	7/17/03	Discharge 006 (0800)	11.4	7-17-03 (1330)	WLW		Nessler
TKN	7/9/03	7/10/03	Discharge 006 (0700)	2.47		WLW		
	7/16/03	7/17/03	Discharge 006 (0800)	11.8		WLW		
Nitrites - N	7/9/03	7/10/03	Discharge 006 (0700)	0.020	7-10-03 (0845)	WLW	SM4500- No2-B	0.01
	7/16/03	7/17/03	Discharge 006 (0800)	0.026	7-17-03 (1000)	SSC		
Nitrates-N	7/9/03	7/10/03	Discharge 006 (0700)	0.121	7-14-03 (1000)	SSC	EPA 352.1	0.1
	7/16/03	7/17/03	Discharge 006 (0800)	0.097	7-17-03 (1005)	SSC		
Total Nitrogen	7/9/03	7/10/03	Discharge 006 (0700)	2.61				
	7/16/03	7/17/03	Discharge 006 (0800)	11.90				
Total Po4-P	7/9/03	7/10/03	Discharge 006 (0700)	0.281	7-11-03 (1345)	WLW	SM 4500-P E	0.01
	7/16/03	7/17/03	Discharge 006 (0800)	0.416	7-22-03 (0850)	WLW		
Cyanide	7/9/03	7/10/03	Discharge 006 (0700)					0.01
	7/16/03	7/17/03	Discharge 006 (0800)					

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

See attached F & R Lab Reports

GILBERT W. CLIFFORD & ASSOCIATES, INC.
150 C Olde Greenwich Dr., Fredericksburg, VA 22408
(540) 898-2115

Omega Protein
July, 2003

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit(mg/L)
Ammonia Nitrogen	7/1/03	7/2/03	Creek Main Street	0.209	7/2/03	WLW	EPA 350.2	0.1 Nessler
			Creek Ampro & Omega	0.348	1535			
			Discharge 001	17.1				
	7/8/03	7/9/03	Creek Main Street	0.303	7/9/03	WLW		
			Creek Ampro & Omega	0.464	855			
			Discharge 001	25.5				
	7/15/03	7/16/03	Creek Main Street	0.259	7/16/03	WLW		
			Creek Ampro & Omega	0.453	915			
			Discharge 001	21.3				
	7/22/03	7/23/03	Creek Main Street	0.215	7/23/03	WLW		
			Creek Ampro & Omega	0.242	850			
			Discharge 001	39.5				

SINCE 1881

FROEHLING & ROBERTSON, INC.

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

CERTIFICATE OF ANALYSIS

July 29, 2003

LAB #: 0307202

CLIENT: Gilbert W. Clifford & Associates, Inc.
PO Box 781/150-C Olde Greenwich Drive
Fredericksburg, VA 22404
Attn: Bill Wright

PROJECT NAME: Omega-Protein

LAB RECEIPT: 7/25/2003
SAMPLED BY: J.R. Hall

PARAMETER	ANALYSIS DATE/TIME	METHOD	ANALYST
Cyanide	7/29/03, 1615	SM18/4500-CN & E	DI
Cyanide distillation	7/29/03, 1015	SM18/4500-CN C	DI

F&R# :	0307202-01	0307202-02	0307202-03	0307202-04	
SAMPLE ID :	End of Main St	Between Ampro & Omega	Discharge 001	Discharge 006	
DATE/TIME :	7/15/03, 0750	7/15/03, 0730	7/15/03, 0745	7/16/03, 0725	
MATRIX :	Water/G	Water/G	Water/G	Water/G	
					QL:
Cyanide, mg/L	BQL	BQL	0.04	BQL	0.01

F&R# :	0307202-05	0307202-06	0307202-07	
SAMPLE ID :	End of Main St	Between Ampro & Omega	Discharge 001	
DATE/TIME :	7/22/03, 0805	7/22/03, 0755	7/22/03, 0815	
MATRIX :	Water/G	Water/G	Water/G	
				QL:
Cyanide, mg/L	BQL	BQL	0.08	0.01

mg/L = milligram per Liter BQL = Below Quantitation Limit

for Audrey N. Brubeck
Chemical Services Manager

HEADQUARTERS: 3015 DUMBARTON ROAD • BOX 27524 • RICHMOND, VA 23261-7524
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:
AIHA ELLAP - 100533
VIRGINIA DRINKING WATER - 00150
NORTH CAROLINA DEHNR - 422
SOUTH CAROLINA DHEC - 93010001 & 93010002
MARYLAND DRINKING WATER - 279

SINCE 1881

FROEHLING & ROBERTSON, INC.
GEOTECHNICAL • ENVIRONMENTAL • MATERIALS
ENGINEERS • LABORATORIES
"OVER ONE HUNDRED YEARS OF SERVICE"

CERTIFICATE OF ANALYSIS

July 23, 2003

LAB #: 0307104

CLIENT: Gilbert W. Clifford & Associates, Inc.
PO Box 781/150-C Olde Greenwich Drive
Fredericksburg, VA 22404
Attn: Bill Wright

