EXHIBIT

J

FOLDER

2

PT. 2

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 6/18/07 To 6/24/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE*
	✓	

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

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

Graham Lyell Jett 07-07-2007
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, Va.

VPDES Permit No.: VA0003867

Report Period: From 6 25 07 To 7 1 07

Paint Area	COMPLIANCE	NONCOMPLIANCE*
	(check as appropriate)	
	✓	

*Comments on Noncompliance

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

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

Graham Lyell Jr 07-07-2007
Signature of Principal Officer or Authorized Agent / Date

BIOLOGICAL MONITORING, INC.

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

July 23, 2007

RECEIVED
AUG 10 2007
PRO

Mr. Ted Schultz
Omega Protein
P.O. Box 175
Reedville, VA 22539

Dear Mr. Schultz:

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 001	STC Cv	NOEC Survival = 100% NOEC Growth = 100% TUc = 1.0 IC25 > 100%	Pass	N/A
	STC Mb	NOEC Survival = 100% NOEC Growth = 100% NOEC Fecundity = 100% TUc = 1.0 IC25 > 100%	Pass	N/A
	SA Cv	LC50 > 100% TUa = 1.0	Pass	N/A
	SA Mb	LC50 > 100% TUa = 1.0	Pass	N/A

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

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

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

Sincerely,

Tony Timpano
Laboratory Manager

enc: as stated

TOXICITY TESTS
FOR
OMEGA PROTEIN
Outfall 001 – June/July 2007

Submitted to:

Mr. Ted Schultz
Omega Protein
P.O. Box 175
Reedville, VA 22539

Prepared by:

Biological Monitoring, Inc.
1800 Kraft Drive, Suite 101
Blacksburg, VA 24060

Phone: 540-953-2821
Fax: 540-951-1481
www.biomon.com

July 23, 2007

The following data have been internally reviewed and the personnel meticulously followed the methods. The procedures are deemed to be compliant with the methods and acceptable for reporting.

Tony Timpano (Laboratory Manager)

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Omega Protein

Prepared by: Tony Timpano

NPDES Permit #: VA0003867

Experiment ID#: OMP071107-1

Test Organism: *Cyprinodon variegatus*

Test Type: Short Term Chronic

Organism Age at Start of Test: 24h

Sample Tested: Outfall 001

Sample Type: Composite

Sample Collection Dates and Times:

From 07/09/07 @ 1300 to 07/10/07 @ 1300;
From 07/11/07 @ 1300 to 07/12/07 @ 1300;
From 07/13/07 @ 0700 to 07/14/07 @ 0700;

Sample Collector: Ted Shultz

Delivered by: UPS & Hand

Test Solution Renewal Frequency: Daily

Dilution Water Used: Synthetic Seawater 071007

Test Temperature: 25 ± 1°C

No. of Replicates per conc.: 4

No. of Organisms per Replicate: 10

Feeding prior to test: Not fed

Feeding Regime: Live rinsed Artemia 2x daily

Chamber Size: 600 mL PP

Test Volume: 500 mL

Photo Period: 16h light/8h dark

Test Duration: 7 d

Start of Test: Date: 07/11/07

Time: 1700

End of Test: Date: 07/18/07

Time: 1700

Equipment:

pH Meter: SA 720 (A)
DO Meter: YSI 58 (b)
SCT Meter:YSI 33 (A)
°C Measurement: Calibrated Thermometer
Salinity: SCT Meter
Chlorine: Fisher/Porter Amperometric Titrator

Test Method Reference: U.S. EPA. 2002. Short-Terms Methods for Estimating the Chronic Toxicity of Effluents and Receiving Water to Marine and Estuarine Organisms. EPA-821-R-02-014.

BIOLOGICAL MONITORING, INC.
Chronic Toxicity Test Data Summary

Client	Omega Protein	NPDES PERMIT #: VA0003867		
Test Organism	*Cyprinodon variegatus*		Date	Time
Experiment ID	OMP071107-1	Start Test	07/11/07	1700
Sample Tested	Outfall 001	End Test	07/18/07	1700

RESULTS

Water Chemistry Analyses Survival and Reproduction
Initial (Range)

Conc. (%)	Temp. (°C) 0h	Temp. (°C) Range	D.O. (mg/L) 0h	D.O. (mg/L) Range	pH (SU) 0h	pH (SU) Range	Salinity (0/00) 0h	Salinity (0/00) Range	Survival (%) 96h	Survival (%) 7d	Mean Weight (mg)
0	25	25	6.3	5.0-6.3	8.2	8.0-8.2	25	25	100	100	1.483
0.02	25	25	6.3	5.0-6.3	8.2	8.0-8.2	25	25	100	100	1.426
0.2	25	25	6.3	4.9-6.3	8.2	8.0-8.2	25	25	100	100	1.427
1.6	25	25	6.3	4.9-6.3	8.1	8.0-8.2	25	25	100	100	1.626
12.5	25	25	6.4	4.8-6.4	8.1	8.0-8.3	25	25	100	100	1.643
100	25	25	6.3	4.7-6.3	8.0	8.0-8.3	25	25	100	100	1.495

Dilution Water and Test Sample
Initial Use Chemistry

Batch/Sample ID	Temp. (°C)	D.O. (mg/L)	pH (SU)	Salinity 0/00	TRC (mg/L)
SS 071007	25	6.3	8.2	25	<0.01
OMP 071107	25	6.3	8.0	25	<0.01
OMP 071307	25	6.2	8.0	25	<0.01
OMP 071407	25	6.0	8.2	25	<0.01

STATISTICAL ANALYSES

Test Method	End Point		
N/A	Survival	NOEC = 100% TUc = 1.0	LOEC = N/A
Dunnett's Test	Growth	NOEC = 100% TUc = 1.0	LOEC = N/A
Linear Interpolation	Growth	IC25 >100%	

NOEC = No Observed Effect Concentration LOEC = Lowest Observed Effect Concentration

SURVIVAL DATA

1. *Cyprinodon variegatus* survival in all the effluent concentrations was not significantly different than survival in the control.

GROWTH DATA

1. No transformation was used.
2. Data PASS normality test using Shapiro-Wilk's Test.
3. Data PASS homogeneity test using Bartlett's Test.
4. *Cyprinodon variegatus* growth in all effluent treatments was not significantly different than growth in the control using Dunnett's Test (p = 0.05).

Comments: All raw sample aerated @ ~100 bubbles/min prior to use; all samples salinated to 25ppt with Crystal Sea Bioassay Mix

OMP071107-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

Shapiro - Wilk's test for normality

D = 0.338

W = 0.979

Critical W (P = 0.05) (n = 24) = 0.916
Critical W (P = 0.01) (n = 24) = 0.884

Data PASS normality test at P=0.01 level. Continue analysis.

OMP071107-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

Bartlett's test for homogeneity of variance
Calculated B1 statistic = 6.20

Table Chi-square value = 15.09 (alpha = 0.01, df = 5)
Table Chi-square value = 11.07 (alpha = 0.05, df = 5)

Data PASS B1 homogeneity test at 0.01 level. Continue analysis.

OMP1GS

TITLE: OMP071107-1g
FILE: OMP1g.txt
TRANSFORM: NO TRANSFORMATION NUMBER OF GROUPS: 6

GRP	IDENTIFICATION	REP	VALUE	TRANS VALUE
1	0	1	1.3000	1.3000
1	0	2	1.6400	1.6400
1	0	3	1.6310	1.6310
1	0	4	1.3590	1.3590
2	0.02	1	1.4830	1.4830
2	0.02	2	1.4300	1.4300
2	0.02	3	1.3110	1.3110
2	0.02	4	1.4810	1.4810
3	0.2	1	1.3570	1.3570
3	0.2	2	1.4760	1.4760
3	0.2	3	1.4750	1.4750
3	0.2	4	1.4000	1.4000
4	1.6	1	1.6210	1.6210
4	1.6	2	1.5700	1.5700
4	1.6	3	1.7690	1.7690
4	1.6	4	1.5450	1.5450
5	12.5	1	1.6740	1.6740
5	12.5	2	1.3390	1.3390
5	12.5	3	1.6910	1.6910
5	12.5	4	1.8670	1.8670
6	100	1	1.5960	1.5960
6	100	2	1.3540	1.3540
6	100	3	1.4620	1.4620
6	100	4	1.5670	1.5670

OMP071107-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	0	4	1.300	1.640	1.483
2	0.02	4	1.311	1.483	1.426
3	0.2	4	1.357	1.476	1.427
4	1.6	4	1.545	1.769	1.626
5	12.5	4	1.339	1.867	1.643
6	100	4	1.354	1.596	1.495

OMP071107-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM	C.V. %
1	0	0.032	0.178	0.089	12.03

			OMP1GS		
2	0.02	0.007	0.081	0.040	5.65
3	0.2	0.003	0.059	0.029	4.11
4	1.6	0.010	0.100	0.050	6.17
5	12.5	0.049	0.220	0.110	13.42
6	100	0.012	0.110	0.055	7.36

OMP071107-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.183	0.037	1.952
Within (Error)	18	0.338	0.019	
Total	23	0.521		

Critical F value = 2.77 (0.05,5,18)
Since F < Critical F FAIL TO REJECT Ho: All equal

OMP071107-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

DUNNETT'S TEST - TABLE 1 OF 2 Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	MEAN CALCULATED IN ORIGINAL UNITS	T STAT	SIG
1	0	1.483	1.483		
2	0.02	1.426	1.426	0.581	
3	0.2	1.427	1.427	0.573	
4	1.6	1.626	1.626	-1.484	
5	12.5	1.643	1.643	-1.655	
6	100	1.495	1.495	-0.126	

Dunnett table value = 2.41 (1 Tailed Value, P=0.05, df=18,5)

OMP071107-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

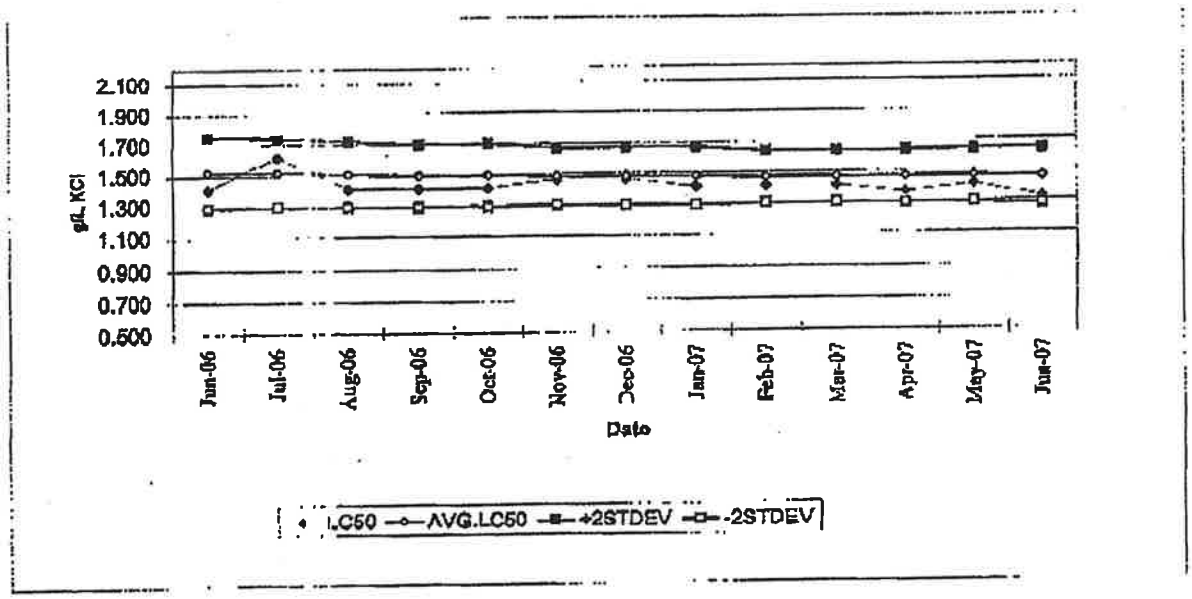
DUNNETT'S TEST - TABLE 2 OF 2 Ho:Control<Treatment

GROUP	IDENTIFICATION	NUM OF REPS	Minimum Sig Diff (IN ORIG. UNITS)	% of CONTROL	DIFFERENCE FROM CONTROL
1	0	4			
2	0.02	4	0.233	15.7	0.056
3	0.2	4	0.233	15.7	0.055
4	1.6	4	0.233	15.7	-0.144
5	12.5	4	0.233	15.7	-0.160
6	100	4	0.233	15.7	-0.012

1300 Blue Spruce Drive, Suite C
Fort Collins, Colorado 80524

Toll Free: 800/331 5916
Tel: 970/484-5091 Fax: 970/484-2514

REFERENCE TOXICANT LC50
Cyprinodon variegatus



48 HOUR ACUTE TOXICITY DATA FOR
Cyprinodon variegatus

DATE	LC50 (g/L KCl)	95% CONFIDENCE (upper)	(lower)	AVG.LC50 (g/L KCl)	METHOD	Avg+2std	Avg-2std
Jan 07	1.414	1.414	1.414	1.401	Graphical	1.672	1.200
Feb 07	1.414	1.414	1.414	1.469	Graphical	1.640	1.297
Mar 07	1.414	1.414	1.414	1.469	Graphical	1.640	1.297
Apr 07	1.366	1.464	1.275	1.467	SPKR	1.642	1.291
May 07	1.414	1.414	1.414	1.468	Graphical	1.641	1.294
Jun 07	1.320	1.452	1.199	1.459	SPKR	1.642	1.276

Post-it® Fax Note 7671	Date 7/23/07	# of pages ▶ 1
To TONY T.	From SCOTT.	
Co./Dept. BIOL. MNT.	Co. ABS. INC.	
Phone # TOX	Phone # JULY DATA	
Fax # 540 951 5481	Fax # READY 7/27	

Biological Monitoring, Inc.

Sheepshead Minnow (Cyprinodon variegatus) Larval Survival and Growth Sheet

Experiment ID: OMP071107-1

Permit #: VA0003867

Concentration	Day No.	A	B	C	D	No. live organisms	D.O. before renewal (mg/L)	D.O. after renewal (mg/L)	pH before renewal	pH after renewal	Temp. before renewal (°C)	Temp. after renewal (°C)	Salinity (ppt)	Alkalinity (mg/L as $CaCO_3$)	Hardness (mg/L as $CaCO_3$)	Chambers cleaned/renewed	1st feeding	2nd feeding	3rd feeding	Initials
0	0	10	10	10	10			6.3		8.2		25	25			1700		✓		AO
	1	10	10	10	10	5.6	6.1	8.0	8.2	8.2	25	25	25			1700	✓	✓		AO
	2	10	10	10	10	5.0	6.3	8.1	8.1	8.1	25	25	25			1730	—	—		AO
	3	10	10	10	10	5.0	6.3	8.1	8.1	8.1	25	25	25			1800	—	—		AO
	4	10	10	10	10	5.1	6.2	8.1	8.1	8.1	25	25	25			1700	—	—		AO
	5	10	10	10	10	5.0	6.2	8.1	8.1	8.1	25	25	25			1600	—	—		AO
	6	10	10	10	10	5.2	6.2	8.1	8.1	8.1	25	25	25			1600	—	—		AO
0/2000	7	10	10	10	10		5.7		8.2			25	25			1700				OC
0.02	0	10	10	10	10		6.3		8.2			25	25			1700		✓		AO
	1	10	10	10	10	5.6	6.1	8.0	8.2	8.2	25	25	25			1700	✓	✓		AO
	2	10	10	10	10	5.1	6.3	8.2	8.1	8.1	25	25	25			1730	—	—		AO
	3	10	10	10	10	5.0	6.3	8.1	8.1	8.1	25	25	25			1800	—	—		AO
	4	10	10	10	10	5.1	6.2	8.1	8.1	8.1	25	25	25			1700	—	—		AO
	5	10	10	10	10	5.0	6.2	8.2	8.1	8.1	25	25	25			1600	—	—		AO
	6	10	10	10	10	5.2	6.2	8.2	8.1	8.1	25	25	25			1600	—	—		AO
0.4/2000	7	10	10	10	10		5.5		8.2			25	25			1700				OC
0.2	0	10	10	10	10		6.3		8.2			25	25			1700		✓		AO
	1	10	10	10	10	5.5	6.0	8.0	8.2	8.2	25	25	25			1700	✓	✓		AO
	2	10	10	10	10	5.0	6.3	8.2	8.1	8.1	25	25	25			1730	—	—		AO
	3	10	10	10	10	5.0	6.3	8.2	8.2	8.2	25	25	25			1800	—	—		AO
	4	10	10	10	10	5.1	6.2	8.2	8.1	8.1	25	25	25			1700	—	—		AO
	5	10	10	10	10	4.9	6.2	8.2	8.1	8.1	25	25	25			1600	—	—		AO
	6	10	10	10	10	5.0	6.2	8.2	8.1	8.1	25	25	25			1600	—	—		AO
4/2000	7	10	10	10	10		5.1		8.2			25	25			1700				OC
1.6	0	10	10	10	10		6.3		8.1			25	25			1700		✓		AO
	1	10	10	10	10	5.5	6.0	8.0	8.2	8.2	25	25	25			1700	✓	✓		AO
	2	10	10	10	10	5.2	6.3	8.2	8.1	8.1	25	25	25			1730	—	—		AO
	3	10	10	10	10	5.0	6.3	8.2	8.2	8.2	25	25	25			1800	—	—		AO
	4	10	10	10	10	5.0	6.2	8.2	8.1	8.1	25	25	25			1700	—	—		AO
	5	10	10	10	10	4.9	6.2	8.2	8.1	8.1	25	25	25			1600	—	—		AO
	6	10	10	10	10	5.0	6.2	8.2	8.1	8.1	25	25	25			1600	—	—		AO
32/2000	7	10	10	10	10		5.1		8.2			25	25			1700				OC
12.5	0	10	10	10	10		6.4		8.1			25	25			1700		✓		AO
	1	10	10	10	10	5.6	5.9	8.0	8.1	8.1	25	25	25			1700	✓	✓		AO
	2	10	10	10	10	5.2	6.3	8.2	8.1	8.1	25	25	25			1730	—	—		AO
	3	10	10	10	10	5.0	6.3	8.2	8.2	8.2	25	25	25			1800	—	—		AO
	4	10	10	10	10	5.0	6.2	8.2	8.2	8.2	25	25	25			1700	—	—		AO
	5	10	10	10	10	4.8	6.2	8.3	8.2	8.2	25	25	25			1600	—	—		AO
	6	10	10	10	10	4.9	6.2	8.3	8.2	8.2	25	25	25			1600	—	—		AO
250/2000	7	10	10	10	10		5.0		8.3			25	25			1700				OC
100	0	10	10	10	10		6.3		8.0			25	25			1700		✓		AO
	1	10	10	10	10	5.2	5.8	8.0	8.0	8.0	25	25	25			1700	✓	✓		AO
	2	10	10	10	10	5.0	6.2	8.1	8.0	8.0	25	25	25			1730	—	—		AO
	3	10	10	10	10	4.9	6.2	8.1	8.1	8.1	25	25	25			1800	—	—		AO
	4	10	10	10	10	4.9	6.0	8.2	8.2	8.2	25	25	25			1700	—	—		AO
	5	10	10	10	10	4.9	6.1	8.3	8.2	8.2	25	25	25			1600	—	—		AO
	6	10	10	10	10	4.8	6.1	8.3	8.2	8.2	25	25	25			1600	—	—		AO
2000/2000	7	10	10	10	10		4.7		8.3			25	25			1700				OC

BIOLOGICAL MONITORING, INC.
Short-term Chronic Toxicity Test Conditions
(Fish)

Permit # VA0003867

Experiment I.D.# OMP071107-1

Organism: Cyprinodon variegatus

Client: Omega Protein

Effluent Toxicant: Outfall 001

Sample Type: 24h Composite

Renewal Frequency: daily

Test Temperature: 25±1°C

Dilution Water Used: SS 07 Syn. Seawater

Start of Test: Date: 071107 Time: 1700

End of Test: Date: 7/18/07 Time: 1700

Biologists Conducting Test: A. Timpano, J. Rosnake

QC Officer:

Test Organism Age: 24h

Organism Batch #: ABS 071107

Test Containers Used: 600 mL Pp

Feeding Schedule: 2x daily - live rotifer artemia

Aeration: N/A

Sample Chlorine: 0.01 mg/L

Test Volume: 500 mL

Template #: Random #

Diluent Batch Carboy #/Days Used

SS071007 (0,1,2,3,4,5,6)

SAMPLE COLLECTION				SAMPLE USE		
Date(s)		Time(s)				
From:	To:	From:	To:	Date(s)	Time(s)	Test Day
07-09-07	07-10-07	1300	1300	07-11-07	1700	0
				07-12-07	1700	1
07-11-07	07-12-07	1300	1300	07-13-07	1730	2
				07-14-07	1800	3
07-13-07	07-14-07	0700	0700	07-15-07	1700	4
				07-16-07	1600	5
				07-17-07	1600	6

The first use of a sample (acute or chronic) must be within 36-hours of retrieval from the sample collection device. Samples held after first use, to be used in chronic test solution renewals, must not be used if more than 72-hours have elapsed since retrieval from the sample collection device.

Condition of Organisms at End of Test: Normal

Average weight per control fish: 1.483 mg Control Survival (%): 100

Comments: OMP 071107 salinated from 18 to 25 ppt w/ Crystal Sea Brassy Mix; sample aerated prior to use PMSD: 15.7%

OMP 071307 salinated from 18 to 25 ppt w/ Crystal Sea Brassy Mix; sample aerated prior to use

OMP 071407 salinated from 18 to 25 ppt w/ Crystal Sea Brassy Mix; sample aerated prior to use

Biological Monitoring, Inc.
Weight Data Sheet

Test ID # OMP071107-1 Permit # VA0003867 Species C. variegatus

Organism or Concentration	Length	Initial Weight (mg)	Final Weight (mg)	Diff. (mg)	# Larvae	Avg. Wt. Larvae (mg)	Initials
0 A		109.95	122.95	13.00	10	1.300	AJT
0 B		117.17	133.57	16.40	10	1.640	AJT
0 C		92.37	108.68	16.31	10	1.631	AJT
0 D		81.48	95.07	13.59	10	1.359	AJT
					Avg:	1.483	
0.02 A		92.89	107.72	14.83	10	1.483	AJT
0.02 B		93.65	107.95	14.30	10	1.430	AJT
0.02 C		87.57	100.68	13.11	10	1.311	AJT
0.02 D		86.80	101.61	14.81	10	1.481	AJT
					Avg:	1.426	
0.2 A		97.00	110.57	13.57	10	1.357	AJT
0.2 B		99.29	114.05	14.76	10	1.476	AJT
0.2 C		96.11	110.86	14.75	10	1.475	AJT
0.2 D		82.78	96.78	14.00	10	1.400	AJT
					Avg:	1.427	
1.6 A		100.99	117.20	16.21	10	1.621	AJT
1.6 B		98.64	114.34	15.70	10	1.570	AJT
1.6 C		96.77	114.46	17.69	10	1.769	AJT
1.6 D		88.87	104.22	15.45	10	1.545	AJT
					Avg:	1.626	
12.5 A		120.62	137.36	16.74	10	1.674	AJT
12.5 B		100.78	112.83	12.05	* 10(9)	1.339	AJT
12.5 C		96.94	113.85	16.91	10	1.691	AJT
12.5 D		86.82	105.49	18.67	10	1.867	AJT
					Avg:	1.643	
100 A		97.66	113.62	15.96	10	1.596	AJT
100 B		102.59	116.13	13.54	10	1.354	AJT
100 C		96.29	110.91	14.62	10	1.462	AJT
100 D		84.14	99.81	15.67	10	1.567	AJT
					Avg:	1.495	

* 1 lost on transfer

1st sample 2nd [illegible]

SAMPLE COLLECTION - CHAIN OF CUSTODY FORM

To be completed by the person collecting the sample. See reverse side for instructions. 11313

1. Client name Omega Protein
2. Sampler's name Ted Schultz
3. Sample source Non-Contact Cooling / Scrubber Mix
4. Outfall/station 001
5. Purchase order no.
6. Affiliation Employee.
7. NPDES permit no./County VA 0003867
8. Test period for which data is being submitted: 1st Q '07
9. *Sampler relinquished by:* Ted Schultz 7/10/07 *Date; Received by:* [illegible] 7/11/07 *Date;*

Sampler relinquished by: / *Date; Received by:* / *Date.*

Description of Sampling Methods and Equipment

10. Type of sample collected:
Grab
Date collected
Time collected
Volume
Composite X
Composite type 24 HC
Collection period: from 7/9/07 (date) 13:00 (time) to 7/10/07 (date) 13:00 (time)

11. Flow during sampling
12. Type of container Plastic Cube
13. Number of containers shipped 2
14. No. of subsamples
15. Frequency
16. Volume

Condition of Effluent at Time of Collection

17. pH 7.6 18. Chlorine
19. Temperature:
At collection point
In collection device (comp. sample must be @ or below 4°C)
20. Is the sample:
Chlorinated No
Dechlorinated No
Unknown
Dechlorination method

Shipping Information

21. Method of shipment UPS 22. Date shipped 7/10/07 23. Time 15:30
24. Was the sample packed with ice for shipment? yes
25. *Custody seal in place by* T Schultz *Date* 7/10/07 *Time* 14:30

Instructions to Lab

26. Type of test(s) to be performed Chronic/Acute WET
27. Should BMI dechlorinate the sample (Yes or No) No 28. Should ammonia be measured? (Yes or No) No
29. Comments

30. I certify that the above information is correct Ted Schultz (Signature) 7/10/07 (Date)

For BMI Use Only

Alk
Hard
BMI Sample ID# OMP071107 *Received by* A. Timpson *Date* 7-11-07 *Time* 1230
Upon arrival at BMI: Custody seal ✓ Temperature 2°C pH 7.8 Chlorine 0.01 DO 9.5
On ice? ✓ Salinity 18 ppt Conductivity —
Visual description lt green, clear Sample refrigerated ✓
Test ID number(s) OMP071107-1

C:\wpdocs\labforms\epicol2.frm (V.1194)

2nd week / No sample MTD

SAMPLE COLLECTION - CHAIN OF CUSTODY FORM 11314

To be completed by the person collecting the sample. See reverse side for instructions.

1. Client name: OMEGA PROTEIN
2. Sampler's name: TED SCHULTZ
3. Sample source: COOLING WATER/SCRUBBER MIX NON-CONTACT
4. Outfall/station: 001
5. Purchase order no.:
6. Affiliation: EMPLOYEE
7. NPDES permit no./County: VA0003867
8. Test period for which data is being submitted: 1ST Q '07

9. *Sample relinquished by:* Ted Schultz / 7/12/07 *Date; Received by:* [illegible] 7-13-07 *Date;*

Sample relinquished by: / *Date; Received by:* / *Date.*

Description of Sampling Methods and Equipment

10. Type of sample collected:
Grab
Date collected
Time collected
Volume
Composite X
Composite type 24HC
Collection period: from 7/11/07 (date) 13:00 (time) to 7/12/07 (date) 13:00 (time)

11. Flow during sampling
12. Type of container: Plastic Cube
13. Number of containers shipped: 2
14. No. of subsamples
15. Frequency
16. Volume

Condition of Effluent at Time of Collection

17. pH 7.6
18. Chlorine
19. Temperature:
At collection point
In collection device (comp. sample must be @ or below 4°C)
20. Is the sample:
Chlorinated: No
Dechlorinated: No
Unknown
Dechlorination method

Shipping Information

21. Method of shipment: UPS
22. Date shipped: 7/12/07
23. Time: 15:30
24. Was the sample packed with ice for shipment? Yes
25. *Custody seal in place by* Ted Schultz *Date* 7/12/07 *Time* 14:30

Instructions to Lab

26. Type of test(s) to be performed: CHRONIC / ACUTE WET
27. Should BMI dechlorinate the sample (Yes or No) No
28. Should ammonia be measured? (Yes or No) No
29. Comments

30. I certify that the above information is correct Ted Schultz (Signature) 7/12/07 (Date)

For BMI Use Only

Alk
Hard
BMI Sample ID# OMP071307 *Received by* A. Timpano *Date* 7/13/07 *Time* 1100
Upon arrival at BMI: Custody seal ✓ Temperature 2°C pH 7.8 Chlorine <0.01 DO 5.4
On ice? ✓ Salinity 18 ppt Conductivity —
Visual description lt. yellow, clear Sample refrigerated ✓
Test ID number(s) OMP 071107-1, OMP071307-3

C:\wpdocs\labforms\lapicol2.frm (V.1194)

2nd week 1/3 Sample #15

SAMPLE COLLECTION - CHAIN OF CUSTODY FORM 11315

To be completed by the person collecting the sample. See reverse side for instructions.

1. Client name OMEGA PROTEIN
2. Sampler's name TED SCHULTZ
3. Sample source N/C Cooling water SCRUBBER MIX
4. Outfall/station 001
5. Purchase order no.
6. Affiliation EMPLOYEE
7. NPDES permit no./County VA0003867
8. Test period for which data is being submitted: 1ST Q. '07
9. *Sampler relinquished by:* Ted Schultz 7/14/07 *Date; Received by:* [illegible] 7/14/07 *Date;*

Sampler relinquished by: _____ / _____ *Date; Received by:* _____ / _____ *Date.*

Description of Sampling Methods and Equipment

10. Type of sample collected:
    - Grab _____
    - Date collected _____
    - Time collected _____
    - Volume _____
    - Composite X
    - Composite type 24HC
    - Collection period: from 7/13/07 (date) 0700 (time) to 7/14/07 (date) 0700 (time)
11. Flow during sampling _____
12. Type of container Plastic Cube
13. Number of containers shipped 2
14. No. of subsamples _____
15. Frequency _____
16. Volume _____

Condition of Effluent at Time of Collection

17. pH 7.6
18. Chlorine _____
19. Temperature:
    - At collection point _____
    - In collection device (comp. sample must be @ or below 4°C) _____
20. Is the sample:
    - Chlorinated No
    - Dechlorinated No
    - Unknown _____
    - Dechlorination method _____

Shipping Information

21. Method of shipment HAND DEL
22. Date shipped 7/14/07
23. Time 08:00
24. Was the sample packed with ice for shipment? Yes
25. *Custody seal in place by* JR HALL *Date* 7/14/07 *Time* 08:00

Instructions to Lab

26. Type of test(s) to be performed Toxicity Chronic/Acute WET
27. Should BMI dechlorinate the sample (Yes or No) No
28. Should ammonia be measured? (Yes or No) No
29. Comments _____
30. I certify that the above information is correct Theodore Schultz (Signature) 7/14/07 (Date)

For BMI Use Only

Alk _____
Hard _____
BMI Sample ID# DMP 071407 *Received by* A. Timpson *Date* 7-14-07 *Time* 1400
Upon arrival at BMI: Custody seal ✓ Temperature 2°C pH 7.8 Chlorine 2mg DO 5.5
On ice? ✓ Salinity 18 Conductivity _____
Visual description Hy yellow clear Sample refrigerated ✓
Test ID number(s) DMP 071407-1

C:\wpdocs\labforms\apicol2.frm (V.1184)

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Omega Protein

Prepared by: Tony Timpano

NPDES Permit #: VA0003867

Experiment ID#: OMP071307-3

Test Organism: *Cyprinodon variegatus*

Test Type: Static Acute

Organism Age at Start of Test: 3 d

Sample Tested: Outfall 001

Sample Type: Composite

Sample Collection Date and Time: From 07/11/07 @ 1300 to 07/12/07 @ 1300

Sample Collector: Ted Schultz

Delivered by: UPS

Test Solution Renewal Frequency: N/A

Dilution Water Used: Synthetic Seawater 071007

Test Temperature: 25 ± 1°C

No. of Replicates per conc.: 2

No. of Organisms per Replicate: 10

Feeding prior to test: Normal

Feeding Regime: not fed

Chamber Size: 800 mL PP

Test Volume: 450 mL

Photo Period: 16h light/8h dark

Test Duration: 48 h

Start of Test: Date: 07/13/07

Time: 1515

End of Test: Date: 07/15/07

Time: 1515

Equipment:

pH Meter: SA 720 (A)
DO Meter: YSI 58 (b)
SCT Meter:YSI 33 (A)
°C Measurement: Calibrated Thermometer
Salinity: SCT Meter
Chlorine: Fisher/Porter Amperometric Titrator

Test Method Reference: U.S. EPA. 2002. Methods for measuring the Acute toxicity of effluents and receiving waters to freshwater and marine organisms. EPA-821-R-02-012.

BIOLOGICAL MONITORING, INC.
Acute Toxicity Test Data Summary

Client	Omega Protein	NPDES PERMIT #: VA0003867		
Test Organism	*Cyprinodon variegatus*		Date	Time
Experiment ID	OMP071307-3	Start Test	07/13/07	1515
Sample Tested	Outfall 001	End Test	07/15/07	1515

RESULTS

Water Chemistry Analyses

Conc. %	Temp. (°C)			D.O. (mg/L)			pH (SU)			Salinity (0/00)		Survival (%) 48 h
	0h	24h	48h	0h	24h	48h	0h	24h	48h	0h	48h	
0	25	25	25	6.3	5.5	5.0	8.1	8.2	8.2	25	25	100
6.25	25	25	25	6.3	5.5	4.9	8.1	8.2	8.2	25	25	100
12.5	25	25	25	6.3	5.5	4.9	8.1	8.2	8.2	25	25	100
25	25	25	25	6.3	5.4	5.0	8.1	8.2	8.2	25	25	100
50	25	25	25	6.3	5.4	4.9	8.1	8.2	8.2	25	25	100
100	25	25	25	6.2	5.3	4.8	8.0	8.1	8.2	25	25	100

STATISTICAL ANALYSES

Test Method	LC50 (%)	TUa	95% Fiducial (Confidence) Limits
N/A	> 100	1.0	N/A

COMMENTS: Raw sample aerated @ ~100 bubbles/min prior to use; sample salinated to 25ppt with Crystal Sea Bioassay Mix

BIOLOGICAL MONITORING , INC.

TOXICITY TEST DATA SHEET

Experiment I.D. #: OMP071307-3 NPDES#: VA0003867 Client: Omega Protein, Inc Outfall/Station No. 001

Effluent/Sample: OMP071307- Sample Container: PG Project Scientist: A. Timmons QC Officer:

Sample Type:
Grab:
Collection Date: Time:
Composite: X
Collected From: Date: 07-11-07 Time: 1300
Collected To: Date: 07-12-07 Time: 1300

Test Organism:
Species: C. var: egatus
Source: Aquatic Biosystems
Batch#: ABS071107
Age: 3d
No. of organisms/ con. 20

Test Mode: Static Acute
Test Start Date: 07-13-07
Test End Date: 07-15-07
Test Temperature: 25±1°C
Dilution Water Used: SS071007

Test Duration: 48h
Time: 1515
Time: 1515
Waterbath/Shelf#:
Temp. of Org. Stock Solution:

Con. (%) or mg/L	Test Cont. #	Number of Live Organisms					Dissolved Oxygen (mg/L)					pH					Salinity 0/00					Temperature (°C)				
		0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96
0	A	10	10	10			6.3	5.5	5.0			8.1	8.2	8.2			25	25	25			25	25	25		
	B	10	10	10																						
6.25	A	10	10	10			6.3	5.5	4.9			8.1	8.2	8.2			25	25	25			25	25	25		
	B	10	10	10																						
12.5	A	10	10	10			6.3	5.5	4.9			8.1	8.2	8.2			25	25	25			25	25	25		
	B	10	10	10																						
25	A	10	10	10			6.3	5.4	5.0			8.1	8.2	8.2			25	25	25			25	25	25		
	B	10	10	10																						
50	A	10	10	10			6.3	5.4	4.9			8.1	8.2	8.2			25	25	25			25	25	25		
	B	10	10	10																						
100	A	10	10	10			6.7	5.3	4.8			8.0	8.1	8.2			25	25	25			25	25	25		
	B	10	10	10																						
Recorded By:		AT	AT	AT			AT	AT	AT			AT	AT	AT			AT	AT	AT			AT	AT	AT		

BIOLOGICAL MONITORING , INC.
Toxicity Test Procedure Check Sheet

Page _____ of _____

Test I.D. #: DMP071307-3 Test containers used: PP

Specify below no. milliliters (mLs) of diluent and effluent measured out per concentration in this test:

No. of replicates per concentration: 2

Are all test chambers properly labeled? ✓

Specify vessel type and volume used to measure and deliver effluent and diluent to test chambers:

graduated cylinder (s): 1L, 250, 100mL pipet (s): _____

volumetric flask (s): _____ other _____

Concentration (%) mg/L Other	Diluent	Effluent	Total
0	1000	0	1000
6.25	Dilute to 1000mL	62.5	↓
12.5	↓	125	↓
25	↓	250	↓
50	↓	500	↓
100	0	1000	↓

Specify material (s) used to place test organisms into test chambers: wide bore pipet

Total Chlorine of sample upon arrival (mg/L): <0.01

Total Chlorine of sample after dechlorination (mg/L): N/A

Pretest treatment for organisms: Normal

Exposure Chamber
Total vessel capacity: 800mL
Test solution volume: 450mL
Water Depth Constant: ✓
Cyclic: _____

Feeding schedule
Pretest feeding: ✓
Not fed: _____
Fed daily: _____
Fed irregularly (describe) _____
Type of food: artemia nauplii

Aeration
Pretest: _____
None: ✓
Slow: _____ (bubbles/min)
Moderate: _____
Vigorous: _____
Beginning: _____ (hour)

Screened Animal Enclosures
Not used: ✓
Used: _____
Photoperiod:
8h/16h: ✓
Other: _____

Conditions of surviving organisms at end of test: Normal

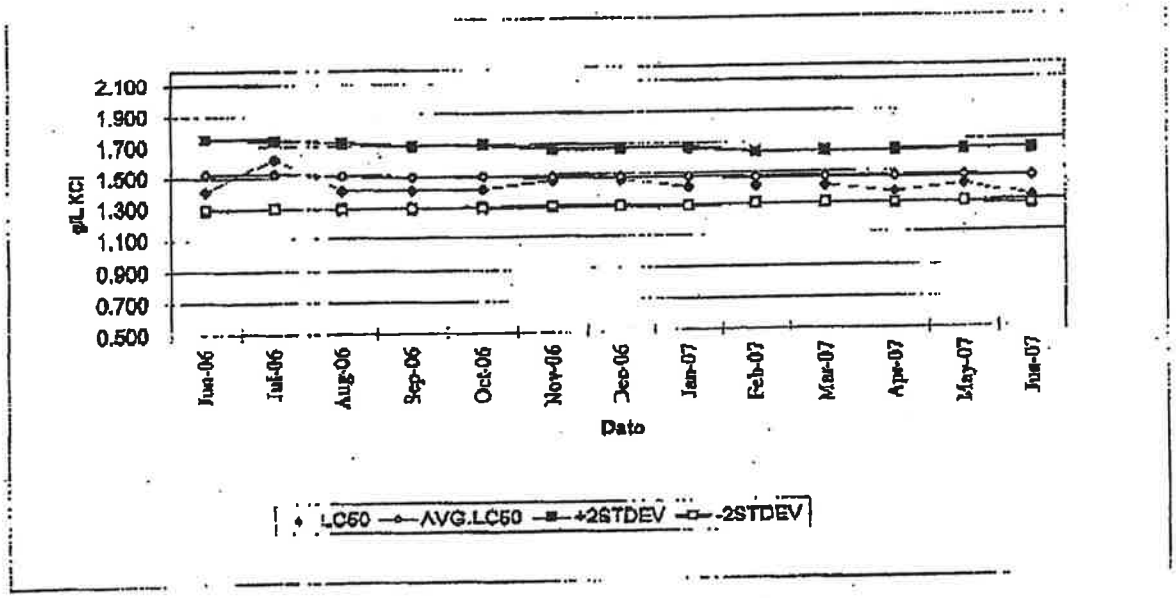
Methods of randomization employed: Random#

Comments: Sample salinated to 25ppt w/ Crystal Sea Bioassay Mix; sample aerated prior to use

1300 Blue Spruce Drive, Suite C
Fort Collins, Colorado 80524

Toll Free: 800/331 5916
Tel: 970/484-5091 Fax: 970/484-2514

REFERENCE TOXICANT LC50
Cyprinodon variegatus



48 HOUR ACUTE TOXICITY DATA FOR
Cyprinodon variegatus

DATE	LC50 (g/L KCl)	95% CONFIDENCE (upper)	(lower)	AVG.LC50 (g/L KCl)	METHOD	Avg+2std	Avg-2std
Jan 07	1.414	1.414	1.414	1.401	Graphical	1.672	1.200
Feb 07	1.414	1.414	1.414	1.469	Graphical	1.640	1.297
Mar 07	1.414	1.414	1.414	1.469	Graphical	1.640	1.297
Apr 07	1.366	1.464	1.275	1.467	SPKR	1.642	1.291
May 07	1.414	1.414	1.414	1.468	Graphical	1.641	1.294
Jun 07	1.320	1.452	1.199	1.459	SPKR	1.642	1.276

Post-it® Fax Note 7671	Date 7/23/07	# of pages ▶ 1
To TONY T.	From SCOTT K.	
Co./Dept. BIOL. MON.	Co. ABS, INC.	
Phone # TOX	Phone # JULY DATA	
Fax # 540 951 1481	Fax # READY 7/27	

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Omega Protein

Prepared by: Tony Timpano

NPDES Permit #: VA0003867

Experiment ID#: OMP062707-2

Test Organism: *Americamysis bahia* (formerly *Mysidopsis*)

Test Type: Short Term Chronic

Organism Age at Start of Test: 7d

Sample Tested: Outfall 001

Sample Type: Composite

Sample Collection Dates and Times:

From 06/25/07 @ 1400 to 06/26/07 @ 1400;
From 06/27/07 @ 1400 to 06/28/07 @ 1400;
From 06/29/07 @ 0600 to 06/30/07 @ 0600;

Sample Collector: Ted Shultz

Delivered by: UPS & Hand

Test Solution Renewal Frequency: Daily

Dilution Water Used: Synthetic Seawater 062607

Test Temperature: 26 ± 1°C

No. of Replicates per conc.: 8

No. of Organisms per Replicate: 5

Feeding prior to test: Not fed

Feeding Regime: Live rinsed Artemia 2x daily

Chamber Size: 250 mL PE

Test Volume: 200 mL

Photo Period: 16h light/8h dark

Test Duration: 7 d

Start of Test: Date: 06/27/07

Time: 1700

End of Test: Date: 07/04/07

Time: 1700

Equipment:
- pH Meter: SA 720 (A)
- DO Meter: YSI 58 (b)
- SCT Meter: YSI 33 (A)
- °C Measurement: Calibrated Thermometer
- Salinity: SCT Meter
- Chlorine: Fisher/Porter Amperometric Titrator

Test Method Reference: U.S. EPA. 2002. Short-Terms Methods for Estimating the Chronic Toxicity of Effluents and Receiving Water to Marine and Estuarine Organisms. EPA-821-R-02-014.

BIOLOGICAL MONITORING, INC.
Chronic Toxicity Test Data Summary

Client	Omega Protein	NPDES PERMIT #: VA0003867		
Test Organism	*Americamysis bahia* (formerly *Mysidopsis*)		Date	Time
Experiment ID	OMP062707-2	Start Test	06/27/07	1700
Sample Tested	Outfall 001	End Test	07/04/07	1700

RESULTS

Water Chemistry Analyses Survival and Reproduction
Initial (Range)

Conc. (%)	Temp. (°C) 0h	Temp. (°C) Range	D.O. (mg/L) 0h	D.O. (mg/L) Range	pH (SU) 0h	pH (SU) Range	Salinity (0/00) 0h	Salinity (0/00) Range	Survival (%) 96h	Survival (%) 7d	Mean Weight (mg)
0	25	25-26	6.5	5.1-6.5	8.1	7.8-8.1	25	25	100	100	0.389
0.02	25	25-26	6.4	5.1-6.5	8.1	7.8-8.1	25	25	95	95	0.421
0.2	25	25-26	6.4	5.1-6.5	8.1	7.8-8.1	25	25	95	92.5	0.414
1.6	25	25-26	6.4	5.0-6.4	8.0	7.8-8.2	25	25	100	92.5	0.407
12.5	25	25-26	6.4	5.0-6.4	8.0	7.8-8.2	25	25	95	92.5	0.404
100	25	25-26	6.1	4.9-6.4	8.0	7.9-8.3	25	25	92.5	90	0.397

Dilution Water and Test Sample
Initial Use Chemistry

Batch/Sample ID	Temp. (°C)	D.O. (mg/L)	pH (SU)	Salinity 0/00	TRC (mg/L)
SS 062607	25	6.5	8.1	25	<0.01
OMP 062707	25	6.1	8.0	25	<0.01
OMP 062907	26	6.4	8.2	25	<0.01
OMP 063007	26	6.0	8.2	25	<0.01

STATISTICAL ANALYSES

Test Method	End Point		
N/A	Survival	NOEC = 100% TUc = 1.0	LOEC = N/A
Dunnett's Test	Growth	NOEC = 100% TUc = 1.0	LOEC = N/A
Linear Interpolation		IC25 > 100%	
N/A	Fecundity	NOEC = 100% TUc = 1.0	LOEC = N/A
Linear Interpolation		IC25 > 100%	

NOEC = No Observed Effect Concentration LOEC = Lowest Observed Effect Concentration

SURVIVAL DATA

1. *Americamysis bahia* survival in all the effluent concentrations was not significantly different than survival in the control.

GROWTH DATA

1. No transformation was used.
2. Data PASS normality test using Shapiro-Wilk's Test.
3. Data PASS homogeneity test using Bartlett's Test.
4. *Americamysis bahia* growth in all effluent treatments was not significantly different than growth in the control using Dunnett's Test (p = 0.05).

FECUNDITY DATA

1. *Americamysis bahia* fecundity in all effluent treatments was not significantly different than fecundity in the control.

Comments: All raw sample aerated @ ~100 bubbles/min prior to use; all samples salinated to 25ppt with Crystal Sea Bioassay Mix

OMP062707-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

Shapiro - Wilk's test for normality

D = 0.129

W = 0.991

Critical W (P = 0.05) (n = 48) = 0.947
Critical W (P = 0.01) (n = 48) = 0.929

Data PASS normality test at P=0.01 level. Continue analysis.

OMP062707-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

Bartlett's test for homogeneity of variance
Calculated B1 statistic = 6.27

Table Chi-square value = 15.09 (alpha = 0.01, df = 5)
Table Chi-square value = 11.07 (alpha = 0.05, df = 5)

Data PASS B1 homogeneity test at 0.01 level. Continue analysis.

