

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved.  
OMB No. 2040-0004

Name **KING AMERICA FINISHING, INC.**  
Address **1351 SCARBORO HIGHWAY**  
**SYLVANIA, GEORGIA 30467**  
Facility **KING AMERICA FINISHING, INC.**  
Location **1351 SCARBORO HIGHWAY, SYLVANIA, GA, 30467**  
Attn: **MR. Robert R. Lanier**

**GA0003280**  
PERMIT NUMBER

**001-1**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: **30467**  
MAJOR

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
02	01	2016	02	29	2016

Final Discharge  
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	56.30	*****	75.74	deg F	0	- Daily	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	deg F		5 Days Every Week	GRAB
Temperature, water deg. fahrenheit DEG. FAHRENHEI	SAMPLE MEASUREMENT	*****	*****	*****	54.00	*****	75.00	deg F	0	Continuous	CONTIN
00011 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	deg F		Continuous	CONTIN
Specific conductance	SAMPLE MEASUREMENT	*****	*****	****	*****	3,293	3,500	umho/cm	0	Daily	CONTIN
00095 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umho/cm		Daily	CONTIN
Hydrogen peroxide	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	mg/L	0	Daily	GRAB
00139 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Daily	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.80	*****	*****	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 DAILY MN	*****	*****	mg/L		5 Days Every Week	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.00	*****	*****	mg/L	0	Continuous	RCORDR
00300 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	5 INST MN	*****	*****	mg/L		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	177	296	lb/d	*****	15	24	mg/L	0	5 / Week	COMPOS
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	776 DAILY AV	1552 DAILY MX	lb/d	*****	30 DAILY AV	60 DAILY MX	mg/L		5 Days Every Week	COMPOS
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUES IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)						TELEPHONE		DATE		
Robert R. Lanier Manufacturing Manager							912 863-4511		16	03	10
TYPED OR PRINTED							AREA CODE NUMBER		YEAR	MONTH	DAY

*[Signature]*  
SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

BOD5: RL(7.6 ppm)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

Name **KING AMERICA FINISHING, INC.**  
 Address **1351 SCARBORO HIGHWAY**  
**SYLVANIA, GEORGIA 30467**

Facility **KING AMERICA FINISHING, INC.**  
 Location **1351 SCARBORO HIGHWAY, SYLVANIA, GA, 30467**  
 Attn: **MR. Robert R. Lanier**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

Form Approved.  
 OMB No. 2040-0004

**GA0003280**  
 PERMIT NUMBER

**001-1**  
 DISCHARGE NUMBER

**DMR Mailing ZIP CODE: 30467**  
 MAJOR

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
02	01	2016	02	29	2016

FROM

TO

Final Discharge  
 External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chen. [high level] [COD] 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	2,415	3,485	lb/d	*****	201	244	mg/L	0	5 / Week	COMPOS
	PERMIT REQUIREMENT	5500 DAILY AV	11000 DAILY MX	lb/d	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		5 Days Every Week	COMPOS
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.190	*****	7.760	SU	0	Daily	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8 MAXIMUM	SU		5 Days Every Week	GRAB
PH 00400 1 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****	*****	7.14	*****	7.48	SU	0	Continuous	RCORDR
	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	8 DAILY MX	SU		Continuous	RCORDR
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	193	390	lb/d	*****	16	33	mg/L	0	5 / Week	COMPOS
	PERMIT REQUIREMENT	2140 DAILY AV	4280 DAILY MX	lb/d	*****	30 Daily Avg	45 Daily Max	mg/L		5 Days Every Week	COMPOS
Nitrogen, total 00600 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	42.73	46.40	mg/L	0	1 / Week	COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total [as N] 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	12.81	29.35	lb/d	*****	1.05	2.41	mg/L	0	Daily	COMPOS
	PERMIT REQUIREMENT	260 DAILY AV	520 DAILY MX	lb/d	*****	7 DAILY AV	13 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, Kjeldahl, total [as N] 00625 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<6.55	10.20	mg/L	0	1 / Week	COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Robert R. Lanier Manufacturing Manager  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
		912	863-4511	16	03	10
SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Ammonia: RL(0.20 ppm)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved.  
OMB No. 2040-0004

Name **KING AMERICA FINISHING, INC.**  
Address **1351 SCARBORO HIGHWAY**  
**SYLVANIA, GEORGIA 30467**

**GA0003280**  
PERMIT NUMBER

**001-1**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: **30467**  
MAJOR

Facility **KING AMERICA FINISHING, INC.**  
Location **1351 SCARBORO HIGHWAY, SYLVANIA, GA, 30467**  
Attn: **MR. Robert R. Lanier**