PROJECT NAME: Omega-Protein

LAB RECEIPT: 7/11/2003
SAMPLED BY: J.R. Hall

PARAMETER	ANALYSIS DATE/TIME	METHOD	ANALYST
Cyanide	7/22/03, 1550	SM18/4500-CN C&E	DI

F&R# :	0307104-01	0307104-02	0307104-03	
SAMPLE ID :	End of Main St.	Between Ampro & Omega	Discharge 001	
DATE/TIME :	7/8/03, 0755	7/8/03, 0835	7/8/03, 0840	
MATRIX :	Water/g	Water/g	Water/g	
				QL:
Cyanide, mg/L	BQL	BQL	0.08	0.01

F&R# :	0307104-04	
SAMPLE ID :	Discharge 006	
DATE/TIME :	7/9/03, 0725	
MATRIX :	Water/g	
		QL:
Cyanide, mg/L	BQL	0.01

mg/L = milligram per Liter BQL = Below Quantitation Limit

Audrey N. Brubeck
Chemical Services Manager

HEADQUARTERS: 3015 DUMBARTON ROAD • BOX 27584 • RICHMOND, VA 23261-7524
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: ATHA ELLAP - 100533
VIRGINIA DRINKING WATER - 00150
NORTH CAROLINA DEHNR - 432
SOUTH CAROLINA DHEC - 93010001 & 93010002
MARYLAND DRINKING WATER - 279

SINCE 1881

FROEHLING & ROBERTSON, INC.
GEOTECHNICAL • ENVIRONMENTAL • MATERIALS
ENGINEERS • LABORATORIES
"OVER ONE HUNDRED YEARS OF SERVICE"

CERTIFICATE OF ANALYSIS

July 10, 2003

LAB #: 0307028

CLIENT: Gilbert W. Clifford & Associates, Inc.
PO Box 781/150-C Olde Greenwich Drive
Fredericksburg, VA 22404
Attn: Bill Wright

PROJECT NAME: Omega-Protein

LAB RECEIPT: 7/3/2003
SAMPLED BY: J.R. Hall

PARAMETER	ANALYSIS DATE/TIME	METHOD	ANALYST
Cyanide	7/9/03, 1640	SM18/4500-CN E	DI

F&R# :	0307028-01	0307028-02	0307028-03	
SAMPLE ID :	End of Main St.	Between Ampro & Omega	End of Main St.	
DATE/TIME :	6/30/03, 0945	6/30/03, 0935	7/1/03, 0720	
MATRIX :	Water/g	Water/g	Water/g	QL:
Cyanide, mg/L	BQL	BQL	BQL	0.01

F&R# :	0307028-04	0307028-05	
SAMPLE ID :	Between Ampro & Omega	Discharge 001	
DATE/TIME :	7/1/03, 0805	7/1/03, 0755	
MATRIX :	Water/g	Water/g	QL:
Cyanide, mg/L	BQL	0.08	0.01

mg/L = milligram per Liter BQL = Below Quantitation Limit

Audrey N. Brubeck
Chemical Services Manager

HEADQUARTERS: 3015 DUMBARTON ROAD • BOX 27524 • RICHMOND, VA 23261-7524
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
AIHA ELLAP - 100533
VIRGINIA DRINKING WATER - 00150
NORTH CAROLINA DEHNR - 432
SOUTH CAROLINA DHEC - 93010001 & 93010002
MARYLAND DRINKING WATER - 275

Lagoon 30 | Ditch 22

OMEGA PROTEIN
DMR REPORTING

07/01/03	7.63	28.5	39,300	8.04	30	4,933,800	
07/02/03	7.49	28.4	135,800	8.33	32.6	5,920,560	
07/03/03	7.33	26	338,000	7.29	31.5	11,841,120	
07/04/03	7.35	26.2	231,600	7.42	30	3,947,040	
07/05/03	7.47	26.7	273,000				
07/06/03	7.31	27.9	3,200				
07/07/03							
07/08/03	7.47	28.1	61,300	7.45	35.3	5,422,560	
07/09/03	7.29	29.4	217,000	7.28	34.1	7,400,700	
07/10/03	7.35	28.8	276,300	7.7	33.4	4,933,800	
07/11/03	7.37	29	252,000	7.73	33.4	6,413,940	
07/12/03	7.34	27.7	266,900	7.16	30.2	6,147,440	
07/13/03	7.25	28.1	116,900				
07/14/03	7.17	26.4	25,000				
07/15/03	7.53	26.3	28,300	7.94	31.2	5,422,180	
07/16/03	7.34	27.2	93,900	7.41	33.2	5,427,180	
07/17/03	7.21	27.5	296,700	7.2	33.7	11,841,120	
07/18/03	7.37	28.6	134,100	7.6	32.3	11,841,120	
07/19/03	7.34	27.4	93,900	7.53	33.5	11,841,120	
07/20/03	7.43	27.6	264,000				
07/21/03	7.57	28.7	42,600				
07/22/03	7.44	28.1	48,500	7.35	33.1	5,427,180	
07/23/03	7.39	26.8	91,000	7.74	33.6	4,933,800	
07/24/03	7.13	25.5	34,700	8.03	28.8	4,933,800	
07/25/03	7.28	26.5	6,000	7.35	30.6	1,973,520	
07/26/03	7.28	27.7	39,100	7.96	34.7	5,920,560	
07/27/03	7.45	28.1	181,000	8.05	34.3	[illegible]	9.868
07/28/03	6.89	28.3	268,900				
07/29/03	7.13	26.1	118,900	7.34	33	[illegible]	4.934
07/30/03	7.28	26.5	458,800	7.55	31.6	[illegible]	11.841
07/31/03	6.94	25.2	475,500				
TOTAL	219.82	823.3	4.9122	167.45	714.1	153.166	
AVG.	7.33	27.4	.164	7.61	32.5	6.962	
MIN.	6.89	25.2	.003	7.16	28.8	1.974	
MAX.	7.63	29.4	.476	8.33	35.3	11.841	