TITLE: OMP062707-2g
FILE: OMP2g.txt
TRANSFORM: NO TRANSFORMATION NUMBER OF GROUPS: 6

GRP	IDENTIFICATION	REP	VALUE	TRANS VALUE
1	0	1	0.3620	0.3620
1	0	2	0.3820	0.3820
1	0	3	0.3780	0.3780
1	0	4	0.3540	0.3540
1	0	5	0.4420	0.4420
1	0	6	0.3520	0.3520
1	0	7	0.4440	0.4440
1	0	8	0.3940	0.3940
2	0.02	1	0.5500	0.5500
2	0.02	2	0.3180	0.3180
2	0.02	3	0.3500	0.3500
2	0.02	4	0.4720	0.4720
2	0.02	5	0.4160	0.4160
2	0.02	6	0.4280	0.4280
2	0.02	7	0.4020	0.4020
2	0.02	8	0.4280	0.4280
3	0.2	1	0.4300	0.4300
3	0.2	2	0.3460	0.3460
3	0.2	3	0.4520	0.4520
3	0.2	4	0.4800	0.4800
3	0.2	5	0.4020	0.4020
3	0.2	6	0.4200	0.4200
3	0.2	7	0.3700	0.3700
3	0.2	8	0.4100	0.4100
4	1.6	1	0.3420	0.3420
4	1.6	2	0.3780	0.3780
4	1.6	3	0.4580	0.4580
4	1.6	4	0.4720	0.4720
4	1.6	5	0.3160	0.3160
4	1.6	6	0.4700	0.4700
4	1.6	7	0.4300	0.4300
4	1.6	8	0.3860	0.3860
5	12.5	1	0.3520	0.3520
5	12.5	2	0.4240	0.4240
5	12.5	3	0.2780	0.2780
5	12.5	4	0.3900	0.3900
5	12.5	5	0.4980	0.4980
5	12.5	6	0.4940	0.4940
5	12.5	7	0.4080	0.4080
5	12.5	8	0.3900	0.3900
6	100	1	0.3820	0.3820
6	100	2	0.4260	0.4260
6	100	3	0.4280	0.4280
6	100	4	0.4060	0.4060
6	100	5	0.4560	0.4560
6	100	6	0.3540	0.3540
6	100	7	0.3700	0.3700
6	100	8	0.3560	0.3560

OMP2GS

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	0	8	0.352	0.444	0.389
2	0.02	8	0.318	0.550	0.421
3	0.2	8	0.346	0.480	0.414
4	1.6	8	0.316	0.472	0.407
5	12.5	8	0.278	0.498	0.404
6	100	8	0.354	0.456	0.397

OMP062707-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM	C.V. %
1	0	0.001	0.037	0.013	9.41
2	0.02	0.005	0.071	0.025	16.91
3	0.2	0.002	0.043	0.015	10.34
4	1.6	0.004	0.060	0.021	14.73
5	12.5	0.005	0.072	0.025	17.82
6	100	0.001	0.038	0.013	9.44

OMP062707-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.005	0.001	0.340
Within (Error)	42	0.129	0.003	
Total	47	0.134		

Critical F value = 2.45 (0.05,5,40)
Since F < Critical F FAIL TO REJECT Ho: All equal

OMP062707-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

DUNNETT'S TEST - TABLE 1 OF 2 Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	MEAN CALCULATED IN ORIGINAL UNITS	T STAT	SIG
1	0	0.389	0.389		
2	0.02	0.421	0.421	-1.156	

3	0.2	0.414	0.414	-0.912
4	1.6	0.407	0.407	-0.650
5	12.5	0.404	0.404	-0.569
6	100	0.397	0.397	-0.316

Dunnett table value = 2.31 (1 Tailed Value, P=0.05, df=40,5)

OMP062707-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

DUNNETT'S TEST - TABLE 2 OF 2 Ho:Control<Treatment

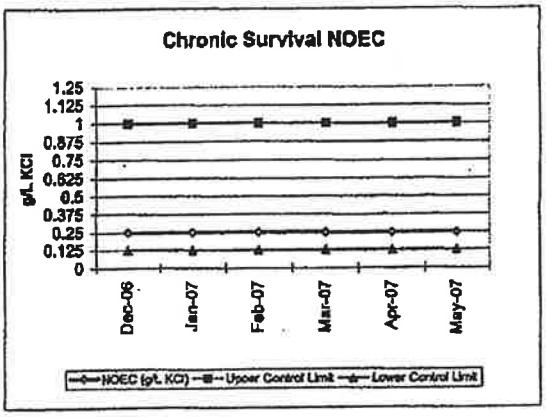
GROUP	IDENTIFICATION	NUM OF REPS	Minimum Sig Diff (IN ORIG. UNITS)	% of CONTROL	DIFFERENCE FROM CONTROL
1	0	8			
2	0.02	8	0.064	16.5	-0.032
3	0.2	8	0.064	16.5	-0.025
4	1.6	8	0.064	16.5	-0.018
5	12.5	8	0.064	16.5	-0.016
6	100	8	0.064	16.5	-0.009

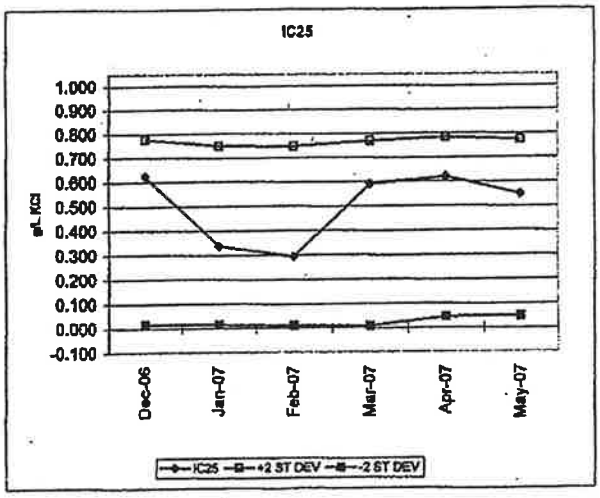
1300 Blue Spruce Drive, Suite C
Fort Collins, Colorado 80524

Toll Free: 800/331-5916
Tel: 970/484-5091 Fax: 970/484-2514

AQUATIC BIO SYSTEMS ABS INC.

Americamysis bahia





Chronic 7 Day Survival Test Data

Date	NOEC (g/L KCl)	LOEC (g/L KCl)
Dec 06	0.25	0.50
Jan 07	0.25	0.50
Feb 07	0.25	0.50
Mar 07	0.25	0.50
Apr 07	0.25	0.50
May 07	0.25	0.50

IC 25 for Growth Test

Date	IC25 (g/L KCl)	95% Confidence (upper)	(lower)	Avg. IC25 (g/L KCl)	+2 ST DEV	-2 ST DEV
Dec 06	0.625	0.567	0.625	0.397	0.778	0.016
Jan 07	0.338	0.509	0.177	0.383	0.750	0.016
Feb 07	0.295	0.312	0.239	0.380	0.749	0.011
Mar 07	0.592	0.639	0.526	0.389	0.769	0.009
Apr 07	0.621	0.627	0.542	0.415	0.784	0.046
May 07	0.550	0.650	0.182	0.411	0.773	0.049

Biological Monitoring, Inc.
(Mysidopsis bahia) Survival, Growth, and Fecundity Log Sheet

xperiment ID#: OMP062707-2

ermit #: VA000 3867

/aterbath/Shelf #:

Concentration	Day	No. of Live Organisms A	B	C	D	NH_4 before renewal	NO_2 before renewal	D.O. before renewal (mg/L)	D.O. after renewal (mg/L)	pH before renewal	pH after renewal	Temp. before renewal (°C)	Temp. after renewal (C°)	Salinity before renewal (ppt)	Salinity after renewal (ppt)	Chambers cleaned/renewed	1st feeding	2nd feeding	Initials
%	0	5	5	5	5				6.5		8.1		25		25	1700		✓	AJT
	1	5	5	5	5			5.4	6.5	7.8	8.1	26	26	25	25	1700	✓	✓	AJT
	2	5	5	5	5			5.6	6.5	7.8	8.0	26	26	25	25	1645	✓	✓	AJT
O	3	5	5	5	5			5.5	6.4	7.8	8.0	26	26	25	25	1715	✓	✓	AJT
	4	5	5	5	5			5.4	6.4	7.8	8.0	26	26	25	25	1645	✓	✓	AJT
A-D	5	5	5	5	5			5.3	6.3	7.9	8.0	26	26	25	25	1700	✓	✓	AJT
	6	5	5	5	5			5.2	6.3	8.0	8.1	26	26	25	25	1645	✓	✓	AJT
	7	5	5	5	5			5.1		8.0		26		25		1700			AJT
	0	5	5	5	5														
	1	5	5	5	5														
	2	5	5	5	5														
O	3	5	5	5	5														
	4	5	5	5	5														
E-H	5	5	5	5	5														
	6	5	5	5	5														
	7	5	5	5	5														
	0	5	5	5	5				6.4		8.1		25		25	1700		✓	AJT
	1	5	5	5	5			5.5	6.5	7.9	8.1	26	26	25	25	1700	✓	✓	AJT
0.02	2	5	5	5	5			5.5	6.5	7.8	8.0	26	26	25	25	1645	✓	✓	AJT
	3	5	5	5	5			5.4	6.4	7.9	8.0	26	26	25	25	1715	✓	✓	AJT
	4	5	4	4	5			5.4	6.4	8.0	8.1	26	26	25	25	1645	✓	✓	AJT
A-D	5	5	4	4	5			5.2	6.3	8.0	8.0	26	26	25	25	1700	✓	✓	AJT
	6	5	4	4	5			5.2	6.3	8.0	8.1	26	26	25	25	1645	✓	✓	AJT
	7	5	4	4	5			5.1		8.0		26		25		1700			AJT
	0	5	5	5	5														
	1	5	5	5	5														
0.02	2	5	5	5	5														
	3	5	5	5	5														
E-H	4	5	5	5	5														
	5	5	5	5	5														
	6	5	5	5	5														
	7	5	5	5	5														
	0	5	5	5	5				6.4		8.1		25		25	1700		✓	AJT
	1	5	5	5	5			5.5	6.4	7.9	8.1	26	26	25	25	1700	✓	✓	AJT
0.2	2	5	5	5	5			5.5	6.5	7.8	8.0	26	26	25	25	1612	✓	✓	AJT
	3	5	4	5	5			5.4	6.4	7.9	8.0	26	26	25	25	1715	✓	✓	AJT
A-D	4	5	4	5	5			5.7	6.3	8.0	8.1	26	25	25	25	1645	✓	✓	AJT
	5	5	4	5	5			5.2	6.3	8.1	8.0	26	26	25	25	1700	✓	✓	AJT
	6	5	4	5	5			5.1	6.2	8.1	8.1	26	26	25	25	1645	✓	✓	AJT
	7	5	4	5	5			5.1		8.1		26		25		1700			AJT
	0	5	5	5	5														
	1	5	5	5	5														
0.2	2	5	5	5	5														
	3	4	5	5	5														
E-H	4	4	5	5	5														
	5	4	5	5	5														
	6	4	5	4	5														
	7	4	5	4	5														

Biological Monitoring, Inc.
(Mysidopsis bahia) Survival, Growth, and Fecundity Log Sheet

xperiment ID#: OM/062707-2

ermit #: VA 0003867

/aterbath/Shelf #: _____

Concentration	Day	No. of Live Organisms A	B	C	D	NH_4 before renewal	NO_2 before renewal	D.O. before renewal (mg/L)	D.O. after renewal (mg/L)	pH before renewal	pH after renewal	Temp. before renewal (°C)	Temp. after renewal (C°)	Salinity before renewal (ppt)	Salinity after renewal (ppt)	Chambers cleaned/renewed	1st feeding	2nd feeding	Initials
1.6 A-D	0	5	5	5	5				6.4		8.0		25		25	1700		✓	AJT
	1	5	5	5	5			5.6	6.4	8.0	8.0	26	26	25	25	1700	✓	✓	AJT
	2	5	5	5	5			5.5	6.4	7.8	8.0	26	26	25	25	1615	—	—	AJT
	3	5	5	5	5			5.3	6.4	7.9	8.0	26	26	25	25	1715	—	—	AJT
	4	5	5	5	5			5.1	6.3	8.0	8.1	26	26	25	25	1645	—	—	AJT
	5	5	5	5	5			5.1	6.2	8.1	8.1	26	26	25	25	1700	—	—	AJT
	6	5	5	5	5			5.0	6.2	8.2	8.1	26	26	25	25	1645	—	—	AJT
	7	5	5	5	5			5.0		8.2		26		25		1700			AJT
1.6 E-H	0	5	5	5	5														
	1	5	5	5	5														
	2	5	5	5	5														
	3	5	5	5	5														
	4	5	5	5	5														
	5	5	5	5	5														
	6	4	5	5	5														
	7	3	5	5	4														
12.5 A-D	0	5	5	5	5				6.4		8.0		25		25	1700		✓	AJT
	1	5	5	4	5			5.6	6.4	8.1	8.0	26	26	25	25	1700	✓	✓	AJT
	2	4	5	4	5			5.5	6.4	7.8	8.0	26	26	25	25	1615	—	—	AJT
	3	4	5	4	5			5.3	6.3	7.9	8.0	26	26	25	25	1715	—	—	AJT
	4	4	5	4	5			5.0	6.2	8.0	8.1	26	26	25	25	1645	—	—	AJT
	5	4	5	4	5			5.0	6.1	8.1	8.1	26	26	25	25	1700	—	—	AJT
	6	4	5	4	5			5.0	6.1	8.2	8.1	26	26	25	25	1645	—	—	AJT
	7	4	5	4	5			5.0		8.2		26		25		1700			AJT
12.5 E-H	0	5	5	5	5														
	1	5	5	5	5														
	2	5	5	5	5														
	3	5	5	5	5														
	4	5	5	5	5														
	5	5	5	4	5														
	6	5	5	4	5														
	7	5	5	4	5														
100 A-D	0	5	5	5	5				6.1		8.0		25		25	1700		✓	AJT
	1	#34	5	5	5			5.1	6.3	8.1	7.9	26	26	25	25	1700	✓	✓	AJT
	2	4	5	5	5			5.4	6.4	7.9	8.2	26	26	25	25	1615	✓	—	AJT
	3	4	5	5	5			5.2	6.2	7.9	8.1	26	26	25	25	1715	—	—	AJT
	4	4	5	5	5			5.0	6.0	8.1	8.2	26	26	25	25	1645	—	—	AJT
	5	4	5	5	5			5.0	6.1	8.2	8.2	26	26	25	25	1700	—	—	AJT
	6	4	5	5	5			5.0	6.0	8.3	8.2	26	26	25	25	1645	—	—	AJT
	7	4	5	5	5			4.9		8.3		26		25		1700			AJT
100 E-H	0	5	5	5	5														
	1	5	5	4	5														
	2	5	5	4	5														
	3	5	5	4	4														
	4	5	5	4	4														
	5	5	5	4	4														
	6	5	5	4	4														
	7	5	4	4	4														

BIOLOGICAL MONITORING, INC.
Short-term Chronic Toxicity Test Conditions.
Mysidopsis bahia

Permit # VA0003867

Experiment I.D.# OMP 062707-2

Biologists Conducting Test: A. Timpano

Organism: Americamysis bahia (formerly Mysidopsis)

Client: Omega Protein

QC Officer:

Effluent Toxicant: Outfall 001

Test Organism Age: 7d

Sample Type: 24h Composite

Organism Batch #: ABS 062707-1

Renewal Frequency: daily

Test Containers Used: 250mL PE

Test Temperature: 25±1°C

Feeding Schedule: 2x daily, live rinsed artemia

Dilution Water Used: SS062607

Aeration: N/A

Start of Test: Date: 06-27-07 Time: 1700

Sample Chlorine: <0.01 mg/L

End of Test: Date: 07-04-07 Time: 1700

Test Volume: 200 mL

Template #: Random #

SAMPLE COLLECTION				SAMPLE USE		
Date(s)		Time(s)				
From:	To:	From:	To:	Date(s)	Time(s)	Test Day
6-25-07	6-26-07	1400	1400	6-27-07	1700	0
				6-28-07	1700	1
6-27-07	6-28-07	1400	1400	6-29-07	1615	2
				6-30-07	1715	3
6-29-07	6-30-07	0600	0600	7-1-07	1645	4
				7-2-07	1700	5
				7-3-07	1645	6

Diluent Batch Carboy #/Days Used
SS062607 (0,1,2,3,4,5,6)

The first use of a sample (acute or chronic) must be within 36-hours of retrieval from the sample collection device. Samples held after first use, to be used in chronic test solution renewals, must not be used if more than 72-hours have elapsed since retrieval from the sample collection device.

Condition of Organisms at End of Test: Normal; PMSD 14.5%

Average weight per control fish: 0.389 mg/ Control Survival (%): 100

Comments: OMP 062707 salinated from 17 to 25 ppt w/ Crystal Sea brassy mix (organisms arrived @ 25 ppt)
OMP 062907 salinated from 17 to 25 ppt w/ Crystal Sea Brassy Mix
OMP 063007 salinated from 17 to 25 ppt w/ Crystal Sea Brassy Mix

BMI/SOP 4.2

7-day Short-Term Chronic *Americamysis bahia* Fecundity Data

Test ID OMP062202-2 Permit No VA0003867 Page 4 of 6

Concentration	Rep	7d survival	Female w/eggs	Female no eggs	Male	Immature
%	A	5	III		II	
	B	5	III		II	
	C	5	IIII			
0	D	5	II		II	I
	E	5	III		II	
	F	5	I		IIII	
	G	5	III		II	
	H	5	II		III	
	A	5	IIII		I	
	B	4	I		III	
	C	4			IIII	
	D	5			IIII	
0.02	E	5			IIII	
	F	5	III		II	
	G	5	II		III	
	H	5	II		III	
	A	5	II		III	
	B	4	II		II	
	C	5	II		III	
	D	5	IIII		I	
0.2	E	4	I		III	
	F	5	II		III	
	G	4	III		I	
	H	5	III		II	
	A	5	III		II	
	B	5	I		IIII	
	C	5	III		II	
	D	5	II		III	
1.6	E	3	III			
	F	5	III		II	
	G	5	IIII		I	
	H	4	I		III	
	A	4	II		II	
	B	5	I		IIII	
	C	4	I		III	
	D	5			IIII	
12.5	E	5	IIII			
	F	5	IIII		I	
	G	4	I		III	
	H	5	I		IIII	
	A	4	IIII			
	B	5	I		IIII	
	C	5	II		III	
100	D	5	IIII		I	
	E	5	III		II	
	F	4	II		II	
	G	4	I		III	
	H	4	II		II	

Biological Monitoring, Inc.
Mysidopsis bahia Dry Weight Data

OMP062707-2 VA0003867

Concentration and Replicate	Boat (mg)	Boat and Organisms (mg/L)	Organisms (mg/L)	Number Organisms	Mean Weight/Organisms (mg/L)
0 0 A	58.85	60.66	1.81	5	0.362
B	55.24	57.15	1.91	5	0.382
C	43.13	45.02	1.89	5	0.378
D	42.17	43.94	1.77	5	0.354
E	48.61	50.82	2.21	5	0.442
F	48.87	50.63	1.76	5	0.352
G	41.72	43.94	2.22	5	0.444
H	45.36	47.33	1.97	5	0.394
~~0.02 A~~				Avg.	0.389
1 0.02 ~~B~~ A	41.52	~~46.45~~ 43.20	~~4.93~~ 1.68	5	0.550
C B	49.58	51.17	1.59	5	0.318
D C	41.09	42.84	1.75	5	0.350
E D	36.55	38.91	2.36	5	0.472
F E	42.50	44.58	2.08	5	0.416
G F	45.64	47.78	2.14	5	0.428
H G	40.72	42.73	2.01	5	0.402
0.2 ~~A~~ H	42.75	44.89	2.14	5	0.428
~~B~~				Avg.	0.421
2 0.2 A	46.00	48.15	2.15	5	0.430
B	41.66	43.39	1.73	5	0.346
C	44.12	46.38	2.26	5	0.452
D	39.19	41.59	2.40	5	0.480
E	42.48	44.49	2.01	5	0.402
F	39.92	42.02	2.10	5	0.420
G	48.81	50.66	1.85	5	0.370
H	37.93	39.98	2.05	5	0.410
				Avg.	0.414

Biological Monitoring, Inc.
Mysidopsis bahia Dry Weight Data

OMP062707-2 VA0003867

Concentration and Replicate	Boat (mg)	Boat and Organisms (mg/L)	Organisms (mg/L)	Number Organisms	Mean Weight/Organisms (mg/L)
3 1.6 A	41.79	43.50	1.71	5	0.342
B	40.19	42.08	1.89	5	0.378
C	43.38	45.67	2.29	5	0.458
D	38.43	40.79	2.36	5	0.472
E	37.96	39.54	1.58	5	0.316
F	45.50	47.85	2.35	5	0.470
G	43.83	45.98	2.15	5	0.430
H	41.62	43.55	1.93	5	0.386
				Avg:	0.407
4 12.5 A	42.78	44.54	1.76	5	0.352
B	48.96	51.08	2.12	5	0.424
C	42.62	44.01	1.39	5	0.278
D	42.19	44.14	1.95	5	0.390
E	50.14	52.63	2.49	5	0.498
F	41.72	44.19	2.47	5	0.494
G	41.76	43.80	2.04	5	0.408
H	44.72	46.67	1.95	5	0.390
				Avg:	0.404
5 100 A	45.76	47.67	1.91	5	0.382
B	40.37	42.50	2.13	5	0.426
C	42.28	44.42	2.14	5	0.428
D	48.50	50.53	2.03	5	0.406
E	40.85	43.13	2.28	5	0.456
F	38.96	40.73	1.77	5	0.354
G	40.33	42.18	1.85	5	0.370
H	37.17	38.95	1.78	5	0.356
				Avg:	0.397

SAMPLE COLLECTION - CHAIN OF CUSTODY FORM

11302

To be completed by the person collecting the sample. See reverse side for instructions.

1. Client name Omega Protein
2. Sampler's name Ted Schultz
3. Sample source Non-contact/scrubber mix
4. Outfall/station 001
5. Purchase order no.
6. Affiliation Employee
7. NPDES permit no./County VA0003867
8. Test period for which data is being submitted: 6/25-6/26 1st Quarter
9. Sample relinquished by: Ted Schultz 6/26/07 Date; Received by: [illegible] 6/27/07 Date;

Sample relinquished by: / Date; Received by: / Date.

Description of Sampling Methods and Equipment

10. Type of sample collected:
Grab
Date collected
Time collected
Volume
Composite X
Composite type 24HC
Collection period: from 6/25/07 (date) 14:00 (time) to 6/26/07 (date) 14:00 (time)

11. Flow during sampling
12. Type of container Plastic Cube
13. Number of containers shipped 3
14. No. of subsamples
15. Frequency
16. Volume

Condition of Effluent at Time of Collection

17. pH 2.6
18. Chlorine
19. Temperature:
At collection point
In collection device (comp. sample must be @ or below 4°C) 4°C
20. Is the sample:
Chlorinated No
Dechlorinated No
Unknown
Dechlorination method

Shipping Information

21. Method of shipment UPS
22. Date shipped 6/26/07
23. Time 15:30
24. Was the sample packed with ice for shipment? yes
25. Custody seal in place by Ted Schultz Date 6/26/07 Time 14:30

Instructions to Lab

26. Type of test(s) to be performed Chronic / Acute (WET)
27. Should BMI dechlorinate the sample (Yes or No) X
28. Should ammonia be measured? (Yes or No) X
29. Comments

30. I certify that the above information is correct Ted Schultz (Signature) 6/26/07 (Date)

For BMI Use Only

Alk
Hard
BMI Sample ID# OMP062707 Received by A. Tinsman Date 06-27-07 Time 1200
Upon arrival at BMI: Custody seal ✓ Temperature 5°C pH 8.2 Chlorine 0.01 DO 8.0
On ice? ✓ Salinity 17 ‰ Conductivity
Visual description Hyaline, clear Sample refrigerated ✓
Test ID number(s) OMP062707 1, 2 -2 Ag

C:\wpdocs\labforms\spicol2.frm (V.1184)

001 Sample & Analysis

SAMPLE COLLECTION - CHAIN OF CUSTODY FORM 11303

To be completed by the person collecting the sample. See reverse side for instructions.

1. Client name Omega Protein
2. Sampler's name Ted Schultz
3. Sample source Non Contact / Scrubber mix
4. Outfall/station 001
5. Purchase order no.
6. Affiliation Employee
7. NPDES permit no./County VA0003867
8. Test period for which data is being submitted: 1ST Q
9. *Sample relinquished by:* Ted Schultz / 6/28/07 *Date; Received by:* [illegible] 06-29-07 *Date;*

Sample relinquished by: / *Date; Received by:* / *Date.*

Description of Sampling Methods and Equipment

10. Type of sample collected:
    - Grab
    - Date collected
    - Time collected
    - Volume
    - Composite X
    - Composite type 24HC
    - Collection period: from 6/27/07 (date) 14:00 ~~09:00~~ (time) MP3 to 6/28/07 (date) 14:00 (time)
11. Flow during sampling
12. Type of container
13. Number of containers shipped
14. No. of subsamples 96
15. Frequency 15 min
16. Volume 200 ml

Condition of Effluent at Time of Collection

17. pH 8.0
18. Chlorine
19. Temperature:
    - At collection point
    - In collection device (comp. sample must be @ or below 4°C) 4°C
20. Is the sample:
    - Chlorinated No
    - Dechlorinated No
    - Unknown
    - Dechlorination method

Shipping Information

21. Method of shipment UPS
22. Date shipped 6/28/07
23. Time 15:30
24. Was the sample packed with ice for shipment? yes
25. *Custody seal in place by* Ted Schultz *Date* 6/28 *Time* 14:30

Instructions to Lab

26. Type of test(s) to be performed Chronic / Acute WET
27. Should BMI dechlorinate the sample (Yes or No) No
28. Should ammonia be measured? (Yes or No) No
29. Comments

30. I certify that the above information is correct Ted Schultz (Signature) 6/28/07 (Date)

For BMI Use Only

Alk
Hard
BMI Sample ID# OMP062907 *Received by* A. Timpano *Date* 6-29-07 *Time* 1200
Upon arrival at BMI: Custody seal ✓ Temperature 4.3°C pH 8.1 Chlorine 0.01 DO 8.0
On ice? ✓ Salinity 17 ppt Conductivity —
Visual description lt. green, lt. turbid Sample refrigerated ✓
Test ID number(s) OMP062907-TriAs-2-4

C:\wpdocs\Ablerme\aplcol2.frm (V.1194)

O OC MJNJCFN

SAMPLE COLLECTION - CHAIN OF CUSTODY FORM

11304

To be completed by the person collecting the sample. See reverse side for instructions.

1. Client name Omega Protein
2. Sampler's name Ted Schultz
3. Sample source Non-Contact/ SCRUBBER MIX
4. Outfall/station 001
5. Purchase order no.
6. Affiliation Employee
7. NPDES permit no./County VA0003867
8. Test period for which data is being submitted: 6/29-6/30 1st Q

9. *Sample relinquished by:* Ted Schultz 6/30/07 *Date; Received by:* M. M. Hinton 6/30/07 *Date;*

Sample relinquished by: M. M. Hinton 6/30/07 *Date; Received by:* [illegible] 6/30/07 *Date.*

Description of Sampling Methods and Equipment

10. Type of sample collected:
Grab
Date collected
Time collected
Volume

Composite X
Composite type 24HC
Collection period: from 6/29/07 (date) 06:00 (time) to 6/30/07 (date) 06:00 (time)

11. Flow during sampling
12. Type of container Plastic Cube
13. Number of containers shipped 4

14. No. of subsamples
15. Frequency
16. Volume

Condition of Effluent at Time of Collection

17. pH 8.0 18. Chlorine
19. Temperature:
At collection point
In collection device (comp. sample must be @ or below 4°C)

20. Is the sample:
Chlorinated No
Dechlorinated No
Unknown
Dechlorination method

Shipping Information

21. Method of shipment ~~US~~ HAND Deliver VDB 22. Date shipped 6/30/07 23. Time 07:00
24. Was the sample packed with ice for shipment? YES
25. *Custody seal in place by* Ted Schultz *Date* 6/30 *Time* 06:45

Instructions to Lab

26. Type of test(s) to be performed Chronic / Acute WET
27. Should BMI dechlorinate the sample (Yes or No) No 28. Should ammonia be measured? (Yes or No) No
29. Comments

30. I certify that the above information is correct Ted Schultz (Signature) 6/30/07 (Date)

For BMI Use Only

Alk
Hard
BMI Sample ID# OM062307 *Received by* A. Tignino *Date* 6/30/07 *Time* 1400
Upon arrival at BMI: Custody seal ✓ Temperature 3°C pH 8.0 Chlorine 20.01 DO 6.2
On ice? ✓ Salinity 17 Conductivity —
Visual description lt gray, lt turbid Sample refrigerated ✓
Test ID number(s) OM062707-2

C:\wpdocs\labforms\epicol2.frm (V.1184)

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Omega Protein

Prepared by: Tony Timpano

NPDES Permit #: VA0003867

Experiment ID#: OMP062907-4

Test Organism: *Americamysis bahia* (formerly *Mysidopsis*)

Test Type: Static Acute

Organism Age at Start of Test: 5 d

Sample Tested: Outfall 001

Sample Type: Composite

Sample Collection Date and Time: From 06/27/07 @ 1400 to 06/28/07 @ 1400

Sample Collector: Ted Schultz

Delivered by: UPS

Test Solution Renewal Frequency: N/A

Dilution Water Used: Synthetic Seawater 062607

Test Temperature: 26 ± 1°C

No. of Replicates per conc.: 2

No. of Organisms per Replicate: 10

Feeding prior to test: Normal

Feeding Regime: 2x daily live rinsed Artermia

Chamber Size: 800 mL PP

Test Volume: 450 mL

Photo Period: 16h light/8h dark

Test Duration: 48 h

Start of Test: Date: 06/29/07

Time: 1515

End of Test: Date: 07/01/07

Time: 1600

Equipment:

pH Meter: SA 720 (A)
DO Meter: YSI 58 (b)
SCT Meter:YSI 33 (A)
°C Measurement: Calibrated Thermometer
Salinity: SCT Meter
Chlorine: Fisher/Porter Amperometric Titrator

Test Method Reference: U.S. EPA. 2002. Methods for measuring the Acute toxicity of effluents and receiving waters to freshwater and marine organisms. EPA-821-R-02-012.

BIOLOGICAL MONITORING, INC.
Acute Toxicity Test Data Summary

Client	Omega Protein	**NPDES PERMIT #: VA0003867**		
Test Organism	*Americamysis bahia* (formerly *Mysidopsis*)		**Date**	**Time**
Experiment ID	OMP062907-4	**Start Test**	06/29/07	1515
Sample Tested	Outfall 001	**End Test**	07/01/07	1600

RESULTS

Water Chemistry Analyses

Conc. %	Temp. (°C)			D.O. (mg/L)			pH (SU)			Salinity (0/00)		Survival (%) 48 h
	0h	24h	48h	0h	24h	48h	0h	24h	48h	0h	48h	
0	25	26	26	6.5	5.3	4.9	8.0	8.1	8.2	25	25	95
6.25	25	26	26	6.5	5.2	5.0	8.0	8.1	8.2	25	25	95
12.5	25	26	26	6.5	5.2	5.0	8.0	8.1	8.1	25	25	100
25	25	26	26	6.5	5.4	4.9	8.0	8.1	8.2	25	25	95
50	25	26	26	6.5	5.2	4.9	8.0	8.2	8.3	25	25	95
100	25	26	26	6.5	5.3	5.0	8.1	8.3	8.4	25	25	85

STATISTICAL ANALYSES

Test Method	LC50 (%)	TUa	95% Fiducial (Confidence) Limits
N/A	> 100	1.0	N/A

COMMENTS: Raw sample aerated @ ~100 bubbles/min prior to use; sample salinated to 25ppt with Crystal Sea Bioassay Mix

BIOLOGICAL MONITORING , INC.

TOXICITY TEST DATA SHEET

Experiment I.D. #: OMP062907-4 NPDES#: VA0003867 Client: Omega Protein Outfall/Station No. 001
Effluent/Sample: OMP062907 Sample Container: PE Project Scientist: A.J. Timpson QC Officer:

Sample Type:
Grab:
Collection Date: Time:
Composite: X
Collected From: Date: 06-27-07 Time: 1400
Collected To: Date: 06-28-07 Time: 1400

Test Organism:
Species: A. bahia
Source: ABS
Batch#: ABS 062707-2
Age: 5d
No. of organisms/ con. 20

Test Mode: Static Acute Test Duration: 48h
Test Start Date: 06-29-07 Time: 1515
Test End Date: ~~06-30-07~~ 07-01-07 Time: 1600
Test Temperature: 26±1°C Waterbath/Shelf#:
Dilution Water Used: SS062607 Temp. of Org. Stock Solution:

Con. (%) or mg/L	Test Cont. #	Number of Live Organisms					Dissolved Oxygen (mg/L)					pH					Salinity 0/00					Temperature (°C)				
		0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96
0	A	10	10	10			6.5	5.3	4.9			8.0					25		25			25	24	25		
	B	10	10	9								8.0	8.1	8.2												
6.25	A	10	10	10			6.5	5.2	5.0			8.0	8.1	8.2			25		25			25	24	24		
	B	10	10	9																						
12.5	A	10	10	10			6.5	5.2	5.0			8.0	8.1	8.1			25		25			25	24	24		
	B	10	10	10																						
25	A	10	10	9			6.5	5.4	4.9			8.0	8.1	8.2			25		25			25	24	24		
	B	10	10	10																						
50	A	10	10	10			6.5	5.2	4.9			8.0	8.2	8.3			25		25			25	24	24		
	B	10	10	9																						
100	A	10	9	8			6.5	5.3	5.0			8.1	8.3	8.4			25		25			25	24	24		
	B	10	10	9																						
Recorded By:		AJT	AJT	AJT			AJT	AJT	AJT			AJT	AJT	AJT			AJT		AJT			AJT	AJT	AJT		

BIOLOGICAL MONITORING , INC.
Toxicity Test Procedure Check Sheet

Page _____ of _____

Test I.D. #: DMP062907-4 Test containers used: 800 mL PP Specify below no. milliliters (mLs) of diluent and effluent measured out per concentration in this test:

No. of replicates per concentration: 2

Are all test chambers properly labeled? ✓

Specify vessel type and volume used to measure and deliver effluent and diluent to test chambers:

graduated cylinder (s): 1, 250, 100 mL pipet (s): _____

volumetric flask (s): _____ other _____

Concentration (%) mg/L Other	Diluent	Effluent	Total
0	1000	0	1000
6.25	Dilute to 1000	62.5	↓
12.5	↓	125	↓
25	↓	250	↓
50	↓	500	↓
100	0	1000	↓

Specify material (s) used to place test organisms into test chambers: wide bore pipet

Total Chlorine of sample upon arrival (mg/L): cool

Total Chlorine of sample after dechlorination (mg/L): N/A

Pretest treatment for organisms: Normal

Exposure Chamber
Total vessel capacity: 800 mL
Test solution volume: 450 mL
Water Depth Constant: ✓
Cyclic: _____

Feeding schedule
Pretest feeding: _____
Not fed: _____
Fed daily: 2x
Fed irregularly (describe) _____
Type of food: Limnodaphnia

Aeration
Pretest: _____
None: ✓
Slow: _____ (bubbles/min)
Moderate: _____
Vigorous: _____
Beginning: _____ (hour)

Screened Animal Enclosures
Not used: ✓
Used: _____
Photoperiod:
8h/16h: ✓
Other: _____

Conditions of surviving organisms at end of test: Normal

Methods of randomization employed: Random #

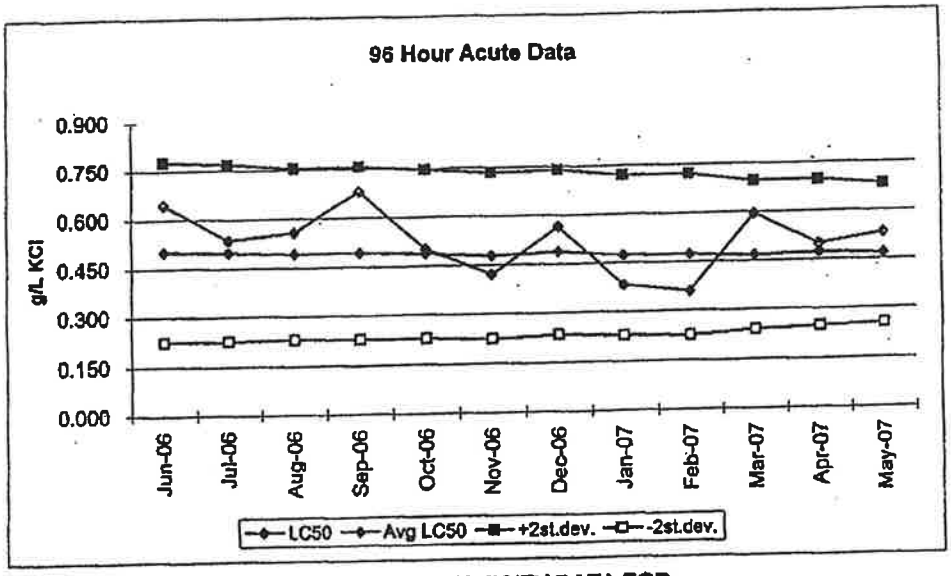
Comments: Sample salinity to 25 ppt w/ Crystal Sea Bioassay Mix; sample aerated prior to use

1300 Blue Spruce Drive, Suite C
Fort Collins, Colorado 80524

Toll Free: 800/331-5916
Tel: 970/484-5091 Fax: 970/484-2514

REFERENCE TOXICANT LC50

Americamysis bahia



96 HOUR ACUTE TOXICITY DATA FOR *Americamysis bahia*

Date	LC50 (g/L KCl)	95% Confidence (upper)	(lower)	AVG.LC50 (g/L KCl)	Method	+2std	-2std
Dec 06	0.564	0.632	0.504	0.488	SPKR	0.741	0.235
Jan 07	0.382	0.423	0.344	0.474	PROBIT	0.720	0.229
Feb 07	0.360	0.375	0.346	0.474	SPKR	0.721	0.226
Mar 07	0.595	0.657	0.539	0.467	SPKR	0.695	0.239
Apr 07	0.500	0.564	0.443	0.473	SPKR	0.698	0.248
May 07	0.531	0.599	0.471	0.468	SPKR	0.682	0.254

Industrial Major 10/12/2005

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

RECEIVED
JUL 13 2007
PRO

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

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

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

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	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	3.162	4.254	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.7	*********	8.1	SU	Ø	3D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	402.4	805.1	KG/D	*********	*********	*********		Ø	3D/W	24HC
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD	216.1	421.9	KG/D	*********	*********	*********		Ø	3D/W	24HC
	REQRMNT	650	1600	KG/D	*********	*********	*********			3D/W	24HC
005 CL2, TOTAL	REPORTD	*********	*********		*********	NA	NA				
	REQRMNT	*********	*********		*********	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	1.8	*********	KG/D	*********	0.3	*********	MG/L	Ø	1/W	24HC
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	63.2	*********	KG/D	*********	8.7	*********	MG/L	Ø	1/W	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********	<QL	<QL	UG/L	Ø	2/M	GRAB
	REQRMNT	*********	*********		*********	96	110	UG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	07	06

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Graham Lyell Jett	Graham Lyell Jett	804 453-4211	07	07	06

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

Industrial Major 10/12/2005

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

RECEIVED
JUL 13 2007
PRO

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

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

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

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

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
039 AMMONIA, AS N	REPORTD	*********	*********		*********	5.8	7.3	MG/L	Ø	2/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD	62.1	*********	KG/D	*********	8.5	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********	44.2	C	Ø	1/D	IS
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD	1.1	*********	KG/D	*********	0.2	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	59.8	80.5	KG/D	*********	*********	*********		Ø	3D/W	GRAB
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	1390	KG/M	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	39.1	KG/M	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100446 3	07	07	06
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	07	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

Industrial Major 10/19/2005

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

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

RECEIVED
JUL 13 2007
PRO

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

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

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD	0.5	*********	KG/D	*********	0.08	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	2011	KG/Y	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	60.6	KG/Y	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	07	06
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804.453.4211	07	07	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 05/24/2007

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

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

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

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

RECEIVED JUL 13 2007 PRO

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	0.232	0.278	MGD	*********	*********	*********		Ø	CONT	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********		7.68	*********	8.18	SU	Ø	2D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	6.5	10.1	KG/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD	5.4	9.4	KG/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********	162	*********	N/CML	Ø	1/W	GRAB
	REQRMNT	*********	*********		*********	NL	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	2.8	*********	KG/D	*********	3.4	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	18.8	*********	KG/D	*********	22.9	*********	MG/L	Ø	2/M	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	14.9	17.5	MG/L	Ø	2/M	24HC
	REQRMNT	*********	*********		*********	38	45	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	07	06
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	07	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 05/24/2007

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

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

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

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

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
068 TKN (N-KJEL)	REPORTD	17.2	*********	KG/D	*********	20.9	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	25.0	27.9	C	Ø	2D/W	IS
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS
140 ENTEROCOCCI	REPORTD	*********	*********		*********	200	*********	N/CML	Ø	1/W	GRAB
	REQRMNT	*********	*********		*********	NL	*********	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********		*********	*********	<1.0	TU-A	Ø	1/3M	24HC
	REQRMNT	*********	*********		*********	*********	14	TU-A		1/3M	24HC
389 NITRITE+NITRATE-N,TOTAL	REPORTD	1.7	*********	KG/D.	*********	2.0	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	3.7	5.3	KG/D	*********	*********	*********		Ø	2/M	GRAB
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	320	KG/M	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	07	06
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	07	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 05/24/2007

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

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

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

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

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	47.9	KG/M	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD	2.3	*********	KG/D	*********	2.7	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	367.3	KG/Y	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	65.0	KG/Y	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	07	06
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	07	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

Industrial Major 10/19/2005

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

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

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

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	003

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

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

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	07	06
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	07	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/19/2005

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

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

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

FACILITY LOCATION 610 Menhaden Rd

VA0003867	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

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

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

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

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	07	06
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	07	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 10/19/2005

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

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

IAME Omega Protein - Reedville
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	07	06	01	TO	07	06	30

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

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

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

No Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	07	06
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	07	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

Industrial Major 10/19/2005

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

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

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

IAME Omega Protein - Reedville
.DDRESS PO Box 175
Reedville VA 22539
:ACILITY .OCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	995

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	3.131	4.212	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.82	*********	8.29	SU	Ø	5D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********	41	41	UG/L	Ø	1/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	34.7	38.9	C	Ø	1/D	IS
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	3.20	3.20	UG/L	Ø	1/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********	50	50	UG/L	Ø	1/M	GRAB
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	07	06
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	07	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 11/16/2005

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

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

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

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

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

VA0003867	996
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	1711	KG/M	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	87.0	KG/M	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	2379	KG/Y	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	125.5	KG/Y	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD										
	REQRMNT									********	
	REPORTD										
	REQRMNT									********	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	1911004463	07	07	06
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	07	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

OMEGA PROTEIN

DMR REPORTING
Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	7-Jun-07	10:05	25.4	8.39	0.873	11.2
002	7-Jun-07	9:55	25.7	8.31	0.684	11.6
995	7-Jun-07	10:10	25.2	8.23	0.878	11.3

OMEGA PROTEIN™

DMR REPORTING
OUTFALLS

REEDVILLE, VA

	Lagoon 002				Pipe 001				Ditch 995			
		Temp				Temp				Temp		
Date	pH	deg C	Flow	MGD	pH	deg C	Flow	MGD	pH	deg C	Flow	MGD
6/1/2007	no flow			—	7.66	34.8	3,323,531	—	8.25	31.6	3,290,625	—
6/2/2007	no flow			—	8.00	34.9	1,329,413	—	8.29	33.3	1,316,250	—
6/3/2007	no flow			—	no flow			—	no flow			—
6/4/2007	no flow			—	no flow			—	no flow			—
6/5/2007	no flow			—	no flow			—	no flow			—
6/6/2007	no flow			—	no flow			—	no flow			—
6/7/2007	no flow			—	no flow			—	no flow			—
6/8/2007	no flow			—	7.75	34.6	1,240,785	—	8.05	35.7	1,228,500	—
6/9/2007	no flow			—	7.99	39.5	1,949,805	—	8.10	36.1	1,930,500	—
6/10/2007	no flow			—	7.82	38.0	3,013,335	—	8.12	36.0	2,983,500	—
6/11/2007	no flow			—	no flow			—	no flow			—
6/12/2007	7.84	26.4	242,000	—	7.91	36.9	2,392,943	—	8.21	34.5	2,369,250	—
6/13/2007	7.83	22.2	278,000	—	7.99	35.0	4,254,120	—	8.11	35.3	4,212,000	—
6/14/2007	7.83	17.2	258,000	—	7.88	36.9	4,254,120	—	8.11	34.6	4,212,000	—
6/15/2007	7.80	22.3	256,000	—	7.92	27.3	3,633,728	—	8.02	26.7	3,597,750	—
6/16/2007	7.75	22.7	251,000	—	7.66	38.4	4,076,865	—	7.84	36.2	4,036,500	—
6/17/2007	no flow			—	7.73	37.0	1,240,785	—	7.82	36.1	1,228,500	—
6/18/2007	no flow			—	no flow			—	no flow			—
6/19/2007	7.75	27.3	269,000	—	8.00	38.7	1,728,236	—	8.19	36.3	1,711,125	—
6/20/2007	7.82	26.4	261,000	—	7.94	40.1	4,076,865	—	8.17	36.0	4,036,500	—
6/21/2007	7.75	25.0	219,000	—	7.81	36.4	4,254,120	—	7.97	37.0	4,212,000	—
6/22/2007	7.77	25.0	249,000	—	7.87	25.0	3,988,238	—	8.01	25.0	3,948,750	—

6/23/2007	8.04	24.8	255,000	—	8.07	38.9	4,254,120	—	8.12	35.0	4,212,000	—
6/24/2007	8.18	25.0	254,000	—	8.02	37.8	3,456,473	—	7.99	33.8	3,422,250	—
6/25/2007	8.03	25.3	216,000	—	no flow			—	no flow			—
6/26/2007	8.02	25.4	110,000	—	7.96	38.6	2,127,060	—	7.94	34.8	2,106,000	—
6/27/2007	7.68	27.7	166,000	—	7.92	38.8	4,076,865	—	7.97	35.6	4,036,500	—
6/28/2007	7.90	27.5	198,000	—	8.03	42.4	4,254,120	—	8.03	37.3	4,212,000	—
6/29/2007	7.90	27.9	243,000	—	7.95	44.2	3,899,610	—	7.86	38.9	3,861,000	—
6/30/2007	7.83	27.7	227,000	—	7.90	42.0	2,747,453	—	7.82	37.3	2,720,250	—
Total	**133.72**	**425.8**	**3,952,000**	—	**173.78**	**816.2**	**69,572,588**	—	**176.99**	**763.1**	**68,883,750**	—
No Days	**17**	**17**	**17**	—	**22**	**22**	**22**	—	**22**	**22**	**22**	—
Avg.	**7.87**		**232,471**		**7.90**	**37.10**	**3,162,390**		**8.05**		**3,131,080**	
Min		**17.20**	**110,000**	**0.110**		**25.00**	**1,240,785**	**1.241**		**25.00**	**1,228,500**	**1.229**
Max			**278,000**				**4,254,120**				**4,212,000**	
		Lagoon 002				**Ditch 001**				**Ditch 995**		
Date	**pH**	**deg C**	**Flow**	**MGD**	**pH**	**deg C**	**Flow**	**MGD**	**pH**	**deg C**	**Flow**	**MGD**

