

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	YYY	MM	DD	YYY
04	01	2016	04	30	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 00011 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	59.72	*****	78.08	deg F	0	Daily	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	deg F		5 Days Every Week	GRAB
Temperature, water deg. fahrenheit DEG. FAHRENHEI 00011 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****	*****	60.00	*****	81.00	deg F	0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	deg F		Continuous	CONTIN
Specific conductance 00095 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	3,172	3,400	umho/cm	0	Daily	CONTIN
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umho/cm		Daily	CONTIN
Hydrogen peroxide 00139 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	mg/L	0	Daily	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Daily	GRAB
Oxygen, dissolved [DO] 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	5.11	*****	*****	mg/L	0	DAILY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	5 DAILY MN	*****	*****	mg/L		5 Days Every Week	GRAB
Oxygen, dissolved [DO] 00300 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****	*****	6.00	*****	*****	mg/L	0	Continuous	RCORDR
	PERMIT REQUIREMENT	*****	*****	*****	5 INST MN	*****	*****	mg/L		Continuous	RCORDR
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	94	250	lb/d	*****	8	22	mg/L	0	5 / Week	COMPOS
	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 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. §§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.)	TELEPHONE		DATE		
		912	863-4511	16	05	16
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY

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

BOD5: RL(7.6 ppm)

Name **KING AMERICA FINISHING, INC.**

DISCHARGE MONITORING REPORT (DMR)

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**

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
04	01	2016	TO	04	30	2016

Final Discharge
External Outfall

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			
Oxygen demand, chen. [high level] [COD]	SAMPLE MEASUREMENT	2,143	3,286	lb/d	*****	185	229	mg/L	0	5 / Week	COMPOS
00340 1 0 Effluent Gross	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	SAMPLE MEASUREMENT	*****	*****	*****	7.040	*****	7.410	SU	0	Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8 MAXIMUM	SU		5 Days Every Week	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.00	*****	7.56	SU	0	Continuous	RCORDR
00400 1 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	8 DAILY MX	SU		Continuous	RCORDR
Solids, total suspended	SAMPLE MEASUREMENT	<64	196	lb/d	*****	<6	19	mg/L	0	5 / Week	COMPOS
00530 1 0 Effluent Gross	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	SAMPLE MEASUREMENT	*****	*****	*****	*****	44.83	55.60	mg/L	0	1 / Week	COMPOS
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	11.31	24.04	lb/d	*****	1.02	2.03	mg/L	0	Daily	COMPOS
00610 1 0 Effluent Gross	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]	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.31	11.30	mg/L	0	1 / Week	COMPOS
00625 1 0 Effluent Gross	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	05	16
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)

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

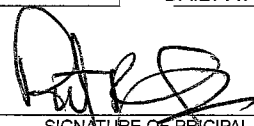
Facility **KING AMERICA FINISHING, INC.**
 Location **1351 SCARBORO HIGHWAY, SYLVANIA, GA, 30467**
 Attn: **MR. Robert R. Lanier**

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
04	01	2016	TO	04	30	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	*****	*****	****	*****	24.3	37.7	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	2.31	3.30	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	*****	*****	****	*****	477	744	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	0.114	0.118	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	*****	*****	****	*****	57	76	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	*****	*****	****	*****	-55.50	-34.00	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	*****	*****	****	*****	0.13	0.40	%	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				
		912	863-4511	16	05	16		
Robert R. Lanier Manufacturing Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY
TYPED OR PRINTED								

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)

Facility Name/Location if different)

DISCHARGE MONITORING REPORT (DMR)

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

Final Discharge

External Outfall

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
04	01	2016	TO	04	30	2016

NO DISCHARGE

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	0.9	1.7	lb/d	*****	0.08	0.15	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	1.361	1.980	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	*****	*****	***	*****	1.999	3.380	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	*****	*****	****	*****	*****	1.61	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	*****	*****	****	*****	2,158	2,330	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	*****	*****	****	*****	0.55	0.99	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. §§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.)	TELEPHONE		DATE		
		912	863-4511	16	05	16
Robert R. Lanier Manufacturing Manager	SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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)