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 7/1/03 To 7/5/03

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE* (check as appropriate)
	✓	

*Comments on Noncompliance

Name of Principal Exec. Officer or Authorized Agent / Title

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years).

Signature of Principal Officer or Authorized Agent / Date 8/4/03

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 7/6/03 To 7/12/03

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 8/4/03

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 7/13/03 To 7/19/03

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

Dan Fred — 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 — 8/4/03
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 7/20/03 To 7/26/03

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 8-4-03

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 7/27/03 To 7/31/03

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).

8-4-03

Signature of Principal Officer or Authorized Agent / Date

Month of July, 2003

Omega Protein, Inc
VPDES Permit #VA0003887

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	1840	4.9	8.1	0.159	22	8.5	13.4	1840	3.7	8.3	0.159	19	8.7	13.3
30														
31														

Name of Vessel Shearwater

Name of Sampler Tom Boyd

Month of July, 2003

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	1625	3.1	8.2	0.278	22	8.4	13.1	1625	3.8	8.1	0.292	19	8.9	13.4
30														
31														

Name of Vessel John Dampster

Name of Sampler Tom Boyd

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 7/1/03 To 7/5/03

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).

8/4/03

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 7/6/03 To 7/12/03

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 — 8/4/03
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 7/13/03 To 7/19/03

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 8/4/03
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 7/20/03 To 7/26/03

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 8-4-03

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 7/27/03 To 7/31/03

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 8-4-03

Signature of Principal Officer or Authorized Agent / Date

OMEGA PROTEIN™

Graham Lyell Jett
General Manager

September 10, 2003

Ms. Denise Mosca
Department of Environmental Quality
P.O. Box 669
429 East Church Street
Kilmarnock, VA 22482

Re: Monthly DMR Letter to DEQ

Dear Denise:

Any overages 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.

Sincerely,

Lyell Jett

Lyell Jett
General Manager

GLJ:sdh

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 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 22539
FACILITY LOCATION 610 Meshades Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	8	1	TO	03	8	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	.306	.756		********	********	********		-	CONT	MEAS
	REQRMNT	NL	NL	MGD	********	********	********			CONT	MEAS
002 PH	REPORTD	********	********		7.05	********	7.75		0	1/D	GRAB
	REQRMNT	********	********		6.0	********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	64	110		********	********	********		0	2/M	24HC
	REQRMNT	468	837	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTD	108	166		********	********	********		0	2/M	24HC
	REQRMNT	371	422	KG/D	********	********	********			2/M	24HC
039 AMMONIA, AS N	REPORTD	********	********		********	26.0	50.4		1	4/M	24HC
	REQRMNT	********	********		********	38.0	45.3	KG/D		2/M	24HC
088 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	28.0	29.6		-	1/D	IS
	REQRMNT	********	********		********	NL	NL	C		1/DAY	IS
379 TOXICITY, FINAL, ACUTE	REPORTD	********	********			********	********				
	REQRMNT	********	********		100	********	********	NOMAC		1/3M	24HC
556 OIL & GREASE	REPORTD	7.43	7.89		********	********	********		0	2/M	GRAB
	REQRMNT	27.6	50.9	KG/D	********	********	********	MG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

* We have increased our bio-augmentation dosage rate.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(LB.)
	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	03	09	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4121	03	09	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 02
OMEGA PROTEIN
8044534475
08:17 7/2002

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

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	03	8	1	TO	03	8	31

Industrial Major 36/26/2002

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	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	SST
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	49.6	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
504 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. § 309 (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	804-463-4211	03	09	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 04

OMEGA PROTEIN

08:17 08/15/2002 8844534475

PAGE 05

OMEGA PROTEIN

E8445344 75

28:17

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 22483

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	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	8	1	TO	03	8	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	10.326	11.841		*********	*********	*********		-	CONT	EST
	REQUIRED	NL	NL	MGD	*********	*********	*********			CONT	EST
007 PH	REPORTED	*********	*********		6.94	*********	8.42		0	1/D	GRAB
	REQUIRED	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTED	248	547		*********	*********	*********		0	3D/W	24HC
	REQUIRED	1755	3142	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTED	394	950		*********	*********	*********		0	3D/W	24HC
	REQUIRED	655	1609	KG/D	*********	*********	*********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTED	3.25	3.5		*********	.073	.078		0	2/M	24HC
	REQUIRED	178.4	NL	KG/D	*********	2.0	NL	MG/L		2/M	24HC
013 NITROGEN, TOTAL AS N	REPORTED	57	69.5		*********	1.27	1.55		-	2/M	24HC
	REQUIRED	NL	NL	KG/D	*********	NL	NL	MG/L		2/M	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTED				*********	0	<10		0	2/M	GRAB
	REQUIRED	********	********		*********	1.54	2.00	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTED				*********	.732	.936		0	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(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 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	03	09	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 06/27/2002