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

10712 Ballantraye Drive Suite 308
Fredericksburg, VA 22407

T 540 898 2115
F 540 898 3230

Omega Protein
June, 2007

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
Salinity (ppt)	6/7/2007	6/8/2007	CC001	11.2	6-8-07 (1335)	SSC	SM 2520 B	1
	6/7/2007	6/8/2007	CC002	11.6	6-8-07 (1335)	SSC		
	6/7/2007	6/8/2007	CC995	11.3	6-8-07 (1335)	SSC		
Total Dissolved Zinc (µg/L)	6/9/2007	6/9/2007	995	<50	6/18/2007	WLW	SM 3111 B	50 ug/L
Silver (µg/L)	6/9/2007	6/9/2007	995	3.19700	6/18/2007	WLW	SM 3113 B	1.0 ug/L
Copper (µg/L)	6/9/2007	6/9/2007	995	41	6/18/2007	WLW	SM 3111 B	5 µg/L
Ammonia Nitrogen	6/7/2007	6/8/2007	CC001	0.873	6-8-07 (1200)	WLW	EPA 350.2	0.1
	6/7/2007	6/8/2007	CC002	0.684	6-8-07 (1200)	WLW		
	6/7/2007	6/8/2007	CC995	0.878	6-8-07 (1200)	WLW		
	6/8/2007	6/8/2007	Discharge 001	4.34	6-11-07 (0930)	WLW		
	6/13/2007	6/13/2007	Discharge 002	12.3	6-15-07 (0830)	WLW		
	6/19/2007	6/19/2007	Discharge 001	7.3	6/19/07 (1435)	WLW		
	6/26/2007	6/26/2007	Discharge 002	17.5	6/27/07 (1300)	WLW		
TKN	6/3/2007	6/4/2007	RDV	5.49	6-5-07 (0945)	WLW		
	6/3/2007	6/4/2007	AMP	1.23	6-5-07 (0945)	WLW		
	6/8/2007	6/8/2007	Discharge 001	7.00	6-11-07 (0930)	WLW		
	6/12/2007	6/13/2007	Discharge 001	12.6	6-15-07 (0830)	WLW		
	6/13/2007	6/13/2007	Discharge 002	17.8	6-15-07 (0830)	WLW		
	6/19/2007	6/19/2007	Discharge 001	10.1	6/19/07 (1435)	WLW		
	6/19/2007	6/19/2007	Discharge 002	23.4	6/19/07 (1435)	WLW		
	6/26/2007	6/26/2007	Discharge 001	4.4	6/27/07 (1300)	WLW		
	6/26/2007	6/26/2007	Discharge 002	21.4	6/27/07 (1300)	WLW		
Nitrites	6/3/2007	6/4/2007	RDV	1.05	6-4-07 (1335)	WLW	EPA 354.1	0.01
	6/3/2007	6/4/2007	AMP	0.015	6-4-07 (1335)	SSC		
	6/8/2007	6/8/2007	Discharge 001	0.0456	6-8-07 (1210)	SSC		
	6/12/2007	6/13/2007	Discharge 001	<.01	6-13-07 (1315)	SSC		
	6/13/2007	6/13/2007	Discharge 002	0.25	6-13-07 (1315)	SSC		
	6/19/2007	6/19/2007	Discharge 001	0.154	6/19/07 (1350)	SSC		
	6/19/2007	6/19/2007	Discharge 002	0.0182	6/19/07 (1350)	SSC		
	6/26/2007	6/26/2007	Discharge 001	0.017	6/26/07 (1300)	PB		
	6/26/2007	6/26/2007	Discharge 002	0.0133	6/26/07 (1300)	PB		

Nitrates	6/3/2007	6/4/2007	RDV	3.39	6-5-07 (1105)	WLW	EPA 352.1	0.1
	6/3/2007	6/4/2007	AMP	0.258	6-5-07 (1105)	WLW		
	6/8/2007	6/8/2007	Discharge 001	<.10	6-8-07 (1250)	WLW		
	6/12/2007	6/13/2007	Discharge 001	<.10	6-14-07 (0940)	WLW		
	6/13/2007	6/13/2007	Discharge 002	2.38	6-14-07 (0940)	WLW		
	6/19/2007	6/19/2007	Discharge 001	<.10	6/22/07 (1010)	WLW		
	6/19/2007	6/19/2007	Discharge 002	1.48	6/22/07 (1010)	WLW		
	6/26/2007	6/26/2007	Discharge 001	<.10	6/29/07 (1130)	WLW		
	6/26/2007	6/26/2007	Discharge 002	1.87	6/29/07 (1130)	WLW		
Total Phosphorus	6/8/2007	6/8/2007	Discharge 001	0.220	6-8-07 (1200)	PB/WLW	EPA 365.2	0.01
	6/12/2007	6/13/2007	Discharge 001	0.137	6-13-07 (1530)	PB/ WLW		
	6/13/2007	6/13/2007	Discharge 002	4.17	6-14-07 (1300)	PB/ WLW		
	6/19/2007	6/19/2007	Discharge 001	0.284	6/19/07 (1200)	PB/ WLW		
	6/19/2007	6/19/2007	Discharge 002	2.460	6/19/07 (1200)	PB/ WLW		
	6/26/2007	6/26/2007	Discharge 001	0.369	6/26/07 (1300)	PB/ WLW		
	6/26/2007	6/26/2007	Discharge 002	3.750	6/26/07 (1300)	PB/ WLW		

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
Ortho Phosphorus	6/8/2007	6/8/2007	Discharge 001	0.106	6-8-07 (1200)	PB/WLW	EPA 365.2	0.01
	6/12/2007	6/13/2007	Discharge 001	<.01	6-13-07 (1530)	PB/ WLW		
	6/13/2007	6/13/2007	Discharge 002	3.52	6-14-07 (1300)	PB/WLW		
	6/19/2007	6/19/2007	Discharge 001	0.124	6/19/07 (1200)	PB/WLW		
	6/19/2007	6/19/2007	Discharge 002	2.280	6/19/07 (1200)	PB/WLW		
	6/26/2007	6/26/2007	Discharge 001	0.062	6/26/07 (1300)	PB		
	6/26/2007	6/26/2007	Discharge 002	2.440	6/26/07 (1300)	PB		
TSS	6/3/2007	6/4/2007	RDV	5.6	6-5-08 (1030)	SSC	SM 3540-D	1
	6/3/2007	6/4/2007	AMP	7.1	6-5-08 (1030)	SSC		
	6/8/2007	6/8/2007	Discharge 001	14.0	6-11-07 (1045)	SSC		
	6/9/2007	6/9/2007	Discharge 001	14.5	6-11-07 (1045)	SSC		
	6/10/2007	6/11/2007	Discharge 001	15.5	6-11-07 (1045)	SSC		
	6/12/2007	6/13/2007	Discharge 001	14.3	6-14-07 (1040)	SSC		
	6/13/2007	6/13/2007	Discharge 001	17.7	6-14-07 (1040)	SSC		
	6/13/2007	6/13/2007	Discharge 002	9.0	6-14-07 (1040)	SSC		
	6/14/2007	6/14/2007	Discharge 001	15.2	6-14-07 (1330)	SSC		
	6/19/2007	6/19/2007	Discharge 001	19.8	6/21/07 (1040)	WLW		
	6/20/2007	6/21/2007	Discharge 001	11.4	6/21/07 (1500)	WLW		
	6/21/2007	6/21/2007	Discharge 001	18.0	6/21/07 (1500)	WLW		
	6/26/2007	6/26/2007	Discharge 001	28.7	6/27/07 (1300)	PB		
	6/26/2007	6/26/2007	Discharge 002	3.4	6/27/07 (1300)	PB		
	6/27/2007	6/28/2007	Discharge 001	21.8	6/29/07 (1500)	PB		
	6/28/2007	6/28/2007	Discharge 001	26.2	6/29/07 (1500)	PB		
BOD	6/3/2007	6/4/2007	RDV	16.3	6-5-07 (1045)	PB/SSC	SM 5210-B	2
	6/3/2007	6/4/2007	AMP	2.8	6-5-07 (1045)	PB/SSC		
	6/8/2007	6/8/2007	Discharge 001	39	6-8-07 (1155)	PB/SSC		
	6/9/2007	6/9/2007	Discharge 001	52	6-9-07 (1220)	PB/SSC		
	6/10/2007	6/11/2007	Discharge 001	51	6-11-07 (1305)	PB/SSC		
	6/12/2007	6/13/2007	Discharge 001	35.5	6-13-07 (1425)	PB/SSC		
	6/13/2007	6/13/2007	Discharge 001	36	6-13-07 (1425)	PB/SSC		
	6/13/2007	6/13/2007	Discharge 002	9.6	6-13-07 (1425)	PB/SSC		

	6/14/2007	6/14/2007	Discharge 001	50	6/14/07 (1330)	SSC		
	6/19/2007	6/19/2007	Discharge 001	22.4	6/20/07 (1035)	SSC		
	6/20/2007	6/21/2007	Discharge 001	22.7	6/21/07 (1350)	WLW		
	6/21/2007	6/21/2007	Discharge 001	40	6/21/07 1350)	WLW		
	6/26/2007	6/26/2007	Discharge 001	17.1	6/27/07 (1040)	PB/SSC		
	6/26/2007	6/26/2007	Discharge 002	6.8	6/27/07 (1040)	PB/SSC		
	6/27/2007	6/28/2007	Discharge 001	17.6	6/28/07 (1415)	PB/SSC		
	6/28/2007	6/28/2007	Discharge 001	26.3	6/28/07 (1415)	PB/SSC		
Oil & Grease	6/8/2007	6/8/2007	Discharge 001	<5	6-13-07 (0800)	PB/WLW	EPA 1664	5
	6/9/2007	6/9/2007	Discharge 001	5.8	6-13-07 (0800)	PB/WLW		
	6/10/2007	6/11/2007	Discharge 001	<5	6-13-07 (0800)	PB/WLW		
	6/12/2007	6/13/2007	Discharge 001	<5	6-15-07 (1000)	PB/WLW		
	6/13/2007	6/13/2007	Discharge 001	<5	6-15-07 (1000)	PB/WLW		
	6/13/2007	6/13/2007	Discharge 002	<5	6-15-07 (1000)	PB/WLW		
	6/14/2007	6/14/2007	Discharge 001	<5	6-15-07 (1000)	PB/WLW		
	6/19/2007	6/19/2007	Discharge 001	<5	6/25/07 (1030)	PB/WLW		
	6/20/2007	6/21/2007	Discharge 001	<5	6/25/07 (1030)	PB/WLW		
	6/21/2007	6/21/2007	Discharge 001	<5	6/25/07 (1030)	PB/WLW		
	6/26/2007	6/26/2007	Discharge 001	<5	6/29/07 (1030)	PB/WLW		
	6/26/2007	6/26/2007	Discharge 002	<5	6/29/07 (1030)	PB/WLW		
	6/27/2007	6/28/2007	Discharge 001	<5	6/29/07 (1030)	PB/WLW		
	6/28/2007	6/28/2007	Discharge 001	<5	6/29/07 (1030)	PB/WLW		
Fecal Coliform (MPN/100mL)	6/13/2007	6/13/2007	Discharge 002	500	6-13-07 (1245)	SSC	SM 9221-E	2
	6/19/2007	6/19/2007	Discharge 002	50	6/19/07 (1330)	WLW		
	6/26/2007	6/26/2007	Discharge 002	170	6/26/07 (1300)	WLW		
Enterococci (MPN/100mL)	6/13/2007	6/13/2007	Discharge 002	547.5	6-13-07 (1200)	WLW	SM 9230 Enterolert	1
	6/19/2007	6/19/2007	Discharge 002	90.8	6/19/07 (1330)	WLW		
	6/26/2007	6/26/2007	Discharge 002	161.6	6/26/07 (1300)	WLW		

Microbac

CERTIFICATE OF ANALYSIS

June 29, 2007

LAB#: 0706496

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

PROJECT: VPDES Samples
PROJECT NO.:
SAMPLED BY: J.R. Hall
RECEIVED: 06/21/07

Lab ID: 0706496-01 (Water)
Client ID: 9Jun07-001-F
Sampled Date/Time: 6/9/07 7:30

Analyte	Result	Quant Limit	Units	Prepared	Analyzed	Method	Analyst	Notes
Wet Chemistry								
Cyanide	BQL	10	µg/L	6/22/07 11:50	6/22/07 11:50	SM18/4500-CN C&E	JCM	

Notes and Definitions

mg/L = milligrams per Liter
µg/L = micrograms per Liter
pCi/L = picocuries per Liter
BQL = Below the Quantitation Limit

mg/kg = milligrams per kilogram
ppm = parts per million
CFU/mL = Colony forming units per milliliter

su = standard units
NTU = Nephelometric Turbidity Units
MPN/100mL = Most Probable Number per 100 milliliters

Audrey N Brubeck

Audrey Brubeck
Technical Manager

3015 DUMBARTON ROAD • RICHMOND, VA 23228
TELEPHONE (804) 264-2701 • FAX (804) 264-1202 • www.microbac.com
elab: www.fandr.com/e-lab/

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

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

Microbac

CERTIFICATE OF ANALYSIS

June 29, 2007

LAB#: 0706495

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

PROJECT: VPDES Samples
PROJECT NO.:
SAMPLED BY: J.R. Hall
RECEIVED: 06/21/07

Lab ID: 0706495-01 (Water)
Client ID: 12Jun07-001-F
Sampled Date/Time: 6/12/07 7:15

Analyte	Result	Quant Limit	Units	Prepared	Analyzed	Method	Analyst	Notes
Wet Chemistry								
Cyanide	BQL	10	µg/L	6/26/07 10:00	6/26/07 10:00	SM18/4500-CN C&E	JCM	

Notes and Definitions

mg/L = milligrams per Liter
µg/L = micrograms per Liter
pCi/L = picocuries per Liter
BQL = Below the Quantitation Limit

mg/kg = milligrams per kilogram
ppm = parts per million
CFU/mL = Colony forming units per milliliter

su = standard units
NTU = Nephelometric Turbidity Units
MPN/100mL = Most Probable Number per 100 milliliters

Audrey N Brubeck

Audrey Brubeck
Technical Manager

3015 DUMBARTON ROAD • RICHMOND, VA 23228
TELEPHONE (804) 264-2701 • FAX (804) 264-1202 • www.microbac.com
elab: www.fandr.com/e-lab/

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

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

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of June,2007

Chesapeake Bay Water Quality Monitoring Data

	Predischarge							After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25	1540	2.6	7.73	<.10	24.6	7.06	12	1600	2.5	7.7	<.10	24.2	8.26	12
26														
27														
28														
29														
30														
31														

Name of Vessel John S. Dempster

Name of Sampler Andy Hall

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of June,2007

Chesapeake Bay Water Quality Monitoring Data

	Predischarge							After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25	1610	2.4	7.74	<.10	24.58	7.06	11.9	1620	2.2	7.74	<.10	24.4	8.16	12
26														
27														
28														
29														
30														
31														

Name of Vessel Earl J. Conrad

Name of Sampler Andy Hall

2ND 2007

TOXICITY TEST
FOR
OMEGA PROTEIN
August 2, 2007

Submitted to:

Mr. Ted Schultz
Omega Protein
P.O. Box 175
Reedville, VA 22539

Prepared by:

Biological Monitoring, Inc.
1800 Kraft Drive, Suite 101
Blacksburg, VA 24060

Phone: 540-953-2821
Fax: 540-951-1481
www.biomon.com

August 7, 2007

The following data have been internally reviewed and the personnel meticulously followed the methods. The procedures are deemed to be compliant with the methods and acceptable for reporting.

Tony Pimpano (Laboratory Manager)

COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE

4949-A Cox Road, Glen Allen, Virginia 23060

(804) 527-5020 Fax (804) 527-5106

www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

Gerard Seeley, Jr.
Regional Director

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Omega Protein

Prepared by: Tony Timpano

NPDES Permit #: VA0003867

Experiment ID#: OMP080307-1

Test Organism: *Americamysis bahia* (formerly *Mysidopsis*)

Test Type: Static Acute

Organism Age at Start of Test: 4 d

Sample Tested: Outfall 002

Sample Type: Composite

Sample Collection Date and Time: From 08/01/07 @ 1300 to 08/02/07 @ 1300

Sample Collector: Ted Schultz

Delivered by: UPS

Test Solution Renewal Frequency: N/A

Dilution Water Used: Synthetic Seawater 080207

Test Temperature: 25 ± 1°C

No. of Replicates per conc.: 2

No. of Organisms per Replicate: 10

Feeding prior to test: Normal

Feeding Regime: 2x daily live rinsed Artermia

Chamber Size: 800 mL PP

Test Volume: 450 mL

Photo Period: 16h light/8h dark

Test Duration: 48 h

Start of Test: Date: 08/03/07

Time: 1700

End of Test: Date: 08/05/07

Time: 1800

Equipment:
- pH Meter: SA 720 (A)
- DO Meter: YSI 58 (b)
- SCT Meter: YSI 33 (A)
- °C Measurement: Calibrated Thermometer
- Salinity: SCT Meter
- Chlorine: Fisher/Porter Amperometric Titrator

Test Method Reference: U.S. EPA. 2002. Methods for measuring the Acute toxicity of effluents and receiving waters to freshwater and marine organisms. EPA-821-R-02-012.

COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE
4949-A Cox Road, Glen Allen, Virginia 23060
(804) 527-5020 Fax (804) 527-5106
www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

Gerard Seeley, Jr.
Regional Director

BIOLOGICAL MONITORING, INC.
Acute Toxicity Test Data Summary

Client	Omega Protein	**NPDES PERMIT #:** VA0003867		
Test Organism	*Americamysis bahia* (formerly *Mysidopsis*)		**Date**	**Time**
Experiment ID	OMP080207-1	**Start Test**	08/02/07	1700
Sample Tested	Outfall 002	**End Test**	08/05/07	1800

RESULTS

Water Chemistry Analyses

Conc. %	Temp. (°C)			D.O. (mg/L)			pH (SU)			Salinity (0/00)		Survival (%) 48 h
	0h	24h	48h	0h	24h	48h	0h	24h	48h	0h	48h	
0	25	25	25	6.3	5.9	5.1	8.0	8.2	8.3	25	25	95
6.25	25	25	25	6.3	5.9	5.0	8.0	8.2	8.3	25	25	95
12.5	25	25	25	6.3	5.8	5.0	8.0	8.2	8.3	25	25	95
25	25	25	25	6.2	5.7	4.9	8.0	8.1	8.2	25	25	90
50	25	25	25	6.2	5.5	4.9	7.9	8.1	8.2	25	25	90
100	25	25	25	6.1	5.4	4.8	7.8	8.0	8.1	25	25	75

STATISTICAL ANALYSES

Test Method	NOAEC	LC50 (%)	TUa	95% Fiducial (Confidence) Limits
N/A	100%	> 100	1.0	N/A

COMMENTS: Sample salinated to 25ppt w/Crystal Sea Bioassay Mix; sample aerated prior to use due to low D.O. upon receipt

COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE
4949-A Cox Road, Glen Allen, Virginia 23060
(804) 527-5020 Fax (804) 527-5106
www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

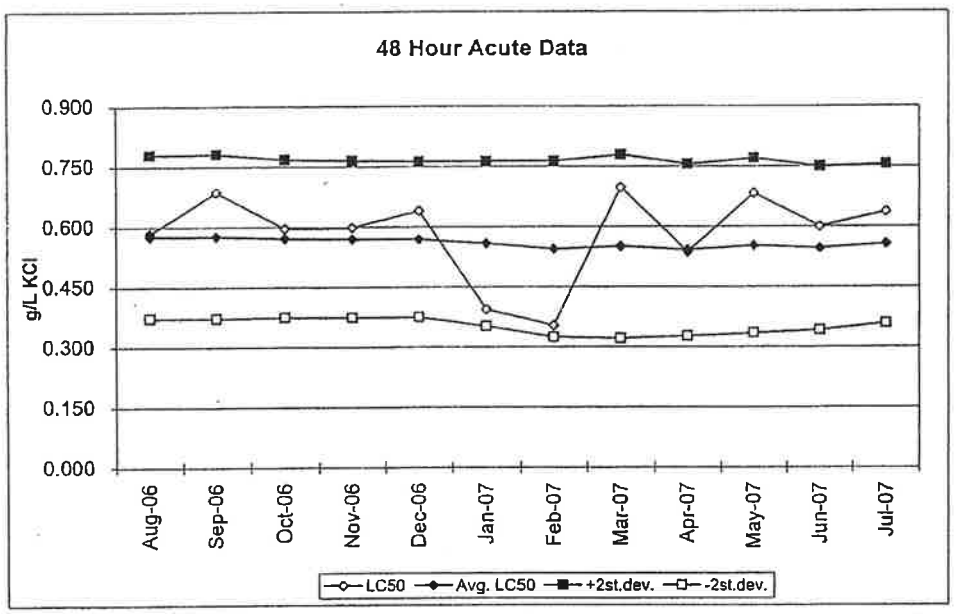
Gerard Seeley, Jr.
Regional Director

1300 Blue Spruce Drive, Suite C
Fort Collins, Colorado 80524

Toll Free: 800/331-5916
Tel: 970/484-5091 Fax: 970/484-2514

REFERENCE TOXICANT LC50

Americamysis bahia



48 HOUR ACUTE TOXICITY DATA FOR

Americamysis bahia

DATE	LC50 (g/L KCl)	95% CONFIDENCE (upper)	(lower)	AVG.LC50 (g/L KCl)	METHOD	+2std	-2std
Feb 07	0.354	0.354	0.354	0.544	SPKR	0.764	0.324
Mar 07	0.697	0.719	0.676	0.550	SPKR	0.779	0.321
Apr 07	0.536	0.600	0.479	0.541	SPKR	0.755	0.327
May 07	0.683	0.717	0.651	0.552	SPKR	0.770	0.335
Jun 07	0.600	0.663	0.543	0.546	SPKR	0.750	0.342
Jul 07	0.637	0.690	0.589	0.557	SPKR	0.755	0.359

COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE
4949-A Cox Road, Glen Allen, Virginia 23060
(804) 527-5020 Fax (804) 527-5106
www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

Gerard Seeley, Jr.
Regional Director

BIOLOGICAL MONITORING , INC.

TOXICITY TEST DATA SHEET

Experiment I.D. #: OMP080307-1 NPDES#: VA 0003867 Client: Omega Protein, Inc. Outfall/Station No. 002
Effluent/Sample: OMP080307 Sample Container: PE Project Scientist: A. Timpano QC Officer:

Sample Type:
Grab:
Collection Date: Time:
Composite: X
Collected From: Date: 08-01-07 Time: 1300
Collected To: Date: 08-02-07 Time: 1300

Test Organism:
Species: A. bahia
Source: Aquatic Bioassy Labs
Batch#: ABS 080307
Age: 4d
No. of organisms/ con. 20

Test Mode: Static Acute Test Duration: 48h
Test Start Date: 08-03-07 Time: 1700
Test End Date: 08-05-07 Time: 1800
Test Temperature: 25±1°C Waterbath/Shelf#:
Dilution Water Used: SS080207 Temp. of Org. Stock Solution:

Con. % or mg/L	Test Cont. #	Number of Live Organisms					Dissolved Oxygen (mg/L)					pH					Salinity 0/00					Temperature (°C)				
		0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96
0	A	10	10	10			6.3	5.9	5.1			8.0	8.2	8.3			25		25			25	25	25		
	B	10	10	9																						
6.25	A	10	10	9			6.3	5.9	5.0			8.0	8.2	8.3			25		25			25	25	25		
	B	10	10	10																						
12.5	A	10	10	10			6.3	5.8	5.0			8.0	8.2	8.3			25		25			25	25	25		
	B	10	10	9																						
25	A	10	10	9			6.2	5.7	4.9			8.0	8.1	8.2			25		25			25	25	25		
	B	10	10	9																						
50	A	10	10	9			6.2	5.5	4.9			7.9	8.1	8.2			25		25			25	25	25		
	B	10	10	9																						
100	A	10	10	7			6.1	5.4	4.8			7.8	8.0	8.1			25		25			25	25	25		
	B	10	10	8																						
Recorded By:		AJT	AJT	AJT			AJT	AJT	AJT			AJT	AJT	AJT			AJT		AJT			AJT	AJT	AJT		

COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE
4949-A Cox Road, Glen Allen, Virginia 23060
(804) 527-5020 Fax (804) 527-5106
www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

Gerard Seeley, Jr.
Regional Director

BIOLOGICAL MONITORING , INC.
Toxicity Test Procedure Check Sheet

Test I.D. #: OMP080307-1 Test containers used: PP

Specify below no. milliliters (mLs) of diluent and effluent measured out per concentration in this test:

No. of replicates per concentration: 2

Are all test chambers properly labeled? ✓

Specify vessel type and volume used to measure and deliver effluent and diluent to test chambers:

graduated cylinder (s): 1L, 250, 100mL pipet (s):

volumetric flask (s): other

Concentration (%) mg/L Other	Diluent	Effluent	Total
0	1000	0	1000
6.25	Dilute to 1000	62.5	↓
12.5	↓	125	↓
25	↓	250	↓
50	↓	500	↓
100	0	1000	↓

Specify material (s) used to place test organisms into test chambers: wide bore pipet

Total Chlorine of sample upon arrival (mg/L): <0.1

Total Chlorine of sample after dechlorination (mg/L): N/A

Pretest treatment for organisms: Normal

Exposure Chamber
Total vessel capacity: 800mL
Test solution volume: 450mL
Water Depth Constant: ✓
Cyclic:

Feeding schedule
Pretest feeding:
Not fed:
Fed daily: ✓ 2x
Fed irregularly (describe)
Type of food: live rinsed artemia

Aeration
Pretest:
None: ✓
Slow: (bubbles/min)
Moderate:
Vigorous:
Beginning: (hour)

Screened Animal Enclosures
Not used: ✓
Used:
Photoperiod:
8h/16h: ✓
Other:

Conditions of surviving organisms at end of test: Normal

Methods of randomization employed: Random #

Comments: Sample aerated prior to use due to low D.O.; sample salinated to 25ppt w/ Crystal Sea Bioassay Mix

COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE
4949-A Cox Road, Glen Allen, Virginia 23060
(804) 527-5020 Fax (804) 527-5106
www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

Gerard Seeley, Jr.
Regional Director

SAMPLE COLLECTION - CHAIN OF CUSTODY FORM

To be completed by the person collecting the sample. See reverse side for instructions. 11318

1. Client name OMEGA PROTEIN
2. Sampler's name TED SCHULTZ
3. Sample source LAGOON
4. Outfall/station 002
5. Purchase order no.
6. Affiliation EMPLOYEE
7. NPDES permit no./County VA0003867
8. Test period for which data is being submitted: 2ND Q
9. *Sample relinquished by:* Ted Schultz 8/2/07 *Date; Received by:* [illegible] 8-3-07 *Date;*

Sample relinquished by: ____ / ____ *Date; Received by:* ____ / ____ *Date.*

Description of Sampling Methods and Equipment

10. Type of sample collected:
Grab ____
Date collected ____
Time collected ____
Volume ____

Composite X
Composite type 24HC
Collection period: from 8/1/07 (date) 13:00 (time) to 8/2/07 (date) 13:00 (time)

11. Flow during sampling ____
12. Type of container Plas Cube
13. Number of containers shipped 1
14. No. of subsamples ____
15. Frequency ____
16. Volume 1 gal

Condition of Effluent at Time of Collection

17. pH 8.7
18. Chlorine ____
19. Temperature:
At collection point ____
In collection device (comp. sample must be @ or below 4°C) 4°C

20. Is the sample:
Chlorinated No
Dechlorinated No
Unknown ____
Dechlorination method ____

Shipping Information

21. Method of shipment UPS
22. Date shipped 8/2/07
23. Time 15:30
24. Was the sample packed with ice for shipment? Yes
25. *Custody seal in place by* Ted Schultz *Date* 8/2/07 *Time* 14:30

Instructions to Lab

26. Type of test(s) to be performed Static Acute
27. Should BMI dechlorinate the sample (Yes or No) ____
28. Should ammonia be measured? (Yes or No) ____
29. Comments ____

30. I certify that the above information is correct Ted Schultz (Signature) 8/2/07 (Date)

****

For BMI Use Only

Alk ____
Hard ____
BMI Sample ID# OMP080307 *Received by* AT impro *Date* 8-3-07 *Time* 1200
Upon arrival at BMI: Custody seal ✓ Temperature 1°C pH 7.9 Chlorine Low DO 6.0
On ice? ✓ Salinity 4ppt Conductivity 900
Visual description Green Sample refrigerated ✓
Test ID number(s) OMP080307-1

C:\wpdocs\labforms\sptcol2.frm (V.1194)

COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE
4949-A Cox Road, Glen Allen, Virginia 23060
(804) 527-5020 Fax (804) 527-5106
www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

Gerard Seeley, Jr.
Regional Director

BIOLOGICAL MONITORING, INC.

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

August 7, 2007

Mr. Ted Schultz
Omega Protein
P.O. Box 175
Reedville, VA 22539

Dear Mr. Schultz:

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

SAMPLE	TEST	RESULTS	Pass/Fail*	Next Step (if any)
Outfall 002	SA Mb	LC50 > 100% TUa < 1.0	Pass	N/A

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

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

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

Sincerely,

Tony Timpano
Laboratory Manager

enc: as stated

TOXICITY TEST
FOR
OMEGA PROTEIN
August 2, 2007

Submitted to:

Mr. Ted Schultz
Omega Protein
P.O. Box 175
Reedville, VA 22539

Prepared by:

Biological Monitoring, Inc.
1800 Kraft Drive, Suite 101
Blacksburg, VA 24060

Phone: 540-953-2821
Fax: 540-951-1481
www.biomon.com

August 7, 2007

The following data have been internally reviewed and the personnel meticulously followed the methods. The procedures are deemed to be compliant with the methods and acceptable for reporting.

Tony Pimpano (Laboratory Manager)

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Omega Protein

Prepared by: Tony Timpano

NPDES Permit #: VA0003867

Experiment ID#: OMP080307-1

Test Organism: *Americamysis bahia* (formerly *Mysidopsis*)

Test Type: Static Acute

Organism Age at Start of Test: 4 d

Sample Tested: Outfall 002

Sample Type: Composite

Sample Collection Date and Time: From 08/01/07 @ 1300 to 08/02/07 @ 1300

Sample Collector: Ted Schultz

Delivered by: UPS

Test Solution Renewal Frequency: N/A

Dilution Water Used: Synthetic Seawater 080207

Test Temperature: 25 ± 1°C

No. of Replicates per conc.: 2

No. of Organisms per Replicate: 10

Feeding prior to test: Normal

Feeding Regime: 2x daily live rinsed Artermia

Chamber Size: 800 mL PP

Test Volume: 450 mL

Photo Period: 16h light/8h dark

Test Duration: 48 h

Start of Test: Date: 08/03/07

Time: 1700

End of Test: Date: 08/05/07

Time: 1800

Equipment:

pH Meter: SA 720 (A)
DO Meter: YSI 58 (b)
SCT Meter: YSI 33 (A)
°C Measurement: Calibrated Thermometer
Salinity: SCT Meter
Chlorine: Fisher/Porter Amperometric Titrator

Test Method Reference: U.S. EPA. 2002. Methods for measuring the Acute toxicity of effluents and receiving waters to freshwater and marine organisms. EPA-821-R-02-012.

BIOLOGICAL MONITORING, INC.
Acute Toxicity Test Data Summary

Client	Omega Protein	**NPDES PERMIT #: VA0003867**		
Test Organism	*Americamysis bahia* (formerly *Mysidopsis*)		**Date**	**Time**
Experiment ID	OMP080207-1	**Start Test**	08/02/07	1700
Sample Tested	Outfall 002	**End Test**	08/05/07	1800

RESULTS

Water Chemistry Analyses

Conc. %	Temp. (°C)			D.O. (mg/L)			pH (SU)			Salinity (0/00)		Survival (%) 48 h
	0h	24h	48h	0h	24h	48h	0h	24h	48h	0h	48h	
0	25	25	25	6.3	5.9	5.1	8.0	8.2	8.3	25	25	95
6.25	25	25	25	6.3	5.9	5.0	8.0	8.2	8.3	25	25	95
12.5	25	25	25	6.3	5.8	5.0	8.0	8.2	8.3	25	25	95
25	25	25	25	6.2	5.7	4.9	8.0	8.1	8.2	25	25	90
50	25	25	25	6.2	5.5	4.9	7.9	8.1	8.2	25	25	90
100	25	25	25	6.1	5.4	4.8	7.8	8.0	8.1	25	25	75

STATISTICAL ANALYSES

Test Method	NOAEC	LC50 (%)	TUa	95% Fiducial (Confidence) Limits
N/A	100%	> 100	1.0	N/A

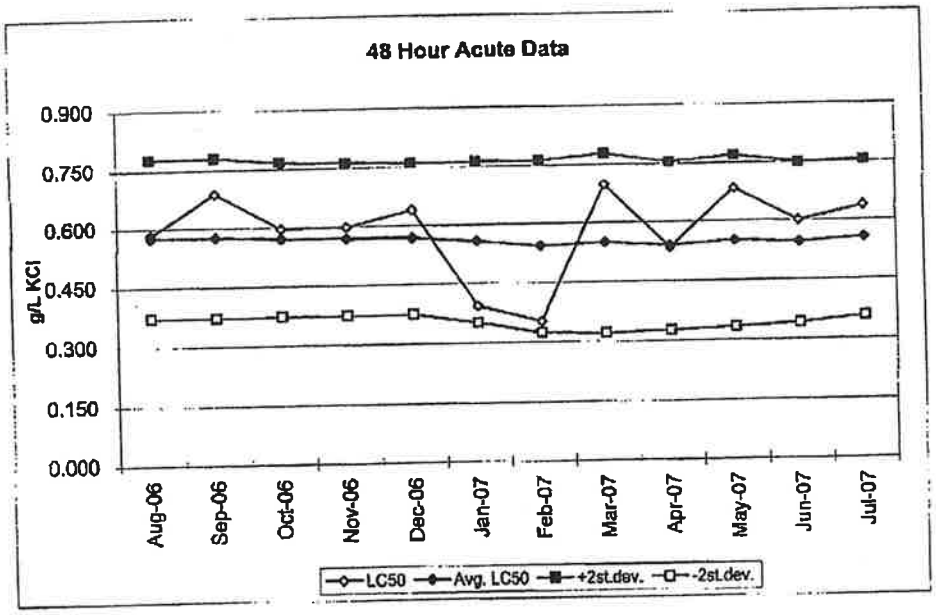
COMMENTS: Sample salinated to 25ppt w/Crystal Sea Bioassay Mix; sample aerated prior to use due to low D.O. upon receipt

1300 Blue Spruce Drive, Suite C
Fort Collins, Colorado 80524

Toll Free: 800/331-5916
Tel: 970/484-5091 Fax: 970/484-2514

REFERENCE TOXICANT LC50

Americamysis bahia



48 HOUR ACUTE TOXICITY DATA FOR

Americamysis bahia

DATE	LC50 (g/L KCl)	95% CONFIDENCE (upper)	(lower)	AVG.LC50 (g/L KCl)	METHOD	+2std	-2std
Feb 07	0.354	0.354	0.354	0.544	SPKR	0.764	0.324
Mar 07	0.697	0.719	0.676	0.550	SPKR	0.779	0.321
Apr 07	0.536	0.600	0.479	0.541	SPKR	0.755	0.327
May 07	0.683	0.717	0.651	0.552	SPKR	0.770	0.335
Jun 07	0.600	0.663	0.543	0.546	SPKR	0.750	0.342
Jul 07	0.637	0.690	0.589	0.557	SPKR	0.755	0.359

BIOLOGICAL MONITORING , INC.

TOXICITY TEST DATA SHEET

Experiment I.D. #: OMP080307-1 NPDES#: VA 0003867 Client: Omega Protein, Inc. Outfall/Station No. 002
Effluent/Sample: OMP080307 Sample Container: PE Project Scientist: A. Timpano QC Officer:

Sample Type:
Grab:
Collection Date: Time:
Composite: X
Collected From: Date: 08-01-07 Time: 1300
Collected To: Date: 08-02-07 Time: 1300

Test Organism:
Species: A. bahia
Source: Aquatic Biology Labs
Batch#: ABS 080307
Age: 4d
No. of organisms/ con. 20

Test Mode: Static Acute
Test Start Date: 08-03-07
Test End Date: 08-05-07
Test Temperature: 25±1°C
Dilution Water Used: SS080207

Test Duration: 48h
Time: 1700
Time: 1800
Waterbath/Shelf#:
Temp. of Org. Stock Solution:

Con. % or mg/L	Test Conc. #	Number of Live Organisms					Dissolved Oxygen (mg/L)					pH					Salinity 0/00					Temperature (°C)				
		0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96
0	A	10	10	10			6.3	5.9	5.1			8.0	8.2	8.3			25		25			25	25	25		
	B	10	10	9																						
6.25	A	10	10	9			6.3	5.9	5.0			8.0	8.2	8.3			25		25			25	25	25		
	B	10	10	10																						
12.5	A	10	10	10			6.3	5.8	5.0			8.0	8.2	8.3			25		25			25	25	25		
	B	10	10	9																						
25	A	10	10	9			6.2	5.7	4.9			8.0	8.1	8.2			25		25			25	25	25		
	B	10	10	9																						
50	A	10	10	9			6.2	5.5	4.9			7.9	8.1	8.2			25		25			25	25	25		
	B	10	10	9																						
100	A	10	10	7			6.1	5.4	4.8			7.8	8.0	8.1			25		25			25	25	25		
	B	10	10	8																						
Recorded By:		AJJ	AJJ	AJJ			AJJ	AJJ	AJJ			AJJ	AJJ	AJJ			AJJ		AJJ			AJJ	AJJ	AJJ		

BIOLOGICAL MONITORING , INC.
Toxicity Test Procedure Check Sheet

Test I.D. #: OMP080307-1 Test containers used: PP

Specify below no. milliliters (mLs) of diluent and effluent measured out per concentration in this test:

No. of replicates per concentration: 2

Are all test chambers properly labeled? ✓

Specify vessel type and volume used to measure and deliver effluent and diluent to test chambers:

graduated cylinder (s): 1L, 250, 100mL pipet (s): _____

volumetric flask (s): _____ other _____

Concentration (%) mg/L Other	Diluent	Effluent	Total
0	1000	0	1000
6.25	Dilute to 1000	62.5	↓
12.5	↓	125	↓
25	↓	250	↓
50	↓	500	↓
100	0	1000	↓

Specify material (s) used to place test organisms into test chambers: wide bore pipet

Total Chlorine of sample upon arrival (mg/L): Lab

Total Chlorine of sample after dechlorination (mg/L): N/A

Pretest treatment for organisms: Normal

Exposure Chamber
Total vessel capacity: 800mL
Test solution volume: 450mL
Water Depth Constant: ✓
Cyclic: _____

Feeding schedule
Pretest feeding: _____
Not fed: _____
Fed daily: ✓ 2x
Fed irregularly (describe) _____
Type of food: live brine shrimp nauplii

Aeration
Pretest: _____
None: ✓
Slow: _____ (bubbles/min)
Moderate: _____
Vigorous: _____
Beginning: _____ (hour)

Screened Animal Enclosures
Not used: ✓
Used: _____
Photoperiod:
8h/16h: ✓
Other: _____

Conditions of surviving organisms at end of test: Normal

Methods of randomization employed: Random #

Comments: Sample aerated prior to use due to low D.O.; sample salinated to 25ppt w/ Crystal Sea Bioassay Mix

SEP [illegible]

SAMPLE COLLECTION - CHAIN OF CUSTODY FORM

11318

To be completed by the person collecting the sample. See reverse side for instructions.

1. Client name: OMEGA PROTEIN
2. Sampler's name: TED SCHULTZ
3. Sample source: LAGOON
4. Outfall/station: 002
5. Purchase order no.:
6. Affiliation: EMPLOYEE
7. NPDES permit no./County: VA0003867
8. Test period for which data is being submitted: 2ND Q
9. *Sample relinquished by:* Ted Schultz 8/2/07 *Date; Received by:* [illegible] 8-3-07 *Date;*

Sample relinquished by: _____ / ____ *Date; Received by:* _____ / ____ *Date.*

Description of Sampling Methods and Equipment

10. Type of sample collected:
    - Grab ____
    - Date collected ____
    - Time collected ____
    - Volume ____
    - Composite X
    - Composite type 24HC
    - Collection period: from 8/1/07 (date) 13:00 (time) to 8/2/07 (date) 13:00 (time)
11. Flow during sampling ____
12. Type of container Plas Cube
13. Number of containers shipped 1
14. No. of subsamples ____
15. Frequency ____
16. Volume 1 gal

Condition of Effluent at Time of Collection

17. pH 8.7
18. Chlorine ____
19. Temperature:
    - At collection point ____
    - In collection device (comp. sample must be @ or below 4°C) 4°C
20. Is the sample:
    - Chlorinated No
    - Dechlorinated No
    - Unknown ____
    - Dechlorination method ____

Shipping Information

21. Method of shipment UPS
22. Date shipped 8/2/07
23. Time 15:30
24. Was the sample packed with ice for shipment? Yes
25. *Custody seal in place by* Ted Schultz *Date* 8/2/07 *Time* 14:30

Instructions to Lab

26. Type of test(s) to be performed Static Acute
27. Should BMI dechlorinate the sample (Yes or No) ____
28. Should ammonia be measured? (Yes or No) ____
29. Comments ____
30. I certify that the above information is correct Ted Schultz (Signature) 8/2/07 (Date)

For BMI Use Only

Alk ____
Hard ____
BMI Sample ID# OMP080307 *Received by* AT impo *Date* 8-3-07 *Time* 1200
Upon arrival at BMI: Custody seal ✓ Temperature 4°C pH 7.9 Chlorine Cool DO 6.0
On ice? ✓ Salinity 4 ppt Conductivity 100
Visual description Green Sample refrigerated ✓
Test ID number(s) OMP080307-1

C:\wpdocs\Ebforms\spicol2.frm (V.1184)

FILE VOLUME NUMBER: 9

LAST CORRESPONDENCE DATE: OCT. 12, 2007
(LEFT

VA0003867
R/R R4

OMEGA PROTEIN®
Healthy Products for a Healthy World®

Theodore Schultz
Regulatory Compliance

RECEIVED
AUG 13 2007
PRO

Denise Mosca
Department of Environmental Quality
4949-A Cox Road
Glen Allen, VA 23060-6296

Aug 9, 2007

Re: July 2007 DMR response for permit VA0003867

Dear Denise:

Enclosed are the DMR's for the month of July 2007. WET testing for the 1st Quarter of the 2007 season was conducted for Outfall 001. Two copies of these results are included (with the mailed copy).

During the month we experienced an incident which has had a minor affect on the results reported on the DMRs for Outfall 002 (i.e. 002, 996, 500 and 502). During the fourth week of the month the normal weekly samples for Outfall 002 were taken and delivered to our contract lab. Due to an error during the acceptance of these samples, they were not logged into the lab's tracking system. The samples, themselves, were later discarded. A letter from the director of the laboratory is attached, in which he accepts culpability for the problem.

The parameters affected are ortho-PO4, NO2, NO3, TP and TKN. Fortunately, I take extra samples for those analyses that are only required once a week. An acid-stabilized/4°C duplicate sample from 7/25/07 had been retained. This sample was sent to the lab and promptly analyzed for TKN, NO3 and TP. Analysis for ortho-P and NO2 could not be performed due to their holding time and preservation requirements. Results for these analyses are included, but are on a separate sheet.

The missing week's parameter results (o-PO4 and NO2) affect the calculation of average values for these parameters, as well as others that depend on Nitrogen content. Included are parameters 013, 389, 791, 795 and 805. These have been marked with an asterisk (*) on the DMRs.

We believe that the missing NO2 value would have made a minor contribution to the final results dependant on it. To wit, the total flow for 002 on 7/25/07 was only 2000 gallons (compared to an average 130,000 gpd).

P.O. Box 175, Reedville, Virginia 22539, Telephone 804-453-4211, Fax 804-453-4123, Email tschultz@rivnet.net

The problem which occurred with the hand-off of the samples has been addressed. The Chain-of-Custody form has been modified to better indicate which party retains which copy. Both the contract lab personnel and our courier have been trained in the change.

Sincerely,

Ted Schultz

Ted Schultz

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

7 August 2007

To Whom It May Concern:

On July 26 the courier from Omega Protein delivered a set of samples for analyses required by their VPDES permit. Included in the set were the normal samples which they take during the fourth week of the month for outfall 002. These samples were properly relinquished by the courier (J.R. Hall) and received by me. That is, the Chain of Custody Record shows both our signatures. Unfortunately, an error in processing occurred and the courier returned to Omega Protein with both copies of the COC.

We log samples into our tracking system based on the customer's COC record. In that the COC for these samples was not retained by the lab, they were not logged in. As such, they were not analyzed.

Sincerely,

William Wright
Laboratory Director
PHR&A

PHR+A

Corporate:
Chantilly

Virginia Offices:
Bridgewater
Chantilly
Charlottesville
Fredericksburg
Leesburg
Newport News
Virginia Beach
Winchester
Woodbridge

Laboratories:
Chantilly
Fredericksburg

Maryland Offices:
Baltimore
Columbia
Frederick
Germantown
Hollywood

Pennsylvania Office:
Allentown

West Virginia Office:
Martinsburg

T 540.898.2115
F 540.898.3230
10712 Ballantrye Drive
Suite 308
Fredericksburg, VA
22407

BIOLOGICAL MONITORING, INC.

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

July 23, 2007

Mr. Ted Schultz
Omega Protein
P.O. Box 175
Reedville, VA 22539

Dear Mr. Schultz:

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 001	STC Cv	NOEC Survival = 100% NOEC Growth = 100% TUc = 1.0 IC25 > 100%	Pass	N/A
	STC Mb	NOEC Survival = 100% NOEC Growth = 100% NOEC Fecundity = 100% TUc = 1.0 IC25 > 100%	Pass	N/A
	SA Cv	LC50 > 100% TUa = 1.0	Pass	N/A
	SA Mb	LC50 > 100% TUa = 1.0	Pass	N/A

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

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

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

Sincerely,

Tony Timpano
Laboratory Manager

enc: as stated

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/23/07 To 7/29/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

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

Graham Lyell Jett 09/08/07
Signature of Principal Officer or Authorized Agent / Date

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/6/07 To 7/22/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

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

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

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/9/07 To 7/15/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

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

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

ATTACHMENT C
DEPARTMENT OF ENVIRONMENTAL QUALITY
BMP Compliance Report

Facility Name: Omega Protein
Address: Reedville, VA.