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
02	01	2016	02	29	2016

Final Discharge  
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	****	*****	24.6	28.4	mg/L	0	3 / Week	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		3 Days Every Week	COMPOS
Sulfide, total [as S]	SAMPLE MEASUREMENT	2.44	3.50	lb/d	*****	0.20	0.20	mg/L	0	Daily	GRAB
00745 1 0 Effluent Gross	PERMIT REQUIREMENT	24 DAILY AV	48 DAILY MX	lb/d	*****	1.5 DAILY AV	3 DAILY MX	mg/L		Daily	GRAB
Sodium, total [as Na]	SAMPLE MEASUREMENT	*****	*****	****	*****	505	673	mg/L	0	Daily	COMPOS
00929 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Daily	COMPOS
Chromium, total [as Cr]	SAMPLE MEASUREMENT	0.111	0.124	lb/d	*****	0.01	0.01	mg/L	0	1 / Week	COMPOS
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	12 DAILY AV	24 DAILY MX	lb/d	*****	1.2 DAILY AV	2 DAILY MX	mg/L		Weekly	COMPOS
Color [admi units]	SAMPLE MEASUREMENT	*****	*****	****	*****	48	68	col unit	0	1 / Week	GRAB
01290 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	col unit		Weekly	GRAB
Color [admi units]	SAMPLE MEASUREMENT	*****	*****	****	*****	-64.50	-32.00	col unit	0	1 / Week	CALCTD
01290 1 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	80 DAILY MX	col unit		Weekly	CALCTD
Discharge flow as % of stream flow	SAMPLE MEASUREMENT	*****	*****	****	*****	0.06	0.12	%	0	Daily	CALCTD
01352 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	8 DAILY MX			Daily	CALCTD
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					TELEPHONE		DATE			
Robert R. Lanier Manufacturing Manager						912 863-4511		16	03	10	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MONTH	DAY	

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

Sodium: RL(5.0 ppm); Chromium: RL(0.01 ppm); ADMI Color: RL(25 SU); Sulfide: RL(1.0 ppm)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMF)

Form Approved. OMB No. 2040-0004

Name **KING AMERICA FINISHING, INC.**  
Address **1351 SCARBORO HIGHWAY**  
**SYLVANIA, GEORGIA 30467**

GA0003280  
PERMIT NUMBER

001-1  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467  
MAJOR

Facility **KING AMERICA FINISHING, INC.**  
Location **1351 SCARBORO HIGHWAY, SYLVANIA, GA, 30467**  
Attn: **MR. Robert R. Lanier**

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
02	01	2016	02	29	2016

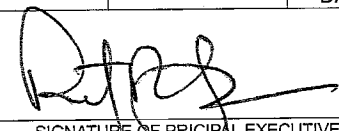
Final Discharge  
External Outfall

NO DISCHARGE

FROM

TO

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total phenols	SAMPLE MEASUREMENT	0.6	0.7	lb/d	*****	0.06	0.07	mg/L	0	1 / Week	GRAB
03604 1 0 Effluent Gross	PERMIT REQUIREMENT	5 DAILY AV	15 DAILY MX	lb/d	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.464	2.100	MGD	*****	*****	*****	****	0	Daily	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.1 DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		Daily	CONTIN
Phosphorus, ortho	SAMPLE MEASUREMENT	*****	*****	****	*****	2.645	3.760	mg/L	0	3 / Week	COMPOS
50785 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		3 Days Every Week	COMPOS
Tetrahydroxymethylphosphonium chloride, THPC	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	3.19	mg/L	0	2 / Month	GRAB
51757 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Every Month	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	****	*****	2,199	2,360	mg/L	0	5 / Week	COMPOS
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	2500 DAILY AV	3800 DAILY MX	mg/L		5 Days Every Week	COMPOS
Formaldehyde	SAMPLE MEASUREMENT	*****	*****	****	*****	0.62	1.60	mg/L	0	Daily	GRAB
71880 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	1.6 DAILY MX	mg/L		Daily	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	ng/L	0	2/year	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	6 DAILY MX	ng/L		2/year	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
		912	863-4511	16	03	10
Robert R. Lanier Manufacturing Manager		AREA CODE	NUMBER	YEAR	MONTH	DAY
TYPED OR PRINTED						

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

Formaldehyde: RL(50 ppb); Phenolics: RL(0.05 ppm); Ortho Phosph: RL(0.02 ppm); THPC: RL(10 ppm); Mercury: RL(0.5 ppt)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved. OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

Name **KING AMERICA FINISHING, INC.**  
 Address **1351 SCARBORO HIGHWAY**  
**SYLVANIA, GEORGIA 30467**

**GA0003280**  
 PERMIT NUMBER

**001-1**  
 DISCHARGE NUMBER

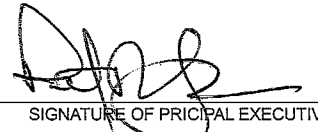
DMR Mailing ZIP CODE: **30467**  
 MAJOR

Facility **KING AMERICA FINISHING, INC.**  
 Location **1351 SCARBORO HIGHWAY, SYLVANIA, GA, 30467**  
 Attn: **MR. Robert R. Lanier**

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
02	01	2016	TO	02	29	2016

Final Discharge  
 External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS					
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	ng/L	0	2/year	GRAB		
71900 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0 DAILY MX	ng/L		2/year	GRAB		
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	****	*****	11	457	#/100mL	1	1 / Week	GRAB		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	200 MOAV GEO	400 DAILY MX	#/100mL		Weekly	GRAB		
Solids, sludge, tot, dry weight	SAMPLE MEASUREMENT	*****	353,380	lb	*****	*****	*****	****	0	1 / Month	CALCTD		
78477 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	lb	*****	*****	*****	****		Monthly	CALCTD		
LC50 Static 48 Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	2 / Week	GRAB		
TAB3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	%		2 / Week	GRAB		
LC50 Static 48 Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	%	0	Annual	GRAB		
TAB6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	%		Annual	GRAB		
Noel Statre 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	8	*****	*****	%	0	1 / Month	GRAB		
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	%		1 / Month	GRAB		
Noel Statre 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	%	0	Annual	GRAB		
TBP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	%		Annual	GRAB		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)						TELEPHONE		DATE				
Robert R. Lanier Manufacturing Manager							 SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		912	863-4511	16	03	10
TYPED OR PRINTED									AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Mercury: RL(0.5 ppt)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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Facility **KING AMERICA FINISHING, INC.**