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

NAME Omega Protein Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 616 Menhaden Rd

VA0003867	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	8	1	TO	03	8	31

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	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
060 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	********	36.5		0	1/D	IS
	REQRMNT	********	********		********	********	45 0	C		1/DAY	IS
500 OIL & GREASE	REPORTD	197	224		********	********	********		0	3D/W	GRAB
	REQRMNT	372	585	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.)
	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. § 311. (Penalties under these statutes may include fines up to $10,000 and/or minimum 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	03	09	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 05
OMEGA PROTEIN
8044534475
08/27/02 08:17

Omega Protein, Inc
VPDES Permit #VA0003867

Month of August, 2003

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	1100	<2	7.5	0.222	23	8.1	8.89	1100	2.5	7.7	0.270	20	6.5	8.99
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Kim

Name of Sampler Tom Boyd

Month of August, 2003

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	400	<2	7.4	0.249	24	7.9	8.97	400	4.8	7.8	0.195	20	8.3	8.77
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Shearwater

Name of Sampler Tom Boyd

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 8/1/03 To 8/2/03

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

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 8/3/03 To 8/9/03

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 8/10/03 To 8/16/03

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

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 8/17/03 To 8/23/03

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 8/24/03 To 8/31/03

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Daryl Ford — Plant 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 Jest
Signature of Principal Officer or Authorized Agent / Date

OMEGA PROTEIN

Graham Lyell Jett
General Manager

October 8, 2003

Ms. Denise Mosca
Department of Environmental Quality
P.O. Box 669
429 East Church Street
Kilmarnock, VA 22482

Dear Denise:

The pond is still recovering from the six days the aeration was not in operation due to Hurricane Isabel. The operational adjustments that were made at the beginning of this season were partially successful. These excursions for the month of September indicate that further improvements need to be made. We don't expect to stress the pond any more this season like it was stressed in September. After our extensive evaluation of operational data, we will make improvements on most or all of the following:

Return of sludge
Bioaugmentation dosage rates and location
Biomedia mass and location
Control of pollution sources

Sincerely,

Lyell Jett

Lyell Jett
General Manager

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

OMEGA PROTEIN

Graham Lyell Jett
General Manager

October 8, 2003

Ms. Denise Mosca
Department of Environmental Quality
P.O. Box 669
429 East Church Street
Kilmarnock, VA 22482

Re: Monthly DMR Letter to DEQ

Dear Denise:

Any overages 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.

Sincerely,

Lyell Jett

Lyell Jett
General Manager

GLJ:sdh

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

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 9/1/03 To 9/6/03

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

Vessel Manager — 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 — 10-7-03
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 9/7/03 To 9/13/03

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 10-7-03

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 9/14/03 To 9/20/03

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

Vessel Manager — 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 — 10-7-03
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 9/21/03 To 9/27/03

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 Jett — 10-7-03
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 9/28/03 To 9/30/03

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 10-7-03

Signature of Principal Officer or Authorized Agent / Date

Omega Protein, Inc
VPDES Permit #VA0003867

Month of September, 2003

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	1800	4.0	8.7	0.125	24	7.7	13.0	1800	3.5	8.3	0.10	22	7.3	13.0
30														
31														

Name of Vessel Great Wicomico

Name of Sampler Tom Boyd

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of September, 2003

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	1830	2.9	8.8	0.125	24	7.5	13.0	1830	2.6	8.1	0.209	21	7.3	13.0
30														
31														

Name of Vessel Tangier

Name of Sampler Tom Boyd

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

Industrial Major 06/20/2002

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

NAME Omega Protein Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 614 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	9	1	TO	03	9	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	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTED	.229	.429		*********	*********	*********		-	CONT	MEAS
	REQUIREMENT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTED	*********	*********		7.28	*********	8.13		0	1/D	GRAB
	REQUIREMENT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTED	85.7	111		*********	*********	*********		0	3/M	24HC
	REQUIREMENT	468	837	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTED	139	195		*********	*********	*********		0	3/M	24HC
	REQUIREMENT	171	422	KG/D	*********	*********	*********			2/M	24HC
039 AMMONIA, AS N	REPORTED	*********	*********		*********	111	150		3	3/M	24HC
	REQUIREMENT	*********	*********		*********	38.0	45.3	MG/L		2/M	24HC
086 TEMPERATURE, WATER (DEG. C)	REPORTED	*********	*********		*********	24.3	28.2		-	1/D	IS
	REQUIREMENT	*********	*********		*********	NL	NL	C		1/DAY	IS
379 TOXICITY, FINAL, ACUTE	REPORTED	*********	*********			*********	*********				
	REQUIREMENT	*********	*********		100	*********	*********	MGAEC		1/3M	24HC
580 OIL & GREASE	REPORTED	4.60	4.73		*********	*********	*********		0	3/M	GRAB
	REQUIREMENT	27.6	50.9	KG/D	*********	*********	*********	MG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(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	19110044 63	03	10	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	03	10	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN

00445944/5

PAGE 03

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.