VPDES Permit No.: VA0003867

Report Period: From 7/2/07 To 7/8/07

Paint Area	COMPLIANCE (check as appropriate)	NONCOMPLIANCE *
	✓	

*Comments on Noncompliance

TED SCHULTZ / REGULATORY COMPLIANCE
Name of Principal Exec. Officer or Authorized Agent / Title

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

Graham Lysell Jett 08/08/07
Signature of Principal Officer or Authorized Agent / Date

Industrial Major 10/12/2005 KEH

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

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

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

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

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

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	2.880	4.254	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.6	*********	8.1	SU	Ø	3D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	259.5	599.0	KG/D	*********	*********	*********		Ø	3D/W	24HC
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD	316.1	553.9	KG/D	*********	*********	*********		Ø	3D/W	24HC
	REQRMNT	650	1600	KG/D	*********	*********	*********			3D/W	24HC
005 CL2, TOTAL	REPORTD	*********	*********		*********	NA	NA				
	REQRMNT	*********	*********		*********	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	2.07	*********	KG/D	*********	0.3	*********	MG/L	Ø	1/W	24HC
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	111.3	*********	KG/D	*********	14.2	*********	MG/L	Ø	1/W	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********	<QL	<QL	UG/L	Ø	2/M	GRAB
	REQRMNT	*********	*********		*********	96	110	UG/L		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

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

Industrial Major 10/12/2005

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

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

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

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

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

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
039 AMMONIA, AS N	REPORTD	*********	*********		*********	10.1	12.5	MG/L	Ø	3/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC
068 TKN (N-KJEL)	REPORTD	110.3	*********	KG/D	*********	14.0	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********		*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********	42.0	C	Ø	1/D	IS
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
389 NITRITE+NITRATE-N,TOTAL	REPORTD	1.0	*********	KG/D	*********	0.1	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	56.2	81.0	KG/D	*********	*********	*********		Ø	3D/W	GRAB
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	2337	KG/MO	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	43.4	KG/MO	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

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

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

Industrial Major 10/19/2005

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

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

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

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

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD	0.7	*********	KG/D	*********	0.09	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	4348	KG/Y	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	104.0	KG/Y	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

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

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

Industrial Major 05/24/2007

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

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

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

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

VA0003867	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.139	0.244	MGD	*********	*********	*********		Ø	CONT	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********		7.46	*********	8.52	SU	Ø	2D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	9.6	9.8	KG/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD	12.0	14.5	KG/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********	1386	*********	N/CML	Ø	1/W	GRAB
	REQRMNT	*********	*********		*********	NL	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	1.3	*********	KG/D	*********	5.5	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	6.8*	*********	KG/D	*********	28.2*	*********	MG/L	Ø	2/M	CALC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		2/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	19.2	21.2	MG/L	Ø	2/M	24HC
	REQRMNT	*********	*********		*********	38	45	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

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

Industrial Major 05/24/2007

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

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

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

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

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
068 TKN (N-KJEL)	REPORTD	6.7	*********	KG/D	*********	26.0	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	27.1	31.2	C	Ø	2D/W	IS
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS
140 ENTEROCOCCI	REPORTD	*********	*********		*********	331.7	*********	N/CML	Ø	1/W	GRAB
	REQRMNT	*********	*********		*********	NL	*********	N/CML		1/W	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	14	TU-A		1/3M	24HC
389 NITRITE+NITRATE-N,TOTAL	REPORTD	0.4*	*********	KG/D	*********	2.3*	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
500 OIL & GREASE	REPORTD	1.7	1.7	KG/D	*********	*********	*********		Ø	2/M	GRAB
	REQRMNT	25	46	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	190*	KG/MO	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N). (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Graham Lyell Jett	Graham Lyell Jett	191100446 3	07	08	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	08	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 05/24/2007

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

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

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

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

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	37.4	KG/Mo	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTD	1.6*	*********	KG/D	*********	4.9*	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	557.6*	KG/Y	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********		~~Ø~~	1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	102.4	KG/Y	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

Industrial Major 10/19/2005

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

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

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

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

IAME Omega Protein - Reedville
.DDRESS PO Box 175
Reedville VA 22539
:ACILITY .OCATION 610 Menhaden Rd

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	003

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

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

Discharge

NO

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

OPERATOR IN RESPONSIBLE CHARGE

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

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

Industrial Major 10/19/2005

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

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

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

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	003

MONITORING PERIOD

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

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

Discharge

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

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

Industrial Major 10/19/2005

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

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

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

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

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	003

MONITORING PERIOD

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

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

No DMR on file

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

OPERATOR IN RESPONSIBLE CHARGE

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

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

Industrial Major 10/19/2005

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

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

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

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	995

MONITORING PERIOD

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	2.852	4.212	MGD	*********	*********	*********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.72	*********	8.11	SU	Ø	5D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********	30.0	30.0	UG/L	Ø	1/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	33.3	39.4	C	Ø	1/D	IS
	REQRMNT	*********	*********		*********	NL	45	C		1/DAY	IS
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	<QL	<QL	UG/L	Ø	1/M	24HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	24HC
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*********	*********		*********	65.0	65.0	UG/L	Ø	1/M	GRAB
	REQRMNT	*********	*********		*********	NL	NL	UG/L		1/M	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

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

Industrial Major 11/16/2005

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

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

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

VA0003867	996
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

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

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********	2528*	KG/MO	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********	80.9	KG/MO	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD				*********	*********	*********				
	REQRMNT	********	NL	KG/YR	*********	*********	*********			1/YR	CALC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*********	4907*	KG/YR	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
806 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REPORTD	*********	206.4	KG/YR	*********	*********	*********		Ø	1/M	CALC
	REQRMNT	*********	NL	KG/YR	*********	*********	*********			1/M	CALC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

OPERATOR IN RESPONSIBLE CHARGE

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

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

OMEGA PROTEIN

DMR REPORTING
Cockrell Creek

REEDVILLE, VA

Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	4-Jul-07	10:05	27.0	8.22	0.41	12.0
002	4-Jul-07	9:55	25.2	8.32	0.34	11.9
995	4-Jul-07	10:10	26.2	8.14	0.907	11.9

OMEGA PROTEIN

DMR REPORTING
OUTFALLS

REEDVILLE, VA

	Lagoon 002				Pipe 001				Ditch 995			
		Temp				Temp				Temp		
Date	pH	deg C	Flow	MGD	pH	deg C	Flow	MGD	pH	deg C	Flow	MGD
7/1/2007	no flow			—	no flow			—	no flow			—
7/2/2007	no flow			—	no flow			—	no flow			—
7/3/2007	8.07	25.8	138,000	—	no flow			—	no flow			—
7/4/2007	7.80	24.6	89,000	—	8.09	36.4	2,614,511	—	8.11	30.2	2,588,625	—
7/5/2007	7.94	24.6	139,000	—	8.12	35.0	4,254,120	—	7.99	30.2	4,212,000	—
7/6/2007	7.86	25.0	200,000	—	7.85	39.2	4,254,120	—	7.97	32.0	4,212,000	—
7/7/2007	7.94	26.3	221,000	—	7.74	42.0	4,254,120	—	7.88	33.6	4,212,000	—
7/8/2007	7.83	27.6	188,000	—	7.80	41.3	531,765	—	7.85	33.5	526,500	—
7/9/2007	7.74	27.5	133,000	—	no flow			—	no flow			—
7/10/2007	8.03	29.1	78,000	—	7.62	41.5	2,038,433	—	8.00	34.1	2,018,250	—
7/11/2007	8.47	31.2	156,000	—	7.75	29.7	4,254,120	—	7.88	29.1	4,212,000	—
7/12/2007	7.84	28.3	208,000	—	7.64	41.0	4,165,493	—	7.85	34.0	4,124,250	—
7/13/2007	8.08	28.0	213,000	—	7.96	41.3	4,254,120	—	8.11	37.2	4,212,000	—
7/14/2007	7.46	26.0	226,000	—	7.74	41.5	4,254,120	—	7.83	37.3	4,212,000	—
7/15/2007	7.89	26.5	244,000	—	7.80	40.0	3,013,335	—	7.85	35.2	2,983,500	—
7/16/2007	7.90	27.7	180,000	—	no flow			—	no flow			—
7/17/2007	7.65	27.4	91,000	—	7.90	33.9	1,772,550	—	8.02	28.8	1,755,000	—
7/18/2007	7.70	27.8	94,000	—	7.72	38.4	1,550,981	—	7.97	36.3	1,535,625	—
7/19/2007	7.67	28.5	106,000	—	7.64	41.3	2,836,080	—	7.91	36.6	2,808,000	—
7/20/2007	7.81	27.9	198,000	—	7.74	41.5	3,190,590	—	7.74	39.4	3,159,000	—
7/21/2007	7.87	26.5	172,000	—	7.60	41.0	1,595,295	—	7.72	38.8	1,579,500	—
7/22/2007	7.83	26.4	83,000	—	no flow			—	no flow			—

7/23/2007	7.95	25.5	57,000	—	no flow			—	no flow			—
7/24/2007	8.01	25.4	24,000	—	no flow			—	no flow			—
7/25/2007	8.09	26.0	2,000	—	7.81	28.2	1,949,805	—	7.90	28.0	1,930,500	—
7/26/2007	7.92	26.9	56,000	—	7.58	27.7	709,020	—	8.07	27.0	702,000	—
7/27/2007	7.86	27.4	96,000	—	7.79	37.1	3,057,649	—	7.88	31.2	3,027,375	—
7/28/2007	8.33	27.8	139,000	—	7.90	40.0	4,165,493	—	7.93	32.7	4,124,250	—
7/29/2007	8.52	29.2	210,000	—	7.85	39.4	1,772,550	—	7.80	34.8	1,755,000	—
7/30/2007	8.25	27.6	147,000	—	no flow			—	no flow			—
Total	**222.31**	**758.5**	**3,888,000**	—	**163.64**	**797.4**	**60,488,269**	—	**166.26**	**700.0**	**59,889,375**	—
No Days	**28**	**28**	**28**	—	**21**	**21**	**21**	—	**21**	**21**	**21**	—
Avg.	**7.94**		**138,857**		**7.79**	**37.97**	**2,880,394**		**7.92**		**2,851,875**	
Min				**0.002**				**0.532**				**0.527**
Max												
		Lagoon 002				**Ditch 001**				**Ditch 995**		
Date	**pH**	**deg C**	**Flow**	**MGD**	**pH**	**deg C**	**Flow**	**MGD**	**pH**	**deg C**	**Flow**	**MGD**

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

10712 Ballantraye Drive Suite 308
Fredericksburg, VA 22407

T 540 898 2115
F 540 898 3230

Omega Protein
July,2007

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
Salinity (ppt)	7/4/2007	7/5/2007	CC001	12.0	7/5/07 (1415)	WLW	SM 2520 B	1
	7/4/2007	7/5/2007	CC002	11.9	7/5/07 (1415)	WLW		
	7/4/2007	7/5/2007	CC995	11.9	7/5/07 (1415)	WLW		
Total Dissolved Zinc (µg/L)	7/4/2007	7/5/2007	995	65.0	7/13/07 (1130)	WLW	SM 3111 B	50 ug/L
Silver (µg/L)	7/4/2007	7/5/2007	995	<.50	7/26/07 (1550)	CGT	SW 7761	.5 ug/L
	Note: Silver analyzed by Air Water&Soil Laboratories,Inc.							
Copper (µg/L)	7/4/2007	7/5/2007	995	30.0	7/13/07 (1050)	WLW	SM 3111 B	5 µg/L
Ammonia Nitrogen	7/4/2007	7/5/2007	CC001	0.412	7/6/07 (0730)	WLW	EPA 350.2	0.1
	7/4/2007	7/5/2007	CC002	0.343	7/6/07 (0730)	WLW		
	7/4/2007	7/5/2007	CC995	0.907	7/6/07 (0730)	WLW		
	7/4/2007	7/5/2007	Discharge 001	8.12	7/6/07 (0730)	WLW		
	7/4/2007	7/5/2007	Discharge 002	21.2	7/6/07 0730)	WLW		
	7/10/2007	7/10/2007	Discharge 001	9.66	7/11/07 (0830)	WLW		
	7/17/2007	7/17/2007	Discharge 001	12.5	7/17/07 (1240)	WLW		
	7/17/2007	7/17/2007	Discharge 002	17.1	7/17/07 (1240)	WLW		
TKN	7/4/2007	7/5/2007	Discharge 001	12.90	7/6/07 (0730)	WLW		
	7/4/2007	7/5/2007	Discharge 002	27.00	7/6/07 (0730)	WLW		
	7/10/2007	7/10/2007	Discharge 001	12.90	7/11/07 (0830)	WLW		
	7/10/2007	7/10/2007	Discharge 002	26.20	7/11/07 (0830)	WLW		
	7/17/2007	7/17/2007	Discharge 001	15.2	7/17/07 (1240)	WLW		
	7/17/2007	7/17/2007	Discharge 002	24.4	7/17/07 (1240)	WLW		
	7/25/2007	7/26/2007	Discharge 001	15.2	7/26/07 (1405)	WLW		
Nitrites	7/4/2007	7/5/2007	Discharge 001	0.01	7/5/07 (1340)	WLW	EPA 354.1	0.01
	7/4/2007	7/5/2007	Discharge 002	0.445	7/5/07 (1340)	WLW		
	7/10/2007	7/10/2007	Discharge 001	0.011	7/10/07 (1200)	PB		
	7/10/2007	7/10/2007	Discharge 002	0.75	7/10/07 (1200)	PB		
	7/17/2007	7/17/2007	Discharge 001	0.019	7/17/07 (1300)	PB		
	7/17/2007	7/17/2007	Discharge 002	0.40	7/17/07 (1300)	PB		

	7/25/2007	7/26/2007	Discharge 001	0.034	7/26/97 (1230)	LT		
Nitrates	7/4/2007	7/5/2007	Discharge 001	0.111	7/6/07 (0815)	WLW	EPA 352.1	0.1
	7/4/2007	7/5/2007	Discharge 002	2.49	7/6/07 (0815)	WLW		
	7/10/2007	7/10/2007	Discharge 001	<.10	7/12/07 (1340)	WLW		
	7/10/2007	7/10/2007	Discharge 002	0.534	7/12/07 (1340)	WLW		
	7/17/2007	7/17/2007	Discharge 001	<.10	7/20/07 (1315)	WLW		
	7/17/2007	7/17/2007	Discharge 002	0.64	7/20/07 (1315)	WLW		
	7/25/2007	7/26/2007	Discharge 001	<.10	7/27/07 (1325)	WLW		
Total Phosphorus	7/4/2007	7/5/2007	Discharge 001	0.224	7/6/07 (1430)	PB	EPA 365.2	0.01
	7/4/2007	7/5/2007	Discharge 002	4.84	7/6/07 (1430)	PB		
	7/10/2007	7/10/2007	Discharge 001	0.269	7/10/07 (1200)	PB		
	7/10/2007	7/10/2007	Discharge 002	6.40	7/10/07 (1200)	PB		
	7/17/2007	7/17/2007	Discharge 001	0.462	7/18/07 (1030)	PB		
	7/17/2007	7/17/2007	Discharge 002	5.17	7/18/07 (1030)	PB		
	7/25/2007	7/26/2007	Discharge 001	0.120	7/27/07 (0930)	PB		

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
Ortho Phosphorus	7/4/2007	7/5/2007	Discharge 001	0.066	7/5/07 (1350)	WLW	EPA 365.2	0.01
	7/4/2007	7/5/2007	Discharge 002	4.77	7/5/07 (1350)	WLW		
	7/10/2007	7/10/2007	Discharge 001	0.084	7/10/07 (1200)	PB		
	7/10/2007	7/10/2007	Discharge 002	5.29	7/10/07 (1200)	PB		
	7/17/2007	7/17/2007	Discharge 001	0.124	7/17/07 (1430)	PB		
	7/17/2007	7/17/2007	Discharge 002	4.51	7/17/07 (1430)	PB		
	7/25/2007	7/26/2007	Discharge 001	0.088	7/26/07 (1530)	PB		
TSS	7/4/2007	7/5/2007	Discharge 001	29.6	7/6/07 (1120)	PB	SM 2540-D	1
	7/4/2007	7/5/2007	Discharge 002	28.4	7/6/07 (1120)	PB		
	7/5/2007	7/5/2007	Discharge 001	23.1	7/6/07 (1120)	PB		
	7/6/2007	7/6/2007	Discharge 001	34.4	7/6/07 (1120)	PB		
	7/10/2007	7/10/2007	Discharge 001	35.7	7/11/07 (1200)	PB		
	7/11/2007	7/12/2007	Discharge 001	28.6	7/12/07 (1325)	PB		
	7/12/2007	7/12/2007	Discharge 001	24.9	7/12/07 (1325)	PB		
	7/17/2007	7/17/2007	Discharge 001	38.4	7/17/07 1300)	PB		
	7/17/2007	7/17/2007	Discharge 002	42.1	7/17/07 (1300)	PB		
	7/18/2007	7/19/2007	Discharge 001	36.1	7/19/07 (1210)	PB		
	7/19/2007	7/19/2007	Discharge 001	28.5	7/19/07 (1210)	PB		
	7/25/2007	7/26/2007	Discharge 001	37.0	7/27/07 (0930)	LT		
	7/26/2007	7/26/2007	Discharge 001	22.4	7/27/07 (0930)	LT		
	7/27/2007	7/27/2007	Discharge 001	29.1	7/27/07 (1040)	PB		
BOD	7/4/2007	7/5/2007	Discharge 001	21.4	7/5/07 (1500)	WLW	SM 5210-B	2
	7/4/2007	7/5/2007	Discharge 002	28.1	7/5/07 (1500)	WLW		
	7/5/2007	7/5/2007	Discharge 001	20.7	7/5/07 (1500)	WLW		
	7/6/2007	7/6/2007	Discharge 001	37.2	7/6/07 (1145)	PB		
	7/10/2007	7/10/2007	Discharge 001	27.2	7/11/07 (1035)	PB		

	7/11/2007	7/12/2007	Discharge 001	33.0	7/12/07 (1240)	PB		
	7/12/2007	7/12/2007	Discharge 001	27.9	7/12/07 (1240)	PB		
	7/17/2007	7/17/2007	Discharge 001	23.7	7/18/07 (0945)	PB		
	7/17/2007	7/17/2007	Discharge 002	28.4	7/18/07 (0945)	PB		
	7/18/2007	7/19/2007	Discharge 001	16.0	7/19/07 (1150)	PB		
	7/19/2007	7/19/2007	Discharge 001	19.3	7/19/07 (1150)	PB		
	7/25/2007	7/26/2007	Discharge 001	16.2	7/26/07 (1525)	LT		
	7/26/2007	7/26/2007	Discharge 001	7.2	7/26/07 (1525)	LT		
	7/27/2007	7/27/2007	Discharge 001	16.4	7/27/07 (1025)	PB		
Oil & Grease	7/4/2007	7/5/2007	Discharge 001	6.8	7/7/07 (1130)	PB	EPA 1664	5
	7/4/2007	7/5/2007	Discharge 002	<5	7/7/07 (1130)	PB		
	7/5/2007	7/5/2007	Discharge 001	<5	7/7/07 (1130)	PB		
	7/6/2007	7/6/2007	Discharge 001	<5	7/7/07 (1130)	PB		
	7/10/2007	7/10/2007	Discharge 001	5.1	7/13/07 (0930)	PB		
	7/11/2007	7/12/2007	Discharge 001	<5	7/13/07 (0930)	PB		
	7/12/2007	7/12/2007	Discharge 001	<5	7/13/07 (0930)	PB		
	7/17/2007	7/17/2007	Discharge 001	<5	7/23/07 (0930)	PB		
	7/17/2007	7/17/2007	Discharge 002	<5	7/23/07 (0930)	PB		
	7/18/2007	7/19/2007	Discharge 001	<5	7/23/07 (0930)	PB		
	7/19/2007	7/19/2007	Discharge 001	<5	7/23/07 (0930)	PB		
	7/25/2007	7/26/2007	Discharge 001	<5	7/27/07 (1400)	LT		
	7/26/2007	7/26/2007	Discharge 001	<5	7/27/07 (1400)	LT		
	7/27/2007	7/27/2007	Discharge 001	7.0	7/27/07 (1400)	LT		
Fecal Coliform (MPN/100mL)	7/5/2007	7/5/2007	Discharge 002	1600	7/5/07 (1215)	WLW	SM 9221-E	2
	7/10/2007	7/10/2007	Discharge 002	900	7/10/07 (1230)	WLW		
	7/17/2007	7/17/2007	Discharge 002	>1600	7/17/07 (1200)	WLW		
	7/26/2007	7/26/2007	Discharge 002	>1600	7/26/07 (1200)	PB		
Enterococci (MPN/100mL)	7/5/2007	7/5/2007	Discharge 002	365.4	7/5/07 (1215)	WLW	SM 9230 Enterolert	1
	7/10/2007	7/10/2007	Discharge 002	579.4	7/10/07 (1230)	WLW		
	7/17/2007	7/17/2007	Discharge 002	261.3	7/17/07 (1200)	WLW		
	7/26/2007	7/26/2007	Discharge 002	218.7	7/26/07 (1250)	WLW		

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

10712 Ballantraye Drive Suite 308
Fredericksburg, VA 22407

T 540 898 2115
F 540 898 3230

Omega Protein
July,2007

Analysis	Date Collected	Date Received	Station	Results (mg/L)	Date/Time Analyzed	Analyst	Method	Detection Limit (mg/L)
Ammonia Nitrogen								
TKN	7/25/2007	8/7/2007	Discharge 002	26.6	8/7/07 (1225)	WLW	EPA 350.2	0.1
Nitrites	No Results- Holding time exceeded							
Nitrates	7/25/2007	8/7/2007	Discharge 002	3.79	8/8/07 (0850)	WLW	EPA 352.1	0.1
Total Phosphorus	7/25/2007	8/7/2007	Discharge 002	5.53	8/7/07 (1300)	LT	EPA 365.2	0.01
Ortho Phosphorus	No Results-Holding time exceeded							

Microbac

CERTIFICATE OF ANALYSIS

July 25, 2007

LAB#: 0707346

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

PROJECT: VPDES Samples
PROJECT NO.:
SAMPLED BY: Ted Schultz
RECEIVED: 07/18/07

Lab ID: 0707346-01 (Water)
Client ID: 6Jul07-001-F
Sampled Date/Time: 7/6/07 7:40

Analyte	Result	Quant Limit	Units	Prepared	Analyzed	Method	Analyst	Notes
Wet Chemistry								
Cyanide	BQL	10	µg/L	7/19/07 10:15	7/19/07 10:15	SM18/4500-CN C&E	JCM	

Notes and Definitions

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

Audrey N Brubeck

Audrey Brubeck
Technical Manager

2028 DABNEY ROAD • RICHMOND, VA 23230
TELEPHONE (804) 353-1999 • FAX (804) 353-0330 • www.microbac.com
elab: www.microbacrichmond.com/elementweb/

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

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

Microbac

CERTIFICATE OF ANALYSIS

August 02, 2007

LAB#: 0707531

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

PROJECT: VPDES Samples
PROJECT NO.:
SAMPLED BY: Ted Schultz
RECEIVED: 07/26/07

Lab ID: 0707531-01 (Water)
Client ID: 14Jul07-001-F
Sampled Date/Time: 7/14/07 7:40

Analyte	Result	Quant Limit	Units	Prepared	Analyzed	Method	Analyst	Notes
Wet Chemistry								
Cyanide	BQL	10	µg/L	7/30/07 16:00	7/30/07 16:00	SM18/4500-CN C&E	JCM	Hold1

Notes and Definitions

Hold1 This test was performed outside of the EPA recommended holding time.

mg/L = milligrams per Liter
µg/L = micrograms per Liter
pCi/L = picocuries per Liter
BQL = Below the Quantitation Limit

mg/kg = milligrams per kilogram
ppm = parts per million
CFU/mL = Colony forming units per milliliter

su = standard units
NTU = Nephelometric Turbidity Units
MPN/100mL = Most Probable Number per 100 milliliters

Audrey N Brubeck

Audrey Brubeck
Technical Manager

2028 DABNEY ROAD • RICHMOND, VA 23230
TELEPHONE (804) 353-1999 • FAX (804) 353-0330 • www.microbac.com
elab: www.microbacrichmond.com/elementweb/

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

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

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of July,2007

Chesapeake Bay Water Quality Monitoring Data

	Predischarge							After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25	1205	2.6	7.87	0.159	27.1	8.35	13.4	1240	2	8	0.219	26.9	8.3	13.6
26														
27														
28														
29														
30														
31														

Name of Vessel John S. Dempster

Name of Sampler Andy Hall

Omega Protein, Inc
VPDES Permit #VA000386 7

Month of July,2007

Chesapeake Bay Water Quality Monitoring Data

	Predischarge							After Discharge						
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25	1215	2.2	7.85	0.179	27.2	8.34	13.4	1255	2.4	7.82	<.10	27	8.35	13.6
26														
27														
28														
29														
30														
31														

Name of Vessel Smith Island

Name of Sampler Andy Hall

R/R Lit

RTC
2931 Soldier Springs Road . Laramie, WY 82070
phone 307.742.5452 . fax 307.745.7936 . web www.rt-corp.com

NPDES Laboratory Performance Evaluation Report
RTC Laboratory Proficiency Testing Program
DMRQA 27 - Concluding 8/31/2007 11:59:00PM

NPDES Permit #: **VA0003867**

Virginia Dept. of Environmental Quality
Attention: Betsy Ziomek
P.O. Box 1105
Richmond, VA 23218
UNITED STATES

OMEGA PROTEIN
Attention: Ted Schultz
PO BOX 175
REEDVILLE, VA 22539-0175
UNITED STATES

If you have any questions about your report, please contact Chris Rucinski at (307) 742-5452 or email: reports@rt-corp.com. This report shall not be reproduced except in full, with written approval of the Laboratory. A Laboratory may not claim endorsement by A2LA, NELAC or any other federal agency. RTC is accredited by A2LA to perform PT programs for the scope of accreditation under A2LA Certificate # 2122.01.

This report may contain data that are not covered by the A2LA accreditation.

Analyzing Laboratory: **Biological Monitoring, Inc.**

EPA Labcode: **VA01118**

	Analysis Method	Reported Value	Assigned Value	Acceptance Limits	Evaluation
Mysid Chronic 40 F Survival NOEC 799	EPA 1007.0 (10116004/OTHER)	50%	50.0	25 to 100	**Acceptable**
Mysid Chronic 40 F Growth IC25 (ON) 816	EPA 1007.0 (10116004/OTHER)	36.0%	46.5	10.3 to 82.7	**Acceptable**
Mysid Chronic 40 F Growth IC25 (SN) 817	EPA 1007.0 (10116004/OTHER)	46.3%	45.9	0.00 to >100	**Acceptable**
Mysid Chronic 40 F Growth NOEC (ON) 818	EPA 1007.0 (10116004/OTHER)	25%	25.0	6.25 to 50.0	**Acceptable**
Mysid Chronic 40 F Growth NOEC (SN) 819	EPA 1007.0 (10116004/OTHER)	25%	50.0	12.5 to 100	**Acceptable**
Sheepshead Minnow Chronic 40 F - Survival NOEC 805	EPA 1004.0 (10115409/OTHER)	25%	25.0	12.5 to 50.0	**Acceptable**
Sheepshead Minnow Chronic 40 F - Growth IC25 (ON) 820	EPA 1004.0 (10115409/OTHER)	27.9%	28.5	0.00 to 69.9	**Acceptable**
Sheepshead Minnow Chronic 40 F - Growth IC25 (SN) 821	EPA 1004.0 (10115409/OTHER)	50.9%	100	50.0 to >100	**Acceptable**
Sheepshead Minnow Chronic 40 F - Growth NOEC (ON) 822	EPA 1004.0 (10115409/OTHER)	25%	25.0	12.5 to 50.0	**Acceptable**
Sheepshead Minnow Chronic 40 F - Growth NOEC (SN) 823	EPA 1004.0 (10115409/OTHER)	12.5%	25.0	12.5 to 100	**Acceptable**

Certifying Officer: Christopher Rucinski

Date: October 25, 2007

ENVIRONMENTAL RESOURCE ASSOCIATES®
The Industry Standard™

DMRQA-27 Final Complete Report

NPDES Permit #: VA0003867
Permit Holder: Ted Schultz
Environmental Compliance Officer
Omega Protein Inc
804-453-4211

ERA Laboratory Code: O487601
Report Issued: 10/22/07
Study Dates: 06/04/07 - 08/31/07

Analyte	Performance Evaluation	Reported Value	Assigned Value	Acceptance Limits	Units	Method Description	USEPA Lab Code	Study
pH								
pH	Acceptable	5.74	5.70	5.50 - 5.90	S.U.	SM 4500 H+ B	VA01153	DMRQA27
Hardness								
Non-Filterable Residue (TSS)	Acceptable	54.4	66.8	53.6 - 75.1	mg/L	SM 2540 D	VA00063	DMRQA27
Demand								
BOD	Acceptable	73.3	88.6	44.7 - 132	mg/L	SM 5210 B	VA00063	DMRQA27
Simple Nutrients								
Ammonia as N	Acceptable	6.36	6.47	4.74 - 8.19	mg/L	SM 4500 NH3 E	VA00063	DMRQA27
Nitrate as N	Acceptable	7.81	7.79	6.07 - 9.41	mg/L	EPA 352.1	VA00063	DMRQA27
ortho-Phosphate as P	Acceptable	3.28	3.16	2.58 - 3.76	mg/L	SM 4500 P E	VA00063	DMRQA27
Complex Nutrients								
Total Kjeldahl Nitrogen	Acceptable	11.3	11.4	7.58 - 14.8	mg/L	SM 4500NorgB	VA00063	DMRQA27
Total phosphorus as P	Acceptable	4.91	4.56	3.74 - 5.44	mg/L	SM 4500PBE	VA00063	DMRQA27
Total Cyanide								
Cyanide, total	Acceptable	0.30	0.360	0.193 - 0.532	mg/L	SM 4500 CN E	VA00033	DMRQA27
Oil & Grease								
Oil & Grease (Gravimetric)	Acceptable	66.0	67.5	45.8 - 80.3	mg/L	EPA 1664A	VA00063	DMRQA27
Trace Metals								
Copper	Acceptable	739	716	644 - 788	µg/L	SM 3111 B	VA00063	DMRQA27
Silver	Acceptable	345	345	296 - 395	µg/L	SM 3111 B	VA00063	DMRQA27
Zinc	Acceptable	386	360	308 - 418	µg/L	SM 3111 B	VA00063	DMRQA27
Nitrite								
Nitrite as N	Acceptable	2.79	2.68	2.27 - 3.09	mg/L	SM 4500 NO2- B	VA00063	DMRQA27

ACCREDITED Lab Code 1539-01

All analytes are included in ERA's A2LA accreditation. Lab Code: 1539-01

ENVIRONMENTAL RESOURCE ASSOCIATES®
The Industry Standard™

DMRQA-27 Final Complete Report

NPDES Permit #: VA0003867
Permit Holder: Ted Schultz
Environmental Compliance Officer
Omega Protein Inc
804-453-4211

ERA Laboratory Code: O487601
Report Issued: 10/22/07
Study Dates: 06/04/07 - 08/31/07

Analyte	Performance Evaluation	Reported Value	Assigned Value	Acceptance Limits	Units	Method Description	USEPA Lab Code	Study
WP Coliform MicrobE™								
Fecal Coliforms - E.coli (MPN)	Acceptable	130	319	38.8 - 2630	MPN/100mL	SM9221E LTB EC	VA00063	DMRQA27

All analytes are included in ERA's A2LA accreditation. Lab Code: 1539-01

ENVIRONMENTAL RESOURCE ASSOCIATES®

DMR-QA 26 Final Report

NPDES Permit #: VA0003867

Customer Code: O4876-01

Report Issued: 10/17/06

Study Dates: 06/02/06 - 09/01/06

Permit Holder: Ted Schultz
Environmental Compliance Officer
Omega Protein Inc
PO Box 175
Reedville, VA 22539-0175
804-453-4211

Analyte	Performance Evaluation	Reported Value	Assigned Value	Acceptance Limits	Warning Limits	Units	Method Description	USEPA Lab Code	Study
pH									
pH	Acceptable	7.35	7.45	7.25 - 7.65		S.U.	SM 4500 H+ B	VA01153	DMRQA026
Hardness									
Non-Filterable Residue (TSS)	Acceptable	48.2	50.9	39.6 - 58.2	42.7 - 55.1	mg/L	SM 2540D	VA00063	DMRQA026
Demand									
BOD	Acceptable	59.5	67.1	33.8 - 100	44.9 - 89.3	mg/L	SM 5210B	VA00063	DMRQA026
Simple Nutrients									
Ammonia as N	Acceptable	11.2	10.9	8.08 - 13.6	9.00 - 12.7	mg/L	SM 4500NH3BE	VA00063	DMRQA026
Nitrate as N	Acceptable	4.83	4.27	3.32 - 5.17	3.63 - 4.86	mg/L	EPA 352.1	VA00063	DMRQA026
Ortho-phosphate as P	Acceptable	1.81	1.69	1.35 - 2.05	1.46 - 1.94	mg/L	SM 4500PE	VA00063	DMRQA026

RIR Rept

ACCREDITED Lab Code: 1559-01

Proficiency Testing Studies / Quality Control Standards

6000 West 54th Ave., Arvada, CO 80002 1-800-372-0122 fax 303-421-0159 info@eraqc.com www.eraqc.com

ENVIRONMENTAL RESOURCE ASSOCIATES®

DMR-QA 26 Final Report

NPDES Permit #: VA0003867

Customer Code: O4876-01

Report Issued: 10/17/06

Study Dates: 06/02/06 - 09/01/06

Permit Holder: Ted Schultz
Environmental Compliance Officer
Omega Protein Inc
PO Box 175
Reedville, VA 22539-0175
804-453-4211

Analyte	Performance Evaluation	Reported Value	Assigned Value	Acceptance Limits	Warning Limits	Units	Method Description	USEPA Lab Code	Study
Nitrite as N									
Nitrite as N	Acceptable	1.75	1.67	1.39 - 1.95		mg/L	SM 4500N02B	VA00063	DMRQA026
WP Coliform MicrobE™									
Fecal Coliforms - E.coli (MPN)	Acceptable	900	346	55 - 2200		MPN/100mL	SM9221E	VA00033	DMRQA026

6000 West 54th Ave., Arvada, CO 80002 1-800-372-0122 fax 303-421-0159 info@eraqc.com www.eraqc.com

ENVIRONMENTAL RESOURCE ASSOCIATES®

DMR-QA 26 Final Report

NPDES Permit #: VA0003867

Permit Holder: Ted Schultz
Environmental Compliance Officer
Omega Protein Inc
PO Box 175
Reedville, VA 22539-0175
804-453-4211

Customer Code: O4876-01
Report Issued: 10/17/2006
Study Dates: 06/02/06 - 09/01/06

Anal. No.	Test Conditions	Test Endpoint	Performance Evaluation	Reported Value	Assigned Value	Acceptance Limits	Units	Method Description	USEPA Lab Code
Mysid (Test Code 43)									
0799	7-day Short term Chronic, Daily Renewal, 40 FSW	NOEC Survival	Acceptable	25.0	25.0	12.5 - 50.0	%	EPA 1007	VA01118
0816	7-day Short term Chronic, Daily Renewal, 40 FSW	IC25 (ON) Growth	Acceptable	29.1	45.6	<6.25 - 86.4	%	EPA 1007	VA01118
0817	7-day Short term Chronic, Daily Renewal, 40 FSW	IC25 (SN) Growth			47.1	7.10 - 87.1	%		
0818	7-day Short term Chronic, Daily Renewal, 40 FSW	NOEC (ON) Growth	Acceptable	25	25.0	12.5 - 50.0	%	EPA 1007	VA01118
0819	7-day Short term Chronic, Daily Renewal, 40 FSW	NOEC (SN) Growth			50.0	25.0 - 100	%		
Sheepshead minnow (Test Code 47)									
0805	7-day Short term Chronic, Daily Renewal, 40 FSW	NOEC Survival	Acceptable	25.0	25.0	12.5 - 50.0	%	EPA 1004	VA01118
0820	7-day Short term Chronic, Daily Renewal, 40 FSW	IC25 (ON) Growth	Acceptable	33.4	32.4	16.5 - 48.3	%	EPA 1004	VA01118
0821	7-day Short term Chronic, Daily Renewal, 40 FSW	IC25 (SN) Growth			54.1	44.6 - 63.6	%		
0822	7-day Short term Chronic, Daily Renewal, 40 FSW	NOEC (ON) Growth	Acceptable	25.0	25.0	12.5 - 50.0	%	EPA 1004	VA01118
0823	7-day Short term Chronic, Daily Renewal, 40 FSW	NOEC (SN) Growth			50.0	25.0 - 100	%		

All analytes are included in ERA's A2LA (1539-01) accreditation.

ACCREDITED Lab Code: 1539-01

Proficiency Testing Studies / Quality Control Standards

6000 West 54th Ave., Arvada, CO 80002 1-800-372-0122 fax 303-421-0159 info@eraqc.com www.eraqc.com

DEPARTMEN' F ENVIRONMENTAL QUALITY - ATER DIVISION
LABORATORY INSPECTION REPORT

Form Updated 10/4/2001

FACILITY NO:	INSPECTION DATE:	PREVIOUS INSP. DATE:	PREVIOUS EVALUATION:	TIME SPENT:
VA0003867	September 13, 2007	June 8, 2005	Deficiencies	12 hours w/ travel & report

NAME/ADDRESS OF FACILITY:	FACILITY CLASS:	FACILITY TYPE:	UNANNOUNCED INSPECTION?
OMEGA Protein - Fleeton P.O. Box 175 Reedville, VA 22539	(x) MAJOR ( ) MINOR ( ) SMALL ( ) VPA/NDC	( ) MUNICIPAL (x) INDUSTRIAL ( ) FEDERAL ( ) COMMERCIAL LAB	( ) YES (x) NO **FY-SCHEDULED INSPECTION?** (x) YES ( ) NO

INSPECTOR(S):	REVIEWERS:	PRESENT AT INSPECTION:
Mike Dare MD 9.17.07	CM Wood 10/8/07	Ted Schultz, Andy Hall, Bill Black (Post inspection discussion), Lyell Jett (Pre and post inspection discussion)

LABORATORY EVALUATION	DEFICIENCIES? Yes	DEFICIENCIES? No
LABORATORY RECORDS	X	
GENERAL SAMPLING & ANALYSIS		X
LABORATORY EQUIPMENT		X
pH ANALYSIS PROCEDURES	X	

QUALITY ASSURANCE/QUALITY CONTROL

Y/N	QUALITY ASSURANCE METHOD	PARAMETERS	FREQUENCY
N	REPLICATE SAMPLES		
N	SPIKED SAMPLES		
N	STANDARD SAMPLES		
N	SPLIT SAMPLES		
N	SAMPLE BLANKS		
N	OTHER		
N	EPA-DMR PE SAMPLES?	RATING: ( ) No Deficiency ( ) Deficiency ( ) NA	
N	QC SAMPLES PROVIDED?	RATING: ( ) No Deficiency ( ) Deficiency ( ) NA	

COPIES TO: (X) DEQ - PRO & NRO; (X) OWPP; ( ) VDH- FO and DWE; (X) OWNER; (X) EPA-Region III; (X) Other: Owner via Lyell Jett

FACILITY #: VA0003867

LABORATORY RECORDS SECTION

LABORATORY RECORDS INCLUDE THE FOLLOWING:

X	SAMPLING DATE	X	ANALYSIS DATE	N/A	CONT MONITORING CHART
X	SAMPLING TIME	X	ANALYSIS TIME	X	INSTRUMENT CALIBRATION
X	SAMPLE LOCATION	X	TEST METHOD	X	INSTRUMENT MAINTENANCE
				X	CERTIFICATE OF ANALYSIS

WRITTEN INSTRUCTIONS INCLUDE THE FOLLOWING:

X	SAMPLING SCHEDULES	X	CALCULATIONS	X	ANALYSIS PROCEDURES

	YES	NO	N/A
DO ALL ANALYSTS INITIAL THEIR WORK?	X		
DO BENCH SHEETS INCLUDE ALL INFORMATION NECESSARY TO DETERMINE RESULTS?	X		
IS THE DMR COMPLETE AND CORRECT? MONTH(S) REVIEWED: **August 2007**		X	
ARE ALL MONITORING VALUES REQUIRED BY THE PERMIT REPORTED?	X		

GENERAL SAMPLING AND ANALYSIS SECTION

	YES	NO	N/A
ARE SAMPLE LOCATION(S) ACCORDING TO PERMIT REQUIREMENTS?	X		
ARE SAMPLE COLLECTION PROCEDURES APPROPRIATE?	X		
IS SAMPLE EQUIPMENT CONDITION ADEQUATE?	X		
IS FLOW MEASUREMENT ACCORDING TO PERMIT REQUIREMENTS?	X		
ARE COMPOSITE SAMPLES REPRESENTATIVE OF FLOW?	X		
ARE SAMPLE HOLDING TIMES AND PRESERVATION ADEQUATE?	X		
IF ANALYSIS IS PERFORMED AT ANOTHER LOCATION, ARE SHIPPING PROCEDURES ADEQUATE? LIST PARAMETERS AND NAME & ADDRESS OF LAB: **Patton Harris Rust & Associates, pc (Fredericksburg, VA)** **BOD_5, TSS, TKN, NH_3-N, NO_2, NO_3, Total N, Ortho & Total P, Oil & Grease, Cyanide, Fecal Coliform, Enterococci, Toxicity, copper, silver, zinc.**	X		

LABORATORY EQUIPMENT SECTION

	YES	NO	N/A
IS LABORATORY EQUIPMENT IN PROPER OPERATING RANGE?	X		
ARE ANNUAL THERMOMETER CALIBRATION(S) ADEQUATE?	X		
IS THE LABORATORY GRADE WATER SUPPLY ADEQUATE?			X
ARE ANALYTICAL BALANCE(S) ADEQUATE?			X

L ORATORY INSPECTION REPORT SUMI Y

FACILITY NAME:	FACILITY NO:	INSPECTION DATE:
Omega Protein - Fleeton	VA0003867	Sept. 13, 2007
OVERALL LABORATORY EVALUATION:	**(X) Deficiencies** **( ) No Deficiencies**	

LABORATORY RECORDS

DEQ check of permittee August 2007 DMR calculations not performed due to data from July 31, 2007 and Sept. 1/2, 2007 was included in DMR calculations. For future DMR submittals, please include only data for the month being reported.

GENERAL SAMPLING AND ANALYSIS

None

LABORATORY EQUIPMENT

None

INDIVIDUAL PARAMETERS

pH Analysis Procedures

1. As a check to ensure proper operation of the instrument, a buffer of 7 SU should be analyzed after calibration is performed. Agreement should be within ± 0.1 SU. This reading should be documented. Permittee performs a three point calibration. If readings are anticipated to be > 7SU, permittee may save a step by performing a two point calibration using buffer 7 and buffer 10 and then performing a check using the buffer 7.

2. Buffer temperature should be measured and documented as required by Standard Methods - method of analysis for pH.

COMMENTS

None

ANALYST:	Ted Schultz	VPDES NO	VA0003867

Parameter: Hydrogen Ion (pH)
Method: Electrometric
08/06

METHOD OF ANALYSIS:

X	18th EDITION STANDARD METHODS-4500-H-B
	EPA METHODS FOR CHEMICAL ANALYSIS-150.1
	ASTM-D1293-84(90)(A or B)
	USGS-METHODS IN WATER AND FLUVIAL SEDIMENTS-I-1586-85

		Y	N
1)	Is the electrode in good condition (no chloride precipitate, etc.)? [SM-2.b/c and 5.b; 150.1-4.3/Permit]	X	
2)	Is electrode storage solution in accordance with manufacturer's instructions? [Mfr.]	X	
3)	Is meter calibrated on at least a daily basis? [SM-4.a; 150.1-8.1]	X	
4)	Are two buffers which bracket the anticipated range of the sample used to calibrate the meter? (For meters not capable of performing a two point calibration is a second buffer which brackets the sample pH analyzed and found to be within ±0.1 SU of the expected value?) [SM-2.a; 150.1-7.2]	X	
5)	Is meter calibration documented? [Permit]	X	
6)	Does meter read within 0.1 SU for the pH of the second buffer solution? [SM-4.a/5.b; 150.1-7.2.1]	X	
7)	After calibration, is a buffer of 7 SU analyzed as a check sample to verify that calibration is correct? Agreement should by within ± 0.1 SU. [Permit]		X
8)	Do the buffer solutions appear to be free of contamination or growths? [SM-3.a; Permit]	X	
9)	Are buffer solutions within their listed shelf life or have they been prepared within the last 4 weeks? [SM-3.a; 150.1-6.1.1]		
10)	Is the cap or sleeve covering the access hole on the reference electrode removed when measuring pH? [Mfr.]	N/A	
11)	Is the temperature of buffer solutions and samples measured prior to testing? [SM-1.a; 150.1-9.1]		X
12)	For meters with ATC that also have temperature display, was the thermometer calibrated annually?	X	
13)	Was the electrode rinsed between solutions? [SM-4.a; 150.1-8.4]	X	
14)	Was the electrode blotted dry between solutions (disregard if rinse is next solution)? [SM-4.a; 150.1-8.4]	X	
15)	Is sample stirred gently at a constant speed during measurement? [SM-4.b; 150.1-8.4]	X	
16)	Does the meter hold a steady reading after reaching equilibrium? [SM-4.b/5 ;150.1-8.4]	X	

PROBLEMS: #7 As a check to ensure proper operation of the instrument, a buffer of 7 SU should be analyzed after calibration is performed. Agreement should be within ± 0.1 SU. This reading should be documented. #11 Buffer temperature should be measured and documented as required by Standard Methods, method of analysis for pH.

DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER DIVISION

SAMPLE ANALYSIS HOLDING TIME/CONTAINER/PRESERVATION CHECK SHEET

Revised 7/05 [40 CFR, Part 136.3, Table II]

FACILITY NAME:	**Omega Protein - Fleeton**	VPDES NO	**VA0003867**	DATE:	**Sept. 13, 2007**

HOLDING TIMES						SAMPLE CONTAINER				PRESERVATION				
PARAMETER	APPROVED	MET?		LOGGED?		ADEQ. VOLUME		APPROP. TYPE		APPROVED	MET?		CHECKED?	
		Y	N	Y	N	Y	N	Y	N		Y	N	Y	N
BOD5 & CBOD5	48 HOURS	X		X		X		X		ANALYZE 2 HRS or 4° C	X		X	
TSS	7 DAYS	X		X		X		X		4° C	X		X	
FECAL COLIFORM / *E. coli / Enterococci*	6 HRS & 2 HRS TO PROCESS	X		X		X		X		10° C (1 HOUR)+0.008% $Na_2S_2O_3$	X		X	
pH	15 MIN.	X		X		X		X		N/A				
CHLORINE	15 MIN.									N/A				
DISSOLVED O_2	15 MIN./IN SITU									N/A				
TEMPERATURE	IMMERSION STAB.									N/A				
OIL & GREASE	28 DAYS									4° C+H_2SO_4/HCL pH<2				
AMMONIA	28 DAYS	X		X		X		X		4° C+H_2SO_4 pH<2 DECHLOR	X		X	
TKN	28 DAYS	X		X		X		X		4° C+H_2SO_4 pH<2 DECHLOR	X		X	
NITRATE	48 HOURS	X		X		X		X		4° C	X		X	
NITRATE+NITRITE	28 DAYS									4° C+H_2SO_4 pH<2				
NITRITE	48 HOURS	X		X		X		X		4° C	X		X	
PHOSPHATE, ORTHO	48 HOURS									FILTER, 4° C				
TOTAL PHOS.	28 DAYS	X		X		X		X		4° C+H_2SO_4 pH<2	X		X	
METALS (except Hg)	6 MONTHS	X		X		X		X		HNO_3 pH<2	X		X	
MERCURY	28 DAYS									HNO_3 pH<2				
PROBLEMS: None										PROBLEMS: **None**				

DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER DIVISION
EQUIPMENT TEMPERATURE LOG/THERMOMETER VERIFICATION CHECK SHEET
10-06

FACILITY NAME:	Omega Protein - Fleeton	VPDES NO:	VA0003867	DATE:	September 13, 2007

EQUIPMENT	RANGE	IN RANGE		INSPECT READING °C	CHECK & LOG DAILY		CORRECT INCREMENT		ANNUAL THERMOMETER VERIFICATION				
									Is the NIST / NIST Traceable Reference Thermometer within the manufacturer's expiration date or recertified yearly? ***Not checked***				Y/N
		Y	N		Y	N	Y	N	DATE CHECKED	MARKED Y	MARKED N	CORR FACTOR	INSPECT TEMP °C
SAMPLE REFRIGER.	1-4°C												
AUTO SAMPLER	1-4° C	X		001 - 4°C	X		X		8/1/07	X		-.4	
		X		002 - 3°C	X		X		8/2/07	X		+.1	
BOD INCUBATOR	20° C ± 1° C												
SOLIDS DRYING OVEN	103-105° C												
WATER BATH	44.5° ± .2° C												
INCUBATOR	35°± .5° C												
AUTOCLAVE	121° C IN 30 MIN												
HOT AIR STERILIZING	170° ± 10° C												
O & G WATER BATH	70°± 2° C												
REAGENT REFRIGER.	1-4° C												
pH METER	± 1° C			Not checked					8/1/07	X		+.07	22.92
DO METER	± 1° C												
THERMOMETER-OUTFALL	± 1° C												
Hg WATER BATH	95 ° C												

PROBLEMS: None

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

Industrial Major 08/22/2007

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

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

* INCLUDES DATA FOR 7/31/07 AND 9/1-2/07. FOR FUTURE DMR SUBMITTALS INCLUDE DATA FOR MONTH BEING REPORTED ONLY.

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

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

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	3.191	4.254	MGD	********	********	********		Ø	CONT	EST
	REQRMNT	NL	NL	MGD	********	********	********			CONT	EST
002 PH	REPORTD	********	********		7.5	********	8.3	SU	Ø	3D/W	GRAB
	REQRMNT	********	********		6.0	********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	151.8	372.4	KG/D	********	********	********		Ø	3D/W	24HC
	REQRMNT	1700	3100	KG/D	********	********	********			3D/W	24HC
004 TSS	REPORTD	303.0	555.5	KG/D	********	********	********		Ø	3D/W	24HC
	REQRMNT	650	1600	KG/D	********	********	********			3D/W	24HC
005 CL2, TOTAL	REPORTD	********	********		********	NA	NA				
	REQRMNT	********	********		********	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	1.20	********	KG/D	********	0.25	********	MG/L	Ø	1/W	24HC
	REQRMNT	23	********	KG/D	********	2.0	********	MG/L		1/W	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTD	********	********		********	<QL	<QL	UG/L	Ø	2/M	GRAB
	REQRMNT	********	********		********	96	110	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTD	********	********		********	8.35	8.51	MG/L	Ø	2/M	24HC
	REQRMNT	********	********		********	NL	NL	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(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	07	09	07
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Graham Lyell Jett	Graham Lyell Jett	804-453-4211	07	09	07
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

001
2ND 2007

TOXICITY TESTS
FOR
OMEGA PROTEIN
Outfall 001 – October 2007

Submitted to:

Mr. Ted Schultz
Omega Protein
P.O. Box 175
Reedville, VA 22539

Prepared by:

Biological Monitoring, Inc.
1800 Kraft Drive, Suite 101
Blacksburg, VA 24060

Phone: 540-953-2821
Fax: 540-951-1481
www.biomon.com

October 11, 2007

The following data have been internally reviewed and the personnel meticulously followed the methods. The procedures are deemed to be compliant with the methods and acceptable for reporting.

Tony Timpano (Laboratory Manager)

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Omega Protein

Prepared by: Tony Timpano

NPDES Permit #: VA0003867

Experiment ID#: OMP100307-1

Test Organism: *Cyprinodon variegatus*

Test Type: Short Term Chronic

Organism Age at Start of Test: <48h

Sample Tested: Outfall 001

Sample Type: Composite

Sample Collection Dates and Times:

From 10/01/07 @ 1400 to 10/02/07 @ 1400;
From 10/03/07 @ 1400 to 10/04/07 @ 1400;
From 10/05/07 @ 0700 to 10/06/07 @ 0700;

Sample Collector: Ted Shultz

Delivered by: UPS & Hand

Test Solution Renewal Frequency: Daily

Dilution Water Used: Synthetic Seawater 092807 & 100707

Test Temperature: 25 ± 1°C

No. of Replicates per conc.: 4

No. of Organisms per Replicate: 10

Feeding prior to test: Not fed

Feeding Regime: Live rinsed Artemia 2x daily

Chamber Size: 600 mL PP

Test Volume: 500 mL

Photo Period: 16h light/8h dark

Test Duration: 7 d

Start of Test: Date: 10/03/07

Time: 1500

End of Test: Date: 10/10/07

Time: 1500

Equipment:

pH Meter: SA 720 (A)
DO Meter: YSI 58 (b)
SCT Meter:YSI 33 (A)
°C Measurement: Calibrated Thermometer
Salinity: SCT Meter
Chlorine: Fisher/Porter Amperometric Titrator

Test Method Reference: U.S. EPA. 2002. Short-Terms Methods for Estimating the Chronic Toxicity of Effluents and Receiving Water to Marine and Estuarine Organisms. EPA-821-R-02-014.

BIOLOGICAL MONITORING, INC.
Chronic Toxicity Test Data Summary

Client	Omega Protein	NPDES PERMIT #: VA0003867		
Test Organism	*Cyprinodon variegatus*		Date	Time
Experiment ID	OMP100307-1	Start Test	10/03/07	1500
Sample Tested	Outfall 001	End Test	10/10/07	1500

RESULTS

Water Chemistry Analyses Survival and Reproduction
Initial (Range)

Conc. (%)	Temp. (°C) 0h	Temp. (°C) Range	D.O. (mg/L) 0h	D.O. (mg/L) Range	pH (SU) 0h	pH (SU) Range	Salinity (0/00) 0h	Salinity (0/00) Range	Survival (%) 96h	Survival (%) 7d	Mean Weight (mg)
0	26	26	6.4	5.6-6.5	8.0	7.9-8.0	25	25	100	97.5	1.450
0.02	26	26	6.4	5.4-6.5	8.0	8.0	25	25	100	100	1.623
0.2	26	26	6.4	5.4-6.5	8.0	8.0	25	25	100	100	1.593
1.6	26	26	6.4	5.4-6.5	8.0	8.0	25	25	100	100	1.656
12.5	26	26	6.4	5.3-6.5	8.0	8.0-8.2	24	24	100	100	1.608
100	26	26	6.5	5.1-6.5	7.8	7.7-8.2	23	23	100	100	1.774

Dilution Water and Test Sample
Initial Use Chemistry

Batch/Sample ID	Temp. (°C)	D.O. (mg/L)	pH (SU)	Salinity 0/00	TRC (mg/L)
SS 092807	26	6.4	8.0	25	<0.01
SS 100707	26	6.5	8.0	25	<0.01
OMP 100307	26	6.5	7.8	23	<0.01
OMP 100507	26	6.5	7.7	23	<0.01
OMP 100607	26	6.5	7.8	23	<0.01

STATISTICAL ANALYSES

Test Method	End Point		
N/A	Survival	NOEC = 100% TUc = 1.0	LOEC = N/A
Dunnett's Test	Growth	NOEC = 100% TUc = 1.0	LOEC = N/A
Linear Interpolation	Growth	IC25 >100%	

NOEC = No Observed Effect Concentration LOEC = Lowest Observed Effect Concentration

SURVIVAL DATA

1. *Cyprinodon variegatus* survival in all the effluent concentrations was not significantly different form survival in the control.

GROWTH DATA

1. No transformation was used.
2. Data PASS normality test using Shapiro-Wilk's Test.
3. Data PASS homogeneity test using Bartlett's Test.
4. *Cyprinodon variegatus* growth in all effluent treatments was not significantly different from growth in the control using Dunnett's Test (p = 0.05).

Comments:

```
OMP100307-1g
File: OMP1g.txt        Transform: NO TRANSFORMATION

Shapiro - Wilk's test for normality
-----------------------------------------------------------------------------

D =     0.118

W =     0.961

Critical W (P = 0.05) (n = 24) = 0.916
Critical W (P = 0.01) (n = 24) = 0.884
-----------------------------------------------------------------------------

Data PASS normality test at P=0.01 level. Continue analysis.


OMP100307-1g
File: OMP1g.txt        Transform: NO TRANSFORMATION

-----------------------------------------------------------------------------
Bartlett's test for homogeneity of variance
Calculated B1 statistic =     4.82

-----------------------------------------------------------------------------
Table Chi-square value =   15.09  (alpha = 0.01, df =   5)
Table Chi-square value =   11.07  (alpha = 0.05, df =   5)

Data PASS B1 homogeneity test at 0.01 level. Continue analysis.
```

TITLE: OMP100307-1g
FILE: OMP1g.txt
TRANSFORM: NO TRANSFORMATION NUMBER OF GROUPS: 6

GRP	IDENTIFICATION	REP	VALUE	TRANS VALUE
1	0	1	1.5090	1.5090
1	0	2	1.4820	1.4820
1	0	3	1.2600	1.2600
1	0	4	1.5500	1.5500
2	0.02	1	1.6220	1.6220
2	0.02	2	1.6920	1.6920
2	0.02	3	1.5680	1.5680
2	0.02	4	1.6120	1.6120
3	0.2	1	1.4950	1.4950
3	0.2	2	1.5880	1.5880
3	0.2	3	1.6180	1.6180
3	0.2	4	1.6700	1.6700
4	1.6	1	1.6620	1.6620
4	1.6	2	1.7070	1.7070
4	1.6	3	1.5940	1.5940
4	1.6	4	1.6610	1.6610
5	12.5	1	1.6500	1.6500
5	12.5	2	1.6310	1.6310
5	12.5	3	1.5350	1.5350
5	12.5	4	1.6140	1.6140
6	100	1	1.8960	1.8960
6	100	2	1.6720	1.6720
6	100	3	1.8060	1.8060
6	100	4	1.7220	1.7220

OMP100307-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	0	4	1.260	1.550	1.450
2	0.02	4	1.568	1.692	1.623
3	0.2	4	1.495	1.670	1.593
4	1.6	4	1.594	1.707	1.656
5	12.5	4	1.535	1.650	1.608
6	100	4	1.672	1.896	1.774

OMP100307-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM	C.V. %
1	0	0.017	0.130	0.065	8.96

			OMP1GS		
2	0.02	0.003	0.051	0.026	3.16
3	0.2	0.005	0.073	0.037	4.61
4	1.6	0.002	0.047	0.023	2.81
5	12.5	0.003	0.051	0.025	3.14
6	100	0.010	0.098	0.049	5.54

OMP100307-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.219	0.044	6.682
Within (Error)	18	0.118	0.007	
Total	23	0.337		

Critical F value = 2.77 (0.05,5,18)
Since F > Critical F REJECT Ho: All equal

OMP100307-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

DUNNETT'S TEST - TABLE 1 OF 2 Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	MEAN CALCULATED IN ORIGINAL UNITS	T STAT	SIG
1	0	1.450	1.450		
2	0.02	1.623	1.623	-3.028	
3	0.2	1.593	1.593	-2.490	
4	1.6	1.656	1.656	-3.596	
5	12.5	1.608	1.608	-2.748	
6	100	1.774	1.774	-5.658	

Dunnett table value = 2.41 (1 Tailed Value, P=0.05, df=18,5)

OMP100307-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

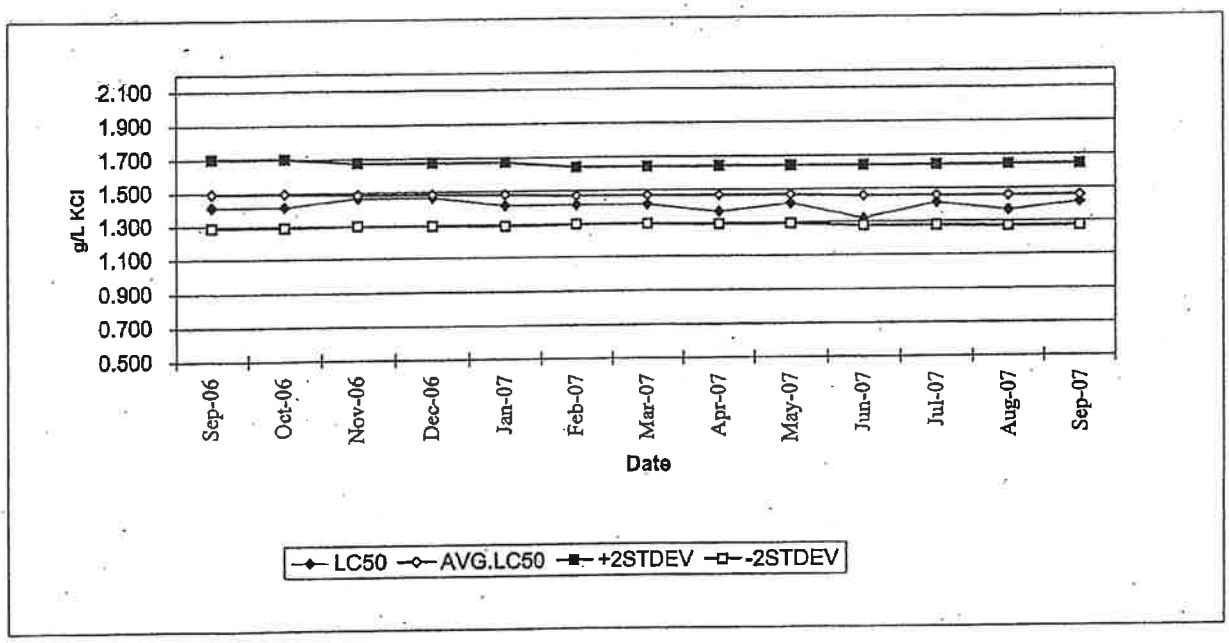
DUNNETT'S TEST - TABLE 2 OF 2 Ho:Control<Treatment

GROUP	IDENTIFICATION	NUM OF REPS	Minimum Sig Diff (IN ORIG. UNITS)	% of CONTROL	DIFFERENCE FROM CONTROL
1	0	4			
2	0.02	4	0.138	9.5	-0.173
3	0.2	4	0.138	9.5	-0.142
4	1.6	4	0.138	9.5	-0.206
5	12.5	4	0.138	9.5	-0.157
6	100	4	0.138	9.5	-0.324

1300 Blue Spruce Drive, Suite C
Fort Collins, Colorado 80524

Toll Free: 800/331-5916
Tel: 970/484-5091 Fax: 970/484-2514

REFERENCE TOXICANT LC50
Cyprinodon variegatus



48 HOUR ACUTE TOXICITY DATA FOR
Cyprinodon variegatus

DATE	LC50 (g/L KCl)	95% CONFIDENCE (upper)	(lower)	AVG.LC50 (g/L KCl)	METHOD	Avg+2std	Avg-2std
Apr 07	1.366	1.464	1.275	1.467	SPKR	1.642	1.291
May 07	1.414	1.414	1.414	1.468	Graphical	1.641	1.294
Jun 07	1.320	1.452	1.199	1.459	SPKR	1.642	1.276
Jul 07	1.414	1.414	1.414	1.459	Graphical	1.642	1.276
Aug 07	1.366	1.464	1.275	1.457	SPKR	1.643	1.271
Sep 07	1.414	1.414	1.414	1.457	SPKR	1.643	1.271

Biological Monitoring, Inc.

Sheepshead Minnow (Cyprinodon variegatus) Larval Survival and Growth Sheet

Experiment ID: OMP100307-1

Permit #: VA 0003867

Concentration	Day No.	A	B	C	D	No. live organisms	D.O. before renewal (mg/L)	D.O. after renewal (mg/L)	pH before renewal	pH after renewal	Temp. before renewal (°C)	Temp. after renewal (°C)	Salinity (ppt)	Alkalinity (mg/L as $CaCO_3$)	Hardness (mg/L as $CaCO_3$)	Chambers cleaned/renewed	1st feeding	2nd feeding	3rd feeding	Initials
0	0	10	10	10	10		6.4		8.0		26	25			1500		✓		AJ
	1	10	10	10	10	5.8	6.5	7.9	8.0	26	26	25			1500	✓	✓		AJ
	2	10	10	10	10	5.9	6.4	7.9	8.0	26	26	25			1630	✓	✓		AJ
	3	10	10	10	10	5.8	6.4	7.9	8.0	26	26	25			1400	✓	✓		AJ
	4	10	10	10	10	5.7	6.4	7.9	8.0	26	26	25			1500	—	—		AJ
0 Am	5	10	9	10	10	5.7	6.5	7.9	8.0	26	26	25			1530	—	—		AJ
0.72/3600	6	10	9	10	10	5.7	6.4	7.9	8.0	26	26	25			1500	—	—		AJ
	7	10	9	10	10	5.6		7.9		26		25			1500				AJ
0.02	0	10	10	10	10		6.4		8.0		26	25			1500		✓		AJ
	1	10	10	10	10	5.8	6.5	8.0	8.0	26	26	25			1500	✓	✓		AJ
	2	10	10	10	10	5.8	6.4	8.0	8.0	26	26	25			1630	✓	✓		AJ
	3	10	10	10	10	5.7	6.4	8.0	8.0	26	26	25			1400	✓	✓		AJ
	4	10	10	10	10	5.6	6.4	8.0	8.0	26	26	25			1500	—	—		AJ
0 Am	5	10	10	10	10	5.6	6.5	8.0	8.0	26	26	25			1530	—	—		AJ
7.2/0.72/3600	6	10	10	10	10	5.5	6.4	8.0	8.0	26	26	25			1500	—	—		AJ
	7	10	10	10	10	5.4		8.0		26		25			1500				AJ
0.2	0	10	10	10	10		6.4		8.0		26	25			1500		✓		AJ
	1	10	10	10	10	5.7	6.5	8.0	8.0	26	26	25			1500	✓	✓		AJ
	2	10	10	10	10	5.7	6.4	8.0	8.0	26	26	25			1630	✓	✓		AJ
	3	10	10	10	10	5.6	6.4	8.0	8.0	26	26	25			1400	✓	✓		AJ
	4	10	10	10	10	5.5	6.4	8.0	8.0	26	26	25			1500	—	—		AJ
	5	10	10	10	10	5.5	6.5	8.0	8.0	26	26	25			1530	—	—		AJ
7.2/3600	6	10	10	10	10	5.4	6.4	8.0	8.0	26	26	25			1500	—	—		AJ
	7	10	10	10	10	5.4		8.0		26		25			1500				AJ
1.6	0	10	10	10	10		6.4		8.0		26	25			1500		✓		AJ
	1	10	10	10	10	5.7	6.5	8.0	8.0	26	26	25			1500	✓	✓		AJ
	2	10	10	10	10	5.7	6.4	8.0	8.0	26	26	25			1630	✓	✓		AJ
	3	10	10	10	10	5.6	6.4	8.0	8.0	26	26	25			1400	—	—		AJ
	4	10	10	10	10	5.5	6.4	8.0	8.0	26	26	25			1500	—	—		AJ
	5	10	10	10	10	5.5	6.5	8.0	8.0	26	26	25			1530	—	—		AJ
57.6/3600	6	10	10	10	10	5.5	6.4	8.0	8.0	26	26	25			1500	—	—		AJ
	7	10	10	10	10	5.4		8.0		26		25			1500				AJ
12.5	0	10	10	10	10		6.4		8.0		26	24			1500		✓		AJ
	1	10	10	10	10	5.7	6.5	8.1	8.0	26	26	24			1500	✓	✓		AJ
	2	10	10	10	10	5.7	6.4	8.1	8.0	26	26	24			1630	✓	✓		AJ
	3	10	10	10	10	5.6	6.4	8.1	8.0	26	26	24			1400	✓	—		AJ
	4	10	10	10	10	5.5	6.4	8.1	8.0	26	26	24			1500	—	—		AJ
	5	10	10	10	10	5.4	6.5	8.1	8.0	26	26	24			1530	—	—		AJ
45.0/3600	6	10	10	10	10	5.4	6.4	8.1	8.0	26	26	24			1500	—	—		AJ
	7	10	10	10	10	5.3		8.2		26		24			1500				AJ
100	0	10	10	10	10		6.5		7.8		26	23			1500		✓		AJ
	1	10	10	10	10	5.6	6.5	8.0	7.7	26	26	23			1500	✓	✓		AJ
	2	10	10	10	10	5.6	6.5	8.1	7.7	26	26	23			1630	—	✓		AJ
	3	10	10	10	10	5.5	6.5	8.1	7.7	26	26	23			1400	—	—		AJ
	4	10	10	10	10	5.4	6.5	8.1	7.8	26	26	23			1500	—	—		AJ
	5	10	10	10	10	5.3	6.5	8.1	7.8	26	26	23			1530	—	—		AJ
3600/3600	6	10	10	10	10	5.2	6.5	8.1	7.8	26	26	23			1500	—	—		AJ
	7	10	10	10	10	5.1		8.2		26		23			1500				AJ

BIOLOGICAL MONITORING, INC.
Short-term Chronic Toxicity Test Conditions
(Fish)

Permit # VA0003867

Experiment I.D.# OMP 100307-1

Biologists Conducting Test: A. Timpano

Organism: C. variegatus

Client: Omega Protein

QC Officer:

Effluent Toxicant: Outfall 001

Test Organism Age: <48 L

Sample Type: 24h Composite

Organism Batch #: ABS 100207-1

Renewal Frequency: daily

Test Containers Used: 600mL PP

Test Temperature: 25±1°C

Feeding Schedule: 2x daily live rinsed Artemia

Dilution Water Used: Syn. Seawater

Aeration: N/A

Start of Test: Date: 10-03-07 Time: 1500

Sample Chlorine: <0.01 mg/L

End of Test: Date: 10-10-07 Time: 1500

Test Volume: 500mL

Template #: Random #

SAMPLE COLLECTION				SAMPLE USE		
Date(s)		Time(s)				
From:	To:	From:	To:	Date(s)	Time(s)	Test Day
10-01-07	10-02-07	1400	1400	10-03-07	1500	0
				10-04-07	1500	1
10-03-07	10-04-07	1400	1400	10-05-07	1630	2
				10-06-07	1400	3
10-05-07	10-06-07	0700	0700	10-07-07	1500	4
				10-08-07	1530	5
				10-09-07	1500	6

Diluent Batch Carboy #/Days Used

SS 092807 (0,1,2,3,4)

SS 100707 (5,6)

The first use of a sample (acute or chronic) must be within 36-hours of retrieval from the sample collection device. Samples held after first use, to be used in chronic test solution renewals, must not be used if more than 72-hours have elapsed since retrieval from the sample collection device.

Condition of Organisms at End of Test: Normal

Average weight per control fish: 1.450 mg

Control Survival (%): 97.5

Comments: PMSD Growth: 9.5%

Biological Monitoring, Inc.
Weight Data Sheet

Test ID # OMP 100307-1 Permit # VA 0003867 Species C. variegatus

Organism or Concentration	Length	Initial Weight (mg)	Final Weight (mg)	Diff. (mg)	# Larvae	Avg. Wt. Larvae (mg)	Initials
0 A		44.64	59.73	15.09	10	1.509	AJJ
0 B		52.61	67.43	14.82	10	1.482	AJJ
0 C		47.11	59.71	12.60	10	1.260	AJJ
0 D		46.87	62.37	15.50	10	1.550	AJJ
					Avg	1.450	AJJ
0.02 A		52.20	68.42	16.22	10	1.622	AJJ
0.02 B		42.71	59.63	16.92	10	1.692	AJJ
0.02 C		57.46	73.14	15.68	10	1.568	AJJ
0.02 D		57.41	73.53	16.12	10	1.612	AJJ
					Avg	1.6235	AJJ
0.2 A		46.13	61.08	14.95	10	1.495	AJJ
0.2 B		43.86	59.74	15.88	10	1.588	AJJ
0.2 C		45.46	61.64	16.18	10	1.618	AJJ
0.2 D		46.35	63.05	16.70	10	1.670	AJJ
					Avg	1.593	AJJ
1.6 A		48.46	65.08	16.62	10	1.662	AJJ
1.6 B		55.39	72.46	17.07	10	1.707	AJJ
1.6 C		47.31	63.25	15.94	10	1.594	AJJ
1.6 D		51.50	68.11	16.61	10	1.661	AJJ
					Avg	1.656	AJJ
12.5 A		44.19	60.69	16.50	10	1.650	AJJ
12.5 B		47.71	64.02	16.31	10	1.631	AJJ
12.5 C		50.74	66.09	15.35	10	1.535	AJJ
12.5 D		49.39	65.53	16.14	10	1.614	AJJ
					Avg	1.608	AJJ
100 A		45.52	64.48	18.96	10	1.896	AJJ
100 B		47.20	63.92	16.72	10	1.672	AJJ
100 C		48.26	66.32	18.06	10	1.806	AJJ
100 D		45.73	62.95	17.22	10	1.722	AJJ
					Avg	1.774	AJJ

1/3 A, B, C

SAMPLE COLLECTION - CHAIN OF CUSTODY FORM

To be completed by the person collecting the sample. See reverse side for instructions. 11332

1. Client name Omega Protein
2. Sampler's name Ted Schultz
3. Sample source Non-Contact/ Scrubber mix
4. Outfall/station 001
5. Purchase order no. ______
6. Affiliation Employee
7. NPDES permit no./County VA0003867
8. Test period for which data is being submitted: 2nd Q

9. *Sample relinquished by:* Ted Schultz / 10/2/07 *Date; Received by:* A. J. [illegible] 10/3/07 *Date:*

Sample relinquished by: ______ / ______ *Date; Received by:* ______ / ______ *Date.*

Description of Sampling Methods and Equipment

10. Type of sample collected:
    - Grab ______
    - Date collected ______
    - Time collected ______
    - Volume ______
    - Composite X
    - Composite type 24HC
    - Collection period: from 10/1/07 (date) 14:00 (time) to 10/2/07 (date) 14:00 (time)

11. Flow during sampling ______
12. Type of container Plastic Cube
13. Number of containers shipped 3
14. No. of subsamples ______
15. Frequency ______
16. Volume ______

Condition of Effluent at Time of Collection

17. pH 7.5
18. Chlorine ______
19. Temperature:
    - At collection point ______
    - In collection device (comp. sample must be @ or below 4°C) ______
20. Is the sample:
    - Chlorinated No
    - Dechlorinated No
    - Unknown ______
    - Dechlorination method ______

Shipping Information

21. Method of shipment UPS
22. Date shipped 10/2/07
23. Time 15:30
24. Was the sample packed with ice for shipment? Yes
25. *Custody seal in place by* Ted Schultz *Date* 10/2/07 *Time* 14:30

Instructions to Lab

26. Type of test(s) to be performed Chronic Acute (WET)
27. Should BMI dechlorinate the sample (Yes or No) No
28. Should ammonia be measured? (Yes or No) No
29. Comments ______
30. I certify that the above information is correct Ted Schultz (Signature) 10/2/07 (Date)

For BMI Use Only

Alk ______

Hard ______

BMI Sample ID# OMP100307 *Received by* A. Timpano *Date* 10-03-07 *Time* 1200

Upon arrival at BMI: Custody seal ✓ Temperature 3°C pH 7.2 Chlorine Lord DO 8.5

On ice? ✓ Salinity 22‰ Conductivity —

Visual description Clear, lt. yellow, fishodor

Sample refrigerated ✓

Test ID number(s) OMP 100307-1, -2

a/3

SAMPLE COLLECTION - CHAIN OF CUSTODY FORM

To be completed by the person collecting the sample. See reverse side for instructions. 11333

1. Client name Omega Protein
2. Sampler's name Ted Schultz
3. Sample source Non Contact / Scrubber mix
4. Outfall/station 001
5. Purchase order no.
6. Affiliation Employee
7. NPDES permit no./County VA0003867
8. Test period for which data is being submitted: 2nd Q
9. *Sample relinquished by:* Ted Schultz 3 / 10/4/07 *Date; Received by:* A.J. Zig / 10/5/07 *Date;*

Sample relinquished by: / *Date; Received by:* / *Date.*

Description of Sampling Methods and Equipment

10. Type of sample collected:
Grab
Date collected
Time collected
Volume
Composite X
Composite type
Collection period: from 10/3/07 (date) TAS 14:00 ~~07:00~~ (time)
to 10/4/07 (date) TAS 14:00 ~~07:00~~ (time)

11. Flow during sampling
12. Type of container
13. Number of containers shipped
14. No. of subsamples
15. Frequency
16. Volume

Condition of Effluent at Time of Collection

17. pH 18. Chlorine
19. Temperature:
At collection point
In collection device (comp. sample must be @ or below 4°C) Yes
20. Is the sample:
Chlorinated No
Dechlorinated No
Unknown
Dechlorination method

Shipping Information

21. Method of shipment UPS 22. Date shipped 10/4/07 23. Time 15:30
24. Was the sample packed with ice for shipment? Yes
25. *Custody seal in place by* Ted Schultz 3 *Date* 10/4/07 *Time* 14:00

Instructions to Lab

26. Type of test(s) to be performed Chronic / Acute WET
27. Should BMI dechlorinate the sample (Yes or No) No 28. Should ammonia be measured? (Yes or No)
29. Comments

30. I certify that the above information is correct Ted Schultz 3 (Signature) 10/4/07 (Date)

****

For BMI Use Only

Alk
Hard
BMI Sample ID# OMP 100507 *Received by* A.J. Imparato *Date* 10-05-07 *Time* 1230
Upon arrival at BMI: Custody seal ✓ Temperature 4.0°C pH 7.3 Chlorine <0.01 DO 8.9
On ice? ✓ Salinity 24 ‰ Conductivity —
Visual description clear, lt yellow, fish odor Sample refrigerated ✓
Test ID number(s) OMP 100307-1-2, OMP 100507-3,-4

V/S A, B, C, D

11334

SAMPLE COLLECTION - CHAIN OF CUSTODY FORM

To be completed by the person collecting the sample. See reverse side for instructions.

1. Client name Omega PROTEIN
2. Sampler's name Ted Schultz
3. Sample source Non-Contact/SCRUBBER mix
4. Outfall/station 001
5. Purchase order no.
6. Affiliation Employee
7. NPDES permit no./County VA0003867
8. Test period for which data is being submitted: 2nd Q
9. *Sample relinquished by:* Ted Schultz 10/6/07 *Date; Received by:* [illegible] 10/6/07 *Date;*

Sample relinquished by: / *Date; Received by:* / *Date.*

Description of Sampling Methods and Equipment

10. Type of sample collected:
    - Grab
    - Date collected
    - Time collected
    - Volume
    - Composite X
    - Composite type 24 HC
    - Collection period: from 10/5/07 (date) 0700 (time) to 10/6/07 (date) 0700 (time)
11. Flow during sampling
12. Type of container Plastic Cube
13. Number of containers shipped 4
14. No. of subsamples
15. Frequency
16. Volume

Condition of Effluent at Time of Collection

17. pH 18. Chlorine
19. Temperature:
    - At collection point
    - In collection device (comp. sample must be @ or below 4°C) 4°C
20. Is the sample:
    - Chlorinated No
    - Dechlorinated No
    - Unknown
    - Dechlorination method

Shipping Information

21. Method of shipment HAND Deliver 22. Date shipped 10/6/07 23. Time 08:00
24. Was the sample packed with ice for shipment? yes
25. *Custody seal in place by* Ted Schultz *Date* 10/6/07 *Time* 07:30

Instructions to Lab

26. Type of test(s) to be performed Chronic/Acute Tox
27. Should BMI dechlorinate the sample (Yes or No) No 28. Should ammonia be measured? (Yes or No) No
29. Comments

30. I certify that the above information is correct Ted Schultz (Signature) 10/6/07 (Date)

****

For BMI Use Only

Alk
Hard
BMI Sample ID# OMP100607 *Received by* A. Tompkins *Date* 10-6-07 *Time* 1400
Upon arrival at BMI: Custody seal ✓ Temperature 5°C pH 7.3 Chlorine <0.01 DO 8.6
On ice? ✓ Salinity 24 ‰ Conductivity —
Visual description lt yellow, clear, [illegible]
Sample refrigerated ✓
Test ID number(s) OMP100307-1,2

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Omega Protein

Prepared by: Tony Timpano

NPDES Permit #: VA0003867

Experiment ID#: OMP100307-2

Test Organism: *Americamysis bahia* (formerly *Mysidopsis*)

Test Type: Short Term Chronic

Organism Age at Start of Test: 7d

Sample Tested: Outfall 001

Sample Type: Composite

Sample Collection Dates and Times:

From 10/01/07 @ 1400 to 10/02/07 @ 1400;
From 10/03/07 @ 1400 to 10/04/07 @ 1400;
From 10/05/07 @ 0700 to 10/06/07 @ 0700;

Sample Collector: Ted Shultz

Delivered by: UPS & Hand

Test Solution Renewal Frequency: Daily

Dilution Water Used: Synthetic Seawater 092807 & 100707

Test Temperature: 26 ± 1°C

No. of Replicates per conc.: 8

No. of Organisms per Replicate: 5

Feeding prior to test: Not fed

Feeding Regime: Live rinsed Artemia 2x daily

Chamber Size: 250 mL PE

Test Volume: 200 mL

Photo Period: 16h light/8h dark

Test Duration: 7 d

Start of Test: Date: 10/03/07

Time: 1530

End of Test: Date: 10/10/07

Time: 1545

Equipment:
- pH Meter: SA 720 (A)
- DO Meter: YSI 58 (b)
- SCT Meter:YSI 33 (A)
- °C Measurement: Calibrated Thermometer
- Salinity: SCT Meter
- Chlorine: Fisher/Porter Amperometric Titrator

Test Method Reference: U.S. EPA. 2002. Short-Terms Methods for Estimating the Chronic Toxicity of Effluents and Receiving Water to Marine and Estuarine Organisms. EPA-821-R-02-014.

BIOLOGICAL MONITORING, INC.
Chronic Toxicity Test Data Summary

Client	Omega Protein	**NPDES PERMIT #: VA0003867**		
Test Organism	*Americamysis bahia* (formerly *Mysidopsis*)		**Date**	**Time**
Experiment ID	OMP100307-2	**Start Test**	10/03/07	1530
Sample Tested	Outfall 001	**End Test**	10/10/07	1545

RESULTS

Water Chemistry Analyses Survival and Reproduction
Initial (Range)

Conc. (%)	Temp. (°C)		D.O. (mg/L)		pH (SU)		Salinity (0/00)		Survival (%)		Mean Weight (mg)
	0h	Range	0h	Range	0h	Range	0h	Range	96h	7d	
0	26	26	6.4	4.6-6.5	8.0	7.8-8.0	25	25	95	92.5	0.338
0.02	26	26	6.4	4.6-6.5	8.0	7.8-8.0	25	25	100	100	0.343
0.2	26	26	6.4	4.5-6.5	8.0	7.8-8.0	25	25	97.5	97.5	0.359
1.6	26	26	6.4	4.5-6.5	8.0	7.8-8.0	25	25	100	100	0.347
12.5	26	26	6.4	4.4-6.5	8.0	7.7-8.0	24	24	100	100	0.392
100	26	26	6.5	4.4-6.5	7.8	7.7-7.9	23	23	95	95	0.383

Dilution Water and Test Sample
Initial Use Chemistry

Batch/Sample ID	Temp. (°C)	D.O. (mg/L)	pH (SU)	Salinity 0/00	TRC (mg/L)
SS 092807	26	6.4	8.0	25	<0.01
SS 100707	26	6.5	8.0	25	<0.01
OMP 100307	26	6.5	7.8	23	<0.01
OMP 100507	26	6.5	7.7	23	<0.01
OMP 100607	26	6.5	7.8	23	<0.01

STATISTICAL ANALYSES

Test Method	End Point		
Steel's Many-One Rank	**Survival**	**NOEC = 100% TUc = 1.0**	**LOEC = N/A**
Dunnett's	**Growth**	**NOEC = 100% TUc = 1.0**	**LOEC = N/A**
Linear Interpolation		**IC25 > 100%**	
Wilcoxon's Rank-Sum	**Fecundity**	**NOEC = 100% TUc = 1.0**	**LOEC = N/A**
Linear Interpolation		**IC25 > 100%**	

NOEC = No Observed Effect Concentration LOEC = Lowest Observed Effect Concentration

SURVIVAL DATA
1. Arcsine transformation was used.
2. Data FAIL normality test using Shapiro-Wilk's Test.
3. Data FAIL homogeneity test using Bartlett's Test.
4. *Americamysis bahia* survival in all the effluent concentrations was not significantly different from survival in the control using Steel's Many-One Rank test (alpha = 0.05).

GROWTH DATA
1. No transformation was used.
2. Data PASS normality test using Shapiro-Wilk's Test.
3. Data PASS homogeneity test using Bartlett's Test.
4. *Americamysis bahia* growth in all effluent treatments was not significantly different from growth in the control using Dunnett's test (p = 0.05).

FECUNDITY DATA
1. Arcsine transformation was used.
2. Data FAIL normality test using Shapiro-Wilk's Test.
3. Data FAIL homogeneity test using Bartlett's Test.
4. *Americamysis bahia* fecundity in all effluent treatments was not significantly different from fecundity in the control using Wilcoxon's Rank-Sum test (alpha = 0.05).

Comments:

OMP100307-2s
File: OMP2s.txt Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro - Wilk's test for normality

D = 0.340

W = 0.670

Critical W (P = 0.05) (n = 48) = 0.947
Critical W (P = 0.01) (n = 48) = 0.929

Data FAIL normality test. Try another transformation.

Warning - The first three homogeneity tests are sensitive to non-normal data and should not be performed.

OMP100307-2s
File: OMP2s.txt Transform: ARC SINE(SQUARE ROOT(Y))

Hartley's test for homogeneity of variance
Bartlett's test for homogeneity of variance

These two tests can not be performed because at least one group has zero variance.

Data FAIL to meet homogeneity of variance assumption.
Additional transformations are useless.

TITLE: OMP100307-2s
FILE: OMP2s.txt
TRANSFORM: ARC SINE(SQUARE ROOT(Y)) NUMBER OF GROUPS: 6

GRP	IDENTIFICATION	REP	VALUE	TRANS VALUE
1	0	1	0.8000	1.1071
1	0	2	1.0000	1.3453
1	0	3	1.0000	1.3453
1	0	4	1.0000	1.3453
1	0	5	0.8000	1.1071
1	0	6	1.0000	1.3453
1	0	7	0.8000	1.1071
1	0	8	1.0000	1.3453
2	0.02	1	1.0000	1.3453
2	0.02	2	1.0000	1.3453
2	0.02	3	1.0000	1.3453
2	0.02	4	1.0000	1.3453
2	0.02	5	1.0000	1.3453
2	0.02	6	1.0000	1.3453
2	0.02	7	1.0000	1.3453
2	0.02	8	1.0000	1.3453
3	0.2	1	1.0000	1.3453
3	0.2	2	1.0000	1.3453
3	0.2	3	1.0000	1.3453
3	0.2	4	1.0000	1.3453
3	0.2	5	1.0000	1.3453
3	0.2	6	1.0000	1.3453
3	0.2	7	0.8000	1.1071
3	0.2	8	1.0000	1.3453
4	1.6	1	1.0000	1.3453
4	1.6	2	1.0000	1.3453
4	1.6	3	1.0000	1.3453
4	1.6	4	1.0000	1.3453
4	1.6	5	1.0000	1.3453
4	1.6	6	1.0000	1.3453
4	1.6	7	1.0000	1.3453
4	1.6	8	1.0000	1.3453
5	12.5	1	1.0000	1.3453
5	12.5	2	1.0000	1.3453
5	12.5	3	1.0000	1.3453
5	12.5	4	1.0000	1.3453
5	12.5	5	1.0000	1.3453
5	12.5	6	1.0000	1.3453
5	12.5	7	1.0000	1.3453
5	12.5	8	1.0000	1.3453
6	100	1	1.0000	1.3453
6	100	2	1.0000	1.3453
6	100	3	1.0000	1.3453
6	100	4	0.6000	0.8861
6	100	5	1.0000	1.3453
6	100	6	1.0000	1.3453
6	100	7	1.0000	1.3453
6	100	8	1.0000	1.3453

OMP2SS

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	0	8	1.107	1.345	1.256
2	0.02	8	1.345	1.345	1.345
3	0.2	8	1.107	1.345	1.316
4	1.6	8	1.345	1.345	1.345
5	12.5	8	1.345	1.345	1.345
6	100	8	0.886	1.345	1.288

OMP100307-2s
File: OMP2s.txt Transform: ARC SINE(SQUARE ROOT(Y))

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM	C.V. %
1	0	0.015	0.123	0.044	9.81
2	0.02	0.000	0.000	0.000	0.00
3	0.2	0.007	0.084	0.030	6.40
4	1.6	0.000	0.000	0.000	0.00
5	12.5	0.000	0.000	0.000	0.00
6	100	0.026	0.162	0.057	12.61

OMP100307-2s
File: OMP2s.txt Transform: ARC SINE(SQUARE ROOT(Y))

STEEL'S MANY-ONE RANK TEST - Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	RANK SUM	CRIT. VALUE	df	SIG
1	0	1.256				
2	0.02	1.345	80.00	46.00	8.00	
3	0.2	1.316	76.00	46.00	8.00	
4	1.6	1.345	80.00	46.00	8.00	
5	12.5	1.345	80.00	46.00	8.00	
6	100	1.288	74.50	46.00	8.00	

Critical values use k = 5, are 1 tailed, and alpha = 0.05

```
OMP100307-2f
File: OMP2f.txt        Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro - Wilk's test for normality
-------------------------------------------------------------------------------

D =    0.512

W =    0.643

Critical W (P = 0.05) (n = 47) = 0.946
Critical W (P = 0.01) (n = 47) = 0.928
-------------------------------------------------------------------------------

Data FAIL normality test. Try another transformation.

Warning -  The first three homogeneity tests are sensitive to non-normal
           data and should not be performed.


OMP100307-2f
File: OMP2f.txt        Transform: ARC SINE(SQUARE ROOT(Y))

-------------------------------------------------------------------------------
Bartlett's test for homogeneity of variance
Calculated B1 statistic =  148.35

-------------------------------------------------------------------------------
Bartlett's test using average degrees of freedom
Calculated B2 statistic =  145.15
   Based on average replicate size of   6.83

-------------------------------------------------------------------------------
Table Chi-square value =   15.09  (alpha = 0.01, df =   5)
Table Chi-square value =   11.07  (alpha = 0.05, df =   5)

Data FAIL B1 homogeneity test at 0.01 level. Try another transformation.
Data FAIL B2 homogeneity test at 0.01 level. Try another transformation.
```

TITLE: OMP100307-2f
FILE: OMP2f.txt
TRANSFORM: ARC SINE(SQUARE ROOT(Y)) NUMBER OF GROUPS: 6

GRP	IDENTIFICATION	REP	VALUE	TRANS VALUE
1	0	1	0.3330	0.6151
1	0	2	0.7500	1.0472
1	0	3	1.0000	1.0472
1	0	4	1.0000	1.0472
1	0	5	1.0000	1.0472
1	0	6	1.0000	1.0472
1	0	7	1.0000	1.0472
1	0	8	1.0000	1.0472
2	0.02	1	1.0000	1.0472
2	0.02	2	0.5000	0.7854
2	0.02	3	1.0000	1.0472
2	0.02	4	0.7500	1.0472
2	0.02	5	0.6670	0.9557
2	0.02	6	1.0000	1.0472
2	0.02	7	1.0000	1.0472
2	0.02	8	1.0000	1.0472
3	0.2	1	0.8000	1.1071
3	0.2	2	0.5000	0.7854
3	0.2	3	1.0000	1.0472
3	0.2	4	1.0000	1.0472
3	0.2	5	1.0000	1.0472
3	0.2	6	0.6670	0.9557
3	0.2	7	1.0000	1.0472
3	0.2	8	1.0000	1.0472
4	1.6	1	0.6670	0.9557
4	1.6	2	0.5000	0.7854
4	1.6	3	1.0000	1.0472
4	1.6	4	1.0000	1.0472
4	1.6	5	1.0000	1.0472
4	1.6	6	1.0000	1.0472
4	1.6	7	0.7500	1.0472
4	1.6	8	1.0000	1.0472
5	12.5	1	1.0000	1.0472
5	12.5	2	1.0000	1.0472
5	12.5	3	0.6670	0.9557
5	12.5	4	0.3330	0.6151
5	12.5	5	0.7500	1.0472
5	12.5	6	0.7500	1.0472
5	12.5	7	1.0000	1.0472
6	100	1	1.0000	1.0472
6	100	2	1.0000	1.0472
6	100	3	0.7500	1.0472
6	100	4	1.0000	1.0472
6	100	5	1.0000	1.0472
6	100	6	1.0000	1.0472
6	100	7	1.0000	1.0472
6	100	8	1.0000	1.0472

OMP100307-2f
File: OMP2f.txt Transform: ARC SINE(SQUARE ROOT(Y))

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

OMP2FS

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	0	8	0.615	1.047	0.993
2	0.02	8	0.785	1.047	1.003
3	0.2	8	0.785	1.107	1.011
4	1.6	8	0.785	1.047	1.003
5	12.5	7	0.615	1.047	0.972
6	100	8	1.047	1.047	1.047

OMP100307-2f
File: OMP2f.txt Transform: ARC SINE(SQUARE ROOT(Y))

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM	C.V. %
1	0	0.023	0.153	0.054	15.38
2	0.02	0.009	0.094	0.033	9.33
3	0.2	0.010	0.100	0.035	9.88
4	1.6	0.009	0.094	0.033	9.33
5	12.5	0.026	0.161	0.061	16.58
6	100	0.000	0.000	0.000	0.00

OMP100307-2f
File: OMP2f.txt Transform: ARC SINE(SQUARE ROOT(Y))

WILCOXON'S RANK SUM TEST W/ BONFERRONI ADJUSTMENT - Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	RANK SUM	CRIT. VALUE	REPS	SIG
1	0	0.993				
2	0.02	1.003	64.50	45.00	8	
3	0.2	1.011	71.00	45.00	8	
4	1.6	1.003	64.50	45.00	8	
5	12.5	0.972	47.50	35.00	7	
6	100	1.047	72.50	45.00	8	

Critical values use k = 5, are 1 tailed, and alpha = 0.05

OMP100307-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

Shapiro - Wilk's test for normality

D = 0.082

W = 0.985

Critical W (P = 0.05) (n = 48) = 0.947
Critical W (P = 0.01) (n = 48) = 0.929

Data PASS normality test at P=0.01 level. Continue analysis.

