

OPERATION MONITORING REPORT

PERMIT NUMBER: GA0003280

LOCATION DESCRIPTION

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

BEGINNING 06/01/16
DATE MO/DA/YR
END 06/30/16

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

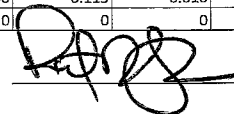
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001
PARAMETER NAME & UNITS	FLOW D. AVG MGD	BOD lbs/day	BOD mg/l	COD lbs/day	COD mg/l	TSS lbs/day	TSS mg/l	SULFIDES lbs/day	SULFIDES mg/l	TDS mg/l	TOTAL PHENOLS lbs/day	TOTAL PHENOLS mg/l	TOTAL CHROMIUM lbs/day	TOTAL CHROMIUM 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																	
06/01/16																	
06/02/16																	
06/03/16	1.35	54	4.80	1,027	91	45	4	<2	<0.2	1,720	<0.6	<0.05	<0.1	<0.01	10.7	0.95	
06/04/16	1.35	55	4.90	977	87	73	7	<2	<0.2	2,000					8.8	0.78	
06/05/16	1.71	46	3.20	1,010	71	71	5	<3	<0.2	2,020					9.6	0.67	
06/06/16	1.31	35	3.20	710	65	87	8	<2	<0.2	1,810					4.9	0.45	
06/07/16	1.48	33	2.70	704	57	31	3	<2	<0.2	1,510					3.9	0.32	
06/08/16	1.500	46	3.70	1,030	82	34	3	<3	<0.2	1,570	<0.6	<0.05	<0.1	<0.01	4.5	0.36	
06/09/16	1.51	48	3.80	1,587	126	<31	<3	<3	<0.2	1,860					12.2	0.97	
06/10/16	1.74	73	5.00	2,757	190	<36	<3	<3	<0.2	1,990					13.9	0.96	
06/11/16	1.77							<3	<0.2						16.4	1.11	
06/12/16	1.630							<3	<0.2						13.5	0.99	
06/13/16	1.47	31	2.50	1,594	130	31	3	<2	<0.2	1,900					11.2	0.91	
06/14/16	1.49	30	2.40	1,528	123	<31	<3	<2	<0.2	1,920					9.1	0.73	
06/15/16	1.50	<25	<2.00	1,626	130	<31	<3	<3	<0.2	1,940	<0.6	<0.05	<0.1	<0.01	9.4	0.75	
06/16/16	2.04	43	2.50	2,331	137	<43	<3	<3	<0.2	2,110					5.6	0.33	
06/17/16	1.28	32	3.00	1,580	148	<27	<3	<2	<0.2	2,200					4.4	0.41	
06/18/16	1.53							<3	<0.2						7.3	0.57	
06/19/16	1.630							<3	<0.2						7.2	0.53	
06/20/16	2.01	60	3.60	2,297	137	54	3	<3	<0.2	1,990					7.5	0.45	
06/21/16	0.69	12	2.10	815	142	<14	<3			1,980					3.7	0.64	
06/22/16									<0.2								
06/23/16	1.87	36	2.30	2,012	129	<39	<3	<3	<0.2	1,990	<0.8	<0.05	<0.2	<0.01	7.3	0.47	
06/24/16	1.48	28	2.30	1,642	133	<31	<3	<2	<0.2	2,060					7.4	0.60	
06/25/16	1.43	24	2.00	1,801	151	<30	<3	<2	<0.2	2,240					13.5	1.13	
06/26/16	1.53	31	2.40	2,246	176	<32	<3	<3	<0.2	2,320					8.7	0.68	
06/27/16	1.67	<28	<2.00	2,549	183	<35	<3	<3	<0.2	2,330					8.9	0.64	
06/28/16	1.68	<28	<2.00	2,396	171	<35	<3	<3	<0.2	2,260					9.2	0.66	
06/29/16	1.64	29	2.10	2,380	174	<34	<3	<3	<0.2	2,200	<0.7	<0.05	<0.1	<0.01	12.3	0.90	
06/30/16																	
# SAMPLES	26	22	22	22	22	22	22	25	27	22	5	5	5	5	26	26	
AVG. VALUE	1.550	38	3	1663	129	40	3	2.64	0.20	1996.36	0.656	0.050	0.131	0.010	8.89	0.69	
MAX. VALUE	2.040	73	5	2757	190	87	8	3.40	0.20	2330.00	0.780	0.050	0.156	0.010	16.39	1.13	
MIN. VALUE	0.688	12	2	704	57	14	3	2.14	0.20	1510.00	0.563	0.050	0.113	0.010	3.67	0.32	
# 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
07/19/16
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