VA0001867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	9	1	TO	03	9	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD				********	********	********				
	REQRMNT	NL	NL	MGD	********	********	********			CONT	EST
002 PH	REPORTD	********	********			********					
	REQRMNT	********	********		6.0	********	9.0	SU		2/M	GRAB
003 BOD5	REPORTD				********	********	********				
	REQRMNT	4296	7710	MG/D	********	********	********			2/M	24HC
004 TSS	REPORTD				********	********	********				
	REQRMNT	114	202	MG/D	********	********	********			2/M	24HC
007 DO	REPORTD	********	********				********				
	REQRMNT	********	********		NL	NL	********	MG/L		1/DAY	GRAB
039 AMMONIA, AS N	REPORTD	********	********		********						
	REQRMNT	********	********		********	39.5	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(M.G.)	TOTAL BOD5(LG.)
	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. § 319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 2 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	03	10	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN
8044534475
08/14/2003 08:17

PAGE 05

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

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.

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	03	9	1	TO	03	9	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	7.959	11.841		*********	*********	*********		-	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.11	*********	8.26		0	1/D	GRAB
	REQRMNT	*********	*********		5.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	162	433		*********	*********	*********		0	3D/W	24HC
	REQRMNT	1755	3142	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD	308	935		*********	*********	*********		0	3D/W	24HC
	REQRMNT	655	1609	KG/D	*********	*********	*********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	1.70	2.01		*********	.070	.077		0	2/M	24HC
	REQRMNT	178.4	NL	KG/D	*********	2.0	NL	MG/L		2/M	24HC
013 NITROGEN, TOTAL AS N	REPORTD	67.5	90.3		*********	2.87	4.03		-	2/M	24HC
	REQRMNT	NL	NL	KG/D	*********	NL	NL	MG/L		2/M	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTD				*********	0	<10		0	2/M	GRAB
	REQRMNT	********	********		*********	1.54	2.80	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTD				*********	1.42	2.24		1	2/M	24HC
	REQRMNT	********	********		*********	1.68	3.1	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(LB.)
	0	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	03	10	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN

E84534475

08/15/2002 08:17

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	9	1	TO	03	9	30

Industrial Major 08/27/2002

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	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)	REPORTED	********	********		********	********	34.8		0	1/D	IS
	REQUIREMENT	********	********		********	********	45.0	C		1/DAY	IS
500 OIL & GREASE	REPORTED	157	224		********	********	********		0	3D/W	GRAB
	REQUIREMENT	372	685	KG/D	********	********	********			3D/W	GRAB
	REPORTED										
	REQUIREMENT									*******	
	REPORTED										
	REQUIREMENT									*******	
	REPORTED										
	REQUIREMENT									*******	
	REPORTED										
	REQUIREMENT									*******	
	REPORTED										
	REQUIREMENT									*******	
	REPORTED										
	REQUIREMENT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(M.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 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 JETT	Graham Lyell Jett	804-453-4211	03	10	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 06

OMEGA PROTEIN

08/27/2002 11:00

OMEGA PROTEIN.

Graham Lyell Jett
General Manager

NOVEMBER 10, 2003

MS. DENISE MOSCA
DEPARTMENT OF ENVIRONMENTAL QUALITY
P.O.BOX 669
429 EAST CHURCH STREET
KILMARNOCK, VA. 22482

DEAR DENISE,

THE TOXIC TEST SCHEDULED AND PERFORMED DURING THE LAST QUARTER AT OUTFALL 002 WAS LOST DUE TO A FAILURE OF THE CONTROL SET AT THE LAB. A RE-TEST HAS BEEN SCHEDULED AND RESULTS WILL BE SUBMITTED AS SOON AS THEY ARE RECEIVED.

SINCERELY,

Lyell Jett

LYELL JETT

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

OMEGA PROTEIN™

Graham Lyell Jett
General Manager

November 10, 2003

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

Re: Monthly DMR Letter to DEQ

Dear Denise:

Any overages 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.

Sincerely,

Lyell Jett
General Manager

GLJ:sdh

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 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

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	004

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	10	1	TO	03	10	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	8.303	11.841		*********	*********	*********		-	CONT	EST
	REQUIRED	NL	NL	MGD	*********	*********	*********			CONT	EST
002 pH	REPORTED	*********	*********		6.91	*********	8.65		0	1/D	GRAB
	REQUIRED	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTED	242	701		*********	*********	*********		0	3D/W	24HC
	REQUIRED	1755	3162	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTED	310	645		*********	*********	*********		0	3D/W	24HC
	REQUIRED	655	1609	KG/D	*********	*********	*********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTED	.875	1.54		*********	.043	.075		0	2/M	24HC
	REQUIRED	278.4	NL	KG/D	*********	2.0	NL	MG/L		2/M	24HC
013 NITROGEN, TOTAL AS N	REPORTED	58.5	98.4		*********	2.86	4.79		-	2/M	24HC
	REQUIRED	NL	NL	KG/D	*********	NL	NL	MG/L		2/M	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTED				*********	0	<10		0	2/M	GRAB
	REQUIRED	********	********		*********	1.54	3.00	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTED				*********	.630	.744		0	2/M	24HC
	REQUIRED	********	********		*********	1.58	3.1	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)
	None	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	03	11	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 03 OMEGA PROTEIN 8044534475 08:17 08/15/2002