Location **1351 SCARBORO HIGHWAY, SYLVANIA, GA, 30467**

Attn: **MR. Robert R. Lanier**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved. OMB No. 2040-0004

**GA0003280**  
PERMIT NUMBER

**DRW-1**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467  
MAJOR

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
02	01	2016	02	29	2016

FROM

TO

Source Water  
Internal Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, total [as Hg] 71900 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****		N/A	ng/L	0	2/year	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ng/L		2/year	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)						TELEPHONE		DATE		
Robert R. Lanier Manufacturing Manager							912 863-4511		16	03	10
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Mercury: RL(0.5 ppt)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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Address **1351 SCARBORO HIGHWAY  
SYLVANIA, GEORGIA 30467**

Facility **KING AMERICA FINISHING, INC.**

Location **1351 SCARBORO HIGHWAY, SYLVANIA, GA, 30467**

Attn: **MR. Robert R. Lanier**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.

OMB No. 2040-0004

**GA0003280**  
PERMIT NUMBER

**STR-1**  
DISCHARGE NUMBER

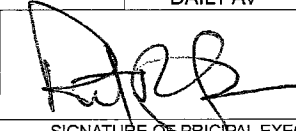
**DMR Mailing ZIP CODE:**  
MAJOR

30467

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
02	01	2016	TO	02	29	2016

Instream Monitoring  
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	53.96	61.47	deg F	0	1 / Month	GRAB	
00011 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRAB	
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	53.96	61.47	deg F	0	1 / Month	GRAB	
00011 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRAB	
Stream flow, instantaneous	SAMPLE MEASUREMENT	2,560.35	4,911.67	MGD	*****	*****	*****	****	0	Daily	GRAB	
00061 Z 0 Instream Monitoring	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		Daily	INSTAN	
Conductivity	SAMPLE MEASUREMENT	*****	*****	****	*****	49	62	umhos/cm	0	1 / Month	GRAB	
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRAB	
Conductivity	SAMPLE MEASUREMENT	*****	*****	****	*****	50	60	umhos/cm	0	1 / Month	GRAB	
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRAB	
Hydrogen peroxide	SAMPLE MEASUREMENT	*****	*****	****	*****	0.00	0.00	mg/L	0	1 / Month	GRAB	
00139 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB	
Hydrogen peroxide	SAMPLE MEASUREMENT	*****	*****	****	*****	0.00	0.00	mg/L	0	1 / Month	GRAB	
00139 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUES IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)						TELEPHONE		DATE			
Robert R. Lanier Manufacturing Manager								912	863-4511	16	03	10
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MONTH	DAY

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

PERMITTEE NAME/ADDRESS (include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved. OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

Name **KING AMERICA FINISHING, INC.**  
 Address **1351 SCARBORO HIGHWAY**  
**SYLVANIA, GEORGIA 30467**

**GA0003280**  
 PERMIT NUMBER

**STR-1**  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: **30467**  
 MAJOR

Facility **KING AMERICA FINISHING, INC.**  
 Location **1351 SCARBORO HIGHWAY, SYLVANIA, GA, 30467**  
 Attn: **MR. Robert R. Lanier**

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
02	01	2016		02	29	2016

Instream Monitoring  
 External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO] 00300 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	7.05	*****	*****	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	*****	mg/L		Monthly	GRAB
Oxygen, dissolved [DO] 00300 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	7.21	*****	*****	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	mg/L		Monthly	GRAB
pH 00400 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	6.910	*****	7.620	SU	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
pH 00400 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	6.820	*****	7.510	SU	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
Nitrogen, ammonia total [as N] 00610 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.200	0.200	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total [as N] 00610 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	1.300	1.300	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Sulfide, total [as S] 00745 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.20	0.20	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Robert R. Lanier Manufacturing Manager  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
		912	863-4511	16	03	10
SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Ammonia: RL(0.20 ppm); Sulfide: RL(1.00 ppm)



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved.