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 [001 FINAL DISCHARGE TREATED PROCESS REFERENCE]
 [002 IN-STREAM - OGEECHEE RIVER]
 [1. SYSTEM SHUTDOWN NO ANALYSIS PERFORMED]
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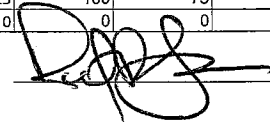
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001
PARAMETER NAME & UNITS	TKN mg/l	TOTAL NITROGEN mg/l	TOTAL PHOS. mg/l	ORTHO PHOS. mg/l	CONDUCT. HIGH umhos/cm	FORMALDEH mg/l	EFF COLOR ADML SU	SODIUM mg/l	PEROXIDE mg/l	THPC mg/l	FECAL COLIFORM #/100 ml	ACUTE TOX. FLEA - 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	DAILY	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																	
06/01/16						0.25											
06/02/16						0.25	73	369	0.0		517					6.60	7.11
06/03/16	8.03	14.00	8.70	0.064	2,600	0.12		602	0.0			100				7.56	7.02
06/04/16			6.90	0.051	2,900	0.08		673	0.0			100				6.60	6.17
06/05/16			5.90	0.068	2,900	0.07		608	0.0							6.60	7.12
06/06/16			5.50	0.062	2,800	0.30		402	0.0	0.79						6.60	6.90
06/07/16					2,400	0.49	48	349	0.0							6.00	6.92
06/08/16	3.92	18.70	9.10	0.048	2,400	0.17		513	0.0		276	100				6.60	5.90
06/09/16					2,700	0.69		565	0.0			100	25	100	75	6.60	6.90
06/10/16			19.70	0.088	2,800	0.25		414	0.0							6.00	6.81
06/11/16					2,900	0.27		400	0.0							6.60	6.10
06/12/16					2,800	0.21		400	0.0			100				6.60	7.39
06/13/16			19.50	1.280	2,700	0.25		410	0.0							6.00	5.55
06/14/16					2,700	0.50	50	395	0.0			100				5.40	6.81
06/15/16	2.39	29.40	14.00	0.610	2,850	0.27		570	0.0	1.40	2,420					6.00	6.49
06/16/16					3,100	0.44		697	0.0							6.00	7.01
06/17/16			19.40	0.545	3,200	0.43		656	0.0							6.00	6.73
06/18/16					3,200	0.33		668	0.0							6.00	6.17
06/19/16					2,900	0.38		594	0.0			100				6.60	6.90
06/20/16			19.10	1.820	3,100	0.31	97	528	0.0							6.60	
06/21/16					2,800	0.23		559	0.0		185	100				6.00	6.57
06/22/16						0.32		600	0.0							6.00	5.55
06/23/16	4.56	27.80	16.50	0.500	2,900	0.41		580	0.0							6.00	6.04
06/24/16			17.60	0.480	2,900	0.27		588	0.0							6.00	6.01
06/25/16			20.80	0.620	2,900	0.27		607	0.0			100				6.00	5.45
06/26/16					2,900	0.38		<5	0.0							6.00	6.99
06/27/16			25.80	0.850	3,200	0.46	46	599	0.0			100				6.00	6.50
06/28/16			25.80	0.490	3,100												
06/29/16	1.50	32.00	25.80		3,100												
06/30/16																	
# SAMPLES	5	5	15	15	26	27	5	26	27	2	4	10	1	1	1	26	26
AVG. VALUE	4.1	24.4	15.6	0.5	2875.0	0.31	63	514	0.00	1.10	503	100	25	100	75	6.3	6.5
MAX. VALUE	8.0	32.0	25.8	1.8	3200.0	0.69	97	697	0.00	1.40	2,420	100	25	100	75	7.6	7.4
MIN. VALUE	1.50	14.00	5.50	0.05	2400.00	0.07	46	5	0.00	0.79	185	100	25	100	75	5.40	5.45
# MAX EXCD.	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0

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Robert R. Lanier
 LAST FIRST M