OMP100307-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

Bartlett's test for homogeneity of variance
Calculated B1 statistic = 3.60

Table Chi-square value = 15.09 (alpha = 0.01, df = 5)
Table Chi-square value = 11.07 (alpha = 0.05, df = 5)

Data PASS B1 homogeneity test at 0.01 level. Continue analysis.

TITLE: OMP100307-2g
FILE: OMP2g.txt
TRANSFORM: NO TRANSFORMATION NUMBER OF GROUPS: 6

GRP	IDENTIFICATION	REP	VALUE	TRANS VALUE
1	0	1	0.3000	0.3000
1	0	2	0.3920	0.3920
1	0	3	0.3640	0.3640
1	0	4	0.3080	0.3080
1	0	5	0.2780	0.2780
1	0	6	0.4200	0.4200
1	0	7	0.3200	0.3200
1	0	8	0.3180	0.3180
2	0.02	1	0.3120	0.3120
2	0.02	2	0.3020	0.3020
2	0.02	3	0.3840	0.3840
2	0.02	4	0.3520	0.3520
2	0.02	5	0.3580	0.3580
2	0.02	6	0.3720	0.3720
2	0.02	7	0.3740	0.3740
2	0.02	8	0.2900	0.2900
3	0.2	1	0.3520	0.3520
3	0.2	2	0.4160	0.4160
3	0.2	3	0.3160	0.3160
3	0.2	4	0.3640	0.3640
3	0.2	5	0.3660	0.3660
3	0.2	6	0.3960	0.3960
3	0.2	7	0.2720	0.2720
3	0.2	8	0.3880	0.3880
4	1.6	1	0.3320	0.3320
4	1.6	2	0.3480	0.3480
4	1.6	3	0.3660	0.3660
4	1.6	4	0.3440	0.3440
4	1.6	5	0.3620	0.3620
4	1.6	6	0.3460	0.3460
4	1.6	7	0.2860	0.2860
4	1.6	8	0.3940	0.3940
5	12.5	1	0.3760	0.3760
5	12.5	2	0.3800	0.3800
5	12.5	3	0.3660	0.3660
5	12.5	4	0.3800	0.3800
5	12.5	5	0.4380	0.4380
5	12.5	6	0.3740	0.3740
5	12.5	7	0.3560	0.3560
5	12.5	8	0.4620	0.4620
6	100	1	0.4120	0.4120
6	100	2	0.3340	0.3340
6	100	3	0.3680	0.3680
6	100	4	0.2700	0.2700
6	100	5	0.3820	0.3820
6	100	6	0.4220	0.4220
6	100	7	0.4540	0.4540
6	100	8	0.4200	0.4200

OMP2GS

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	0	8	0.278	0.420	0.338
2	0.02	8	0.290	0.384	0.343
3	0.2	8	0.272	0.416	0.359
4	1.6	8	0.286	0.394	0.347
5	12.5	8	0.356	0.462	0.392
6	100	8	0.270	0.454	0.383

OMP100307-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM	C.V. %
1	0	0.002	0.049	0.017	14.59
2	0.02	0.001	0.036	0.013	10.59
3	0.2	0.002	0.046	0.016	12.90
4	1.6	0.001	0.031	0.011	8.94
5	12.5	0.001	0.038	0.013	9.58
6	100	0.003	0.059	0.021	15.35

OMP100307-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.020	0.004	2.024
Within (Error)	42	0.082	0.002	
Total	47	0.102		

Critical F value = 2.45 (0.05,5,40)
Since F < Critical F FAIL TO REJECT Ho: All equal

OMP100307-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

DUNNETT'S TEST - TABLE 1 OF 2 Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	MEAN CALCULATED IN ORIGINAL UNITS	T STAT	SIG
1	0	0.338	0.338		
2	0.02	0.343	0.343	-0.249	

3	0.2	0.359	0.359	-0.962
4	1.6	0.347	0.347	-0.441
5	12.5	0.392	0.392	-2.444
6	100	0.383	0.383	-2.048

Dunnett table value = 2.31 (1 Tailed Value, P=0.05, df=40,5)

OMP100307-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

DUNNETT'S TEST - TABLE 2 OF 2 Ho:Control<Treatment

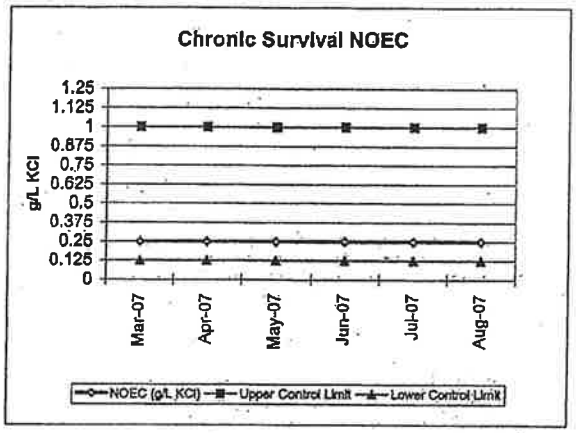
GROUP	IDENTIFICATION	NUM OF REPS	Minimum Sig Diff (IN ORIG. UNITS)	% of CONTROL	DIFFERENCE FROM CONTROL
1	0	8			
2	0.02	8	0.051	15.1	-0.006
3	0.2	8	0.051	15.1	-0.021
4	1.6	8	0.051	15.1	-0.010
5	12.5	8	0.051	15.1	-0.054
6	100	8	0.051	15.1	-0.045

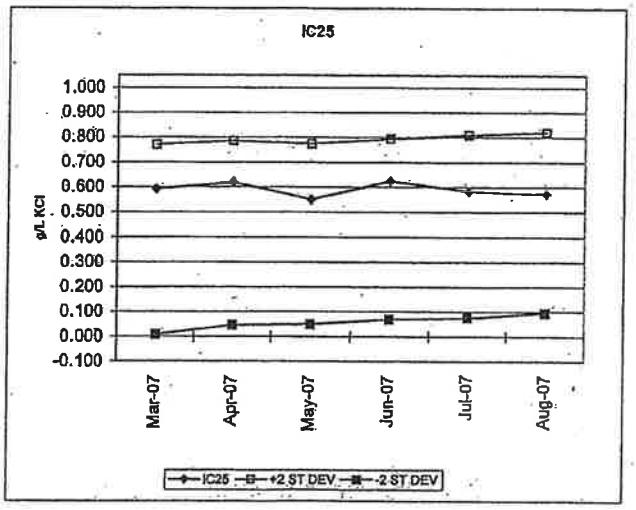
1300 Blue Spruce Drive, Suite C
Fort Collins, Colorado 80524

Toll Free: 800/331-5916
Tel: 970/484-5091 Fax: 970/484-2514

AQUATIC BIO SYSTEMS ABS INC.

Americamysis bahia





Chronic 7-Day Survival Test Data

Date	NOEC (g/L KCl)	LOEC (g/L KCl)
Mar 07	0.25	0.50
Apr 07	0.25	0.50
May 07	0.25	0.50
Jun 07	0.25	0.50
Jul 07	0.25	0.50
Aug 07	0.25	0.50

IC 25 for Growth Test

Date	IC25 (g/L KCl)	95% Confidence (upper)	(lower)	Avg. IC25 (g/L KCl)	+2 ST DEV	-2 ST DEV
Mar 07	0.592	0.639	0.526	0.389	0.769	0.009
Apr 07	0.621	0.627	0.542	0.415	0.784	0.046
May 07	0.550	0.650	0.182	0.411	0.773	0.049
Jun 07	0.625	0.625	0.557	0.432	0.793	0.070
Jul 07	0.583	0.615	0.553	0.442	0.809	0.076
Aug 07	0.573	0.651	0.245	0.457	0.819	0.095

BIOLOGICAL MONITORING, INC.

***Mysidopsis bahia* Survival, Growth, and Fecundity Log Sheet**

Experiment ID OMP100307-2

Permit No. VA0003867

Concentration	Day	# Live Organisms A	B	C	D	E	F	G	H	D.O. Before (mg/L)	D.O. After (mg/L)	pH Before (SU)	pH After (SU)	Temp Before (°C)	Temp After (°C)	Salinity (0/00)	Renew Time	Feeding 1	Feeding 2	Initials
0	0	5	5	5	5	5	5	5	5		6.4		8.0		26	25	1530		✓	AJJ
	1	5	5	5	5	5	5	5	5	4.6	6.5	7.8	8.0	26	26	25	1530	✓	✓	AJJ
	2	5	5	5	5	5	5	5	5	5.3	6.4	7.9	8.0	26	26	25	1700	✓	✓	AJJ
	3	5	5	5	5	4	5	5	5	5.2	6.4	7.9	8.0	26	26	25	1500	✓	✓	AJJ
	4	4	5	5	5	4	5	5	5	5.3	6.4	8.0	8.0	26	26	25	1530	–	–	AJJ
	5	4	5	5	5	4	5	4	5	5.1	6.5	8.0	8.0	26	26	25	1600	✓	✓	AJJ
	6	4	5	5	5	4	5	4	5	5.0	6.4	8.0	8.0	26	26	25	1545	–	–	AJJ
	7	4	5	5	5	4	5	4	5	4.9		8.0		26		25	1545			AJJ
0.02	0	5	5	5	5	5	5	5	5		6.4		8.0		26	25	1530		✓	AJJ
	1	5	5	5	5	5	5	5	5	4.6	6.5	7.8	8.0	26	26	25	1530	✓	✓	AJJ
	2	5	5	5	5	5	5	5	5	5.2	6.4	7.9	8.0	26	26	25	1700	✓	✓	AJJ
	3	5	5	5	5	5	5	5	5	5.1	6.4	7.9	8.0	26	26	25	1500	✓	✓	AJJ
	4	5	5	5	5	5	5	5	5	5.2	6.4	8.0	8.0	26	26	25	1530	–	–	AJJ
	5	5	5	5	5	5	5	5	5	5.1	6.5	8.0	8.0	26	26	25	1600	✓	✓	AJJ
	6	5	5	5	5	5	5	5	5	5.0	6.4	8.0	8.0	26	26	25	1545	–	–	AJJ
	7	5	5	5	5	5	5	5	5	4.9		8.0		26		25	1545			AJJ
0.2	0	5	5	5	5	5	5	5	5		6.4		8.0		26	25	1530		✓	AJJ
	1	5	5	5	5	5	5	5	5	4.5	6.5	7.8	8.0	26	26	25	1530	✓	✓	AJJ
	2	5	5	5	5	5	5	5	5	5.3	6.4	7.9	8.0	26	26	25	1700	✓	✓	AJJ
	3	5	5	5	5	5	5	4	5	5.2	6.4	7.9	8.0	26	26	25	1500	✓	✓	AJJ
	4	5	5	5	5	5	5	4	5	5.2	6.4	8.0	8.0	26	26	25	1530	–	–	AJJ
	5	5	5	5	5	5	5	4	5	5.1	6.5	8.0	8.0	26	26	25	1600	✓	✓	AJJ
	6	5	5	5	5	5	5	4	5	5.0	6.4	8.0	8.0	26	26	25	1545	–	–	AJJ
	7	5	5	5	5	5	5	4	5	4.9		8.0		26		25	1545			AJJ
1.6	0	5	5	5	5	5	5	5	5		6.4		8.0		26	25	1530		✓	AJJ
	1	5	5	5	5	5	5	5	5	4.5	6.5	7.8	8.0	26	26	25	1530	✓	✓	AJJ
	2	5	5	5	5	5	5	5	5	5.3	6.4	7.9	8.0	26	26	25	1700	✓	✓	AJJ
	3	5	5	5	5	5	5	5	5	5.2	6.4	7.9	8.0	26	26	25	1500	✓	✓	AJJ
	4	5	5	5	5	5	5	5	5	5.3	6.4	8.0	8.0	26	26	25	1530	–	–	AJJ
	5	5	5	5	5	5	5	5	5	5.2	6.5	8.0	8.0	26	26	25	1600	–	–	AJJ
	6	5	5	5	5	5	5	5	5	5.1	6.4	8.0	8.0	26	26	25	1545	–	–	AJJ
	7	5	5	5	5	5	5	5	5	5.0		8.0		26		25	1545			AJJ
12.5	0	5	5	5	5	5	5	5	5		6.4		8.0		26	24	1530		✓	AJJ
	1	5	5	5	5	5	5	5	5	4.4	6.5	7.7	8.0	26	26	24	1530	✓	✓	AJJ
	2	5	5	5	5	5	5	5	5	5.3	6.4	7.9	8.0	26	26	24	1700	✓	✓	AJJ
	3	5	5	5	5	5	5	5	5	5.2	6.4	7.9	8.0	26	26	24	1500	✓	✓	AJJ
	4	5	5	5	5	5	5	5	5	5.2	6.4	7.9	8.0	26	26	24	1530	✓	✓	AJJ
	5	5	5	5	5	5	5	5	5	5.1	6.5	7.9	8.0	26	26	24	1600	✓	✓	AJJ
	6	5	5	5	5	5	5	5	5	5.0	6.4	8.0	8.0	26	26	24	1545	✓	✓	AJJ
	7	5	5	5	5	5	5	5	5	5.0		8.0		26		24	1545			AJJ
100	0	5	5	5	5	5	5	5	5		6.5		7.8		26	23	1530		✓	AJJ
	1	5	5	5	5	5	5	5	5	4.4	6.5	7.7	7.7	26	26	23	1530	✓	✓	AJJ
	2	5	5	5	4	5	5	5	5	5.4	6.5	7.9	7.7	26	26	23	1700	✓	✓	AJJ
	3	5	5	5	3	5	5	5	5	5.4	6.5	7.9	7.7	26	26	23	1500	✓	✓	AJJ
	4	5	5	5	3	5	5	5	5	5.3	6.5	7.9	7.8	26	26	23	1530	✓	✓	AJJ
	5	5	5	5	3	5	5	5	5	5.1	6.5	7.9	7.8	26	26	23	1600	✓	✓	AJJ
	6	5	5	5	3	5	5	5	5	5.1	6.5	7.9	7.8	26	26	23	1545	✓	✓	AJJ
	7	5	5	5	3	5	5	5	5	5.0		7.9		26		23	1545			AJJ

BIOLOGICAL MONITORING, INC.
Short-term Chronic Toxicity Test Conditions
Mysidopsis bahia

Permit # VA 0003867

Experiment I.D.# OMP 100307-2

Organism: M. bahia

Client: Omega Protein

Effluent Toxicant: Outfall 001

Sample Type: 24h Composite

Renewal Frequency: daily

Test Temperature: 26 ± 1°C

Dilution Water Used: Syn. Seawater

Start of Test: Date: 10-03-07 Time: 1530

End of Test: Date: 10-10-07 Time: 1545

Template #: Random #

Biologists Conducting Test: A. Timpano

QC Officer:

Test Organism Age: 7d

Organism Batch #: ABS 100307

Test Containers Used: 250 mL PE

Feeding Schedule: 2x daily low rinsed Artemia

Aeration: N/A

Sample Chlorine: <0.01 mg/L

Test Volume: ~~250~~ 200 mL

SAMPLE COLLECTION				SAMPLE USE		
Date(s)		Time(s)				
From:	To:	From:	To:	Date(s)	Time(s)	Test Day
10-01-07	10-02-07	1400	1400	10-03-07	1530	0
				10-04-07	1530	1
10-03-07	10-04-07	1400	1400	10-05-07	1700	2
				10-06-07	1500	3
10-05-07	10-06-07	0700	0700	10-07-07	1530	4
				10-08-07	1600	5
				10-09-07	1545	6

Diluent Batch Carboy #/Days Used

SS092807 (0,1,2,3,4)

SS100707 (5,6)

The first use of a sample (acute or chronic) must be within 36-hours of retrieval from the sample collection device. Samples held after first use, to be used in chronic test solution renewals, must not be used if more than 72-hours have elapsed since retrieval from the sample collection device.

Condition of Organisms at End of Test: Normal

Average weight per control ~~fish~~ organism: 0.338 mg Control Survival (%): 92.5

Comments: PMSD Growth: 15.1%

PMSD Fecundity: 14.6%

BMI/SOP 4.12

7-day Short-Term Chronic *Americamysis bahia* Fecundity Data

Test ID OMP100307-2 Permit No VA0003867

Concentration	Rep	7d survival	Female w/eggs	Female no eggs	Male	Immature
0	A	4	I	II	I	
	B	5	III	I	I	
	C	5	II		III	
	D	5	II		III	
	E	4	II		II	
	F	5	II		III	
84% fecal sender	G	4	II		II	
	H	5	II		III	
0.02	A	5	III		II	
	B	5	I	I	III	
	C	5	III		II	
	D	5	III	I	I	
	E	5	II	I	II	
	F	5	III		II	
	G	5	I		IIII	
85%	H	5	I		IIII	
0.2	A	5	IIII	I		
	B	5	I	I	III	
	C	5	I		IIII	
	D	5	I		IIII	
	E	5	II		III	
	F	5	II	I	II	
	G	4	I		III	
84%	H	5	IIII		I	
1.6	A	5	II	I	II	
	B	5	I	I	III	
	C	5	II		III	
	D	5	I		IIII	
	E	5	III		II	
	F	5	I		IIII	
	G	5	III	I	I	
85%	H	5	IIII		I	
12.5	A	5	I		IIII	
	B	5	II		III	
	C	5	II	I	II	
	D	5			~~IIII~~	
	E	5	I	II	II	
	F	5	III	I	I	
	G	5	III	I	I	
76%	H	5	IIII		I	
100	A	5	I		IIII	
	B	5	II		III	
	C	5	III	I	I	
	D	3	II		I	
	E	5	II		III	
	F	5	I		IIII	
	G	5	II		III	
93%	H	5	I		IIII	

Biological Monitoring, Inc.
Weight Data Sheet

Test ID # OMP 100307-2 Permit # VA0003867 Species M. bahia

Organism or Concentration	Length	Initial Weight (mg)	Final Weight (mg)	Diff. (mg)	# Larvae	Avg. Wt. Larvae (mg)	Initials
0 A		31.85	33.35	1.50	5	0.300	AJJ
0B		35.19	37.15	1.96	5	0.392	AJJ
0 C		29.97	31.79	1.82	5	0.364	AJJ
0 D		29.06	30.60	1.54	5	0.308	AJJ
0 E		28.79	30.18	1.39	5	0.278	AJJ
0 F		29.49	31.59	2.10	5	0.420	AJJ
0G		30.04	31.64	1.60	5	0.320	AJJ
0 H		27.70	29.29	1.59	5	0.318	AJJ
0.02 A		21.53	23.09	1.56	5	0.312	AJJ
0.02 B		23.33	24.84	1.51	5	0.302	AJJ
0.02 C		21.06	22.98	1.92	5	0.384	AJJ
0.02 D		21.49	23.25	1.76	5	0.352	AJJ
0.02 E		24.88	26.67	1.79	5	0.358	AJJ
0.02 F		24.50	26.36	1.86	5	0.372	AJJ
0.02 G		24.50	26.37	1.87	5	0.374	AJJ
0.02 H		22.03	23.48	1.45	5	0.290	AJJ
0.2 A		26.16	27.92	1.76	5	0.352	AJJ
0.2 B		24.62	26.70	2.08	5	0.416	AJJ
0.2 C		26.66	28.24	1.58	5	0.316	AJJ
0.2 D		27.65	29.47	1.82	5	0.364	AJJ
0.2 E		25.25	27.08	1.83	5	0.366	AJJ
0.2 F		25.27	27.25	1.98	5	0.396	AJJ
0.2 G		22.24	23.60	1.36	5	0.272	AJJ
0.2 H		23.42	25.36	1.94	5	0.388	AJJ

Biological Monitoring, Inc.
Weight Data Sheet

Test ID # OMP100307-2 Permit # VA0003867 Species M. bahia

Organism or Concentration	Length	Initial Weight (mg)	Final Weight (mg)	Diff. (mg)	# Larvae	Avg. Wt. Larvae (mg)	Initials
1.6 A		29.59	31.25	1.66	5	0.332	AJJ
1.6 B		29.50	31.24	1.74	5	0.348	AJJ
1.6 C		27.98	29.81	1.83	5	0.366	AJJ
1.6 D		28.53	30.25	1.72	5	0.344	AJJ
1.6 E		28.40	30.21	1.81	5	0.362	AJJ
1.6 F		28.42	30.15	1.73	5	0.346	AJJ
1.6 G		27.26	28.69	1.43	5	0.286	AJJ
1.6 H		27.81	29.78	1.97	5	0.394	AJJ
~~1.6~~							
12.5 A		27.11	28.99	1.88	5	0.376	AJJ
12.5 B		30.11	32.01	1.90	5	0.380	AJJ
12.5 C		30.94	32.77	1.83	5	0.366	AJJ
12.5 D		29.58	31.48	1.90	5	0.380	AJJ
12.5 E		30.27	32.46	2.19	5	0.438	AJJ
12.5 F		33.05	34.92	1.87	5	0.374	AJJ
12.5 G		32.44	34.22	1.78	5	0.356	AJJ
12.5 H		35.54	37.85	2.31	5	0.462	AJJ
100 A		27.21	29.27	2.06	5	0.412	AJJ
100 B		28.19	29.86	1.67	5	0.334	AJJ
100 C		29.84	31.68	1.84	5	0.368	AJJ
100 D		28.42	29.77	1.35	5	0.270	AJJ
100 E		34.28	36.19	1.91	5	0.382	AJJ
100 F		30.58	32.69	2.11	5	0.422	AJJ
100 G		28.62	30.89	2.27	5	0.454	AJJ
100 H		28.25	30.35	2.10	5	0.420	AJJ

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Omega Protein

Prepared by: Tony Timpano

NPDES Permit #: VA0003867

Experiment ID#: OMP100507-3

Test Organism: *Cyprinodon variegatus*

Test Type: Static Acute

Organism Age at Start of Test: 4 d

Sample Tested: Outfall 001

Sample Type: Composite

Sample Collection Date and Time: From 10/03/07 @ 1400 to 10/04/07 @ 1400

Sample Collector: Ted Schultz

Delivered by: UPS

Test Solution Renewal Frequency: N/A

Dilution Water Used: Synthetic Seawater 092807

Test Temperature: 25 ± 1°C

No. of Replicates per conc.: 2

No. of Organisms per Replicate: 10

Feeding prior to test: Normal

Feeding Regime: not fed

Chamber Size: 800 mL PP

Test Volume: 450 mL

Photo Period: 16h light/8h dark

Test Duration: 48 h

Start of Test: Date: 10/05/07

Time: 1600

End of Test: Date: 10/07/07

Time: 1600

Equipment:

pH Meter: SA 720 (A)
DO Meter: YSI 58 (b)
SCT Meter:YSI 33 (A)
°C Measurement: Calibrated Thermometer
Salinity: SCT Meter
Chlorine: Fisher/Porter Amperometric Titrator

Test Method Reference: U.S. EPA. 2002. Methods for measuring the Acute toxicity of effluents and receiving waters to freshwater and marine organisms. EPA-821-R-02-012.

BIOLOGICAL MONITORING, INC.
Acute Toxicity Test Data Summary

Client	Omega Protein	**NPDES PERMIT #:** VA0003867		
Test Organism	*Cyprinodon variegatus*		**Date**	**Time**
Experiment ID	OMP100507-3	**Start Test**	10/05/07	1600
Sample Tested	Outfall 001	**End Test**	10/07/07	1600

RESULTS

Water Chemistry Analyses

Conc. %	Temp. (°C)			D.O. (mg/L)			pH (SU)			Salinity (0/00)		Survival (%) 48 h
	0h	24h	48h	0h	24h	48h	0h	24h	48h	0h	48h	
0	26	26	26	6.4	5.9	5.4	8.0	8.1	8.1	25	25	100
6.25	26	26	26	6.4	5.8	5.3	8.0	8.1	8.1	25	25	100
12.5	26	26	26	6.4	5.9	5.2	8.0	8.1	8.1	25	25	100
25	26	26	26	6.4	5.9	5.3	8.0	8.1	8.1	25	25	100
50	26	26	26	6.4	5.9	5.3	7.9	8.1	8.2	24	25	100
100	26	26	26	6.5	5.8	5.1	7.7	7.9	8.1	23	24	100

STATISTICAL ANALYSES

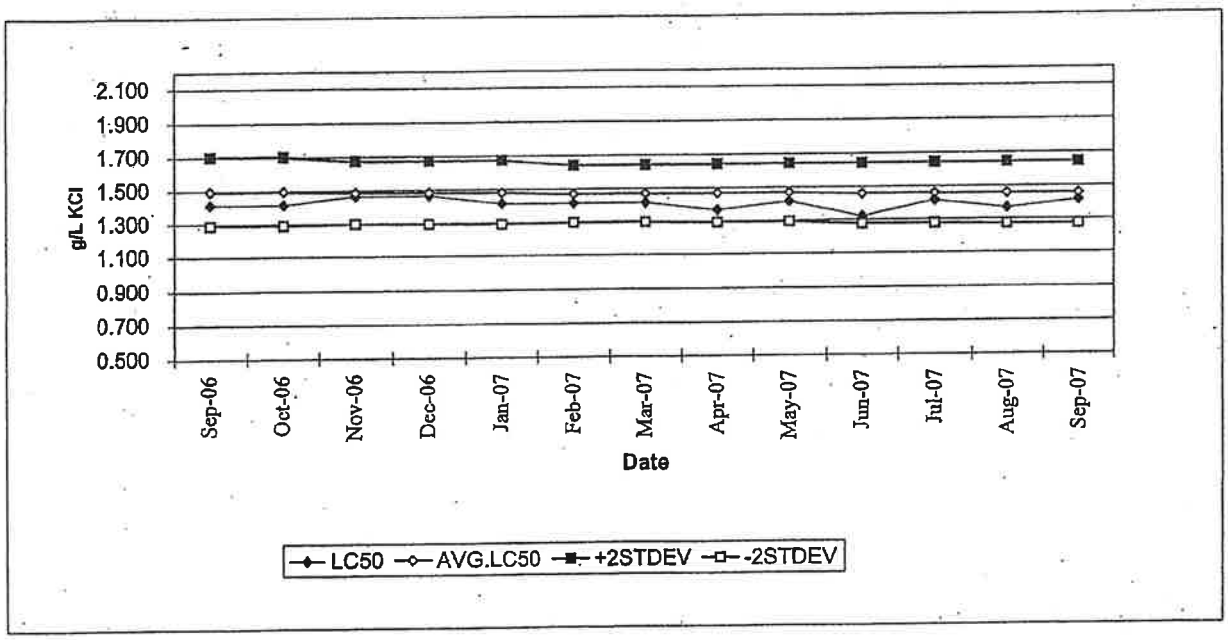
Test Method	LC50 (%)	TUa	95% Fiducial (Confidence) Limits
N/A	> 100	1.0	N/A

COMMENTS:

1300 Blue Spruce Drive, Suite C
Fort Collins, Colorado 80524

Toll Free: 800/331-5916
Tel: 970/484-5091 Fax: 970/484-2514

REFERENCE TOXICANT LC50
Cyprinodon variegatus



48 HOUR ACUTE TOXICITY DATA FOR
Cyprinodon variegatus

DATE	LC50 (g/L KCl)	95% CONFIDENCE (upper)	(lower)	AVG.LC50 (g/L KCl)	METHOD	Avg+2std	Avg-2std
Apr 07	1.366	1.464	1.275	1.467	SPKR	1.642	1.291
May 07	1.414	1.414	1.414	1.468	Graphical	1.641	1.294
Jun 07	1.320	1.452	1.199	1.459	SPKR	1.642	1.276
Jul 07	1.414	1.414	1.414	1.459	Graphical	1.642	1.276
Aug 07	1.366	1.464	1.275	1.457	SPKR	1.643	1.271
Sep 07	1.414	1.414	1.414	1.457	SPKR	1.643	1.271

BIOLOGICAL MONITORING , INC.

TOXICITY TEST DATA SHEET

Experiment I.D. #: OMP 100507-3 NPDES#: VA0003867 Client: Omega Protein Outfall/Station No. 001
Effluent/Sample: OMP 100507 Sample Container: PE Project Scientist: A.T. Timpano QC Officer:

Sample Type:
Grab:
Collection Date: Time:
Composite: ✓
Collected From: Date: 10-03-07 Time: 1400
Collected To: Date: 10-04-07 Time: 1400

Test Organism:
Species: C. variegatus
Source: Aquatic Biosystems
Batch#: ABS 100207-1
Age: 4d
No. of organisms/ con. 20

Test Mode: Static Acute Test Duration: 48h
Test Start Date: 10-05-07 Time: 1600
Test End Date: 10-07-07 Time: 1600
Test Temperature: 25 ± 1°C Waterbath/Shelf#:
Dilution Water Used: SS092807 Temp. of Org. Stock Solution:

Con. % or mg/L	Test Cont. #	Number of Live Organisms					Dissolved Oxygen (mg/L)					pH					Salinity 0/00					Temperature (°C)				
		0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96
0	A	10	10	10			6.4	5.9	5.4			8.0	8.1	8.1			25		25			26	26	26		
	B	10	10	10																						
6.25	A	10	10	10			6.4	5.8	5.3			8.0	8.1	8.1			25		25			26	26	26		
	B	10	10	10																						
12.5	A	10	10	10			6.4	5.9	5.2			8.0	8.1	8.1			25		25			26	26	26		
	B	10	10	10																						
25	A	10	10	10			6.4	5.9	5.3			8.0	8.1	8.1			25		25			26	26	26		
	B	10	10	10																						
50	A	10	10	10			6.4	5.9	5.3			7.9	8.1	8.2			24		25			26	26	26		
	B	10	10	10																						
100	A	10	10	10			6.5	5.8	5.1			7.7	7.9	8.1			23		24			26	26	26		
	B	10	10	10																						
Recorded By:		ATT	ATT	ATT			ATT	ATT	ATT			ATT	ATT	ATT			ATT		ATT			ATT	ATT	ATT		

BIOLOGICAL MONITORING , INC.
Toxicity Test Procedure Check Sheet

Test I.D. #: OMP 100507-3 Test containers used: PP Specify below no. milliliters (mLs) of diluent and effluent measured out per concentration in this test:

No. of replicates per concentration: 2

Are all test chambers properly labeled? ✓

Specify vessel type and volume used to measure and deliver effluent and diluent to test chambers:

graduated cylinder (s): 2L, 1L, 500, 250mL pipet (s):

volumetric flask (s): other

Concentration (%) mg/L Other	Diluent	Effluent	Total
0	2000	0	2000
6.25	Dilute to	125	↓
12.5	2000	250	↓
25	↓	500	↓
50	↓	1000	↓
100	0	2000	↓

Specify material (s) used to place test organisms into test chambers: wide bore pipet

Total Chlorine of sample upon arrival (mg/L): <0.01

Total Chlorine of sample after dechlorination (mg/L): N/A

Pretest treatment for organisms: Normal

Exposure Chamber
Total vessel capacity: 800mL
Test solution volume: 450mL
Water Depth Constant: ✓
Cyclic:

Feeding schedule
Pretest feeding: ✓
Not fed:
Fed daily:
Fed irregularly (describe)
Type of food: 1-day rinsed Artemia

Aeration
Pretest:
None: ✓
Slow: (bubbles/min)
Moderate:
Vigorous:
Beginning: (hour)

Screened Animal Enclosures
Not used: ✓
Used:
Photoperiod:
8h/16h: ✓
Other:

Conditions of surviving organisms at end of test: Normal

Methods of randomization employed: Random #

Comments:

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Omega Protein

Prepared by: Tony Timpano

NPDES Permit #: VA0003867

Experiment ID#: OMP100507-4

Test Organism: *Americamysis bahia* (formerly *Mysidopsis*)

Test Type: Static Acute

Organism Age at Start of Test: 5 d

Sample Tested: Outfall 001

Sample Type: Composite

Sample Collection Date and Time: From 10/03/07 @ 1400 to 10/04/07 @ 1400

Sample Collector: Ted Schultz

Delivered by: UPS

Test Solution Renewal Frequency: N/A

Dilution Water Used: Synthetic Seawater 092807

Test Temperature: 25 ± 1°C

No. of Replicates per conc.: 2

No. of Organisms per Replicate: 10

Feeding prior to test: Normal

Feeding Regime: not fed

Chamber Size: 800 mL PP

Test Volume: 450 mL

Photo Period: 16h light/8h dark

Test Duration: 48 h

Start of Test: Date: 10/05/07

Time: 1615

End of Test: Date: 10/07/07

Time: 1630

Equipment:

pH Meter: SA 720 (A)
DO Meter: YSI 58 (b)
SCT Meter:YSI 33 (A)
°C Measurement: Calibrated Thermometer
Salinity: SCT Meter
Chlorine: Fisher/Porter Amperometric Titrator

Test Method Reference: U.S. EPA. 2002. Methods for measuring the Acute toxicity of effluents and receiving waters to freshwater and marine organisms. EPA-821-R-02-012.

BIOLOGICAL MONITORING, INC.
Acute Toxicity Test Data Summary

Client	Omega Protein	**NPDES PERMIT #:** VA0003867		
Test Organism	*Americamysis bahia* (formerly *Mysidopsis*)		**Date**	**Time**
Experiment ID	OMP100507-4	**Start Test**	10/05/07	1615
Sample Tested	Outfall 001	**End Test**	10/07/07	1630

RESULTS

Water Chemistry Analyses

Conc. %	Temp. (°C)			D.O. (mg/L)			pH (SU)			Salinity (0/00)		Survival (%) 48 h
	0h	24h	48h	0h	24h	48h	0h	24h	48h	0h	48h	
0	26	26	26	6.4	5.6	4.8	8.0	8.1	8.2	25	25	100
6.25	26	26	26	6.4	5.5	4.7	8.0	8.1	8.2	25	25	100
12.5	26	26	26	6.4	5.5	4.6	8.0	8.2	8.2	25	25	100
25	26	26	26	6.4	5.5	4.6	8.0	8.2	8.2	25	25	100
50	26	26	26	6.4	5.4	4.5	7.9	8.1	8.2	24	25	100
100	26	26	26	6.5	5.3	4.5	7.7	8.0	8.1	23	24	100

STATISTICAL ANALYSES

Test Method	LC50 (%)	TUa	95% Fiducial (Confidence) Limits
N/A	> 100	1.0	N/A

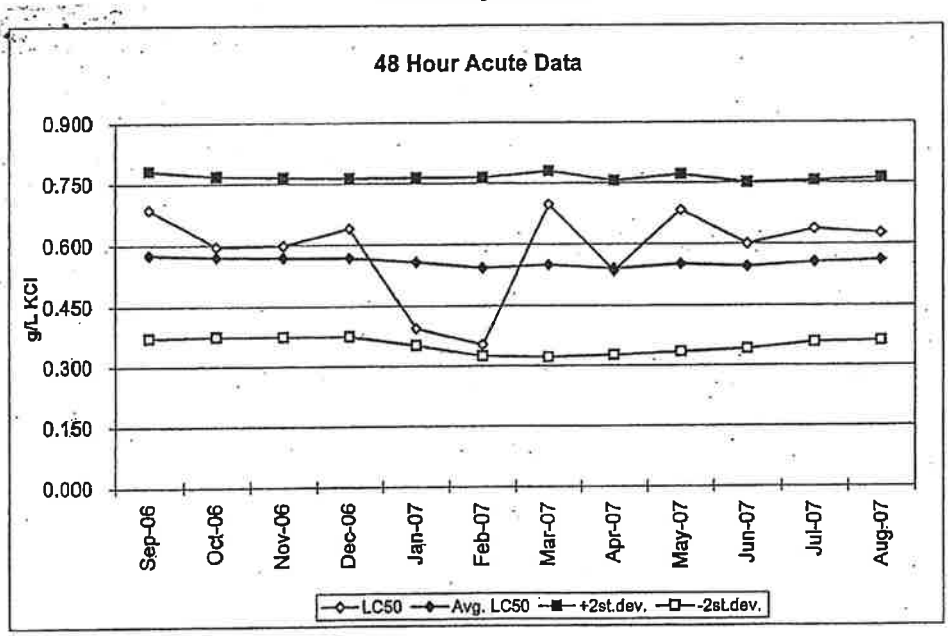
COMMENTS:

1300 Blue Spruce Drive, Suite C
Fort Collins, Colorado 80524

Toll Free: 800/331-5916
Tel: 970/484-5091 Fax: 970/484-2514

REFERENCE TOXICANT LC50

Americamysis bahia



48 HOUR ACUTE TOXICITY DATA FOR

Americamysis bahia

DATE	LC50 (g/L KCl)	95% CONFIDENCE (upper)	(lower)	AVG.LC50 (g/L KCl)	METHOD	+2std	-2std
Mar 07	0.697	0.719	0.676	0.550	SPKR	0.779	0.321
Apr 07	0.536	0.600	0.479	0.541	SPKR	0.755	0.327
May 07	0.683	0.717	0.651	0.552	SPKR	0.770	0.335
Jun 07	0.600	0.663	0.543	0.546	SPKR	0.750	0.342
Jul 07	0.637	0.690	0.589	0.557	SPKR	0.755	0.359
Aug 07	0.626	0.685	0.572	0.562	SPKR	0.761	0.362

BIOLOGICAL MONITORING , INC.

TOXICITY TEST DATA SHEET

Experiment I.D. #: OMP 100507-4 NPDES#: VA0003867 Client: Omega Protein Outfall/Station No. 001
Effluent/Sample: OMP 100507 Sample Container: PE Project Scientist: A. Timpano QC Officer:

Sample Type:
Grab:
Collection Date: Time:
Composite: ✓
Collected From: Date 10-03-07 Time: 1400
Collected To: Date 10-04-07 Time: 1400

Test Organism:
Species: M. bahia
Source: Aquatic Bio Systems
Batch#: AB5100207-2
Age: 5d
No. of organisms/ con. 20

Test Mode: Static Acute Test Duration: 48h
Test Start Date: 10-05-07 Time: 1615
Test End Date: 10-07-07 Time: 1630
Test Temperature: 25±1°C Waterbath/Shelf#:
Dilution Water Used: 55092807 Temp. of Org. Stock Solution:

Con. % or mg/L	Test Cont. #	Number of Live Organisms					Dissolved Oxygen (mg/L)					pH					Salinity 0/00					Temperature (°C)				
		0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96
0	A	10	10	10			6.4	5.6	4.8			8.0	8.1	8.2			25		25			26	26	26		
	B	10	10	10																						
6.25	A	10	10	10			6.4	5.5	4.7			8.0	8.1	8.2			25		25			26	26	26		
	B	10	10	10																						
12.5	A	10	10	10			6.4	5.5	4.6			8.0	8.2	8.2			25		25			26	26	26		
	B	10	10	10																						
25	A	10	10	10			6.4	5.5	4.6			8.0	8.2	8.2			25		25			26	26	26		
	B	10	10	10																						
			~~10~~																							
50	A	10	10	10			6.4	5.4	4.5			7.9	8.1	8.2			24		25			26	26	26		
	B	10	10	10																						
100	A	10	10	10			6.5	5.3	4.5			7.7	8.0	8.1			23		24			26	26	26		
	B	10	10	10																						
Recorded By:		AJT	AJT	AJT			AJT		AJT			AJT		AJT			AJT		AJT			AJT	AJT	AJT		

BIOLOGICAL MONITORING , INC.
Toxicity Test Procedure Check Sheet

Test I.D. #: OMP 100507-4 Test containers used: PP

Specify below no. milliliters (mLs) of diluent and effluent measured out per concentration in this test:

No. of replicates per concentration: 2

Are all test chambers properly labeled? ✓

Specify vessel type and volume used to measure and deliver effluent and diluent to test chambers:

graduated cylinder (s): 2L, 1L, 500, 250mL pipet (s):

volumetric flask (s): other

Concentration (%) mg/L Other	Diluent	Effluent	Total
0	Shared w/ OMP 100507-3		2000
6.25			
12.5			
25			
50			
100			

Specify material (s) used to place test organisms into test chambers: wide bore pipet

Total Chlorine of sample upon arrival (mg/L): <0.01

Total Chlorine of sample after dechlorination (mg/L): N/A

Pretest treatment for organisms: Normal

Exposure Chamber
Total vessel capacity: 800mL
Test solution volume: 450mL
Water Depth Constant: ✓
Cyclic:

Feeding schedule
Pretest feeding:
Not fed:
Fed daily: ✓ 2x
Fed irregularly (describe)
Type of food: live hatched Artemia

Aeration
Pretest:
None: ✓
Slow: (bubbles/min)
Moderate:
Vigorous:
Beginning: (hour)

Screened Animal Enclosures
Not used: ✓
Used:
Photoperiod:
8h/16h: ✓
Other:

Conditions of surviving organisms at end of test: Normal

Methods of randomization employed: Random #

Comments:

BIOLOGICAL MONITORING, INC.

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

October 11, 2007

Mr. Ted Schultz
Omega Protein
P.O. Box 175
Reedville, VA 22539

Dear Mr. Schultz:

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 001	STC Cv	NOEC Survival = 100% NOEC Growth = 100% TUc = 1.0 IC25 > 100%	Pass	N/A
	STC Mb	NOEC Survival = 100% NOEC Growth = 100% NOEC Fecundity = 100% TUc = 1.0 IC25 > 100%	Pass	N/A
	SA Cv	LC50 > 100% TUa = 1.0	Pass	N/A
	SA Mb	LC50 > 100% TUa = 1.0	Pass	N/A

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

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

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

Sincerely,

Tony Timpano
Laboratory Manager

enc: as stated

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Omega Protein

Prepared by: Tony Timpano

NPDES Permit #: VA0003867

Experiment ID#: OMP100307-1

Test Organism: *Cyprinodon variegatus*

Test Type: Short Term Chronic

Organism Age at Start of Test: <48h

Sample Tested: Outfall 001

Sample Type: Composite

Sample Collection Dates and Times:

From 10/01/07 @ 1400 to 10/02/07 @ 1400;
From 10/03/07 @ 1400 to 10/04/07 @ 1400;
From 10/05/07 @ 0700 to 10/06/07 @ 0700;

Sample Collector: Ted Shultz

Delivered by: UPS & Hand

Test Solution Renewal Frequency: Daily

Dilution Water Used: Synthetic Seawater 092807 & 100707

Test Temperature: 25 ± 1°C

No. of Replicates per conc.: 4

No. of Organisms per Replicate: 10

Feeding prior to test: Not fed

Feeding Regime: Live rinsed Artemia 2x daily

Chamber Size: 600 mL PP

Test Volume: 500 mL

Photo Period: 16h light/8h dark

Test Duration: 7 d

Start of Test: Date: 10/03/07

Time: 1500

End of Test: Date: 10/10/07

Time: 1500

Equipment:

pH Meter: SA 720 (A)
DO Meter: YSI 58 (b)
SCT Meter:YSI 33 (A)
°C Measurement: Calibrated Thermometer
Salinity: SCT Meter
Chlorine: Fisher/Porter Amperometric Titrator

Test Method Reference: U.S. EPA. 2002. Short-Terms Methods for Estimating the Chronic Toxicity of Effluents and Receiving Water to Marine and Estuarine Organisms. EPA-821-R-02-014.

TOXICITY TESTS
FOR
OMEGA PROTEIN
Outfall 001 – October 2007

Submitted to:

Mr. Ted Schultz
Omega Protein
P.O. Box 175
Reedville, VA 22539

Prepared by:

Biological Monitoring, Inc.
1800 Kraft Drive, Suite 101
Blacksburg, VA 24060

Phone: 540-953-2821
Fax: 540-951-1481
www.biomon.com

October 11, 2007

The following data have been internally reviewed and the personnel meticulously followed the methods. The procedures are deemed to be compliant with the methods and acceptable for reporting.

Tony Timpano (Laboratory Manager)

OMP100307-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

Shapiro - Wilk's test for normality

D = 0.118

W = 0.961

Critical W (P = 0.05) (n = 24) = 0.916
Critical W (P = 0.01) (n = 24) = 0.884

Data PASS normality test at P=0.01 level. Continue analysis.

OMP100307-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

Bartlett's test for homogeneity of variance
Calculated B1 statistic = 4.82

Table Chi-square value = 15.09 (alpha = 0.01, df = 5)
Table Chi-square value = 11.07 (alpha = 0.05, df = 5)

Data PASS B1 homogeneity test at 0.01 level. Continue analysis.