Facility Name/Location if different

DISCHARGE MONITORING REPORT (DMR)

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

Final Discharge

External Outfall

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
04	01	2016	04	30	2016

FROM

TO

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 2 0 Effluent Net	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	ng/L	0	2/year	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0 DAILY MX	ng/L		2/year	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	8	34	#/100mL	0	1 / Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	200 MOAV GEO	400 DAILY MX	#/100mL		Weekly	GRAB
Solids, sludge, tot, dry weight 78477 SL 0 Sludge	SAMPLE MEASUREMENT	*****	146,940	lb	*****	*****	*****	****	0	1 / Month	CALCTD
	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	lb	*****	*****	*****	****		Monthly	CALCTD
LC50 Static 48 Hr Acute Ceriodaphnia TAB3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	2 / Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	%		2 / Week	GRAB
LC50 Static 48 Hr Acute Pimephales TAB6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	%		Annual	GRAB
Noel Statre 7 Day Chronic Ceriodaphnia TBP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	25	*****	*****	%	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	%		1 / Month	GRAB
Noel Statre 7 Day Chronic Pimephales TBP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	%		Annual	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 INDIVIDULES 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	05	16
SIGNATURE OF PRICIPAL 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)

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

DRW-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
04	01	2016	04	30	2016

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										
	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 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 AREA CODE	863-4511 NUMBER	16 YEAR	05 MONTH	16 DAY


SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

Mercury: RL(0.5 ppt)

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

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	MM	DD	YYYY	
04	01	2016	TO	04	30	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 00011 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	63.78	68.90	deg F	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRAB
Temperature, water deg. fahrenheit 00011 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	63.80	68.92	deg F	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRAB
Stream flow, instantaneous 00061 Z 0 Instream Monitoring	SAMPLE MEASUREMENT	1,793.84	5,286.50	MGD	*****	*****	*****	****	0	Daily	GRAB
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		Daily	INSTAN
Conductivity 00094 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	65	84	umhos/cm	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRAB
Conductivity 00094 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	65	80	umhos/cm	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRAB
Hydrogen peroxide 00139 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.00	0.00	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Hydrogen peroxide 00139 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.00	0.00	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	05	16
	SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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)
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

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	MM	DD	YYYY
04	01	2016	04	30	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]	SAMPLE MEASUREMENT	*****	*****	****	6.05	*****	*****	mg/L	0	1 / Month	GRAB
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	*****	mg/L		Monthly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	6.07	*****	*****	mg/L	0	1 / Month	GRAB
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	****	6.000	*****	6.320	SU	0	1 / Month	GRAB
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	****	6.060	*****	6.300	SU	0	1 / Month	GRAB
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.200	0.200	mg/L	0	1 / Month	GRAB
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.200	0.200	mg/L	0	1 / Month	GRAB
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Sulfide, total [as S]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.20	0.20	mg/L	0	1 / Month	GRAB
00745 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		
		912	863-4511	16	05	16
Robert R. Lanier Manufacturing Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY
TYPED OR PRINTED						

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. 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	MM	DD	YYYY
04	01	2016	04	30	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			
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	*****	*****	****	*****	25.80	25.80	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	*****	*****	****	*****	113	140	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	*****	*****	****	*****	125	150	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 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	05	16
		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)

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

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	MM	DD	YYYY
04	01	2016	04	30	2016

Instream Monitoring
External Outfall

FROM TO NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Formaldehyde 71880 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.050	0.050	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
LC50 Static 96Hr Acute Ceriodaphnia TAB3B 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRAB
LC50 Static 96Hr Acute Pimephales TAB6C 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Annual	GRAB
Noel Stare 7Day Chronic Ceriodaphnia TBP3B 6 0	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRAB
	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 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	05	16
		AREA CODE	NUMBER	YEAR	MONTH	DAY

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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 04/01/16
DATE MO/DA/YR
END 04/30/16