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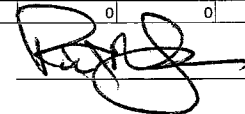
LOCATION CODE	001	001	001	001	001	001	001	001	002	002	002	001/002	002	002	002	002
PARAMETER NAME & UNITS	pH HIGH SU	pH LOW SU	pH SU	TEMP. HIGH DEG. F	TEMP. LOW DEG. F	TEMP. DEG. F	SOLIDS REMOVED lbs/dav	FLOW MGD	STREAM FLOW CFS	STREAM FLOW MGD	EFF / STREAM FLOW %	EFF/UP STR COLOR DIFF. ADMI SU	UPSTREAM COLOR 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																
06/01/16							0		1,230	794.91						
06/02/16							0		1,010	652.73						
06/03/16	7.56	7.42	7.37	87	81	78.08	0	1.35	917	592.63	0.21	-47	120	6.800	70.92	101
06/04/16	7.56	7.42	7.35	87	81	75.38	0	1.35	699	451.74	0.23					
06/05/16	7.56	7.42	7.31	87	81	71.96	0	1.71	865	559.03	0.38					
06/06/16	7.56	7.42	7.21	87	81	75.56	0	1.31	909	587.46	0.23					
06/07/16	7.56	7.42	7.31	81	78	74.84	0	1.48	1,640	1,059.89	0.25					
06/08/16	7.56	7.56	7.25	87	78	74.84	0	1.50	1,890	1,221.45	0.14	-46	94	6.320	70.95	72
06/09/16	7.56	7.42	7.21	87	81	71.78	0	1.51	1,830	1,182.68	0.12					
06/10/16	7.56	7.14	7.24	84	78	77.72	0	1.74	1,820	1,176.22	0.15					
06/11/16	7.56	7.14	7.21	84	81	75.02	0	1.77	1,850	1,195.60	0.15					
06/12/16	7.14	7.14	7.20	84	81	76.10	0	1.63	1,800	1,163.29	0.14					
06/13/16	7.56	7.14	7.25	90	81	80.06	0	1.47	1,490	962.95	0.13					
06/14/16	7.98	7.56	7.83	90	91	74.48	0	1.49	1,120	723.82	0.15					
06/15/16	7.98	6.58	7.35	93	84	78.98	0	1.50	833	538.34	0.21	-150	200	6.440	75.90	110
06/16/16	7.84	7.14	7.71	87	84	79.16	0	2.04	640	413.61	0.38					
06/17/16	7.84	7.14	7.71	87	85	79.34	0	1.28	526	339.94	0.31					
06/18/16	7.28	7.14	7.23	87	84	78.08	0	1.53	455	294.05	0.45					
06/19/16	7.28	7.28	7.19	84	81	73.22	0	1.63	435	281.13	0.55					
06/20/16	7.56	7.00	7.15	84	75	72.32	0	2.01	427	275.96	0.71					
06/21/16	7.14	7.00		81	81		0	0.69	391	252.69	0.25					
06/22/16			7.85			76.46	0		348	224.90		27	70	7.570	74.16	101
06/23/16	7.42	7.14	7.50	87	81	82.40	0	1.87	297	191.94	0.83					
06/24/16	7.28	7.14	7.22	90	78	82.94	0	1.48	260	168.03	0.77					
06/25/16	7.28	7.14	7.32	90	84	78.44	0	1.43	226	146.06	0.85					
06/26/16	7.28	7.28	7.41	90	83	79.70	0	1.53	203	131.19	1.05					
06/27/16	7.28	7.14	7.45	90	81	78.26	0	1.67	203	131.19	1.27					
06/28/16	7.28	7.14	6.32	90	81	86.72	0	1.68	164	105.99	1.28					
06/29/16	7.28	7.14	7.43	90	81	77.90	0	1.64	160	103.40	1.55	5	41	7.450	78.89	158
06/30/16							0		151	97.59						
# SAMPLES	26	26	26	26	26	26	30	26	30	30	26	5	5	5	5	5
AVG. VALUE	7.5	7.2	7.3	87	81	77.30	0	1.550	826.30	534.01	0.49	-42.20	105	6.9	74.16	108
MAX. VALUE	7.98	7.6	7.9	93	91	86.72	0	2.040	1890.00	1221.45	1.55	27.00	200	7.6	78.89	158
MIN. VALUE	7.1	6.6	6.3	81	75	71.78	0	0.688	151.00	97.59	0.12	-150.00	41	6.3	70.92	72
# 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
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YR/MO/DA

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[ND. "NOT DETECTED"]