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

Industrial Major 08/27/2002

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	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	10	1	TO	03	10	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
000 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	********	29.3		0	1/D	IS
	REQRMNT	********	********		********	********	45.0	C		1/DAY	IS
500 OIL & GREASE	REPORTD	128	224		********	********	********		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 (MG)	TOTAL BOD5 (KG)
	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	03	11	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 06

OMEGA PROTEIN

08/27/2002 12:32

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

Industrial Major 08/26/2002

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

NAME Omega Protein Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 614 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	10	1	TO	01	10	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	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
901 FLOW	REPORTD	.167	.467		********	********	********		-	CONT	MEAS
	REQRMNT	NL	NL	MGD	********	********	********			CONT	MEAS
002 PH	REPORTD	********	********		7.57	********	8.16		0	1/D	GRAB
	REQRMNT	********	********		6.0	********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	14.0	21.0		********	********	********		0	2/M	24HC
	REQRMNT	468	837	KG/D	********	********	********			2/M	24HC
004 TSS	REPORTD	15.9	23.5		********	********	********		0	2/M	24HC
	REQRMNT	171	422	KG/D	********	********	********			2/M	24HC
039 AMMONIA, AS N	REPORTD	********	********		********	37.5	54.3		1	2/M	24HC
	REQRMNT	********	********		********	38.0	45.0	MG/L		2/M	24HC
096 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	17.7	20.7		-	1/D	IS
	REQRMNT	********	********		********	NL	NL	C		1/DAY	IS
379 TOXICITY, FINAL, ACUTE	REPORTD	********	********			********	********				
	REQRMNT	********	********		100	********	********	EQUAL		1/3M	24HC
500 OIL & GREASE	REPORTD	1.84	2.63		********	********	********		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(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	03	11	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	03	11	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 03

OMEGA PROTEIN

8044534475

08/15/2002 08:17

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

Industrial Major 06/26/2002

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

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

NAME Omega Protein Reedville
ADDRESS PO Box 175
Reedville VA 22539
FACILITY LOCATION 516 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	10	1	TO	03	10	31

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				*********	*********	*********				
	REQUIRED	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTED	*********	*********			*********					
	REQUIRED	*********	*********		6.0	*********	9.0	SU		2/M	GRAB
003 BOD5	REPORTED				*********	*********	*********				
	REQUIRED	4296	7719	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTED				*********	*********	*********				
	REQUIRED	114	282	KG/D	*********	*********	*********			2/M	24HC
007 DO	REPORTED	*********	*********				*********				
	REQUIRED	*********	*********		NL	NL	*********	MG/L		1/DAY	GRAB
039 AMMONIA, AS N	REPORTED	*********	*********		*********						
	REQUIRED	*********	*********		*********	39.6	49.0	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTED	*********	*********		*********						
	REQUIRED	*********	*********		*********	NL	NL	C		1/DAY	TS
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(M.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	03	11	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN

8044534475

08/15/2003 08:17

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 10/1/03 To 10/5/03

Paint Area	COMPLIANCE	NONCOMPLIANCE*
	(check as appropriate)	
	✓	

*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 Jetts — 11-5-03
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 10/6/03 To 10/12/03

Paint Area	COMPLIANCE	NONCOMPLIANCE *
	(check as appropriate)	
	✓	

*Comments on Noncompliance

Dam 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 11-5-03
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 10/13/03 To 10/19/03

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

Danny Force — 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 — 11-5-03
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 10/20/03 To 10/26/03

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 Jr — 11-5-03
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 10/27/03 To 10/31/03

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

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of October, 2003

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	445	4.5	6.6	<.10	23	8.1	10.7	500	2.9	6.8	<.10	20	7.6	10.6
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Conrad

Name of Sampler Tom Boyd

Omega Protein, Inc
VPDES Permit #VA0003867

Month of October, 2003

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	945	3.8	6.5	0.120	23	8.1	10.8	1000	3.3	6.8	0.159	21	7.7	10.9
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Shearwater

Name of Sampler Tom Boyd

OMEGA PROTEIN

FAX

TO: Denise Mosca

FAX:

FROM: Lyell Jett

PHONE:

DATE: Apr. 23, 2004

PAGES: 3

SUBJECT:

Revised October 2003 DMR due to inadvertant error.