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

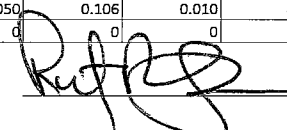
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001
PARAMETER NAME & UNITS	FLOW D. AVG MGD	BOD lbs/day	BOD mg/l	COD lbs/day	COD mg/l	TSS lbs/day	TSS mg/l	SULFIDES lbs/day	SULFIDES mg/l	TDS mg/l	TOTAL PHENOLS lbs/day	TOTAL PHENOLS mg/l	TOTAL CHROMIUM lbs/day	TOTAL CHROMIUM mg/l	TOTAL AMMONIA lbs/day	TOTAL AMMONIA mg/l	
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																	
04/01/16	1.40	48	4.10	2,078	178	<29	<3	<2	<0.2	2,100						4.7	0.40
04/02/16	1.22							<2	<0.2							7.9	0.78
04/03/16	1.29							<2	<0.2							6.7	0.62
04/04/16	1.21	73	7.20	1,635	162	43	4	<2	<0.2	2,270						5.4	0.54
04/05/16	1.41	76	6.50	1,776	151	38	3	<2	<0.2	2,220						11.8	1.00
04/06/16	1.42	83	7.00	2,096	177	59	5	<2	<0.2	2,180	<0.6	<0.05	<0.1	<0.01		24.0	2.03
04/07/16	1.33	65	5.90	2,119	191	31	3	<2	<0.2	2,250						17.4	1.57
04/08/16	0.988	48	5.80	1,747	212	23	3	<2	<0.2	2,330						11.9	1.44
04/09/16	0.92							<2	<0.2							11.4	1.49
04/10/16	1.05							<2	<0.2							9.5	1.08
04/11/16	1.20	121	12.10	2,292	229	78	8	<2	<0.2	2,230						10.7	1.07
04/12/16	1.430	97	8.10	2,469	207	89	8	<2	<0.2	2,080						6.6	0.55
04/13/16	1.27	181	17.10	2,404	227	196	19	<2	<0.2	2,080	<0.5	<0.05	<0.1	<0.01		9.3	0.88
04/14/16	1.58	144	10.90	2,899	220	59	5	<3	<0.2	2,210						16.3	1.24
04/15/16	1.58	144	10.90	2,780	211	79	6	<3	<0.2	2,310						15.4	1.17
04/16/16	1.44							<2	<0.2							10.8	0.90
04/17/16	1.25							<2	<0.2							8.4	0.81
04/18/16	1.08	60	6.70	1,576	175	47	5	<2	<0.2	2,170						9.4	1.04
04/19/16	1.430	50	4.20	1,920	161	42	4	<2	<0.2	2,130						7.5	0.63
04/20/16	1.37	102	8.90	1,725	151	74	7	<2	<0.2	2,070	1.7	0.15	<0.1	<0.01		18.5	1.62
04/21/16	1.34	250	22.40	2,157	193	168	15	<2	<0.2	2,040						20.7	1.85
04/22/16	0.64	76	14.30	965	182	32	6			2,060						5.3	0.99
04/23/16										<0.2							
04/24/16	1.63							<3	<0.2							9.1	0.67
04/25/16	1.83	85	5.60	2,579	169	95	6	<3	<0.2	2,140						9.0	0.59
04/26/16	1.98	<83	<5.00	2,560	155	<41	<3	<3	<0.2	2,070						8.9	0.54
04/27/16	1.41	51	4.30	1,882	160	53	5	<2	<0.2	2,040	<0.6	<0.05	<0.1	<0.01		10.1	0.86
04/28/16	1.43	57	4.80	2,063	173	30	3	<2	<0.2	2,120						10.7	0.90
04/29/16	1.98	83	5.00	3,286	199	<41	<3	<3	<0.2	2,210						15.9	0.96
04/30/16	1.36							<2	<0.2							14.7	1.30
# SAMPLES	29	21	21	21	21	21	21	28	29	21	4	4	4	4	29	29	
AVG. VALUE	1.361	94	8	2143	185	64	6	2.31	0.20	2157.62	0.856	0.075	0.114	0.010	11.31	1.02	
MAX. VALUE	1.980	250	22	3286	229	196	19	3.30	0.20	2330.00	1.714	0.150	0.118	0.010	24.04	2.03	
MIN. VALUE	0.636	48	4	965	151	23	3	1.53	0.20	2040.00	0.530	0.050	0.106	0.010	4.67	0.40	
# 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
05/16/16
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 04/01/16
DATE MO/DA/YR
END 04/30/16