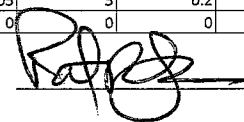
LOCATION CODE	002	002	002	002	002	002	002	002	002	002	002	002	002	002	002	002	002
PARAMETER NAME & UNITS	UP STREAM AMMONIA mg/l	UP STREAM FORMALDEH mg/l	UP STREAM SODIUM mg/l	UP STREAM SULFIDE mg/l	UP STREAM PEROXIDE mg/l	UP STREAM DO mg/l		DWNSTREAM COLOR ADMSU	DWNSTREAM PH SU	DWNSTREAM TEMP. DEG. F	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																	
06/01/16																	
06/02/16																	
06/03/16	<0.200	<0.05	<5.00	<0.20	0.00	5.71		110	6.750	70.92	103	<0.200	<0.05	<5.00	<0.20	0.0	5.89
06/04/16																	
06/05/16																	
06/06/16																	
06/07/16																	
06/08/16					0.00	5.25		90	6.440	70.99	96					0.0	5.31
06/09/16																	
06/10/16																	
06/11/16																	
06/12/16																	
06/13/16																	
06/14/16																	
06/15/16					0.00	5.08		190	6.560	75.85	114					0.0	4.85
06/16/16																	
06/17/16																	
06/18/16																	
06/19/16																	
06/20/16																	
06/21/16																	
06/22/16					0.00	6.94		87	7.410	74.17	141					0.0	5.96
06/23/16																	
06/24/16																	
06/25/16																	
06/26/16																	
06/27/16																	
06/28/16																	
06/29/16					0.00	3.95		39	7.430	78.85	218					0.0	4.94
06/30/16																	
# SAMPLES	1	1	1	1	5	5		5	5	5	5	1	1	1	1	5	5
AVG. VALUE	0.2	0.050	5	0.2	0.0	5.4		103	6.9	74.2	134	0.2	0.05	5	0.2	0.0	5.4
MAX. VALUE	0.2	0.050	5	0.2	0.0	6.9		190	7.4	78.9	218	0.2	0.05	5	0.2	0.0	6.0
MIN. VALUE	0.2	0.050	5	0.2	0.0	4.0		39	6.4	70.9	96	0.2	0.05	5	0.2	0.0	4.9
# 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
07/19/16
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 06/01/16
 DATE MO/DA/YR
 END 06/30/16

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

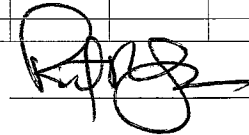
LOCATION CODE	002	002	002		001									
PARAMETER NAME & UNITS	DN-STR ACUTE FLEA LC50 %	DN-STR CHRON FLEA NOEC %	DN-STR T. HARDNESS mg/l		MERCURY ng/l									
TYPE OF SAMPLE	GRAB	GRAB	GRAB		Grab									
FREQUENCY OF ANALYSIS	ONE MONTH	ONE MONTH	ONCE MONTH		twice per year									
LIMITS	REPORT	REPORT	REPORT		REPORT									
DATE														
06/01/16														
06/02/16														
06/03/16			33.00											
06/04/16														
06/05/16														
06/06/16														
06/07/16														
06/08/16														
06/09/16														
06/10/16	100	100												
06/11/16														
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06/24/16														
06/25/16														
06/26/16														
06/27/16					<0.50									
06/28/16														
06/29/16														
06/30/16														
# SAMPLES	1	1	1		0	1								
AVG. VALUE	100	100	33			1								
MAX. VALUE	100	100	33			1								
MIN. VALUE	100	100	33			1								
# 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
 07/19/16
 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.



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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved. OMB No. 2040-0004

Name **KING AMERICA FINISHING, INC.**

DISCHARGE MONITORING REPORT (DMR)

Address **1351 SCARBORO HIGHWAY**

GA0003280
PERMIT NUMBER

001-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

30467

SYLVANIA, GEORGIA 30467

MAJOR

Facility **KING AMERICA FINISHING, INC.**

Final Discharge
External Outfall

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

MONITORING PERIOD						
MM	DD	YYYY	MM	DD	YYYY	
06	01	2016	06	30	2016	FROM TO

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			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	71.78	*****	86.72	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	*****	*****	*****	75.00	*****	93.00	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	*****	*****	****	*****	2,875	3,200	umho/cm	0	Daily	CONTIN
00095 1 0 Effluent Gross	PREMIT 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	*****	*****	*****	5.45	*****	*****	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	*****	*****	*****	5.40	*****	*****	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	38	73	lb/d	*****	3	5	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 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 38 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	07	19	
TYPED OR PRINTED						AREA CODE	NUMBER	YEAR	MONTH	DAY	