Name **KING AMERICA FINISHING, INC.**

**DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-0004

Address **1351 SCARBORO HIGHWAY**

**GA0003280**  
PERMIT NUMBER

**STR-1**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

30467

**SYLVANIA, GEORGIA 30467**

MAJOR

Facility **KING AMERICA FINISHING, INC.**

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
02	01	2016	02	29	2016

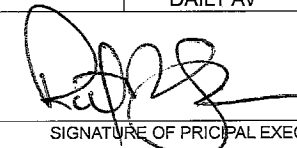
Instream Monitoring

External Outfall

Location **1351 SCARBORO HIGHWAY, SYLVANIA, GA, 30467**

Attn: **MR. Robert R. Lanier**

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sulfide, total [as S]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.20	0.20	mg/L	0	1 / Month	GRAB
00745 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	****	*****	20.60	20.60	mg/L	0	1 / Month	GRAB
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Sodium, total [as Na]	SAMPLE MEASUREMENT	*****	*****	****	*****	5.00	5.00	mg/L	0	1 / Month	GRAB
00929 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Sodium, total [as Na]	SAMPLE MEASUREMENT	*****	*****	****	*****	5.00	5.00	mg/L	0	1 / Month	GRAB
00929 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Color [admi units]	SAMPLE MEASUREMENT	*****	*****	****	*****	112	150	col unit	0	1 / Week	GRAB
01290 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	col unit		Weekly	GRAB
Color [admi units]	SAMPLE MEASUREMENT	*****	*****	****	*****	114	140	col unit	0	1 / Week	GRAB
01290 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	col unit		Weekly	GRAB
Formaldehyde	SAMPLE MEASUREMENT	*****	*****	****	*****	0.0500	0.0500	mg/L	0	1 / Month	GRAB
71880 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					TELEPHONE		DATE			
Robert R. Lanier Manufacturing Manager						 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	912	863-4511	16	03	10
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Formaldehyde: RL(50 ppb); Sodium: RL(5.0 ppm); ADMI Color: RL(25 SU); Sulfide: RL(1.00 ppm)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved. OMB No. 2040-0004

Name **KING AMERICA FINISHING, INC.**  
Address **1351 SCARBORO HIGHWAY**  
**SYLVANIA, GEORGIA 30467**  
Facility **KING AMERICA FINISHING, INC.**  
Location **1351 SCARBORO HIGHWAY, SYLVANIA, GA, 30467**  
Attn: **MR. Robert R. Lanier**

GA0003280  
PERMIT NUMBER

STR-1  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467  
MAJOR  
Instream Monitoring  
External Outfall

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
02	01	2016	02	29	2016

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Formaldehyde	SAMPLE MEASUREMENT	*****	*****	****	*****	0.050	0.050	mg/L	0	1 / Month	GRAB
71880 6 0	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRAB
LC50 Static 96Hr Acute Ceriodaphnia	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRAB
TAB3B 6 0	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	%	0	Annual	GRAB
Downstream Monitoring	PREMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Annual	GRAB
LC50 Static 96Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRAB
TAB6C 6 0	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRAB
Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	%		Annual	GRAB
Noel Statre 7Day Chronic Ceriodaphnia	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRAB
TBP3B 6 0	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Robert R. Lanier Manufacturing Manager  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUES IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
		912	863-4511	16	03	10
	SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Formaldehyde: RL(50 ppb)

OPERATION MONITORING REPORT

PERMIT NUMBER: GA0003280

LOCATION DESCRIPTION

KING AMERICA FINISHING, INC.  
HWY 17  
DOVER, GA 30424

BEGINNING 02/01/16  
DATE MO/DA/YR  
END 02/29/16

[ 001 FINAL DISCHARGE TREATED PROCESS REFERENCE ]  
[ 002 IN-STREAM - OGEECHEE RIVER ]  
[ 1. SYSTEM SHUTDOWN NO ANALYSIS PERFORMED ]  
[ ND. "NOT DETECTED" ]