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

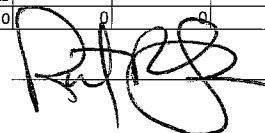
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	
PARAMETER NAME & UNITS	TKN mg/l	TOTAL NITROGEN mg/l	TOTAL PHOS. mg/l	ORTHO PHOS. mg/l	CONDUCT. HIGH umhos/cm	FORMALDEH mg/l	EFF COLOR ADMI SU	SODIUM mg/l	PEROXIDE mg/l	THPC mg/l	FECAL COLIFORM #/100 ml	ACUTE TOX. FLEA - LC50 %	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																	
04/01/16			17.60	0.382	3,100	0.99		655	0.0							7.20	6.60
04/02/16					3,100	0.95		472	0.0							7.20	6.81
04/03/16					3,200	0.88		471	0.0							7.20	7.41
04/04/16			20.90	0.850	3,300	0.92		486	0.0			100	25			7.80	8.22
04/05/16					3,200	0.63		466	0.0							7.80	7.45
04/06/16	9.31	39.60	20.40	0.898	3,200	0.76	56	415	0.0			100				8.05	8.05
04/07/16					3,300	0.87		614	0.0		4					7.80	7.50
04/08/16			28.00	0.220	3,400	0.66		445	0.0							7.80	7.80
04/09/16					3,400	0.46		436	0.0							7.80	7.35
04/10/16					2,800	0.39		423	0.0							7.80	8.47
04/11/16			37.70	1.120	3,300	0.36		527	0.0			100				8.40	8.45
04/12/16					3,000	0.89		458	0.0							7.50	7.52
04/13/16	11.30	55.60	25.70	2.180	3,000	0.97	76	445	0.0							7.20	7.08
04/14/16					3,200	0.77		445	0.0	0.79		1	100			7.20	7.91
04/15/16			28.00	2.680	3,300	0.73		744	0.0							7.20	7.13
04/16/16					3,300	0.32		414	0.0							7.80	6.98
04/17/16					3,300	0.21		385	0.0							7.20	7.31
04/18/16			23.00	3.280	3,200	0.21		385	0.0			100				6.00	7.48
04/19/16					3,200	0.36		370	0.0							7.80	7.06
04/20/16	10.30	40.20	20.10	2.920	3,100	0.53	42	358	0.0			100				7.80	7.59
04/21/16					3,000	0.86		381	0.0			34				7.20	6.34
04/22/16			22.10	2.360	3,000			454								7.20	
04/23/16						0.33			0.0								7.11
04/24/16					3,200	0.31		615	0.0							7.20	5.11
04/25/16			23.70	3.180	3,100	0.25		630	0.0			100				7.20	7.03
04/26/16					3,100	0.38		564	0.0	1.61						7.20	8.01
04/27/16	2.33	43.90	22.60	3.380	3,100	0.31	54	375	0.0			100				7.20	7.45
04/28/16					3,200	0.32		480	0.0			31				7.20	7.90
04/29/16			26.00	2.540	3,200	0.14		420	0.0							7.20	7.25
04/30/16					3,200	0.22		489	0.0							6.60	7.01
# SAMPLES	4	4	13	13	29	29	4	29	29	2	4	8	1	0	0	29	29
AVG. VALUE	8.3	44.8	24.3	2.0	3172.4	0.55	57	477	0.00	1.20	8	100	25			7.4	7.4
MAX. VALUE	11.3	55.6	37.7	3.4	3400.0	0.99	76	744	0.00	1.61	34	100	25			8.4	8.5
MIN. VALUE	2.33	39.60	17.60	0.22	2800.00	0.14	42	358	0.00	0.79	1	100	25			6.00	5.11
# MAX EXCD.	0	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
05/16/16
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 04/01/16
DATE MO/DA/YR
END 04/30/16