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

OMEGA PROTEIN

OMEGA PROTEIN™
Reedville, VA

DMR REPORTING

	21 LAGOON 002			15 DITCH 000		
DATE	pH	TEMP C	FLOW	pH	TEMP C	FLOW
10/01/2003	7.89	19	144,300	7.85	28.4	4,653,332
10/02/2003	7.87	19.3	280,500	8.05	21.2	11,841,190
10/03/2003	8.05	18.1	259,600	8.25	29	11,841,190
10/04/2003	7.9	18.2	314,100			
10/05/2003	7.94	18.3	266,600			
10/06/2003	7.87	18.2	138,500			
10/07/2003	8.16	18.4	92,100	8.08	26.9	5,427,156
10/08/2003				7.97	28.7	11,841,190
10/09/2003				7.98	29.3	10,654,360
10/10/2003				8.65	28.5	11,841,190
10/11/2003	7.94	20.7	91,800	7.94	22.8	11,841,190
10/12/2003	7.99	20.7	259,600			
10/13/2003	7.72	18.4	55,300			
10/14/2003	7.66	18.5	18,700			
10/15/2003	7.61	18.5	10,900	7.44	21.7	5,509,520
10/16/2003	7.61	16	70,700			
10/17/2003	8.07	15.2	18,600	7.42	26.4	6,427,380
10/18/2003	7.93	15.3	77,100	8.31	27.4	6,907,320
10/19/2003	7.93	15	460,500			
10/20/2003	7.93	16.6	466,800			
10/21/2003	8.01	17.3	63,200	7.47	24.3	5,427,150
10/22/2003						
10/23/2003						
10/24/2003				6.91	20.7	1.974
10/25/2003						
10/26/2003						
10/27/2003						
10/28/2003						
10/29/2003	7.69	18.3	54,500			
10/30/2003	8.06	18.6	179,900	7.73	22.3	4,933,800
10/31/2003	8.12	17.4	143,100	7.73	28.5	5,920,580
Total	165.77	571	3.5157	116.87 ~~109.96~~	381.4 ~~360.4~~	114.246 ~~114.269~~
AVG.	7.89	17.7	.167	8.35 ~~7.85~~	27.2 ~~25.4~~	8.303 ~~8.162~~
MIN.	7.57	15.0	.014	6.91 ~~7.38~~	20.7 ~~21.2~~	1.974 ~~4.653~~
MAX.	8.16	20.7	.467	8.65	29.3	11.84

14/15

7.

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

NAME Kraft Foods Smithfield

ADDRESS PO Box 175

Smithfield VA 23439

FACILITY LOCATION 410 Smithfield Rd

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

MAGNITUDE	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	10	1	TO	03	10	31

Tidewater Region 09/27/2002

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Rikahannock Satellite Office
P.O Box 549
Church Street
Kilmarnock VA 22482

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PAGE 05

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
061 Flow	REPORTED	~~8.303~~ *	11.841		********	********	********		-	CONT	EST
	REQUIRED	NL	NL	MGD	********	********	********			CONT	EST
001 BOD	REPORTED	********	********		6.91	********	8.65		0	1/D	GRAB
	REQUIRED	********	********		3.0	********	9.0	SU		3D/W	GRAB
045 BOD5	REPORTED	242	701		********	********	********		0	3D/W	24HC
	REQUIRED	1756	3242	MG/D	********	********	********			3D/W	24HC
004 TSS	REPORTED	310	645		********	********	********		0	3D/W	24HC
	REQUIRED	455	1004	MG/D	********	********	********			3D/W	24HC
612 NITROGEN, TOTAL (AS N)	REPORTED	.875	1.54		********	.043	.075		0	2/M	24HC
	REQUIRED	179.4	NL	MG/D	********	2.0	NL	MG/L		2/M	24HC
613 NITROGEN, TOTAL (AS N)	REPORTED	58.5	98.4		********	2.86	4.79		-	2/M	24HC
	REQUIRED	NL	NL	MG/D	********	NL	NL	MG/L		2/M	24HC
916 CYANIDE, TOTAL (AS CN)	REPORTED				********	0	<10		0	2/M	GRAB
	REQUIRED	********	********		********	1.56	1.80	UG/L		2/M	GRAB
625 AMMONIA, (AS N)	REPORTED				********	.630	.744		0	2/M	24HC
	REQUIRED	********	********		********	1.49	3.1	MG/L		2/M	24HC

CHEMICAL PROTEIN

6844834475

EXCEPTIONAL PERMIT REQUIREMENTS OR COMMENTS

* Average Flow is recalculated to be 7.749 due to inadvertant error. [illegible]

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

CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE 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. (NOTE: Under Clean Water Act Include fines up to $10,000 and/or prison imprisonment of between 6 months and 3 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Revised April 22, 2004

OMEGA PROTEIN

Graham Lyell Jett
General Manager

DECEMBER 9, 2003

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

DEAR DENISE:

IT HAS BEEN OUR EXPERIENCE THAT WHENEVER OUR PONDS GO SEPTIC THAT IT TAKES APPROXIMATELY TWO MONTHS FOR IT TO COMPLETELY RECOVER. THE PONDS WENT SEPTIC DURING THE POWER OUTAGE FOLLOWING THE HURRICANE ISABELL IN MID SEPTEMBER. FIELD MEASUREMENTS TAKEN DURING EARLY DECEMBER SHOW THAT AMMONIA CONCENTRATIONS ARE DECREASING.

SINCERELY,

Lyell Jett

LYELL JETT

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

OMEGA PROTEIN™

Graham Lyell Jett
General Manager

December 8, 2003

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

Re: Monthly DMR Letter to DEQ

Dear Denise:

Any overages 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.

Sincerely,

Lyell Jett
General Manager

GLJ:sdh

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

November 7, 2003

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

Dear Mr. Jett:

As per Omega Protein's VAPDES discharge permit, Biological Monitoring, Inc. (BMI) on October 31, 2003 began a whole effluent toxicity test (limit) of effluent from outfall 002. Criteria for test acceptability were not met at 24 hours and the test was declared invalid by BMI staff.