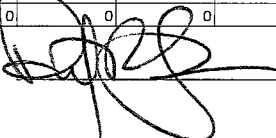
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001
PARAMETER	FLOW	BOD	BOD	COD	COD	TSS	TSS	SULFIDES	SULFIDES	TDS	TOTAL PHENOLS	TOTAL PHENOLS	TOTAL CHROMIUM	TOTAL CHROMIUM	TOTAL AMMONIA	TOTAL AMMONIA	
NAME	D. AVG	lbs/day	mg/l	lbs/day	mg/l	lbs/day	mg/l	lbs/day	mg/l	mg/l	lbs/day	mg/l	lbs/day	mg/l	lbs/day	mg/l	
& UNITS	MGD																
TYPE OF SAMPLE	CONT.	COMP.	COMP.	COMP.	COMP.	COMP.	COMP.	GRAB	GRAB	COMP.	GRAB	GRAB	COMP.	COMP.	COMP.	COMP.	
FREQUENCY OF ANALYSIS	DAILY	FIVE WEEK	FIVE WEEK	FIVE WEEK	FIVE WEEK	FIVE WEEK	FIVE WEEK	DAILY	DAILY	FIVE WEEK	ONE WEEK	ONE WEEK	ONE WEEK	ONE WEEK	DAILY	DAILY	
LIMITS	AVG 3.1	AVG 776 MAX 1552	AVG 30 MAX 60	AVG 5500 MAX 11000	REPORT	AVG 2140 MAX 4280	AVG 30 MAX 45	AVG 24 MAX 48	AVG 1.5 MAX 3.0	AVG 2500 MAX 3800	AVG 5.0 MAX 15	REPORT	AVG 12 MAX 24	AVG 1.2 MAX 2.4	AVG 260 MAX 520	AVG 7 MAX 13	
DATE																	
02/01/16	1.39	238	20.50	2,458	212	197	17	<2	<0.2	2,330					18.4	1.59	
02/02/16	1.51	165	13.10	2,317	184	91	7	<3	<0.2	2,190					16.4	1.30	
02/03/16	1.46	128	10.50	2,204	181	91	8	<2	<0.2	2,080	<0.6	<0.05	<0.1	<0.01	29.3	2.41	
02/04/16	2.10	226	12.90	3,485	199	228	13	<4	<0.2	2,150					17.3	0.99	
02/05/16	1.45	209	17.30	2,951	244	268	22	<2	<0.2	2,260					9.9	0.82	
02/06/16	1.78							<3	<0.2						9.9	0.67	
02/07/16	1.46							<2	<0.2						7.2	0.59	
02/08/16	1.310	172	15.70	2,163	198	229	21	<2	<0.2	2,230					5.9	0.54	
02/09/16	1.20	140	14.00	1,912	191	188	19	<2	<0.2	2,150	<0.5	<0.05	<0.1	<0.01	6.7	0.67	
02/10/16	1.40	202	17.30	2,627	225	269	23	<2	<0.2	2,140					13.0	1.11	
02/11/16	1.65	227	16.50	3,289	239	347	25	<3	<0.2	2,310					15.0	1.09	
02/12/16	1.440	287	23.90	2,798	233	390	33	<2	<0.2	2,360					11.8	0.98	
02/13/16	1.41							<2	<0.2						14.7	1.25	
02/14/16	1.22							<2	<0.2						12.7	1.25	
02/15/16	1.23	193	18.80	2,318	226	275	27	<2	<0.2	2,110					7.2	0.70	
02/16/16	1.19	132	13.30	2,243	226	161	16	<2	<0.2	2,030					9.7	0.98	
02/17/16	1.49	144	11.60	2,436	196	176	14	<2	<0.2	2,040	<0.6	<0.05	<0.1	<0.01	15.5	1.25	
02/18/16	1.41	78	6.60	2,187	186	71	6	<2	<0.2	2,090					14.3	1.22	
02/19/16	1.890	296	18.80	3,216	204	229	15	<3	<0.2	2,150					14.5	0.92	
02/20/16	1.53							<3	<0.2						15.4	1.21	
02/21/16	1.50							<3	<0.2						11.1	0.89	
02/22/16	1.39	139	12.00	1,982	171	107	9	<2	<0.2	2,130					8.8	0.76	
02/23/16	1.27	108	10.20	1,674	158	82	8	<2	<0.2	2,130					7.6	0.72	
02/24/16	1.19	99	10.00	1,638	165	77	8	<2	<0.2	2,280	0.7	0.07	<0.1	<0.01	11.4	1.15	
02/25/16	1.46	160	13.10	2,277	187	119	10	<2	<0.2	2,340					17.0	1.40	
02/26/16	1.64	212	15.50	2,804	205	194	14	<3	<0.2	2,350					17.6	1.29	
02/27/16	1.80							<3	<0.2						10.7	0.71	
02/28/16	1.60							<3	<0.2						15.3	1.15	
02/29/16	1.09	173	19.00	1,745	192	273	30	<2	<0.2	2,320					6.8	0.75	
# SAMPLES	29	21	21	21	21	21	21	29	29	21	4	4	4	4	29	29	
AVG. VALUE	1.464	177	15	2415	201	193	16	2.44	0.20	2198.57	0.606	0.055	0.111	0.010	12.81	1.05	
MAX. VALUE	2.100	296	24	3485	244	390	33	3.50	0.20	2360.00	0.695	0.070	0.124	0.010	29.35	2.41	
MIN. VALUE	1.090	78	7	1638	158	71	6	1.82	0.20	2030.00	0.500	0.050	0.099	0.010	5.90	0.54	
# MAX EXCD.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

NAME OF PRINCIPAL EXECUTIVE OFFICER  
Robert R. Lanier  
LAST FIRST IV

TITLE OF THE OFFICER  
Manufacturing Manager  
TITLE

DATE  
03/10/16  
MO/DA/YR

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED  
IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND  
BELIEF SUCH INFORMATION IS TRUE, COMPLETE, AND ACCURATE.



OPERATION MONITORING REPORT

PERMIT NUMBER: GA0003280

LOCATION DESCRIPTION

KING AMERICA FINISHING, INC.  
HWY 17  
DOVER, GA 30424

BEGINNING 02/01/16  
DATE MO/DA/YR  
END 02/29/16

[ 001 FINAL DISCHARGE TREATED PROCESS REFERENCE ]  
[ 002 IN-STREAM - OGEECHEE RIVER ]  
[ 1. SYSTEM SHUTDOWN NO ANALYSIS PERFORMED ]  
[ ND. "NOT DETECTED" ]