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

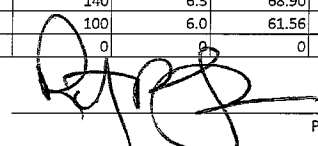
LOCATION CODE	001	001	001	001	001	001	001	001	002	002	002	001/002	002	002	002	002
PARAMETER NAME & UNITS	pH HIGH SU	pH LOW SU	pH SU	TEMP. HIGH DEG. F	TEMP. LOW DEG. F	TEMP. DEG. F	SOLIDS REMOVED lbs/day	FLOW MGD	STREAM FLOW CFS	STREAM FLOW MGD	EFF / STREAM FLOW %	EFF/UP STR COLOR DIFF. ADMI SU	UPSTREAM COLOR ADMI 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																
04/01/16	7.42	7.28	7.35	75	72	71.96	11,000	1.40	1,530	988.80	0.13					
04/02/16	7.42	7.28	7.41	75	72	71.96	0	1.22	2,020	1,305.47	0.12					
04/03/16	7.42	7.28	7.32	75	72	68.72	0	1.29	2,770	1,790.17	0.10					
04/04/16	7.28	7.14	7.24	69	66	66.56	11,860	1.21	3,360	2,171.47	0.07					
04/05/16	7.28	7.14	7.18	69	66	66.02	18,980	1.41	3,720	2,404.13	0.06					
04/06/16	7.20	7.28	7.15	69	66	64.94	18,440	1.42	4,360	2,817.75	0.06	-84	140	6.060	61.74	60
04/07/16	7.28	7.14	7.15	69	66	68.00	18,520	1.33	4,780	3,089.18	0.05					
04/08/16	7.28	7.14	7.15	72	66	66.20	12,060	0.99	7,920	5,118.47	0.03					
04/09/16	7.28	7.14	7.23	72	66	64.94	0	0.92	8,180	5,286.50	0.02					
04/10/16	7.28	7.14	7.12	69	60	59.72	0	1.05	6,470	4,181.38	0.02					
04/11/16	7.14	7.00	7.06	63	60	63.14	17,440	1.20	5,120	3,308.91	0.03					
04/12/16	7.14	7.14	7.15	67	63	72.32	28,400	1.43	4,190	2,707.88	0.04					
04/13/16	7.28	7.14	7.13	72	72	71.78	10,240	1.27	3,610	2,333.04	0.05	-34	110	6.000	61.56	48
04/14/16	7.28	7.14	7.22	75	72	71.78	0	1.58	3,140	2,029.29	0.07					
04/15/16	7.14	7.14	7.21	72	69	69.98	0	1.58	2,750	1,777.25	0.08					
04/16/16	7.14	7.14	7.11	69	66	68.36	0	1.44	2,430	1,570.44	0.08					
04/17/16	7.14	7.14	7.13	69	66	69.98	0	1.25	2,170	1,402.41	0.08					
04/18/16	7.14	7.14	7.04	69	63	62.06	0	1.08	1,950	1,260.23	0.08					
04/19/16	7.14	7.00	7.16	69	63	66.92	0	1.43	1,720	1,111.59	0.11					
04/20/16	7.28	7.14	7.11	72	69	70.88	0	1.37	1,500	969.41	0.12	-58	100	6.110	62.94	66
04/21/16	7.56	7.14	7.32	75	69	68.72	0	1.34	1,340	866.00	0.14					
04/22/16	7.56	7.14		75	72		0	0.64	1,240	801.38	0.07					
04/23/16			7.21			71.42	0		1,140	736.75						
04/24/16	7.28	7.14	7.17	75	72	67.28	0	1.63	1,050	678.59	0.22					
04/25/16	7.28	7.14	7.14	72	72	69.44	0	1.83	954	616.54	0.27					
04/26/16	7.28	7.14	7.19	75	72	69.98	0	1.98	873	564.20	0.32					
04/27/16	7.28	7.14	7.18	78	72	72.14	0	1.41	824	532.53	0.25	-46	100	6.320	68.90	84
04/28/16	7.28	7.14	7.20	78	72	75.74	0	1.43	767	495.69	0.27					
04/29/16	7.56	7.28	7.27	81	75	78.08	0	1.98	719	464.67	0.40					
04/30/16	7.56	7.28	7.25	79	72	73.76	0	1.36	673	434.94	0.29					
# SAMPLES	29	29	29	29	29	29	30	29	30	30	29	4		4	4	4
AVG. VALUE	7.3	7.2	7.2	72	68	69.06	4898	1.361	2775.67	1793.84	0.13	-55.50		113	6.1	63.78
MAX. VALUE	7.56	7.3	7.4	81	75	78.08	28400	1.980	8180.00	5286.50	0.40	-34.00		140	6.3	68.90
MIN. VALUE	7.1	7.0	7.0	63	60	59.72	0	0.636	673.00	434.94	0.02	-84.00		100	6.0	61.56
# MAX EXCD.	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
05/16/16
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 04/01/16
DATE MO/DA/YR
END 04/30/16