The toxicity test has been rescheduled for November 11, 2003. I apologize for any inconvenience this may have caused. Please contact me if you have any further concerns.

Sincerely,

A. J. Timpano

Tony Timpano
Laboratory Manager

November 15, 2003

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	NOAEC < 100%	Fail	Re-test

* 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

November 7, 2003

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	NOAEC = Indeterminate	Invalid	Re-test

* 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,

A.J. Timpano

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 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 22539

FACILITY LOCATION 610 Menhaden Rd

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	11	1	TO	03	11	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	.279	.575		*********	*********	*********		-	CONT	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********		7.57	*********	8.38		0	1/D	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	36.9	57.3		*********	*********	*********		0	2/M	24HC
	REQRMNT	468	937	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD	43.8	67.3		*********	*********	*********		0	2/M	24HC
	REQRMNT	171	422	KG/D	*********	*********	*********			2/M	24HC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	56.6	59.4		2	2/M	24HC
	REQRMNT	*********	*********		*********	30.0	45.3	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	14.9	21.9		-	1/D	IS
	REQRMNT	*********	*********		*********	NL	NL	C		1/DAY	IS
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********		NOAEC=0%	*********	*********				
	REQRMNT	*********	*********		100	*********	*********	NOAEC		1/3M	24HC
500 OIL & GREASE	REPORTD	5.88	8.63		*********	*********	*********		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(M.G.)	TOTAL BOD5(K.G.)
	NONE	Ø	Ø

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100446 3	03	12	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	03	12	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 03

OMEGA PROTEIN

00000348/D

Industrial Major 06/26/2002

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

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.

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	03	11	1	TO	03	11	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				*********	*********	*********			CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********				
002 PH	REPORTD	*********	*********			*********		SU		2/M	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0				
003 BOD5	REPORTD				*********	*********	*********			2/M	24HC
	REQRMNT	4296	7710	KG/D	*********	*********	*********				
004 TSS	REPORTD				*********	*********	*********			2/M	24HC
	REQRMNT	114	282	KG/D	*********	*********	*********				
007 DO	REPORTD	*********	*********				*********	MG/L		1/DAY	GRAB
	REQRMNT	*********	*********		NL	NL					
039 AMMONIA, AS N	REPORTD	*********	*********		*********					2/M	24HC
	REQRMNT	*********	*********		*********	39.6	49.0	MG/L			
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********			C		1/DAY	IS
	REQRMNT	*********	*********		*********	NL	NL				
500 OIL & GREASE	REPORTD				*********	*********	*********			2/M	GRAB
	REQRMNT	426	784	MG/D	*********	*********	*********				

NO DISCHARGE

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 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
		TELEPHONE			
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					
Graham Lyell Jett	Graham Lyell Jett	804-455-4211	03	12	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 04
OMEGA PROTEIN
0044534475
08/15/2002 08:17

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

Industrial Major 06/27/2002

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	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	11	1	TO	03	11	30

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	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	9.741	11.941		*********	*********	*********		-	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		8.08	*********	8.79		0	1/D	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	193	547		*********	*********	*********		0	3D/W	24HC
	REQRMNT	1755	3142	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD	218	381		*********	*********	*********		0	3D/W	24HC
	REQRMNT	655	1609	KG/D	*********	*********	*********			3D/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	2.36	2.47		*********	.078	.10		0	2/M	24HC
	REQRMNT	178.4	NL	KG/D	*********	2.0	NL	MG/L		2/M	24HC
013 NITROGEN, TOTAL AS N	REPORTD	98.9	166		*********	2.56	3.70		-	2/M	24HC
	REQRMNT	NL	NL	KG/D	*********	NL	NL	MG/L		2/M	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTD				*********	0	<10		0	2/M	GRAB
	REQRMNT	********	********		*********	1.54	2.00	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTD				*********	1.24	1.48		0	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 (M.G.)	TOTAL BOD5 (K.G.)
	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 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	03	12	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PAGE 05

OMEGA PROTEIN

02/09/2004 07:17

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.

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	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	11	1	TO	03	11	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
060 TEMPERATURE, WATER (DEG. C)	REPORTD	********	********		********	********	29.0		0	1/D	IS
	REQRMNT	********	********		********	********	45.0	C		1/DAY	IS
500 OIL & GREASE	REPORTD	.179	226		********	********	********		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 (MG.)	TOTAL BOD5 (KG.)
	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. § 314. (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	03	12	08

PAGE 06

OMEGA PROTEIN

00440399/2

Month of November, 2003

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	1015	<2	10.4	0.150	14	7.1	14.4	1015	4.4	9.6	0.244	12	7.3	14.4
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Lancaster

Name of Sampler Tom Boyd

Month of November, 2003

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	630	2.3	10.5	0.214	14	7.0	14.5	630	6.0	9.9	0.224	12	7.2	14.0
24														
25														
26														
27														
28														
29														
30														
31														

Name of Vessel Harvester

Name of Sampler Tom Boyd

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 11/1/03 To 11/8/03

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).

12-2-03

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 11/9/03 To 11/15/03

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 Jott 12-2-03

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 11/23/03 To 11/30/03

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

Darrin 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 Jett — 12-2-03
Signature of Principal Officer or Authorized Agent / Date