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

BOD5: RL(7.6 ppm)

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved. OMB No. 2040-0004

Name **KING AMERICA FINISHING, INC.**

DISCHARGE MONITORING REPORT (DMF)

Address **1351 SCARBORO HIGHWAY**

GA0003280
PERMIT NUMBER

001-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

30467

SYLVANIA, GEORGIA 30467

MAJOR

Facility **KING AMERICA FINISHING, INC.**

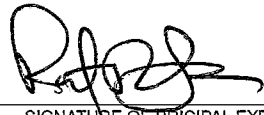
Location **1351 SCARBORO HIGHWAY, SYLVANIA, GA, 30467**

MONITORING PERIOD						
MM	DD	YYYY	MM	DD	YYYY	
06	01	2016	06	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] 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	1,663	2,757	lb/d	*****	129	190	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	*****	*****	*****	6.320	*****	7.850	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	*****	*****	*****	6.58	*****	7.98	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	<40	87	lb/d	*****	<3	8	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	*****	*****	*****	*****	24.38	32.00	mg/L	0	1 / Week	COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total [as N] 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	8.89	16.39	lb/d	*****	0.69	1.13	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	*****	*****	*****	*****	4.08	8.03	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	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.)				 SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Robert R. Lanier Manufacturing Manager TYPED OR PRINTED							912	863-4511	16	07	19

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

Name **KING AMERICA FINISHING, INC.**

DISCHARGE MONITORING REPORT (DMR)

Address **1351 SCARBORO HIGHWAY**

GA0003280
PERMIT NUMBER

001-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

30467

SYLVANIA, GEORGIA 30467

MAJOR

Facility **KING AMERICA FINISHING, INC.**

Final Discharge
External Outfall

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

MONITORING PERIOD						
MM	DD	YYYY	MM	DD	YYYY	
06	01	2016	TO	06	30	2016

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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	****	*****	15.6	25.8	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	2.64	3.40	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	*****	*****	****	*****	<514	697	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	0.131	0.156	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	*****	*****	****	*****	63	97	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	*****	*****	****	*****	-42.20	27.00	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	*****	*****	****	*****	0.49	1.55	%	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	07	19	
TYPED OR PRINTED						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)

Form Approved.

OMB No. 2040-0004

Name **KING AMERICA FINISHING, INC.**

DISCHARGE MONITORING REPORT (DMF)

Address **1351 SCARBORO HIGHWAY**

GA0003280
PERMIT NUMBER

001-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

30467

SYLVANIA, GEORGIA 30467

MAJOR

Facility **KING AMERICA FINISHING, INC.**

MONITORING PERIOD

Final Discharge

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

MM	DD	YYYY	MM	DD	YYYY
06	01	2016	06	30	2016

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			
Total phenols	SAMPLE MEASUREMENT	0.7	0.8	lb/d	*****	0.05	0.05	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	1.550	2.040	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	*****	*****	****	*****	0.505	1.820	mg/L	0	3 / Week	COMPOS
50785 1 0 Effluent Gross	PREMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		3 Days Every Week	COMPOS
Tetrahydroxymethylphosphonium chloride, THPC	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	1.40	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	*****	*****	****	*****	1,996	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	*****	*****	****	*****	0.31	0.69	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	*****	*****	****	*****	*****	<0.5	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 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	07	19	
TYPED OR PRINTED						AREA CODE NUMBER		YEAR	MONTH	DAY	

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)

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 (DMF)

Form Approved.

OMB No. 2040-0004

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
06	01	2016	TO	06	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			
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	*****	*****	****	*****	503	>2,420	#/100mL	3	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	*****	0	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	*****	*****	****	100	*****	*****	%	0	Annual	GRAB
TAB6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	%		Annual	GRAB
Noel Statre 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	25	*****	*****	%	0	1 / Month	GRAB
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	%		1 / Month	GRAB
Noel Statre 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	****	75	*****	*****	%	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 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	07	19
Robert R. Lanier Manufacturing Manager		SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved. OMB No. 2040-0004

Name **KING AMERICA FINISHING, INC.**

DISCHARGE MONITORING REPORT (DMF)