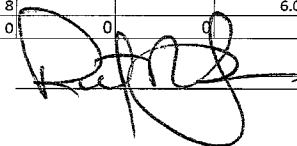
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001
PARAMETER NAME & UNITS	TKN mg/l	TOTAL NITROGEN mg/l	TOTAL PHOS. mg/l	ORTHO PHOS. mg/l	CONDUCT. HIGH umhos/cm	FORMALDEH mg/l	EFF COLOR ADMI SU	SODIUM mg/l	PEROXIDE mg/l	THPC mg/l	FECAL COLIFORM #/100 ml	ACUTE TOX. FLEA - LC50 %	CHRON. TOX. FLEA - NOEC %	ACUTE TOX. FATHEAD LC50 %	CHRON. TOX. FATHEAD NOEC %	DO LOW mg/l	DO mg/l
TYPE OF SAMPLE	COMP.	COMP.	COMP.	COMP.	CONT.	GRAB	GRAB	COMP.	GRAB	GRAB	GRAB	COMP.	COMP.	COMP.	COMP.	CONT.	GRAB
FREQUENCY OF ANALYSIS	ONE WEEK	ONE WEEK	THREE WEEK	THREE WEEK	DAILY	DAILY	ONE WEEK	DAILY	DAILY	TWO MONTH	ONE WEEK	TWO WEEK	ONE MONTH	ONCE YEAR	ONCE YEAR	DAILY	FIVE WEEK
LIMITS	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT MAX 1.6	REPORT	REPORT	REPORT	REPORT	AVG 200 MAX 400	MIN >100	MIN 8	MIN >100	MIN 10	MIN 5.0	MIN 5.0
DATE																	
02/01/16			24.90	1.290	3,400	0.12		534	0.0			100				7.80	8.02
02/02/16					3,300	0.37		648	0.0							7.80	7.73
02/03/16	4.21	42.10	23.50	2.320	3,100	0.54	68	645	0.0							7.20	7.14
02/04/16					3,200	0.46		458	0.0		457					6.60	8.40
02/05/16			28.40	2.200	3,400	0.46		489	0.0			100				6.60	8.52
02/06/16					3,400	0.30		489	0.0							7.80	8.20
02/07/16					3,400	0.33		531	0.0							8.24	8.55
02/08/16			25.00	2.500	3,400	0.40		491	0.0			100	8			7.80	8.50
02/09/16	9.29	45.80	24.80	2.880	3,300	1.00	39	455	0.0							7.20	8.35
02/10/16					3,200	1.50		452	0.0	2.20		100				7.80	8.79
02/11/16					3,200	1.60		475	0.0		11					8.24	8.50
02/12/16			26.10	2.040	3,500	0.97		595	0.0							7.80	8.57
02/13/16					3,300	0.63		673	0.0							7.85	7.89
02/14/16					3,200	0.63		653	0.0							8.40	9.02
02/15/16			23.30	2.740	3,100	0.49		607	0.0			100				8.40	9.34
02/16/16					3,000	0.46		410	0.0							7.80	8.46
02/17/16	10.20	46.40	22.50	2.840	3,000	0.69	45	409	0.0			100				7.80	8.08
02/18/16					3,100	0.47		641	0.0		3					7.80	8.41
02/19/16			24.00	2.070	3,200	0.84		647	0.0							7.80	8.29
02/20/16					3,300	0.65		397	0.0							7.80	7.82
02/21/16					3,300	0.57		391	0.0							7.80	7.97
02/22/16			21.70	2.840	3,200	0.49		397	0.0			100				7.80	7.78
02/23/16					3,200	0.64		402	0.0							7.20	7.32
02/24/16	<2.50	36.60	26.60	3.760	3,400	0.78	39	434	0.0			100				7.20	6.80
02/25/16					3,500	0.52		467	0.0		1					6.00	7.50
02/26/16			26.40	3.450	3,500	0.78		471	0.0	3.19						7.80	7.72
02/27/16					3,500	0.52		463	0.0							7.80	7.51
02/28/16					3,500	0.47		455	0.0							7.80	8.82
02/29/16			22.60	3.460	3,400	0.33		455	0.0			100				7.80	8.94
# SAMPLES	4	4	13	13	29	29	4	29	29	2	4	9	1	0	0	29	29
AVG. VALUE	6.6	42.7	24.6	2.6	3293.1	0.62	48	505	0.00	2.70	11	100	8			7.6	8.2
MAX. VALUE	10.2	46.4	28.4	3.8	3500.0	1.60	68	673	0.00	3.19	457	100	8			8.4	9.3
MIN. VALUE	2.50	36.60	21.70	1.29	3000.00	0.12	39	391	0.00	2.20	1	100	8			6.00	6.80
# MAX EXCD.	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0

NAME OF PRINCIPAL EXECUTIVE OFFICER  
Robert R. Lanier  
LAST FIRST M

TITLE OF THE OFFICER  
Manufacturing Manager  
TITLE

DATE  
03/10/16  
YR/MO/DA

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED  
IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND  
BELIEF SUCH INFORMATION IS TRUE, COMPLETE, AND ACCURATE.



OPERATION MONITORING REPORT

PERMIT NUMBER: GA0003280

LOCATION DESCRIPTION

KING AMERICA FINISHING, INC.  
HWY 17  
DOVER, GA 30424

BEGINNING 02/01/16  
DATE MO/DA/YR  
END 02/29/16

[ 001 FINAL DISCHARGE TREATED PROCESS REFERENCE ]  
[ 002 IN-STREAM - OGEECHEE RIVER ]  
[ 1. SYSTEM SHUTDOWN NO ANALYSIS PERFORMED ]  
[ ND. "NOT DETECTED" ]