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

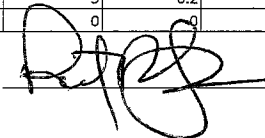
LOCATION CODE	002	002	002	002	002	002		002	002	002	002	002	002	002	002	002	002
PARAMETER NAME & UNITS	UP STREAM AMMONIA mg/l	UP STREAM FORMALDEH mg/l	UP STREAM SODIUM mg/l	UP STREAM SULFIDE mg/l	UP STREAM PEROXIDE mg/l	UP STREAM DO mg/l		DWNSTREAM COLOR ADMI SU	DWNSTREAM PH SU	DWNSTREAM TEMP. DEG. F	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																	
04/01/16																	
04/02/16																	
04/03/16																	
04/04/16																	
04/05/16																	
04/06/16	<0.200	<0.05	<5.00	<0.20	0.00	8.16		150	6.110	61.75	61	<0.200	<0.05	<5.00	<0.20	0.0	8.26
04/07/16																	
04/08/16																	
04/09/16																	
04/10/16																	
04/11/16																	
04/12/16																	
04/13/16					0.00	7.03		140	6.060	61.57	49					0.0	7.14
04/14/16																	
04/15/16																	
04/16/16																	
04/17/16																	
04/18/16																	
04/19/16																	
04/20/16					0.00	7.83		110	6.230	62.94	70					0.0	7.01
04/21/16																	
04/22/16																	
04/23/16																	
04/24/16																	
04/25/16																	
04/26/16																	
04/27/16					0.00	6.05		100	6.300	68.92	80					0.0	6.07
04/28/16																	
04/29/16																	
04/30/16																	
# 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	7.3		125	6.2	63.8	65	0.2	0.05	5	0.2	0.0	7.1
MAX. VALUE	0.2	0.050	5	0.2	0.0	8.2		150	6.3	68.9	80	0.2	0.05	5	0.2	0.0	8.3
MIN. VALUE	0.2	0.050	5	0.2	0.0	6.1		100	6.1	61.6	49	0.2	0.05	5	0.2	0.0	6.1
# 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
05/16/16
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

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

PERMIT NUMBER: GA0003280

BEGINNING 04/01/16
 DATE MO/DA/YR
 END 04/30/16

LOCATION DESCRIPTION

[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											
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															
04/01/16															
04/02/16															
04/03/16															
04/04/16	100	100													
04/05/16															
04/06/16			25.80												
04/07/16															
04/08/16															
04/09/16															
04/10/16															
04/11/16															
04/12/16															
04/13/16															
04/14/16															
04/15/16															
04/16/16															
04/17/16															
04/18/16															
04/19/16															
04/20/16															
04/21/16															
04/22/16															
04/23/16															
04/24/16															
04/25/16															
04/26/16															
04/27/16															
04/28/16															
04/29/16															
04/30/16															
# SAMPLES	1	1	1	0	0										
AVG. VALUE	100	100	26												
MAX. VALUE	100	100	26												
MIN. VALUE	100	100	26												
# MAX EXCD.	0	0	0	0	0										

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

TITLE OF THE OFFICER
Manufacturing Manager
 TITLE

DATE
05/16/16
 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.