Address **1351 SCARBORO HIGHWAY**

GA0003280
PERMIT NUMBER

DRW-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467

SYLVANIA, GEORGIA 30467

MAJOR

Facility **KING AMERICA FINISHING, INC.**

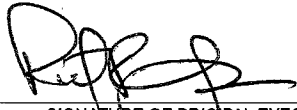
MONITORING PERIOD						
MM	DD	YYYY	MM	DD	YYYY	
06	01	2016	06	30	2016	

Source Water
Internal 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			
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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	07	19	
TYPED OR PRINTED											AREA CODE
		 SIGNATURE OF PRINCIPAL 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)

Form Approved. OMB No. 2040-0004

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

DISCHARGE MONITORING REPORT (DMF)

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	
06	01	2016	06	30	2016	FROM TO

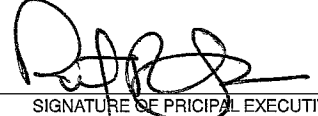
Instream Monitoring
 External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00011 5 0 Upstream Monitoring Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	74.16	78.89	deg F	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRAB
00011 6 0 Downstream Monitoring Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	74.16	78.85	deg F	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRAB
00061 Z 0 Instream Monitoring Stream flow, instantaneous	SAMPLE MEASUREMENT	534.01	1,221.45	MGD	*****	*****	*****	****	0	Daily	GRAB
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		Daily	INSTAN
00094 5 0 Upstream Monitoring Conductivity	SAMPLE MEASUREMENT	*****	*****	****	*****	108	158	umhos/cm	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRAB
00094 6 0 Downstream Monitoring Conductivity	SAMPLE MEASUREMENT	*****	*****	****	*****	134	218	umhos/cm	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRAB
00139 5 0 Upstream Monitoring Hydrogen peroxide	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
00139 6 0 Downstream Monitoring Hydrogen peroxide	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.)


 SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
912	863-4511	16	07	19
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 (DMF)

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

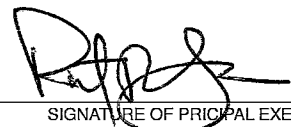
STR-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467
MAJOR

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
06	01	2016	06	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	*****	*****	****	3.95	*****	*****	mg/L	0	1 / Month	GRAB
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	*****	mg/L		Monthly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	4.85	*****	*****	mg/L	0	1 / Month	GRAB
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	****	6.320	*****	7.570	SU	0	1 / Month	GRAB
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	****	6.440	*****	7.430	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. §§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			
Robert R. Lanier Manufacturing Manager							912	863-4511	16	07	19
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH

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

Name **KING AMERICA FINISHING, INC.**

DISCHARGE MONITORING REPORT (DMF)

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.**

Instream Monitoring

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

External Outfall

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

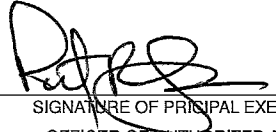
MONITORING PERIOD						
MM	DD	YYYY	MM	DD	YYYY	
06	01	2016	06	30	2016	FROM TO

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sulfide, total [as S] 00745 6 0 Downstream 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
Hardness, total [as CaCO3] 00900 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	33.00	33.00	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Sodium, total [as Na] 00929 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	5.00	5.00	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Sodium, total [as Na] 00929 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	5.00	5.00	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Color [admi units] 01290 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	105	200	col unit	0	1 / Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	col unit		Weekly	GRAB
Color [admi units] 01290 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	103	190	col unit	0	1 / Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	col unit		Weekly	GRAB
Formaldehyde 71880 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.0500	0.0500	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.)


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
912	863-4511	16	07	19
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)

Form Approved. OMB No. 2040-0004

Name **KING AMERICA FINISHING, INC.**

DISCHARGE MONITORING REPORT (DMF)

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.**

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

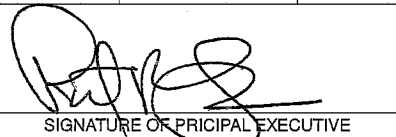
MONITORING PERIOD						
MM	DD	YYYY	MM	DD	YYYY	
06	01	2016	06	30	2016	FROM TO

Instream Monitoring
External Outfall

NO DISCHARGE

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

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 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
LC50 Static 96Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRAB
TAB3B 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRAB
LC50 Static 96Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	Annual	GRAB
TAB6C 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Annual	GRAB
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRAB
TBP3B 6 0	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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	07	19
Robert R. Lanier Manufacturing Manager		SIGNATURE OF PRICIPAL EXECUTIVE				
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH

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

Formaldehyde: RL(50 ppb)