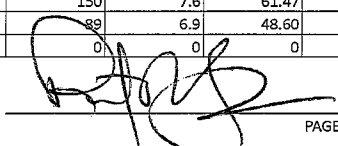
LOCATION CODE	001	001	001	001	001	001	001	001	002	002	002	001/002	002	002	002	002
PARAMETER NAME & UNITS	pH HIGH SU	pH LOW SU	pH SU	TEMP. HIGH DEG. F	TEMP. LOW DEG. F	TEMP. DEG. F	SOLIDS REMOVED lbs/dav	FLOW MGD	STREAM FLOW CFS	STREAM FLOW MGD	EFF / STREAM FLOW %	EFF/UP STR COLOR DIFF. ADMI SU	UPSTREAM COLOR ADM SU	UP STREAM PH SU	UP STREAM TEMP. DEG. F	UP STREAM CONDUCT. umhos/cm
TYPE OF SAMPLE	CONT.	CONT.	GRAB	CONT.	CHART	GRAB	GRAB	CONT.	GAUGE	CAL.	CAL.	GRAB	GRAB	GRAB	GRAB	GRAB
FREQUENCY OF ANALYSIS	DAILY	DAILY	FIVE WEEK	DAILY	DAILY	FIVE WEEK	DAILY	DAILY	DAILY	DAILY	DAILY	ONE WEEK	ONE WEEK	ONCE MONTH	ONCE MONTH	ONCE MONTH
LIMITS	MIN 6.0 MAX 8.0	MIN 6.0 MAX 8.0	MIN 6.0 MAX 8.0	REPORT	REPORT	REPORT	REPORT	MAX 3.1	REPORT	REPORT	MAX 8	MAX 80	REPORT	REPORT	REPORT	REPORT
DATE																
02/01/16	7.28	7.28	7.40	63	60	64.58	12,360	1.39	2,810	1,816.02	0.08					
02/02/16	7.42	7.28	7.36	69	63	68.36	19,920	1.51	2,860	1,848.34	0.08					
02/03/16	7.42	7.28	7.57	72	66	75.74	20,720	1.46	2,790	1,803.10	0.08	-32	100	7.170	55.54	51
02/04/16	7.42	7.28	7.35	75	75	71.96	0	2.10	3,390	2,190.86	0.12					
02/05/16	7.42	7.28	7.24	75	66	64.76	0	1.45	5,050	3,263.67	0.07					
02/06/16	7.42	7.28	7.39	72	60	60.62	0	1.78	6,220	4,019.81	0.05					
02/07/16	7.42	7.28	7.39	69	60	58.46	0	1.46	7,260	4,691.93	0.04					
02/08/16	7.28	7.14	7.25	60	57	71.42	25,160	1.31	7,600	4,911.67	0.03					
02/09/16	7.28	7.14	7.31	57	57	57.74	25,880	1.20	6,680	4,317.10	0.02	-111	150	7.620	48.60	41
02/10/16	7.28	7.14	7.36	57	54	56.30	25,320	1.40	5,740	3,709.60	0.03					
02/11/16	7.28	7.14	7.39	60	54	62.96	22,320	1.65	5,050	3,263.67	0.04					
02/12/16	7.28	7.14	7.35	63	57	63.86	15,040	1.44	4,550	2,940.54	0.04					
02/13/16	7.48	7.26	7.39	63	57	62.96	0	1.41	4,260	2,753.12	0.05					
02/14/16	7.48	7.26	7.42	60	54	62.42	0	1.22	3,980	2,572.16	0.04					
02/15/16	7.28	7.14	7.30	60	57	59.90	21,780	1.23	3,540	2,287.80	0.05					
02/16/16	7.28	7.14	7.38	63	57	62.78	22,560	1.19	3,390	2,190.86	0.05					
02/17/16	7.28	7.28	7.40	66	63	63.32	26,440	1.49	3,420	2,210.25	0.07	-65	110	6.910	50.23	43
02/18/16	7.28	7.14	7.41	66	63	65.30	23,140	1.41	3,420	2,210.25	0.06					
02/19/16	7.28	7.28	7.30	66	63	63.68	12,220	1.89	3,230	2,087.46	0.09					
02/20/16	7.28	7.28	7.36	66	63	64.04	0	1.53	3,000	1,938.82	0.07					
02/21/16	7.28	7.28	7.39	66	63	68.00	0	1.50	2,930	1,893.58	0.08					
02/22/16	7.28	7.28	7.37	66	66	70.52	12,220	1.39	2,750	1,777.25	0.07					
02/23/16	7.28	7.28	7.41	69	66	71.96	13,280	1.27	2,560	1,654.46	0.07					
02/24/16	7.28	7.28	7.54	75	72	70.34	20,360	1.19	2,610	1,686.77	0.07	-50	89	6.920	61.47	62
02/25/16	7.42	7.28	7.76	75	66	66.02	13,060	1.46	3,000	1,938.82	0.09					
02/26/16	7.28	7.14	7.27	66	63	61.52	0	1.64	3,140	2,029.29	0.08					
02/27/16	7.28	7.14	7.30	66	60	59.18	0	1.80	3,230	2,087.46	0.09					
02/28/16	7.28	7.14	7.19	63	60	59.90	0	1.60	3,220	2,081.00	0.08					
02/29/16	7.28	7.14	7.23	63	54	60.80	21,600	1.09	3,210	2,074.53	0.05					
# SAMPLES	29	29	29	29	29	29	29	29	29	29	29	4	4	4	4	4
AVG. VALUE	7.3	7.2	7.4	66	61	64.46	12186	1.464	3961.72	2560.35	0.06	-64.50	112	7.2	53.96	49
MAX. VALUE	7.48	7.3	7.8	75	75	75.74	26440	2.100	7600.00	4911.67	0.12	-32.00	150	7.6	61.47	62
MIN. VALUE	7.3	7.1	7.2	57	54	56.30	0	1.090	2560.00	1654.46	0.02	-111.00	89	6.9	48.60	41
# MAX EXCD.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

NAME OF PRINCIPAL EXECUTIVE OFFICER  
Robert R. Lanier  
LAST FIRST M

TITLE OF THE OFFICER  
Manufacturing Manager  
TITLE

DATE  
03/10/16  
YR/MO/DA

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED  
IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND  
BELIEF SUCH INFORMATION IS TRUE, COMPLETE, AND ACCURATE.