TITLE: OMP100307-1g
FILE: OMP1g.txt
TRANSFORM: NO TRANSFORMATION

NUMBER OF GROUPS: 6

GRP	IDENTIFICATION	REP	VALUE	TRANS VALUE
1	0	1	1.5090	1.5090
1	0	2	1.4820	1.4820
1	0	3	1.2600	1.2600
1	0	4	1.5500	1.5500
2	0.02	1	1.6220	1.6220
2	0.02	2	1.6920	1.6920
2	0.02	3	1.5680	1.5680
2	0.02	4	1.6120	1.6120
3	0.2	1	1.4950	1.4950
3	0.2	2	1.5880	1.5880
3	0.2	3	1.6180	1.6180
3	0.2	4	1.6700	1.6700
4	1.6	1	1.6620	1.6620
4	1.6	2	1.7070	1.7070
4	1.6	3	1.5940	1.5940
4	1.6	4	1.6610	1.6610
5	12.5	1	1.6500	1.6500
5	12.5	2	1.6310	1.6310
5	12.5	3	1.5350	1.5350
5	12.5	4	1.6140	1.6140
6	100	1	1.8960	1.8960
6	100	2	1.6720	1.6720
6	100	3	1.8060	1.8060
6	100	4	1.7220	1.7220

OMP100307-1g
File: OMP1g.txt

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	0	4	1.260	1.550	1.450
2	0.02	4	1.568	1.692	1.623
3	0.2	4	1.495	1.670	1.593
4	1.6	4	1.594	1.707	1.656
5	12.5	4	1.535	1.650	1.608
6	100	4	1.672	1.896	1.774

OMP100307-1g
File: OMP1g.txt

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM	C.V. %
1	0	0.017	0.130	0.065	8.96

			OMP1GS		
2	0.02	0.003	0.051	0.026	3.16
3	0.2	0.005	0.073	0.037	4.61
4	1.6	0.002	0.047	0.023	2.81
5	12.5	0.003	0.051	0.025	3.14
6	100	0.010	0.098	0.049	5.54

OMP100307-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.219	0.044	6.682
Within (Error)	18	0.118	0.007	
Total	23	0.337		

Critical F value = 2.77 (0.05,5,18)
Since F > Critical F REJECT Ho: All equal

OMP100307-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

DUNNETT'S TEST - TABLE 1 OF 2 Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	MEAN CALCULATED IN ORIGINAL UNITS	T STAT	SIG
1	0	1.450	1.450		
2	0.02	1.623	1.623	-3.028	
3	0.2	1.593	1.593	-2.490	
4	1.6	1.656	1.656	-3.596	
5	12.5	1.608	1.608	-2.748	
6	100	1.774	1.774	-5.658	

Dunnett table value = 2.41 (1 Tailed Value, P=0.05, df=18,5)

OMP100307-1g
File: OMP1g.txt Transform: NO TRANSFORMATION

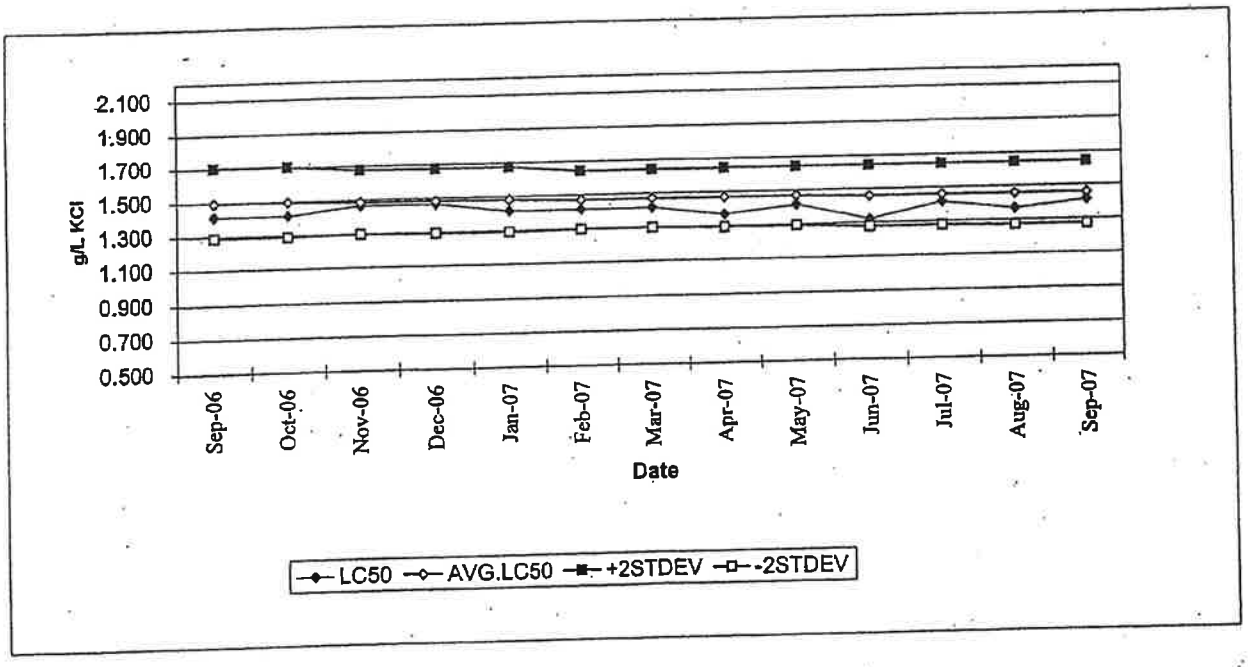
DUNNETT'S TEST - TABLE 2 OF 2 Ho:Control<Treatment

GROUP	IDENTIFICATION	NUM OF REPS	Minimum Sig Diff (IN ORIG. UNITS)	% of CONTROL	DIFFERENCE FROM CONTROL
1	0	4			
2	0.02	4	0.138	9.5	-0.173
3	0.2	4	0.138	9.5	-0.142
4	1.6	4	0.138	9.5	-0.206
5	12.5	4	0.138	9.5	-0.157
6	100	4	0.138	9.5	-0.324

1300 Blue Spruce Drive, Suite C
Fort Collins, Colorado 80524

Toll Free: 800/331-5916
Tel: 970/484-5091 Fax: 970/484-2514

REFERENCE TOXICANT LC50
Cyprinodon variegatus



48 HOUR ACUTE TOXICITY DATA FOR
Cyprinodon variegatus

DATE	LC50 (g/L KCl)	95% CONFIDENCE (upper)	(lower)	AVG.LC50 (g/L KCl)	METHOD	Avg+2std	Avg-2std
Apr 07	1.366	1.464	1.275	1.467	SPKR	1.642	1.291
May 07	1.414	1.414	1.414	1.468	Graphical	1.641	1.294
Jun 07	1.320	1.452	1.199	1.459	SPKR	1.642	1.276
Jul 07	1.414	1.414	1.414	1.459	Graphical	1.642	1.276
Aug 07	1.366	1.464	1.275	1.457	SPKR	1.643	1.271
Sep 07	1.414	1.414	1.414	1.457	SPKR	1.643	1.271

Sheepshead Minnow (Cyprinodon variegatus) Larval Survival and Growth Sheet

xperiment ID: OMP100307-1

ermit #: VA 0003867

Concentration	Day No.	A	B	C	D	No. live organisms	D.O. before renewal (mg/L)	D.O. after renewal (mg/L)	pH before renewal	pH after renewal	Temp. before renewal (°C)	Temp. after renewal (°C)	Salinity (ppt)	Alkalinity (mg/L as $CaCO_3$)	Hardness (mg/L as $CaCO_3$)	Chambers cleaned/renewed	1st feeding	2nd feeding	3rd feeding	Initials
0	0	10	10	10	10		6.4		8.0		26	25				1500		✓		AJJ
	1	10	10	10	10	5.8	6.5	7.9	8.0	26	26	25				1500	✓	✓		AJJ
	2	10	10	10	10	5.9	6.4	7.9	8.0	26	26	25				1630	✓	✓		AJJ
	3	10	10	10	10	5.8	6.4	7.9	8.0	26	26	25				1400	✓	✓		AJJ
	4	10	10	10	10	5.7	6.4	7.9	8.0	26	26	25				1500	—	—		AJJ
	5	10	9	10	10	5.7	6.5	7.9	8.0	26	26	25				1530	—	—		AJJ
0 Am 0.72/3600	6	10	9	10	10	5.7	6.4	7.9	8.0	26	26	25				1500	—	—		AJJ
	7	10	9	10	10	5.6		7.9		26		25				1500				AJJ
0.02	0	10	10	10	10		6.4		8.0		26	25				1500		✓		AJJ
	1	10	10	10	10	5.8	6.5	8.0	8.0	26	26	25				1500	✓	✓		AJJ
	2	10	10	10	10	5.8	6.4	8.0	8.0	26	26	25				1630	✓	✓		AJJ
	3	10	10	10	10	5.7	6.4	8.0	8.0	26	26	25				1400	✓	✓		AJJ
	4	10	10	10	10	5.6	6.4	8.0	8.0	26	26	25				1500	—	—		AJJ
	5	10	10	10	10	5.6	6.5	8.0	8.0	26	26	25				1530	—	—		AJJ
0 Am 7.2/3600 0.72/3600	6	10	10	10	10	5.5	6.4	8.0	8.0	26	26	25				1500	—	—		AJJ
	7	10	10	10	10	5.4		8.0		26		25				1500				AJJ
0.2	0	10	10	10	10		6.4		8.0		26	25				1500		✓		AJJ
	1	10	10	10	10	5.7	6.5	8.0	8.0	26	26	25				1500	✓	✓		AJJ
	2	10	10	10	10	5.7	6.4	8.0	8.0	26	26	25				1630	✓	✓		AJJ
	3	10	10	10	10	5.6	6.4	8.0	8.0	26	26	25				1400	✓	✓		AJJ
	4	10	10	10	10	5.5	6.4	8.0	8.0	26	26	25				1500	—	—		AJJ
	5	10	10	10	10	5.5	6.5	8.0	8.0	26	26	25				1530	—	—		AJJ
7.2/3600	6	10	10	10	10	5.4	6.4	8.0	8.0	26	26	25				1500	—	—		AJJ
	7	10	10	10	10	5.4		8.0		26		25				1500				AJJ
1.6	0	10	10	10	10		6.4		8.0		26	25				1500		✓		AJJ
	1	10	10	10	10	5.7	6.5	8.0	8.0	26	26	25				1500	✓	✓		AJJ
	2	10	10	10	10	5.7	6.4	8.0	8.0	26	26	25				1630	✓	✓		AJJ
	3	10	10	10	10	5.6	6.4	8.0	8.0	26	26	25				1400	—	—		AJJ
	4	10	10	10	10	5.5	6.4	8.0	8.0	26	26	25				1500	—	—		AJJ
	5	10	10	10	10	5.5	6.5	8.0	8.0	26	26	25				1530	—	—		AJJ
57.6/3600	6	10	10	10	10	5.4	6.4	8.0	8.0	26	26	25				1500	—	—		AJJ
	7	10	10	10	10	5.4		8.0		26		25				1500				AJJ
12.5	0	10	10	10	10		6.4		8.0		26	24				1500		✓		AJJ
	1	10	10	10	10	5.7	6.5	8.1	8.0	26	26	24				1500	✓	✓		AJJ
	2	10	10	10	10	5.7	6.4	8.1	8.0	26	26	24				1630	✓	✓		AJJ
	3	10	10	10	10	5.6	6.4	8.1	8.0	26	26	24				1400	✓	✓		AJJ
	4	10	10	10	10	5.5	6.4	8.1	8.0	26	26	24				1500	—	—		AJJ
	5	10	10	10	10	5.4	6.5	8.1	8.0	26	25	24				1530	—	—		AJJ
45°/3600	6	10	10	10	10	5.4	6.4	8.1	8.0	26	26	24				1500	—	—		AJJ
	7	10	10	10	10	5.3		8.2		26		24				1500				AJJ
100	0	10	10	10	10		6.5		7.8		26	23				1500		✓		AJJ
	1	10	10	10	10	5.6	6.5	8.0	7.7	26	26	23				1500	✓	✓		AJJ
	2	10	10	10	10	5.6	6.5	8.1	7.7	26	26	23				1630	✓	✓		AJJ
	3	10	10	10	10	5.5	6.5	8.1	7.7	26	26	23				1400	✓	✓		AJJ
	4	10	10	10	10	5.4	6.5	8.1	7.8	26	26	23				1500	✓	✓		AJJ
	5	10	10	10	10	5.3	6.5	8.1	7.8	26	26	23				1530	✓	✓		AJJ
3600/3600	6	10	10	10	10	5.2	6.5	8.1	7.8	26	26	23				1500	✓	✓		AJJ
	7	10	10	10	10	5.1		8.2		26		23				1500				AJJ

BIOLOGICAL MONITORING, INC.
Short-term Chronic Toxicity Test Conditions
(Fish)

Permit # VA0003867

Experiment I.D.# OMP 100307-1

Organism: C. variegatus

Client: Omega Protein

Effluent Toxicant: outfall 001

Sample Type: 24h Composite

Renewal Frequency: daily

Test Temperature: 25±1°C

Dilution Water Used: Syn. Seawater

Start of Test: Date: 10-03-07 Time: 1500

End of Test: Date: 10-10-07 Time: 1500

Biologists Conducting Test: A. Timpano

QC Officer:

Test Organism Age: <48 L

Organism Batch #: ABS 100207-1

Test Containers Used: 600mL PP

Feeding Schedule: 2x daily live rinsed Artemia

Aeration: N/A

Sample Chlorine: <0.01 mg/L

Test Volume: 500mL

Template #: Random #

SAMPLE COLLECTION				SAMPLE USE		
Date(s)		Time(s)				
From:	To:	From:	To:	Date(s)	Time(s)	Test Day
10-01-07	10-02-07	1400	1400	10-03-07	1500	0
				10-04-07	1500	1
10-03-07	10-04-07	1400	1400	10-05-07	1630	2
				10-06-07	1400	3
10-05-07	10-06-07	0700	0700	10-07-07	1500	4
				10-08-07	1530	5
				10-09-07	1500	6

Diluent Batch Carboy #/Days Used

SS 092807 (0,1,2,3,4)

SS 100707 (5,6)

The first use of a sample (acute or chronic) must be within 36-hours of retrieval from the sample collection device. Samples held after first use, to be used in chronic test solution renewals, must not be used if more than 72-hours have elapsed since retrieval from the sample collection device.

Condition of Organisms at End of Test: Normal

Average weight per control fish: 1.450 mg Control Survival (%): 97.5

Comments: PMSD Growth: 9.5%

Biological Monitoring, Inc.
Weight Data Sheet

Test ID # OMP 100307-1 Permit # VA 0003867 Species C. variegatus

Organism or Concentration	Length	Initial Weight (mg)	Final Weight (mg)	Diff. (mg)	# Larvae	Avg. Wt. Larvae (mg)	Initials
0 A		44.64	59.73	15.09	10	1.509	AJJ
0 B		52.~~8~~61	67.43	14.82	10	1.482	AJJ
0 C		47.11	59.71	12.60	10	1.260	AJJ
0 D		46.87	62.37	15.50	10	1.550	AJJ
					Avg	1.450	AJJ
0.02 A		52.20	68.42	16.22	10	1.622	AJJ
0.02 B		42.71	59.63	16.92	10	1.692	AJJ
0.02 C		57.46	73.14	15.68	10	1.568	AJJ
0.02 D		57.41	73.53	16.12	10	1.612	AJJ
					Avg	1.6235	AJJ
0.2 A		46.13	61.08	14.95	10	1.495	AJJ
0.2 B		43.86	59.74	15.88	10	1.588	AJJ
0.2 C		45.46	61.64	16.18	10	1.618	AJJ
0.2 D		46.35	63.05	16.70	10	1.670	AJJ
					Avg	1.593	AJJ
1.6 A		48.46	65.08	16.62	10	1.662	AJJ
1.6 B		55.39	72.46	17.07	10	1.707	AJJ
1.6 C		47.31	63.25	15.94	10	1.594	AJJ
1.6 D		51.50	68.11	16.61	10	1.661	AJJ
					Avg	1.656	AJJ
12.5 A		44.19	60.69	16.50	10	1.650	AJJ
12.5 B		47.71	64.02	16.31	10	1.631	AJJ
12.5 C		50.74	66.09	15.35	10	1.535	AJJ
12.5 D		49.39	65.53	16.14	10	1.614	AJJ
					Avg	1.608	AJJ
100 A		45.52	64.48	18.96	10	1.896	AJJ
100 B		47.20	63.92	16.72	10	1.672	AJJ
100 C		48.26	66.32	18.06	10	1.806	AJJ
100 D		45.73	62.95	17.22	10	1.722	AJJ
					Avg	1.774	AJJ

SAMPLE COLLECTION - CHAIN OF CUSTODY FORM

11332

To be completed by the person collecting the sample. See reverse side for instructions.

1. Client name Omega Protein
2. Sampler's name Ted Schultz
3. Sample source Non-Contact/ Scrubber mix
4. Outfall/station 001
5. Purchase order no.
6. Affiliation Employee
7. NPDES permit no./County VA0003867
8. Test period for which data is being submitted: 2nd Q
9. *Sample relinquished by:* Ted Schultz / 10/2/07 *Date; Received by:* A.J. Zing / 10/3/07 *Date;*

Sample relinquished by: / *Date; Received by:* / *Date.*

Description of Sampling Methods and Equipment

10. Type of sample collected:
Grab
Date collected
Time collected
Volume

Composite X
Composite type 24HC
Collection period: from 10/1/07 (date) 14:00 (time) to 10/2/07 (date) 14:00 (time)

11. Flow during sampling
12. Type of container Plastic Cube
13. Number of containers shipped 3
14. No. of subsamples
15. Frequency
16. Volume

Condition of Effluent at Time of Collection

17. pH 7.5 18. Chlorine
19. Temperature:
At collection point
In collection device (comp. sample must be @ or below 4°C)

20. Is the sample:
Chlorinated No
Dechlorinated No
Unknown
Dechlorination method

Shipping Information

21. Method of shipment UPS 22. Date shipped 10/2/07 23. Time 15:30
24. Was the sample packed with ice for shipment? Yes
25. *Custody seal in place by* Ted Schultz *Date* 10/2/07 *Time* 14:30

Instructions to Lab

26. Type of test(s) to be performed Chronic Acute (WET)
27. Should BMI dechlorinate the sample (Yes or No) No 28. Should ammonia be measured? (Yes or No) No
29. Comments

30. I certify that the above information is correct Ted Schultz (Signature) 10/2/07 (Date)

For BMI Use Only

Alk
Hard
BMI Sample ID# OMP100307 *Received by* A.J. Simpson *Date* 10-03-07 *Time* 1200
Upon arrival at BMI: Custody seal ✓ Temperature 3°C pH 7.2 Chlorine Low DO 8.5
On ice? ✓ Salinity 22‰ Conductivity —
Sample refrigerated ✓
Visual description clear, lt. yellow, fishodor
Test ID number(s) OMP 100307-1,-2

C:\wpdocs\labforms\sploc2.frm (V.1194)

SAMPLE COLLECTION - CHAIN OF CUSTODY FORM

To be completed by the person collecting the sample. See reverse side for instructions. 11333

1. Client name Omega Protein
2. Sampler's name Ted Schultz
3. Sample source Non Contact / Scrubber mix
4. Outfall/station 001
5. Purchase order no.
6. Affiliation Employee
7. NPDES permit no./County VA0003867
8. Test period for which data is being submitted: 2nd Q
9. *Sample relinquished by:* Ted Schultz 3 / 10/4/07 *Date; Received by:* A.J. Zig / 10/5/07 *Date;*

Sample relinquished by: / *Date; Received by:* / *Date.*

Description of Sampling Methods and Equipment

10. Type of sample collected:
Grab
Date collected
Time collected
Volume

Composite X
Composite type
Collection period: from 10/3/07 (date) TAS 14:00 ~~07:00~~ (time) to 10/4/07 (date) TAS 14:00 ~~07:00~~ (time)

11. Flow during sampling
12. Type of container
13. Number of containers shipped
14. No. of subsamples
15. Frequency
16. Volume

Condition of Effluent at Time of Collection

17. pH 18. Chlorine
19. Temperature:
At collection point
In collection device (comp. sample must be @ or below 4°C) Yes

20. Is the sample:
Chlorinated No
Dechlorinated No
Unknown
Dechlorination method

Shipping Information

21. Method of shipment UPS 22. Date shipped 10/4/07 23. Time 15:30
24. Was the sample packed with ice for shipment? Yes
25. *Custody seal in place by* Ted Schultz 3 *Date* 10/4/07 *Time* 14:00

Instructions to Lab

26. Type of test(s) to be performed Chronic / Acute WET
27. Should BMI dechlorinate the sample (Yes or No) No 28. Should ammonia be measured? (Yes or No)
29. Comments

30. I certify that the above information is correct Ted Schultz 3 (Signature) 10/4/07 (Date)

For BMI Use Only

Alk
Hard
BMI Sample ID# OMP 100507 *Received by* A.J. Impiano *Date* 10-05-07 *Time* 1230
Upon arrival at BMI: Custody seal ✓ Temperature 4°C pH 7.3 Chlorine <0.01 DO 8.9
On ice? ✓ Salinity 24 ‰ Conductivity —
Visual description clear, lt yellow, fishodor Sample refrigerated ✓
Test ID number(s) OMP 100507-1-2, OMP 100507-3,-4

C:\wpdocs\labforms\epicol2.frm (V-1194)

11334

SAMPLE COLLECTION - CHAIN OF CUSTODY FORM

To be completed by the person collecting the sample. See reverse side for instructions.

1. Client name: Omega PROTEIN
2. Sampler's name: Ted Schultz
3. Sample source: Non-Contact/SCRUBBER m/X
4. Outfall/station: 001
5. Purchase order no.:
6. Affiliation: Employee
7. NPDES permit no./County: VA0003867
8. Test period for which data is being submitted: 2nd Q
9. *Sample relinquished by:* Ted Schultz 10/6/07 *Date; Received by:* [illegible] 10/6/07 *Date;*

Sample relinquished by: ____ / ____ *Date; Received by:* ____ / ____ *Date.*

Description of Sampling Methods and Equipment

10. Type of sample collected:
    - Grab ____
    - Date collected ____
    - Time collected ____
    - Volume ____
    - Composite X
    - Composite type 24HC
    - Collection period: from 10/5/07 (date) 0700 (time) to 10/6/07 (date) 0700 (time)
11. Flow during sampling ____
12. Type of container: Plastic Cube
13. Number of containers shipped: 4
14. No. of subsamples ____
15. Frequency ____
16. Volume ____

Condition of Effluent at Time of Collection

17. pH ____ 18. Chlorine ____
19. Temperature:
    - At collection point ____
    - In collection device (comp. sample must be @ or below 4°C) 4°C
20. Is the sample:
    - Chlorinated: No
    - Dechlorinated: No
    - Unknown ____
    - Dechlorination method ____

Shipping Information

21. Method of shipment: HAND Deliver 22. Date shipped: 10/6/07 23. Time: 08:00
24. Was the sample packed with ice for shipment? yes
25. *Custody seal in place by* Ted Schultz *Date* 10/6/07 *Time* 07:30

Instructions to Lab

26. Type of test(s) to be performed: Chronic/Acute Tox
27. Should BMI dechlorinate the sample (Yes or No) No 28. Should ammonia be measured? (Yes or No) No
29. Comments ____

30. I certify that the above information is correct: Ted Schultz (Signature) 10/6/07 (Date)

For BMI Use Only

Alk ____
Hard ____
BMI Sample ID# OMP100607 *Received by* A. Timpano *Date* 10-6-07 *Time* 1400
Upon arrival at BMI: Custody seal ✓ Temperature 5°C pH 7.3 Chlorine Cool DO 8.6
On ice? ✓ Salinity 24 ‰ Conductivity —
Sample refrigerated ✓
Visual description lt yellow, clear, fishodor
Test ID number(s) OMP100307-1,2

C:\wpdocs\labforms\epicol2.frm (V.1194)

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Omega Protein

Prepared by: Tony Timpano

NPDES Permit #: VA0003867

Experiment ID#: OMP100307-2

Test Organism: *Americamysis bahia* (formerly *Mysidopsis*)

Test Type: Short Term Chronic

Organism Age at Start of Test: 7d

Sample Tested: Outfall 001

Sample Type: Composite

Sample Collection Dates and Times:

From 10/01/07 @ 1400 to 10/02/07 @ 1400;
From 10/03/07 @ 1400 to 10/04/07 @ 1400;
From 10/05/07 @ 0700 to 10/06/07 @ 0700;

Sample Collector: Ted Shultz

Delivered by: UPS & Hand

Test Solution Renewal Frequency: Daily

Dilution Water Used: Synthetic Seawater 092807 & 100707

Test Temperature: 26 ± 1°C

No. of Replicates per conc.: 8

No. of Organisms per Replicate: 5

Feeding prior to test: Not fed

Feeding Regime: Live rinsed Artemia 2x daily

Chamber Size: 250 mL PE

Test Volume: 200 mL

Photo Period: 16h light/8h dark

Test Duration: 7 d

Start of Test: Date: 10/03/07

Time: 1530

End of Test: Date: 10/10/07

Time: 1545

Equipment:
- pH Meter: SA 720 (A)
- DO Meter: YSI 58 (b)
- SCT Meter:YSI 33 (A)
- °C Measurement: Calibrated Thermometer
- Salinity: SCT Meter
- Chlorine: Fisher/Porter Amperometric Titrator

Test Method Reference: U.S. EPA. 2002. Short-Terms Methods for Estimating the Chronic Toxicity of Effluents and Receiving Water to Marine and Estuarine Organisms. EPA-821-R-02-014.

BIOLOGICAL MONITORING, INC.
Chronic Toxicity Test Data Summary

Client	Omega Protein	NPDES PERMIT #: VA0003867		
Test Organism	*Americamysis bahia* (formerly *Mysidopsis*)		Date	Time
Experiment ID	OMP100307-2	Start Test	10/03/07	1530
Sample Tested	Outfall 001	End Test	10/10/07	1545

RESULTS

Water Chemistry Analyses Survival and Reproduction
Initial (Range)

Conc. (%)	Temp. (°C) 0h	Temp. (°C) Range	D.O. (mg/L) 0h	D.O. (mg/L) Range	pH (SU) 0h	pH (SU) Range	Salinity (0/00) 0h	Salinity (0/00) Range	Survival (%) 96h	Survival (%) 7d	Mean Weight (mg)
0	26	26	6.4	4.6-6.5	8.0	7.8-8.0	25	25	95	92.5	0.338
0.02	26	26	6.4	4.6-6.5	8.0	7.8-8.0	25	25	100	100	0.343
0.2	26	26	6.4	4.5-6.5	8.0	7.8-8.0	25	25	97.5	97.5	0.359
1.6	26	26	6.4	4.5-6.5	8.0	7.8-8.0	25	25	100	100	0.347
12.5	26	26	6.4	4.4-6.5	8.0	7.7-8.0	24	24	100	100	0.392
100	26	26	6.5	4.4-6.5	7.8	7.7-7.9	23	23	95	95	0.383

Dilution Water and Test Sample
Initial Use Chemistry

Batch/Sample ID	Temp. (°C)	D.O. (mg/L)	pH (SU)	Salinity 0/00	TRC (mg/L)
SS 092807	26	6.4	8.0	25	<0.01
SS 100707	26	6.5	8.0	25	<0.01
OMP 100307	26	6.5	7.8	23	<0.01
OMP 100507	26	6.5	7.7	23	<0.01
OMP 100607	26	6.5	7.8	23	<0.01

STATISTICAL ANALYSES

Test Method	End Point		
Steel's Many-One Rank	Survival	NOEC = 100% TUc = 1.0	LOEC = N/A
Dunnett's	Growth	NOEC = 100% TUc = 1.0	LOEC = N/A
Linear Interpolation		IC25 > 100%	
Wilcoxon's Rank-Sum	Fecundity	NOEC = 100% TUc = 1.0	LOEC = N/A
Linear Interpolation		IC25 > 100%	

NOEC = No Observed Effect Concentration LOEC = Lowest Observed Effect Concentration

SURVIVAL DATA
1. Arcsine transformation was used.
2. Data FAIL normality test using Shapiro-Wilk's Test.
3. Data FAIL homogeneity test using Bartlett's Test.
4. *Americamysis bahia* survival in all the effluent concentrations was not significantly different from survival in the control using Steel's Many-One Rank test (alpha = 0.05).

GROWTH DATA
1. No transformation was used.
2. Data PASS normality test using Shapiro-Wilk's Test.
3. Data PASS homogeneity test using Bartlett's Test.
4. *Americamysis bahia* growth in all effluent treatments was not significantly different from growth in the control using Dunnett's test (p = 0.05).

FECUNDITY DATA
1. Arcsine transformation was used.
2. Data FAIL normality test using Shapiro-Wilk's Test.
3. Data FAIL homogeneity test using Bartlett's Test.
4. *Americamysis bahia* fecundity in all effluent treatments was not significantly different from fecundity in the control using Wilcoxon's Rank-Sum test (alpha = 0.05).

Comments:

OMP100307-2s
File: OMP2s.txt Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro - Wilk's test for normality

D = 0.340

W = 0.670

Critical W (P = 0.05) (n = 48) = 0.947
Critical W (P = 0.01) (n = 48) = 0.929

Data FAIL normality test. Try another transformation.

Warning - The first three homogeneity tests are sensitive to non-normal data and should not be performed.

OMP100307-2s
File: OMP2s.txt Transform: ARC SINE(SQUARE ROOT(Y))

Hartley's test for homogeneity of variance
Bartlett's test for homogeneity of variance

These two tests can not be performed because at least one group has zero variance.

Data FAIL to meet homogeneity of variance assumption.
Additional transformations are useless.

TITLE: OMP100307-2s
FILE: OMP2s.txt
TRANSFORM: ARC SINE(SQUARE ROOT(Y)) NUMBER OF GROUPS: 6

GRP	IDENTIFICATION	REP	VALUE	TRANS VALUE
1	0	1	0.8000	1.1071
1	0	2	1.0000	1.3453
1	0	3	1.0000	1.3453
1	0	4	1.0000	1.3453
1	0	5	0.8000	1.1071
1	0	6	1.0000	1.3453
1	0	7	0.8000	1.1071
1	0	8	1.0000	1.3453
2	0.02	1	1.0000	1.3453
2	0.02	2	1.0000	1.3453
2	0.02	3	1.0000	1.3453
2	0.02	4	1.0000	1.3453
2	0.02	5	1.0000	1.3453
2	0.02	6	1.0000	1.3453
2	0.02	7	1.0000	1.3453
2	0.02	8	1.0000	1.3453
3	0.2	1	1.0000	1.3453
3	0.2	2	1.0000	1.3453
3	0.2	3	1.0000	1.3453
3	0.2	4	1.0000	1.3453
3	0.2	5	1.0000	1.3453
3	0.2	6	1.0000	1.3453
3	0.2	7	0.8000	1.1071
3	0.2	8	1.0000	1.3453
4	1.6	1	1.0000	1.3453
4	1.6	2	1.0000	1.3453
4	1.6	3	1.0000	1.3453
4	1.6	4	1.0000	1.3453
4	1.6	5	1.0000	1.3453
4	1.6	6	1.0000	1.3453
4	1.6	7	1.0000	1.3453
4	1.6	8	1.0000	1.3453
5	12.5	1	1.0000	1.3453
5	12.5	2	1.0000	1.3453
5	12.5	3	1.0000	1.3453
5	12.5	4	1.0000	1.3453
5	12.5	5	1.0000	1.3453
5	12.5	6	1.0000	1.3453
5	12.5	7	1.0000	1.3453
5	12.5	8	1.0000	1.3453
6	100	1	1.0000	1.3453
6	100	2	1.0000	1.3453
6	100	3	1.0000	1.3453
6	100	4	0.6000	0.8861
6	100	5	1.0000	1.3453
6	100	6	1.0000	1.3453
6	100	7	1.0000	1.3453
6	100	8	1.0000	1.3453

OMP2SS

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	0	8	1.107	1.345	1.256
2	0.02	8	1.345	1.345	1.345
3	0.2	8	1.107	1.345	1.316
4	1.6	8	1.345	1.345	1.345
5	12.5	8	1.345	1.345	1.345
6	100	8	0.886	1.345	1.288

OMP100307-2s
File: OMP2s.txt Transform: ARC SINE(SQUARE ROOT(Y))

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM	C.V. %
1	0	0.015	0.123	0.044	9.81
2	0.02	0.000	0.000	0.000	0.00
3	0.2	0.007	0.084	0.030	6.40
4	1.6	0.000	0.000	0.000	0.00
5	12.5	0.000	0.000	0.000	0.00
6	100	0.026	0.162	0.057	12.61

OMP100307-2s
File: OMP2s.txt Transform: ARC SINE(SQUARE ROOT(Y))

STEEL'S MANY-ONE RANK TEST - Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	RANK SUM	CRIT. VALUE	df	SIG
1	0	1.256				
2	0.02	1.345	80.00	46.00	8.00	
3	0.2	1.316	76.00	46.00	8.00	
4	1.6	1.345	80.00	46.00	8.00	
5	12.5	1.345	80.00	46.00	8.00	
6	100	1.288	74.50	46.00	8.00	

Critical values use k = 5, are 1 tailed, and alpha = 0.05

OMP100307-2f
File: OMP2f.txt Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro - Wilk's test for normality

D = 0.512

W = 0.643

Critical W (P = 0.05) (n = 47) = 0.946
Critical W (P = 0.01) (n = 47) = 0.928

Data FAIL normality test. Try another transformation.

Warning - The first three homogeneity tests are sensitive to non-normal data and should not be performed.

OMP100307-2f
File: OMP2f.txt Transform: ARC SINE(SQUARE ROOT(Y))

Bartlett's test for homogeneity of variance
Calculated B1 statistic = 148.35

Bartlett's test using average degrees of freedom
Calculated B2 statistic = 145.15
Based on average replicate size of 6.83

Table Chi-square value = 15.09 (alpha = 0.01, df = 5)
Table Chi-square value = 11.07 (alpha = 0.05, df = 5)

Data FAIL B1 homogeneity test at 0.01 level. Try another transformation.
Data FAIL B2 homogeneity test at 0.01 level. Try another transformation.

TITLE: OMP100307-2f
FILE: OMP2f.txt
TRANSFORM: ARC SINE(SQUARE ROOT(Y)) NUMBER OF GROUPS: 6

GRP	IDENTIFICATION	REP	VALUE	TRANS VALUE
1	0	1	0.3330	0.6151
1	0	2	0.7500	1.0472
1	0	3	1.0000	1.0472
1	0	4	1.0000	1.0472
1	0	5	1.0000	1.0472
1	0	6	1.0000	1.0472
1	0	7	1.0000	1.0472
1	0	8	1.0000	1.0472
2	0.02	1	1.0000	1.0472
2	0.02	2	0.5000	0.7854
2	0.02	3	1.0000	1.0472
2	0.02	4	0.7500	1.0472
2	0.02	5	0.6670	0.9557
2	0.02	6	1.0000	1.0472
2	0.02	7	1.0000	1.0472
2	0.02	8	1.0000	1.0472
3	0.2	1	0.8000	1.1071
3	0.2	2	0.5000	0.7854
3	0.2	3	1.0000	1.0472
3	0.2	4	1.0000	1.0472
3	0.2	5	1.0000	1.0472
3	0.2	6	0.6670	0.9557
3	0.2	7	1.0000	1.0472
3	0.2	8	1.0000	1.0472
4	1.6	1	0.6670	0.9557
4	1.6	2	0.5000	0.7854
4	1.6	3	1.0000	1.0472
4	1.6	4	1.0000	1.0472
4	1.6	5	1.0000	1.0472
4	1.6	6	1.0000	1.0472
4	1.6	7	0.7500	1.0472
4	1.6	8	1.0000	1.0472
5	12.5	1	1.0000	1.0472
5	12.5	2	1.0000	1.0472
5	12.5	3	0.6670	0.9557
5	12.5	4	0.3330	0.6151
5	12.5	5	0.7500	1.0472
5	12.5	6	0.7500	1.0472
5	12.5	7	1.0000	1.0472
6	100	1	1.0000	1.0472
6	100	2	1.0000	1.0472
6	100	3	0.7500	1.0472
6	100	4	1.0000	1.0472
6	100	5	1.0000	1.0472
6	100	6	1.0000	1.0472
6	100	7	1.0000	1.0472
6	100	8	1.0000	1.0472

OMP2FS

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	0	8	0.615	1.047	0.993
2	0.02	8	0.785	1.047	1.003
3	0.2	8	0.785	1.107	1.011
4	1.6	8	0.785	1.047	1.003
5	12.5	7	0.615	1.047	0.972
6	100	8	1.047	1.047	1.047

OMP100307-2f
File: OMP2f.txt Transform: ARC SINE(SQUARE ROOT(Y))

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM	C.V. %
1	0	0.023	0.153	0.054	15.38
2	0.02	0.009	0.094	0.033	9.33
3	0.2	0.010	0.100	0.035	9.88
4	1.6	0.009	0.094	0.033	9.33
5	12.5	0.026	0.161	0.061	16.58
6	100	0.000	0.000	0.000	0.00

OMP100307-2f
File: OMP2f.txt Transform: ARC SINE(SQUARE ROOT(Y))

WILCOXON'S RANK SUM TEST W/ BONFERRONI ADJUSTMENT - Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	RANK SUM	CRIT. VALUE	REPS	SIG
1	0	0.993				
2	0.02	1.003	64.50	45.00	8	
3	0.2	1.011	71.00	45.00	8	
4	1.6	1.003	64.50	45.00	8	
5	12.5	0.972	47.50	35.00	7	
6	100	1.047	72.50	45.00	8	

Critical values use k = 5, are 1 tailed, and alpha = 0.05

OMP100307-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

Shapiro - Wilk's test for normality

D = 0.082

W = 0.985

Critical W (P = 0.05) (n = 48) = 0.947
Critical W (P = 0.01) (n = 48) = 0.929

Data PASS normality test at P=0.01 level. Continue analysis.

OMP100307-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

Bartlett's test for homogeneity of variance
Calculated B1 statistic = 3.60

Table Chi-square value = 15.09 (alpha = 0.01, df = 5)
Table Chi-square value = 11.07 (alpha = 0.05, df = 5)

Data PASS B1 homogeneity test at 0.01 level. Continue analysis.

TITLE: OMP100307-2g
FILE: OMP2g.txt
TRANSFORM: NO TRANSFORMATION NUMBER OF GROUPS: 6

GRP	IDENTIFICATION	REP	VALUE	TRANS VALUE
1	0	1	0.3000	0.3000
1	0	2	0.3920	0.3920
1	0	3	0.3640	0.3640
1	0	4	0.3080	0.3080
1	0	5	0.2780	0.2780
1	0	6	0.4200	0.4200
1	0	7	0.3200	0.3200
1	0	8	0.3180	0.3180
2	0.02	1	0.3120	0.3120
2	0.02	2	0.3020	0.3020
2	0.02	3	0.3840	0.3840
2	0.02	4	0.3520	0.3520
2	0.02	5	0.3580	0.3580
2	0.02	6	0.3720	0.3720
2	0.02	7	0.3740	0.3740
2	0.02	8	0.2900	0.2900
3	0.2	1	0.3520	0.3520
3	0.2	2	0.4160	0.4160
3	0.2	3	0.3160	0.3160
3	0.2	4	0.3640	0.3640
3	0.2	5	0.3660	0.3660
3	0.2	6	0.3960	0.3960
3	0.2	7	0.2720	0.2720
3	0.2	8	0.3880	0.3880
4	1.6	1	0.3320	0.3320
4	1.6	2	0.3480	0.3480
4	1.6	3	0.3660	0.3660
4	1.6	4	0.3440	0.3440
4	1.6	5	0.3620	0.3620
4	1.6	6	0.3460	0.3460
4	1.6	7	0.2860	0.2860
4	1.6	8	0.3940	0.3940
5	12.5	1	0.3760	0.3760
5	12.5	2	0.3800	0.3800
5	12.5	3	0.3660	0.3660
5	12.5	4	0.3800	0.3800
5	12.5	5	0.4380	0.4380
5	12.5	6	0.3740	0.3740
5	12.5	7	0.3560	0.3560
5	12.5	8	0.4620	0.4620
6	100	1	0.4120	0.4120
6	100	2	0.3340	0.3340
6	100	3	0.3680	0.3680
6	100	4	0.2700	0.2700
6	100	5	0.3820	0.3820
6	100	6	0.4220	0.4220
6	100	7	0.4540	0.4540
6	100	8	0.4200	0.4200

OMP2GS

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	0	8	0.278	0.420	0.338
2	0.02	8	0.290	0.384	0.343
3	0.2	8	0.272	0.416	0.359
4	1.6	8	0.286	0.394	0.347
5	12.5	8	0.356	0.462	0.392
6	100	8	0.270	0.454	0.383

OMP100307-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM	C.V. %
1	0	0.002	0.049	0.017	14.59
2	0.02	0.001	0.036	0.013	10.59
3	0.2	0.002	0.046	0.016	12.90
4	1.6	0.001	0.031	0.011	8.94
5	12.5	0.001	0.038	0.013	9.58
6	100	0.003	0.059	0.021	15.35

OMP100307-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.020	0.004	2.024
Within (Error)	42	0.082	0.002	
Total	47	0.102		

Critical F value = 2.45 (0.05,5,40)
Since F < Critical F FAIL TO REJECT Ho: All equal

OMP100307-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

DUNNETT'S TEST - TABLE 1 OF 2 Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	MEAN CALCULATED IN ORIGINAL UNITS	T STAT	SIG
1	0	0.338	0.338		
2	0.02	0.343	0.343	-0.249	

OMP2GS

3	0.2	0.359	0.359	-0.962
4	1.6	0.347	0.347	-0.441
5	12.5	0.392	0.392	-2.444
6	100	0.383	0.383	-2.048

Dunnett table value = 2.31 (1 Tailed Value, P=0.05, df=40,5)

OMP100307-2g
File: OMP2g.txt Transform: NO TRANSFORMATION

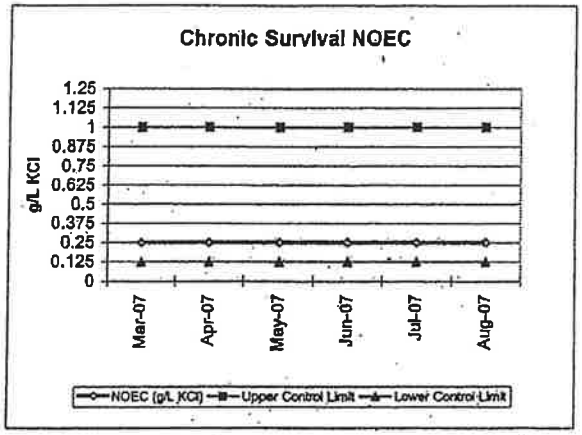
DUNNETT'S TEST - TABLE 2 OF 2 Ho:Control<Treatment

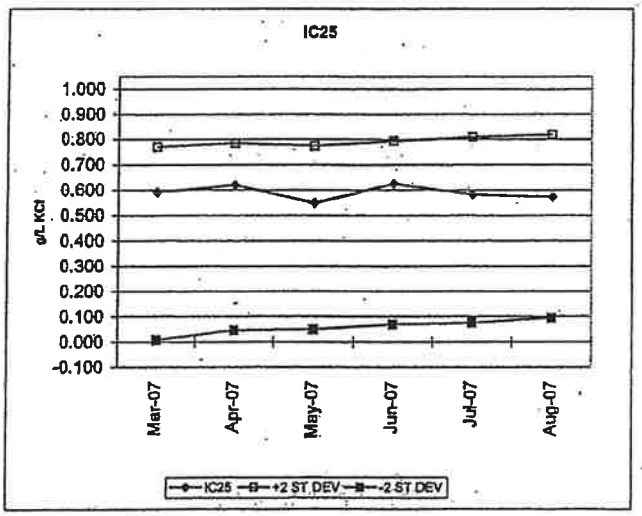
GROUP	IDENTIFICATION	NUM OF REPS	Minimum Sig Diff (IN ORIG. UNITS)	% of CONTROL	DIFFERENCE FROM CONTROL
1	0	8			
2	0.02	8	0.051	15.1	-0.006
3	0.2	8	0.051	15.1	-0.021
4	1.6	8	0.051	15.1	-0.010
5	12.5	8	0.051	15.1	-0.054
6	100	8	0.051	15.1	-0.045

1300 Blue Spruce Drive, Suite C
Fort Collins, Colorado 80524

Toll Free: 800/331-5916
Tel: 970/484-5091 Fax: 970/484-2514

Americamysis bahia





Chronic 7 Day Survival Test Data

Date	NOEC (g/L KCl)	LOEC (g/L KCl)
Mar 07	0.25	0.50
Apr 07	0.25	0.50
May 07	0.25	0.50
Jun 07	0.25	0.50
Jul 07	0.25	0.50
Aug 07	0.25	0.50

IC 25 for Growth Test

Date	IC25 (g/L KCl)	95% Confidence (upper)	95% Confidence (lower)	Avg. IC25 (g/L KCl)	+2 ST DEV	-2 ST DEV
Mar 07	0.592	0.639	0.526	0.389	0.769	0.009
Apr 07	0.621	0.627	0.542	0.415	0.784	0.046
May 07	0.550	0.650	0.182	0.411	0.773	0.049
Jun 07	0.625	0.625	0.557	0.432	0.793	0.070
Jul 07	0.583	0.615	0.553	0.442	0.809	0.076
Aug 07	0.573	0.651	0.245	0.457	0.819	0.095

Mysidopsis bahia Survival, Growth, and Fecundity Log Sheet

Experiment ID OMP100307-2

Permit No. VA0003867

Concentration	Day	# Live Organisms A	B	C	D	E	F	G	H	D.O. Before (mg/L)	D.O. After (mg/L)	pH Before (SU)	pH After (SU)	Temp Before (°C)	Temp After (°C)	Salinity (0/00)	Renew Time	Feeding 1	Feeding 2	Initials
0	0	5	5	5	5	5	5	5	5		6.4		8.0		26	25	1530		✓	AJJ
	1	5	5	5	5	5	5	5	5	4.6	6.5	7.8	8.0	26	26	25	1530	✓	✓	AJJ
	2	5	5	5	5	5	5	5	5	5.3	6.4	7.9	8.0	26	26	25	1700	✓	✓	AJJ
	3	5	5	5	5	4	5	5	5	5.2	6.4	7.9	8.0	26	26	25	1500	✓	✓	AJJ
	4	4	5	5	5	4	5	5	5	5.3	6.4	8.0	8.0	26	26	25	1530	✓	✓	AJJ
	5	4	5	5	5	4	5	4	5	5.1	6.5	8.0	8.0	26	26	25	1600	✓	✓	AJJ
	6	4	5	5	5	4	5	4	5	5.0	6.4	8.0	8.0	26	26	25	1545	✓	✓	AJJ
	7	4	5	5	5	4	5	4	5	4.9		8.0		26		25	1545			AJJ
0.02	0	5	5	5	5	5	5	5	5		6.4		8.0		26	25	1530		✓	AJJ
	1	5	5	5	5	5	5	5	5	4.6	6.5 ~~6.8~~ AJJ	7.8	8.0	26	26	25	1530	✓	✓	AJJ
	2	5	5	5	5	5	5	5	5	5.2	6.4	7.9	8.0	26	26	25	1700	✓	✓	AJJ
	3	5	5	5	5	5	5	5	5	5.1	6.4	7.9	8.0	26	26	25	1500	✓	✓	AJJ
	4	5	5	5	5	5	5	5	5	5.2	6.4	8.0	8.0	26	26	25	1530	✓	✓	AJJ
	5	5	5	5	5	5	5	5	5	5.1	6.5	8.0	8.0	26	26	25	1600	✓	✓	AJJ
	6	5	5	5	5	5	5	5	5	5.0	6.4	8.0	8.0	26	26	25	1545	✓	✓	AJJ
	7	5	5	5	5	5	5	5	5	4.9		8.0		26		25	1545			AJJ
0.2	0	5	5	5	5	5	5	5	5		6.4		8.0		26	25	1530		✓	AJJ
	1	5	5	5	5	5	5	5	5	4.5	6.5	7.8	8.0	26	26	25	1530	✓	✓	AJJ
	2	5	5	5	5	5	5	5	5	5.3	6.4	7.9	8.0	26	26	25	1700	✓	✓	AJJ
	3	5	5	5	5	5	5	4	5	5.2	6.4	7.9	8.0	26	26	25	1500	✓	✓	AJJ
	4	5	5	5	5	5	5	4	5	5.2	6.4	8.0	8.0	26	26	25	1530	✓	✓	AJJ
	5	5	5	5	5	5	5	4	5	5.1	6.5	8.0	8.0	26	26	25	1600	✓	✓	AJJ
	6	5	5	5	5	5	5	4	5	5.0	6.4	8.0	8.0	26	26	25	1545	✓	✓	AJJ
	7	5	5	5	5	5	5	4	5	4.9		8.0		26		25	1545			AJJ
1.6	0	5	5	5	5	5	5	5	5		6.4		8.0		26	25	1530		✓	AJJ
	1	5	5	5	5	5	5	5	5	4.5	6.5	7.8	8.0	26	26	25	1530	✓	✓	AJJ
	2	5	5	5	5	5	5	5	5	5.3	6.4	7.9	8.0	26	26	25	1700	✓	✓	AJJ
	3	5	5	5	5	5	5	5	5	5.2	6.4	7.9	8.0	26	26	25	1500	✓	✓	AJJ
	4	5	5	5	5	5	5	5	5	5.3	6.4	8.0	8.0	26	26	25	1530	✓	✓	AJJ
	5	5	5	5	5	5	5	5	5	5.2	6.5	8.0	8.0	26	26	25	1600	✓	✓	AJJ
	6	5	5	5	5	5	5	5	5	5.1	6.4	8.0	8.0	26	26	25	1545	✓	✓	AJJ
	7	5	5	5	5	5	5	5	5	5.0		8.0		26		25	1545			AJJ
12.5	0	5	5	5	5	5	5	5	5		6.4		8.0		26	24	1530		✓	AJJ
	1	5	5	5	5	5	5	5	5	4.4	6.5	7.7	8.0	26	26	24	1530	✓	✓	AJJ
	2	5	5	5	5	5	5	5	5	5.3	6.4	7.9	8.0	26	26	24	1700	✓	✓	AJJ
	3	5	5	5	5	5	5	5	5	5.2	6.4	7.9	8.0	26	26	24	1500	✓	✓	AJJ
	4	5	5	5	5	5	5	5	5	5.2	6.4	7.9	8.0	26	26	24	1530	✓	✓	AJJ
	5	5	5	5	5	5	5	5	5	5.1	6.5	7.9	8.0	26	26	24	1600	✓	✓	AJJ
	6	5	5	5	5	5	5	5	5	5.0	6.4	8.0	8.0	26	26	24	1545	✓	✓	AJJ
	7	5	5	5	5	5	5	5	5	5.0		8.0		26		24	1545			AJJ
100	0	5	5	5	5	5	5	5	5		6.5		7.8		26	23	1530		✓	AJJ
	1	5	5	5	5	5	5	5	5	4.4	6.5	7.7	7.7	26	26	23	1530	✓	✓	AJJ
	2	5	5	5	4	5	5	5	5	5.4	6.5	7.9	7.7	26	26	23	1700	✓	✓	AJJ
	3	5	5	5	3	5	5	5	5	5.4	6.5	7.9	7.7	26	26	23	1500	✓	✓	AJJ
	4	5	5	5	3	5	5	5	5	5.3	6.5	7.9	7.8	26	26	23	1530	✓	✓	AJJ
	5	5	5	5	3	5	5	5	5	5.1	6.5	7.9	7.8	26	26	23	1600	✓	✓	AJJ
	6	5	5	5	3	5	5	5	5	5.1	6.5	7.9	7.8	26	26	23	1545	✓	✓	AJJ
	7	5	5	5	3	5	5	5	5	5.0		7.9		26		23	1545			AJJ

Short-term Chronic Toxicity Test Conditions
Mysidopsis bahia

Permit # VA 0003867

Experiment I.D.# OMP 100307-2

Organism: M. bahia

Client: Omega Protein

Effluent Toxicant: Outfall 001

Sample Type: 24h Composite

Renewal Frequency: daily

Test Temperature: 26 ± 1°C

Dilution Water Used: Syn. Seawater

Start of Test: Date: 10-03-07 Time: 1530

End of Test: Date: 10-10-07 Time: 1545

Biologists Conducting Test: A. Timpano

QC Officer:

Test Organism Age: 7d

Organism Batch #: ABS 100307

Test Containers Used: 250 mL PE

Feeding Schedule: 2x daily low rinsed Artemia

Aeration: N/A

Sample Chlorine: <0.01 mg/L

Test Volume: ~~250~~ 200 mL

Template #: Random #

SAMPLE COLLECTION				SAMPLE USE		
Date(s)		Time(s)				
From:	To:	From:	To:	Date(s)	Time(s)	Test Day
10-01-07	10-02-07	1400	1400	10-03-07	1530	0
				10-04-07	1530	1
10-03-07	10-04-07	1400	1400	10-05-07	1700	2
				10-06-07	1500	3
10-05-07	10-06-07	0700	0700	10-07-07	1530	4
				10-08-07	1600	5
				10-09-07	1545	6

Diluent Batch Carboy #/Days Used

SS 092807 (0,1,2,3,4)

SS 100707 (5,6)

The first use of a sample (acute or chronic) must be within 36-hours of retrieval from the sample collection device. Samples held after first use, to be used in chronic test solution renewals, must not be used if more than 72-hours have elapsed since retrieval from the sample collection device.

Condition of Organisms at End of Test: Normal

Average weight per control ~~fish~~ organism: 0.338 mg Control Survival (%): 92.5

Comments: PMSD Growth: 15.1%

PMSD Fecundity: 14.6%

BMI/SOP 4.72

Test ID OMI 10050 f-2 Permit No VA 0005865 Page 3 of 43

Concentration	Rep	7d survival	Female w/eggs	Female no eggs	Male	Immature
0	A	4	I	II	I	
	B	5	III	I	I	
	C	5	II		III	
	D	5	II		III	
	E	4	II		II	
	F	5	II		III	
84% fecal sender	G	4	II		II	
	H	5	II		III	
0.02	A	5	III		II	
	B	5	I	I	III	
	C	5	III		II	
	D	5	III	I	I	
	E	5	II	I	II	
	F	5	III		II	
	G	5	I		IIII	
85%	H	5	I		IIII	
0.2	A	5	IIII	I		
	B	5	I	I	III	
	C	5	I		IIII	
	D	5	I		IIII	
	E	5	II		III	
	F	5	II	I	II	
	G	4	I		III	
84%	H	5	IIII		I	
1.6	A	5	II	I	II	
	B	5	I	I	III	
	C	5	II		III	
	D	5	I		IIII	
	E	5	III		II	
	F	5	I		IIII	
	G	5	III	I	I	
85%	H	5	IIII		I	
12.5	A	5	I		IIII	
	B	5	II		III	
	C	5	II	I	II	
	D	5			~~IIII~~	
	E	5	I	II	II	
	F	5	III	I	I	
	G	5	III	I	I	
76%	H	5	IIII		I	
100	A	5	I		IIII	
	B	5	II		III	
	C	5	III	I	I	
	D	5	II		I	
	E	5	II		III	
	F	5	I		IIII	
	G	5	II		III	
93%	H	5	I		IIII	

Biological Monitoring, Inc.
Weight Data Sheet

Test ID # OMP 100307-2 Permit # VA0003867 Species M. bahia

Organism or Concentration	Length	Initial Weight (mg)	Final Weight (mg)	Diff. (mg)	# Larvae	Avg. Wt. Larvae (mg)	Initials
0 A		31.85	33.35	1.50	5	0.300	AJJ
0B		35.19	37.15	1.96	5	0.392	AJJ
0 C		29.97	31.79	1.82	5	0.364	AJJ
0 D		29.06	30.60	1.54	5	0.308	AJJ
0 E		28.79	30.18	1.39	5	0.278	AJJ
0 F		29.49	31.59	2.10	5	0.420	AJJ
0G		30.04	31.64	1.60	5	0.320	AJJ
0 H		27.70	29.29	1.59	5	0.318	AJJ
0.02 A		21.53	23.09	1.56	5	0.312	AJJ
0.02 B		23.33	24.84	1.51	5	0.302	AJJ
0.02 C		21.06	22.98	1.92	5	0.384	AJJ
0.02 D		21.49	23.25	1.76	5	0.352	AJJ
0.02 E		24.88	26.67	1.79	5	0.358	AJJ
0.02 F		24.50	26.36	1.86	5	0.372	AJJ
0.02 G		24.50	26.37	1.87	5	0.374	AJJ
0.02 H		22.03	23.48	1.45	5	0.290	AJJ
0.2 A		26.16	27.92	1.76	5	0.352	AJJ
0.2 B		24.62	26.70	2.08	5	0.416	AJJ
0.2 C		26.66	28.24	1.58	5	0.316	AJJ
0.2 D		27.65	29.47	1.82	5	0.364	AJJ
0.2 E		25.25	27.08	1.83	5	0.366	AJJ
0.2 F		25.27	27.25	1.98	5	0.396	AJJ
0.2 G		22.24	23.60	1.36	5	0.272	AJJ
0.2 H		23.42	25.36	1.94	5	0.388	AJJ

Biological Monitoring, Inc.
Weight Data Sheet

Test ID # OMP100307-2 Permit # VA0003867 Species M. bahia

Organism or Concentration	Length	Initial Weight (mg)	Final Weight (mg)	Diff. (mg)	# Larvae	Avg. Wt. Larvae (mg)	Initials
1.6 A		29.59	31.25	1.66	5	0.332	AJJ
1.6 B		29.50	31.24	1.74	5	0.348	AJJ
1.6 C		27.98	29.81	1.83	5	0.366	AJJ
1.6 D		28.53	30.25	1.72	5	0.344	AJJ
1.6 E		28.40	30.21	1.81	5	0.362	AJJ
1.6 F		28.42	30.15	1.73	5	0.346	AJJ
1.6 G		27.26	28.69	1.43	5	0.286	AJJ
1.6 H		27.81	29.78	1.97	5	0.394	AJJ
~~1.6~~							
12.5 A		27.11	28.99	1.88	5	0.376	AJJ
12.5 B		30.11	32.01	1.90	5	0.380	AJJ
12.5 C		30.94	32.77	1.83	5	0.366	AJJ
12.5 D		29.58	31.48	1.90	5	0.380	AJJ
12.5 E		30.27	32.46	2.19	5	0.438	AJJ
12.5 F		33.05	34.92	1.87	5	0.374	AJJ
12.5 G		32.44	34.22	1.78	5	0.356	AJJ
12.5 H		35.54	37.85	2.31	5	0.462	AJJ
100 A		27.21	29.27	2.06	5	0.412	AJJ
100 B		28.19	29.86	1.67	5	0.334	AJJ
100 C		29.84	31.68	1.84	5	0.368	AJJ
100 D		28.42	29.77	1.35	5	0.270	AJJ
100 E		34.28	36.19	1.91	5	0.382	AJJ
100 F		30.58	32.69	2.11	5	0.422	AJJ
100 G		28.62	30.89	2.27	5	0.454	AJJ
100 H		28.25	30.35	2.10	5	0.420	AJJ

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Omega Protein

Prepared by: Tony Timpano

NPDES Permit #: VA0003867

Experiment ID#: OMP100507-3

Test Organism: *Cyprinodon variegatus*

Test Type: Static Acute

Organism Age at Start of Test: 4 d

Sample Tested: Outfall 001

Sample Type: Composite

Sample Collection Date and Time: From 10/03/07 @ 1400 to 10/04/07 @ 1400

Sample Collector: Ted Schultz

Delivered by: UPS

Test Solution Renewal Frequency: N/A

Dilution Water Used: Synthetic Seawater 092807

Test Temperature: 25 ± 1°C

No. of Replicates per conc.: 2

No. of Organisms per Replicate: 10

Feeding prior to test: Normal

Feeding Regime: not fed

Chamber Size: 800 mL PP

Test Volume: 450 mL

Photo Period: 16h light/8h dark

Test Duration: 48 h

Start of Test: Date: 10/05/07

Time: 1600

End of Test: Date: 10/07/07

Time: 1600

Equipment:

pH Meter: SA 720 (A)
DO Meter: YSI 58 (b)
SCT Meter:YSI 33 (A)
°C Measurement: Calibrated Thermometer
Salinity: SCT Meter
Chlorine: Fisher/Porter Amperometric Titrator

Test Method Reference: U.S. EPA. 2002. Methods for measuring the Acute toxicity of effluents and receiving waters to freshwater and marine organisms. EPA-821-R-02-012.

BIOLOGICAL MONITORING, INC.
Acute Toxicity Test Data Summary

Client	Omega Protein	**NPDES PERMIT #: VA0003867**		
Test Organism	*Cyprinodon variegatus*		**Date**	**Time**
Experiment ID	OMP100507-3	**Start Test**	10/05/07	1600
Sample Tested	Outfall 001	**End Test**	10/07/07	1600

RESULTS

Water Chemistry Analyses

Conc. %	Temp. (°C)			D.O. (mg/L)			pH (SU)			Salinity (0/00)		Survival (%) 48 h
	0h	24h	48h	0h	24h	48h	0h	24h	48h	0h	48h	
0	26	26	26	6.4	5.9	5.4	8.0	8.1	8.1	25	25	100
6.25	26	26	26	6.4	5.8	5.3	8.0	8.1	8.1	25	25	100
12.5	26	26	26	6.4	5.9	5.2	8.0	8.1	8.1	25	25	100
25	26	26	26	6.4	5.9	5.3	8.0	8.1	8.1	25	25	100
50	26	26	26	6.4	5.9	5.3	7.9	8.1	8.2	24	25	100
100	26	26	26	6.5	5.8	5.1	7.7	7.9	8.1	23	24	100

STATISTICAL ANALYSES

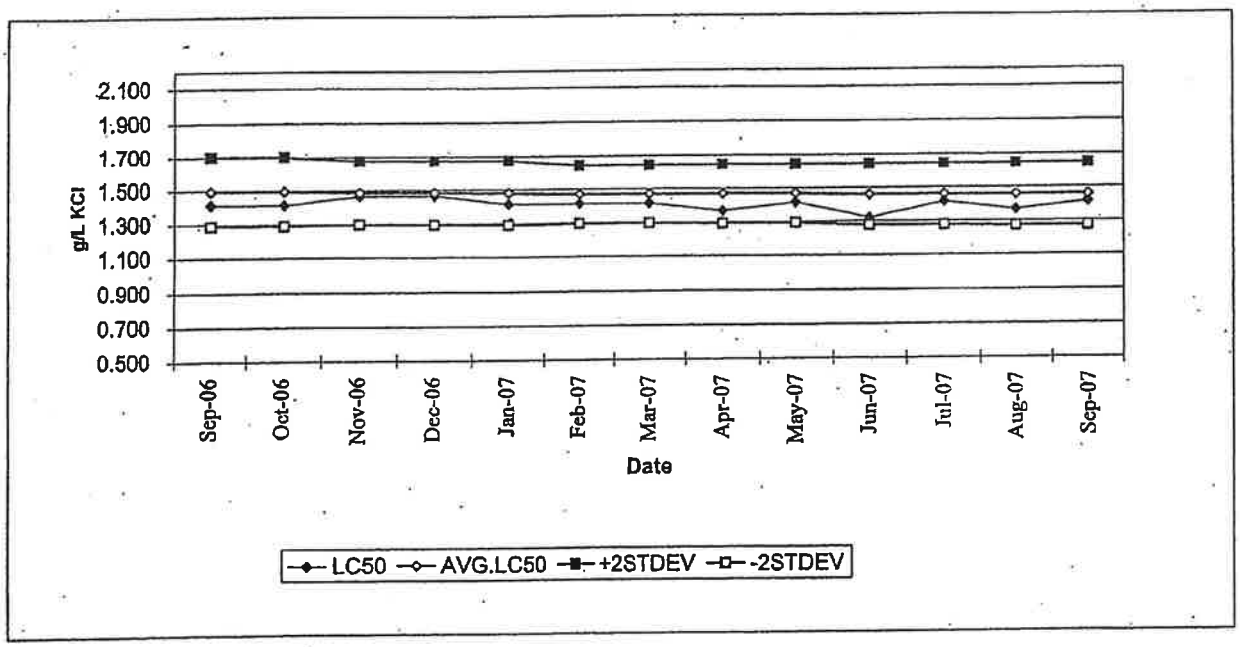
Test Method	LC50 (%)	TUa	95% Fiducial (Confidence) Limits
N/A	> 100	1.0	N/A

COMMENTS:

1300 Blue Spruce Drive, Suite C
Fort Collins, Colorado 80524

Toll Free: 800/331-5916
Tel: 970/484-5091 Fax: 970/484-2514

REFERENCE TOXICANT LC50
Cyprinodon variegatus



48 HOUR ACUTE TOXICITY DATA FOR
Cyprinodon variegatus

DATE	LC50 (g/L KCl)	95% CONFIDENCE (upper)	(lower)	AVG.LC50 (g/L KCl)	METHOD	Avg+2std	Avg-2std
Apr 07	1.366	1.464	1.275	1.467	SPKR	1.642	1.291
May 07	1.414	1.414	1.414	1.468	Graphical	1.641	1.294
Jun 07	1.320	1.452	1.199	1.459	SPKR	1.642	1.276
Jul 07	1.414	1.414	1.414	1.459	Graphical	1.642	1.276
Aug 07	1.366	1.464	1.275	1.457	SPKR	1.643	1.271
Sep 07	1.414	1.414	1.414	1.457	SPKR	1.643	1.271

BIOLOGICAL MONITORING , INC.
TOXICITY TEST DATA SHEET

Experiment I.D. #: OMP 100507-3 NPDES#: VA0003867 Client: Omega Protein Outfall/Station No. 001
Effluent/Sample: OMP 100507 Sample Container: PE Project Scientist: A.Tumpano QC Officer:

Sample Type:
Grab:
Collection Date: Time:
Composite: ✓
Collected From: Date: 10-03-07 Time: 1400
Collected To: Date: 10-04-07 Time: 1400

Test Organism:
Species: C. variegatus
Source: Aquatic BioSystems
Batch#: ABS 100207-1
Age: 4d
No. of organisms/ con. 20

Test Mode: Static Acute Test Duration: 48h
Test Start Date: 10-05-07 Time: 1600
Test End Date: 10-07-07 Time: 1600
Test Temperature: 25±1°C Waterbath/Shelf#:
Dilution Water Used: SS092807 Temp. of Org. Stock Solution:

Con. % or mg/L	Test Cont. #	Number of Live Organisms					Dissolved Oxygen (mg/L)					pH					Salinity 0/00					Temperature (°C)				
		0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96
0	A	10	10	10			6.4	5.9	5.4			8.0	8.1	8.1			25		25			26	26	26		
	B	10	10	10																						
6.25	A	10	10	10			6.4	5.8	5.3			8.0	8.1	8.1			25		25			26	26	26		
	B	10	10	10																						
12.5	A	10	10	10			6.4	5.9	5.2			8.0	8.1	8.1			25		25			26	26	26		
	B	10	10	10																						
25	A	10	10	10			6.4	5.9	5.3			8.0	8.1	8.1			25		25			26	26	26		
	B	10	10	10																						
50	A	10	10	10			6.4	5.9	5.3			7.9	8.1	8.2			24		25			26	26	26		
	B	10	10	10																						
100	A	10	10	10			6.5	5.8	5.1			7.7	7.9	8.1			23		24			26	26	26		
	B	10	10	10																						
Recorded By:		AT	AT	AT			AT	AT	AT			AT	AT	AT			AT		AT			AT	AT	AT		

BIOLOGICAL MONITORING , INC.
Toxicity Test Procedure Check Sheet

Test I.D. #: OMP 100507-3 Test containers used: PP Specify below no. milliliters (mLs) of diluent and effluent measured out per concentration in this test:

No. of replicates per concentration: 2

Are all test chambers properly labeled? ✓

Specify vessel type and volume used to measure and deliver effluent and diluent to test chambers:

graduated cylinder (s): 2L, 1L, 500, 250mL pipet (s):

volumetric flask (s): other

Concentration (%) mg/L Other	Diluent	Effluent	Total
0	2000	0	2000
6.25	Dilute to	125	↓
12.5	2000	250	↓
25	↓	500	↓
50	↓	1000	↓
100	0	2000	↓

Specify material (s) used to place test organisms into test chambers: wide bore pipet

Total Chlorine of sample upon arrival (mg/L): <0.01

Total Chlorine of sample after dechlorination (mg/L): N/A

Pretest treatment for organisms: Normal

Exposure Chamber
Total vessel capacity: 800mL
Test solution volume: 450mL
Water Depth Constant: ✓
Cyclic:

Feeding schedule
Pretest feeding: ✓
Not fed:
Fed daily:
Fed irregularly (describe)
Type of food: 1-2 rinsed Artemia

Aeration
Pretest:
None: ✓
Slow: (bubbles/min)
Moderate:
Vigorous:
Beginning: (hour)

Screened Animal Enclosures
Not used: ✓
Used:
Photoperiod:
8h/16h: ✓
Other:

Conditions of surviving organisms at end of test: Normal

Methods of randomization employed: Random #

Comments:

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Omega Protein

Prepared by: Tony Timpano

NPDES Permit #: VA0003867

Experiment ID#: OMP100507-4

Test Organism: *Americamysis bahia* (formerly *Mysidopsis*)

Test Type: Static Acute

Organism Age at Start of Test: 5 d

Sample Tested: Outfall 001

Sample Type: Composite

Sample Collection Date and Time: From 10/03/07 @ 1400 to 10/04/07 @ 1400

Sample Collector: Ted Schultz

Delivered by: UPS

Test Solution Renewal Frequency: N/A

Dilution Water Used: Synthetic Seawater 092807

Test Temperature: 25 ± 1°C

No. of Replicates per conc.: 2

No. of Organisms per Replicate: 10

Feeding prior to test: Normal

Feeding Regime: not fed

Chamber Size: 800 mL PP

Test Volume: 450 mL

Photo Period: 16h light/8h dark

Test Duration: 48 h

Start of Test: Date: 10/05/07

Time: 1615

End of Test: Date: 10/07/07

Time: 1630

Equipment:

pH Meter: SA 720 (A)
DO Meter: YSI 58 (b)
SCT Meter:YSI 33 (A)
°C Measurement: Calibrated Thermometer
Salinity: SCT Meter
Chlorine: Fisher/Porter Amperometric Titrator

Test Method Reference: U.S. EPA. 2002. Methods for measuring the Acute toxicity of effluents and receiving waters to freshwater and marine organisms. EPA-821-R-02-012.

BIOLOGICAL MONITORING, INC.
Acute Toxicity Test Data Summary

Client	Omega Protein	**NPDES PERMIT #: VA0003867**		
Test Organism	*Americamysis bahia* (formerly *Mysidopsis*)		**Date**	**Time**
Experiment ID	OMP100507-4	**Start Test**	10/05/07	1615
Sample Tested	Outfall 001	**End Test**	10/07/07	1630

RESULTS

Water Chemistry Analyses

Conc. %	Temp. (°C)			D.O. (mg/L)			pH (SU)			Salinity (0/00)		Survival (%) 48 h
	0h	24h	48h	0h	24h	48h	0h	24h	48h	0h	48h	
0	26	26	26	6.4	5.6	4.8	8.0	8.1	8.2	25	25	100
6.25	26	26	26	6.4	5.5	4.7	8.0	8.1	8.2	25	25	100
12.5	26	26	26	6.4	5.5	4.6	8.0	8.2	8.2	25	25	100
25	26	26	26	6.4	5.5	4.6	8.0	8.2	8.2	25	25	100
50	26	26	26	6.4	5.4	4.5	7.9	8.1	8.2	24	25	100
100	26	26	26	6.5	5.3	4.5	7.7	8.0	8.1	23	24	100

STATISTICAL ANALYSES

Test Method	LC50 (%)	TUa	95% Fiducial (Confidence) Limits
N/A	> 100	1.0	N/A

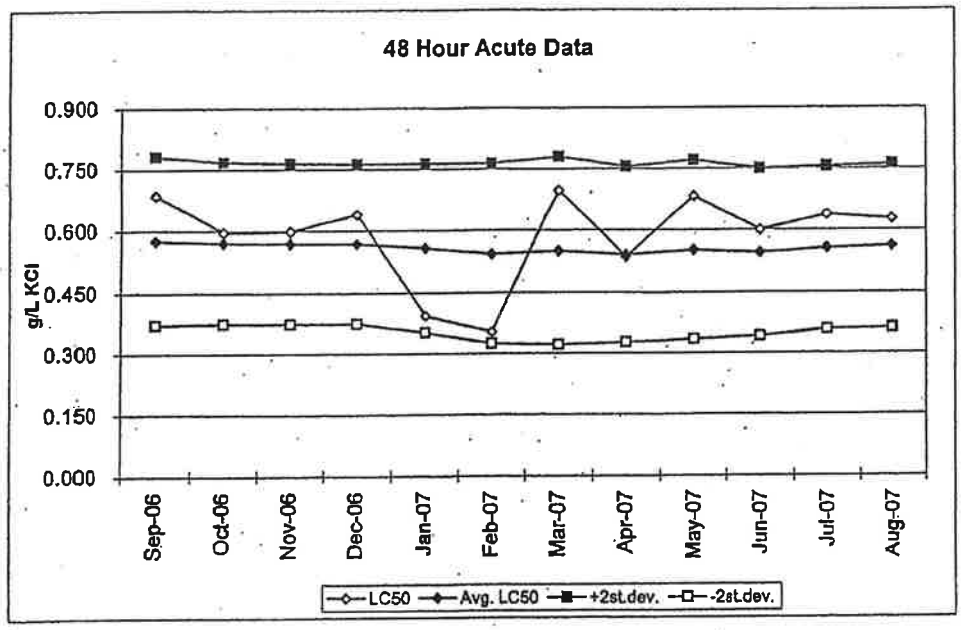
COMMENTS:

1300 Blue Spruce Drive, Suite C
Fort Collins, Colorado 80524

Toll Free: 800/331-5916
Tel: 970/484-5091 Fax: 970/484-2514

REFERENCE TOXICANT LC50

Americamysis bahia



48 HOUR ACUTE TOXICITY DATA FOR

Americamysis bahia

DATE	LC50 (g/L KCl)	95% CONFIDENCE (upper)	(lower)	AVG.LC50 (g/L KCl)	METHOD	+2std	-2std
Mar 07	0.697	0.719	0.676	0.550	SPKR	0.779	0.321
Apr 07	0.536	0.600	0.479	0.541	SPKR	0.755	0.327
May 07	0.683	0.717	0.651	0.552	SPKR	0.770	0.335
Jun 07	0.600	0.663	0.543	0.546	SPKR	0.750	0.342
Jul 07	0.637	0.690	0.589	0.557	SPKR	0.755	0.359
Aug 07	0.626	0.685	0.572	0.562	SPKR	0.761	0.362

BIOLOGICAL MONITORING , INC.

TOXICITY TEST DATA SHEET

Experiment I.D. #: OMP 100507-4 NPDES#: VA0003867 Client: Omega Protein Outfall/Station No. 001
Effluent/Sample: OMP 100507 Sample Container: PE Project Scientist: A. Timpano QC Officer:

Sample Type:
Grab:
Collection Date: Time:
Composite: ✓
Collected From: Date: 10-03-07 Time: 1400
Collected To: Date: 10-04-07 Time: 1400

Test Organism:
Species: M. bahia
Source: AquaticBio Systems
Batch#: ABS100207-2
Age: 5d
No. of organisms/ con. 20

Test Mode: Static Acute Test Duration: 48h
Test Start Date: 10-05-07 Time: 1615
Test End Date: 10-07-07 Time: 1630
Test Temperature: 25±1°C Waterbath/Shelf#:
Dilution Water Used: SS092807 Temp. of Org. Stock Solution:

Con. (%) or mg/L	Test Cont. #	Number of Live Organisms					Dissolved Oxygen (mg/L)					pH					Salinity 0/00					Temperature (°C)				
		0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96
0	A	10	10	10			6.4	5.6	4.8			8.0	8.1	8.2			25		25			26	26	26		
	B	10	10	10																						
6.25	A	10	10	10			6.4	5.5	4.7			8.0	8.1	8.2			25		25			26	26	26		
	B	10	10	10																						
12.5	A	10	10	10			6.4	5.5	4.6			8.0	8.2	8.2			25		25			26	26	26		
	B	10	10	10																						
25	A	10	10	10			6.4	5.5	4.6			8.0	8.2	8.2			25		25			26	26	26		
	B	10	10	10																						
			~~10~~																							
50	A	10	10	10			6.4	5.4	4.5			7.9	8.1	8.2			24		25			26	26	26		
	B	10	10	10																						
100	A	10	10	10			6.5	5.3	4.5			7.7	8.0	8.1			23		24			26	26	26		
	B	10	10	10																						
Recorded By:		AJT	AJT	AJT			AJT		AJT			AJT		AJT			AJT		AJT			AJT	AJT	AJT		

BIOLOGICAL MONITORING , INC.
Toxicity Test Procedure Check Sheet

Test I.D. #: OMP 100507-4 Test containers used: PP

Specify below no. milliliters (mLs) of diluent and effluent measured out per concentration in this test:

No. of replicates per concentration: 2

Are all test chambers properly labeled? ✓

Specify vessel type and volume used to measure and deliver effluent and diluent to test chambers:

graduated cylinder (s): 2L, 1L, 500, 250mL pipet (s):

volumetric flask (s): other

Concentration (%) mg/L Other	Diluent	Effluent	Total
0	Shared w/ OMP 100507-3		2000
6.25			
12.5			
25			
50			
100			

Specify material (s) used to place test organisms into test chambers: wide bore pipet

Total Chlorine of sample upon arrival (mg/L): <0.01

Total Chlorine of sample after dechlorination (mg/L): N/A

Pretest treatment for organisms: Normal

Exposure Chamber
Total vessel capacity: 800mL
Test solution volume: 450mL
Water Depth Constant: ✓
Cyclic:

Feeding schedule
Pretest feeding:
Not fed:
Fed daily: ✓ 2x
Fed irregularly (describe)
Type of food: live newly hatched Artemia

Aeration
Pretest:
None: ✓
Slow: (bubbles/min)
Moderate:
Vigorous:
Beginning: (hour)

Screened Animal Enclosures
Not used: ✓
Used:
Photoperiod:
8h/16h: ✓
Other:

Conditions of surviving organisms at end of test: Normal

Methods of randomization employed: Random #

Comments:

3rd 2007

TOXICITY TEST
FOR
OMEGA PROTEIN
November 7, 2007

Submitted to:

Mr. Ted Schultz
Omega Protein
P.O. Box 175
Reedville, VA 22539

Prepared by:

Biological Monitoring, Inc.
1800 Kraft Drive, Suite 101
Blacksburg, VA 24060

Phone: 540-953-2821
Fax: 540-951-1481
www.biomon.com

November 14, 2007

The following data have been internally reviewed and the personnel meticulously followed the methods. The procedures are deemed to be compliant with the methods and acceptable for reporting.

Tony Timpano (Laboratory Manager)

COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE
4949-A Cox Road, Glen Allen, Virginia 23060
(804) 527-5020 Fax (804) 527-5106
www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

Gerard Seeley, Jr.
Regional Director

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Omega Protein

Prepared by: Tony Timpano

NPDES Permit #: VA0003867

Experiment ID#: OMP110707-1

Test Organism: *Americamysis bahia* (formerly *Mysidopsis*)

Test Type: Static Acute

Organism Age at Start of Test: 4 d

Sample Tested: Outfall 002

Sample Type: Composite

Sample Collection Date and Time: From 11/05/07 @ 1300 to 11/06/07 @ 1300

Sample Collector: Ted Schultz

Delivered by: UPS

Test Solution Renewal Frequency: N/A

Dilution Water Used: Synthetic Seawater 110607

Test Temperature: 25 ± 1°C

No. of Replicates per conc.: 2

No. of Organisms per Replicate: 10

Feeding prior to test: Normal

Feeding Regime: 2x daily live rinsed Artemia

Chamber Size: 800 mL PP

Test Volume: 450 mL

Photo Period: 16h light/8h dark

Test Duration: 48 h

Start of Test: Date: 11/07/07

Time: 1630

End of Test: Date: 11/09/07

Time: 1730

Equipment:
- pH Meter: SA 720 (A)
- DO Meter: YSI 58 (b)
- SCT Meter:YSI 33 (A)
- °C Measurement: Calibrated Thermometer
- Salinity: SCT Meter
- Chlorine: Fisher/Porter Amperometric Titrator

Test Method Reference: U.S. EPA. 2002. Methods for measuring the Acute toxicity of effluents and receiving waters to freshwater and marine organisms. EPA-821-R-02-012.

COMMONWEALTH *of* VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE
4949-A Cox Road, Glen Allen, Virginia 23060
(804) 527-5020 Fax (804) 527-5106
www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

Gerard Seeley, Jr.
Regional Director

BIOLOGICAL MONITORING, INC.
Acute Toxicity Test Data Summary

Client	Omega Protein	**NPDES PERMIT #:** VA0003867		
Test Organism	*Americamysis bahia* (formerly *Mysidopsis*)		**Date**	**Time**
Experiment ID	OMP110707-1	**Start Test**	11/07/07	1630
Sample Tested	Outfall 002	**End Test**	11/07/07	1730

RESULTS

Water Chemistry Analyses

Conc. %	Temp. (°C)			D.O. (mg/L)			pH (SU)			Salinity (0/00)		Survival (%) 48 h
	0h	24h	48h	0h	24h	48h	0h	24h	48h	0h	48h	
0	25	25	25	6.3	6.0	5.6	8.2	8.3	8.4	25	25	100
6.25	25	25	25	6.3	6.0	5.7	8.2	8.3	8.4	25	25	100
12.5	25	25	25	6.3	6.1	5.7	8.3	8.4	8.4	25	25	100
25	25	25	25	6.4	6.2	5.6	8.3	8.4	8.5	25	25	100
50	25	25	25	6.4	6.2	5.5	8.3	8.4	8.5	25	25	100
100	25	25	25	6.5	6.3	5.6	8.3	8.4	8.5	25	25	100

STATISTICAL ANALYSES

Test Method	LC50 (%)	TUa	95% Confidence Limits
N/A	> 100	1.0	N/A
COMMENTS: Sample salinated to 25ppt w/Crystal Sea Bioassay Mix			

COMMONWEALTH *of* VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE
4949-A Cox Road, Glen Allen, Virginia 23060
(804) 527-5020 Fax (804) 527-5106
www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

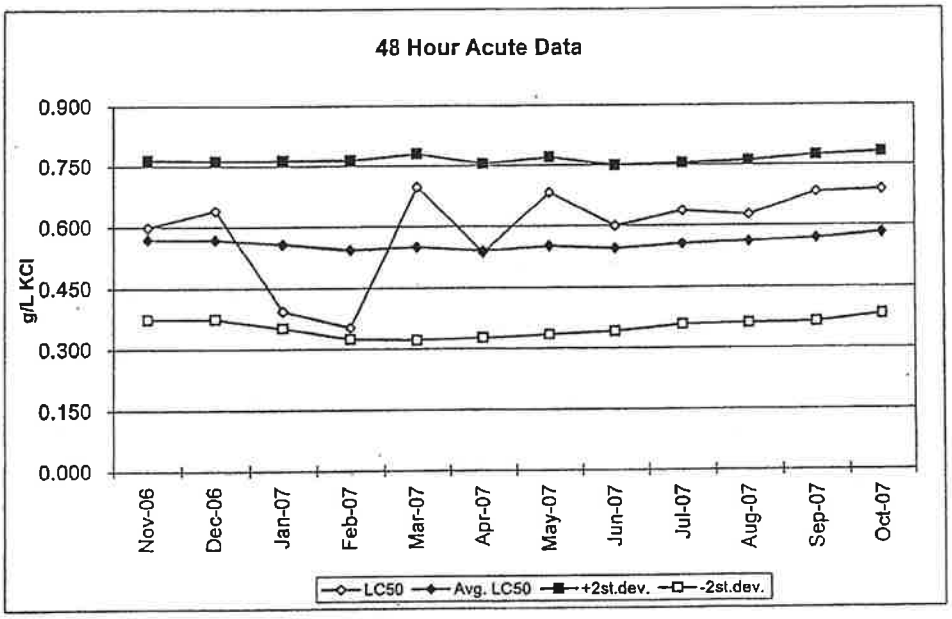
Gerard Seeley, Jr.
Regional Director

1300 Blue Spruce Drive, Suite C
Fort Collins, Colorado 80524

Toll Free: 800/331-5916
Tel: 970/484-5091 Fax: 970/484-2514

REFERENCE TOXICANT LC50

Americamysis bahia



48 HOUR ACUTE TOXICITY DATA FOR

Americamysis bahia

DATE	LC50 (g/L KCl)	95% CONFIDENCE (upper)	(lower)	AVG.LC50 (g/L KCl)	METHOD	+2std	-2std
May 07	0.683	0.717	0.651	0.552	SPKR	0.770	0.335
Jun 07	0.600	0.663	0.543	0.546	SPKR	0.750	0.342
Jul 07	0.637	0.690	0.589	0.557	SPKR	0.755	0.359
Aug 07	0.626	0.685	0.572	0.562	SPKR	0.761	0.362
Sep 07	0.683	0.717	0.651	0.570	SPKR	0.775	0.364
Oct 07	0.689	0.719	0.660	0.582	SPKR	0.782	0.383

COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE
4949-A Cox Road, Glen Allen, Virginia 23060
(804) 527-5020 Fax (804) 527-5106
www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

Gerard Seeley, Jr.
Regional Director

BIOLOGICAL MONITORING , INC.

TOXICITY TEST DATA SHEET

Experiment I.D. #: OMP 110707 -1 NPDES#: VA0003867 Client: Omega Protein Outfall/Station No. 002
Effluent/Sample: OMP110707 Sample Container: PE Project Scientist: A. Tompkins QC Officer:

Sample Type:
Grab:
Collection Date: Time:
Composite: ✓
Collected From: Date: 11-05-07 Time: 1300
Collected To: Date: 11-06-07 Time: 1300

Test Organism:
Species: M. bahia
Source: ABS
Batch#: ABS 120707
Age: 42
No. of organisms/ con. 20

Test Mode: Static Acute Test Duration: 48h
Test Start Date: 11-07-07 Time: 1630
Test End Date: 11-09-07 Time: 1730
Test Temperature: 25 ± 1°C Waterbath/Shelf#:
Dilution Water Used: SS110607 Temp. of Org. Stock Solution:

Con % or mg/L	Test Cont. #	Number of Live Organisms					Dissolved Oxygen (mg/L)					pH					Salinity 0/00					Temperature (°C)				
		0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96	0	24	48	72	96
0	A	10	10	10			6.3	6.0	5.6			8.2	8.3	8.4			25		25			25	25	25		
	B	10	10	10																						
6.25	A	10	10	10			6.3	6.0	5.7			8.2	8.3	8.4			25		25			25	25	25		
	B	10	10	10																						
12.5	A	10	10	10			6.3	6.1	5.7			8.3	8.4	8.4			25		25			25	25	25		
	B	10	10	10																						
25	A	10	10	10			6.4	6.2	5.6			8.3	8.4	8.5			25		25			25	25	25		
	B	10	10	10																						
50	A	10	*	10			6.4	6.2	5.5			8.3	8.4	8.5			25		25			25	25	25		
	B	10	*	10																						
100	A	10	*	10			6.5	6.3	5.6			8.3	8.4	8.5			25		25			25	25	25		
	B	10	*	10																						
Recorded By:		AJT	AJT	AJT			AJT	AJT	AJT			AJT	AJT	AJT			AJT		AJT			AJT	AJT	AJT		

COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE
4949-A Cox Road, Glen Allen, Virginia 23060
(804) 527-5020 Fax (804) 527-5106
www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

Gerard Seeley, Jr.
Regional Director

BIOLOGICAL MONITORING , INC.
Toxicity Test Procedure Check Sheet

Page _____ of _____

Test I.D. #: OMP 110707-1 Test containers used: PP

Specify below no. milliliters (mLs) of diluent and effluent measured out per concentration in this test:

No. of replicates per concentration: 2

Are all test chambers properly labeled? ✓

Specify vessel type and volume used to measure and deliver effluent and diluent to test chambers:

graduated cylinder (s): 1L, 250, 100mL pipet (s): _____

volumetric flask (s): _____ other _____

(%) Concentration mg/L Other	Diluent	Effluent	Total
0	1000	0	1000
6.25	Dilute to 1000	6.25	
12.5		125	
25		250	
50		500	
100	0	1000	

Specify material (s) used to place test organisms into test chambers: wide bore pipet

Total Chlorine of sample upon arrival (mg/L): <0.01

Total Chlorine of sample after dechlorination (mg/L): N/A

Pretest treatment for organisms: Normal

Exposure Chamber
Total vessel capacity: 800mL
Test solution volume: 450mL
Water Depth Constant: ✓
Cyclic: _____

Feeding schedule
Pretest feeding: _____
Not fed: _____
Fed daily: ✓ 2x
Fed irregularly (describe) _____
Type of food: Live enrich. Artemia

Aeration
Pretest: _____
None: _____
Slow: _____ (bubbles/min)
Moderate: _____
Vigorous: _____
Beginning: _____ (hour)

Screened Animal Enclosures
Not used: ✓
Used: _____
Photoperiod:
8h/16h: ✓
Other: _____

Conditions of surviving organisms at end of test: Normal

Methods of randomization employed: Random #

Comments: Sample salinated to 25 ppt w/ Crystal Sea Bioassay Mix

COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE
4949-A Cox Road, Glen Allen, Virginia 23060
(804) 527-5020 Fax (804) 527-5106
www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

Gerard Seeley, Jr.
Regional Director

SAMPLE COLLECTION - CHAIN OF CUSTODY FORM

To be completed by the person collecting the sample. See reverse side for instructions. 11338

1. Client name OMEGA PROTEIN
2. Sampler's name TED SCHULTZ
3. Sample source LAGOON
4. Outfall/station 002
5. Purchase order no.
6. Affiliation EMPLOYEE
7. NPDES permit no./County VA0003867
8. Test period for which data is being submitted: 3rd Q '07
9. *Sample relinquished by:* Ted Schultz / 11/6/07 *Date; Received by:* [illegible] 11/7/07 *Date;*

Sample relinquished by: / *Date; Received by:* / *Date.*

Description of Sampling Methods and Equipment

10. Type of sample collected:
    - Grab
    - Date collected
    - Time collected
    - Volume
    - Composite X
    - Composite type 24 HC
    - Collection period: from 11/6/07 (date) 13:00 (time) to 11/6/07 (date) 13:00 (time)
11. Flow during sampling
12. Type of container Plastic Cube
13. Number of containers shipped 1
14. No. of subsamples
15. Frequency
16. Volume 1 gal

Condition of Effluent at Time of Collection

17. pH 8.2
18. Chlorine
19. Temperature:
    - At collection point
    - In collection device (comp. sample must be @ or below 4°C) 4°C
20. Is the sample:
    - Chlorinated No
    - Dechlorinated No
    - Unknown
    - Dechlorination method

Shipping Information

21. Method of shipment UPS
22. Date shipped 11/6/07
23. Time 15:30
24. Was the sample packed with ice for shipment? Yes
25. *Custody seal in place by* Ted Schultz *Date* 11/6/07 *Time* 14:30

Instructions to Lab

26. Type of test(s) to be performed Static Acute.
27. Should BMI dechlorinate the sample (Yes or No)
28. Should ammonia be measured? (Yes or No)
29. Comments

30. I certify that the above information is correct Ted Schultz (Signature) (Date)

For BMI Use Only

Alk 300
Hard 136
BMI Sample ID# OMP110707 *Received by* A. Timpson *Date* 11-7-07 *Time* 1200
Upon arrival at BMI: Custody seal ✓ Temperature 3°C pH 8.2 Chlorine <0.01 DO 8.9
On ice? ✓ Salinity 6 ‰ Conductivity 1600
Visual description green, cloudy slightly turbid Sample refrigerated ✓
Test ID number(s) OMP110707-1

COMMONWEALTH *of* VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE
4949-A Cox Road, Glen Allen, Virginia 23060
(804) 527-5020 Fax (804) 527-5106
www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

Gerard Seeley, Jr.
Regional Director

OMEGA PROTEIN®
Healthy Products for a Healthy World®

Theodore Schultz
Regulatory Compliance

RECEIVED
DEC 10 2007
PRO

Denise Mosca
Department of Environmental Quality
4949-A Cox Road
Glen Allen, VA 23060-6296

December 7, 2007

Re: November 2007 DMR response for permit VA0003867

Dear Denise:

Enclosed are the DMRs for the month of November 2007. WET testing for the 2nd Quarter of the 2007 was conducted for Outfall 002. Two copies of the full report are included with the USPS mailed copy. The summary results are included with the fax.

Part 1 Item 3 d of our VPDES water permit (VA0003867) requires us to monitor the area of discharge before and after a refrigeration water discharge is made to the Chesapeake Bay. Sampling is to be done twice a month and analysis results included with the monthly DMR submittal.

As reported to you via e-mail on 11/29/07; the required sampling was not performed for the month of November 2007. The reason was largely due to the weather over the last few weeks. We had done very little fishing since the beginning of November.

We intend to perform the Chesapeake Bay sampling requirements at the soonest opportunity and will report the results, both separately and with the December DMRs.

Sincerely,

Ted Schultz

Ted Schultz

P.O. Box 175, Reedville, Virginia 22539, Telephone 804-453-4211, Fax 804-453-4123, Email tschultz@rivnet.net

PC

Industrial Major 08/22/2007

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

RECEIVED DEC 10 2007 PRO

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

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

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	2.013	4.254	MGD	*********	*********	*********		Ø	CONT	Est
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	EST
002 PH	REPORTD	*********	*********		7.29	*********	8.30	SU	Ø	3D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		3D/W	GRAB
003 BOD5	REPORTD	126.9	343.0	KG/D	*********	*********	*********		Ø	3D/W	24HC
	REQRMNT	1700	3100	KG/D	*********	*********	*********			3D/W	24HC
004 TSS	REPORTD	196.2	768.1	KG/D	*********	*********	*********		Ø	3D/W	24HC
	REQRMNT	650	1600	KG/D	*********	*********	*********			3D/W	24HC
005 CL2, TOTAL	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	580	1200	UG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	8.47	*********	KG/D	*********	0.59	*********	MG/L	Ø	1/W	24HC
	REQRMNT	23	*********	KG/D	*********	2.0	*********	MG/L		1/W	24HC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*********	*********		*********	15	30	UG/L	Ø	2/M	GRAB
	REQRMNT	*********	*********		*********	96	110	UG/L		2/M	GRAB
039 AMMONIA, AS N	REPORTD	*********	*********		*********	7.86	13.7	MG/L	Ø	2/M	
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Theodore Schultz	Theodore Schultz	1911004868	07	12	05
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
		804-453-4211			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
Robert V LaBruzzo	Robert V LaBruzzo		2007	12	7

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

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

RECEIVED
DEC 10 2007
PRO

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

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

Industrial Major 08/22/2007

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

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	*********	30.9	C	Ø	1/D	IS
	REQRMNT	*********	*********		*********	*********	50	C		1/DAY	IS
500 OIL & GREASE	REPORTD	77.2	366	KG/D	*********	*********	*********		Ø	3D/W	GRAB
	REQRMNT	370	680	KG/D	*********	*********	*********			3D/W	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL 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		
Theodore Schultz	Theodore Schultz	1911004868	07	12	05
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
		804-453-4211			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
Robert V LaBruzzo	Robert V LaBruzzo		2007	12	07

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

Industrial Major 08/22/2007

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

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

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

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

RECEIVED DEC 10 2007 PRO

PERMIT NUMBER	DISCHARGE NUMBER
VA0003867	002

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	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
001 FLOW	REPORTD	0.118	0.205	MGD	*********	*********	*********		Ø	CONT	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********			CONT	MEAS
002 PH	REPORTD	*********	*********		7.68	*********	8.66	SU	Ø	2D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	10.3	14.3	KG/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	470	840	KG/D	*********	*********	*********			2/M	24HC
004 TSS	REPORTD	17.7	23.9	KG/D	*********	*********	*********		Ø	2/M	24HC
	REQRMNT	160	410	KG/D	*********	*********	*********			2/M	24HC
006 COLIFORM, FECAL	REPORTD	*********	*********		*********	616	*********	N/CML	Ø	1/W	GRAB
	REQRMNT	*********	*********		*********	NL	*********	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	0.80	*********	KG/D	*********	1.67	*********	MG/L	Ø	1/W	24HC
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	0.90	0.90	MG/L	Ø	2/M	24HC
	REQRMNT	*********	*********		*********	38	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	13.8	17.0	C	Ø	2D/W	IS
	REQRMNT	*********	*********		*********	NL	NL	C		2D/W	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Theodore Schultz	Theodore Schultz	1911004868	07	12	05
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
		804-453-4211			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
Robert V LaBruzzo	Robert V LaBruzzo		2007	12	07