OPERATION MONITORING REPORT

PERMIT NUMBER: GA0003280

LOCATION DESCRIPTION

KING AMERICA FINISHING, INC.  
HWY 17  
DOVER, GA 30424

BEGINNING 02/01/16  
DATE MO/DA/YR  
END 02/29/16

[ 001 FINAL DISCHARGE TREATED PROCESS REFERENCE ]  
[ 002 IN-STREAM - OGEECHEE RIVER ]  
[ 1. SYSTEM SHUTDOWN NO ANALYSIS PERFORMED ]  
[ ND. "NOT DETECTED" ]

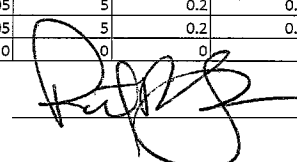
LOCATION CODE	002	002	002	002	002	002	002	002	002	002	002	002	002	002	002	002	
PARAMETER NAME & UNITS	UP STREAM AMMONIA mg/l	UP STREAM FORMALDEH mg/l	UP STREAM SODIUM mg/l	UP STREAM SULFIDE mg/l	UP STREAM PEROXIDE mg/l	UP STREAM DO mg/l		DWNSTREAM COLOR ADMI SU	DWNSTREAM PH SU	DWNSTREAM TEMP. DEG. F	DWNSTREAM CONDUCT. umhos/cm	DWNSTREAM AMMONIA mg/l	DWNSTREAM FORMALDEH mg/l	DWNSTREAM SODIUM mg/l	DWNSTREAM SULFIDE mg/l	DWNSTREAM PEROXIDE mg/l	DWNSTREAM DO mg/l
TYPE OF SAMPLE	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB		GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
FREQUENCY OF ANALYSIS	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH		ONE WEEK	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH
LIMITS	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT		REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT
DATE																	
02/01/16																	
02/02/16																	
02/03/16	<0.200	<0.05	<5.00	<0.20	0.00	7.51		110	7.190	55.53	55	1.300	<0.05	<5.00	<0.20	0.0	7.82
02/04/16																	
02/05/16																	
02/06/16																	
02/07/16																	
02/08/16																	
02/09/16					0.00	7.05		140	7.510	48.60	41					0.0	7.21
02/10/16																	
02/11/16																	
02/12/16																	
02/13/16																	
02/14/16																	
02/15/16																	
02/16/16																	
02/17/16					0.00	7.32		110	6.890	50.23	43					0.0	7.46
02/18/16																	
02/19/16																	
02/20/16																	
02/21/16																	
02/22/16																	
02/23/16																	
02/24/16					0.00	9.58		94	6.820	61.47	60					0.0	9.63
02/25/16																	
02/26/16																	
02/27/16																	
02/28/16																	
02/29/16																	
# SAMPLES	1	1	1	1	4	4		4	4	4	4	1	1	1	1	4	4
AVG. VALUE	0.2	0.050	5	0.2	0.0	7.9		114	7.1	54.0	50	1.3	0.05	5	0.2	0.0	8.0
MAX. VALUE	0.2	0.050	5	0.2	0.0	9.6		140	7.5	61.5	60	1.3	0.05	5	0.2	0.0	9.6
MIN. VALUE	0.2	0.050	5	0.2	0.0	7.1		94	6.8	48.6	41	1.3	0.05	5	0.2	0.0	7.2
# MAX EXCD.	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0

NAME OF PRINCIPAL EXECUTIVE OFFICER  
Robert R. Lanier  
LAST FIRST M

TITLE OF THE OFFICER  
Manufacturing Manager  
TITLE

DATE  
03/10/16  
YR/MO/DA

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE, AND ACCURATE.



OPERATION MONITORING REPORT

PERMIT NUMBER: GA0003280

LOCATION DESCRIPTION

KING AMERICA FINISHING, INC.  
HWY 17  
DOVER, GA 30424

BEGINNING 02/01/16  
DATE MO/DA/YR  
END 02/29/16

[ 001 FINAL DISCHARGE TREATED PROCESS REFERENCE ]  
[ 002 IN-STREAM - OGEECHEE RIVER ]  
[ 1. SYSTEM SHUTDOWN NO ANALYSIS PERFORMED ]  
[ ND. "NOT DETECTED" ]

LOCATION CODE	002	002		002			001										
PARAMETER NAME & UNITS	DN-STR ACUTE FLEA LC50 %	DN-STR CHRON FLEA NOEC %		DN-STR T. HARDNESS mg/l			MERCURY ng/L										
TYPE OF SAMPLE	GRAB	GRAB		GRAB			Grab										
FREQUENCY OF ANALYSIS	ONE MONTH	ONE MONTH		ONCE MONTH			twice per year										
LIMITS	REPORT	REPORT		REPORT			REPORT										
DATE																	
02/01/16																	
02/02/16																	
02/03/16				20.60													
02/04/16																	
02/05/16																	
02/06/16																	
02/07/16																	
02/08/16	100	100															
02/09/16																	
02/10/16																	
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02/25/16																	
02/26/16																	
02/27/16																	
02/28/16																	
02/29/16																	
# SAMPLES	1	1		1			0	0									
AVG. VALUE	100	100		21													
MAX. VALUE	100	100		21													
MIN. VALUE	100	100		21													
# MAX EXCD.	0	0		0			0	0									

NAME OF PRINCIPAL EXECUTIVE OFFICER  
Robert R. Lanier  
LAST FIRST M

TITLE OF THE OFFICER  
Manufacturing Manager  
TITLE

DATE  
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