

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

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

Form Approved.  
OMB No. 2040-0004

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

**GA0003280**  
PERMIT NUMBER

**001-1**  
DISCHARGE NUMBER

**DMR Mailing ZIP CODE:** 30467  
**MAJOR**

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

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
05	01	2016	05	31	2016

Final Discharge  
External Outfall

**NO DISCHARGE**

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	66.02	*****	83.66	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	*****	*****	*****	66.00	*****	84.00	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	*****	*****	*****	*****	2,896	3,700	umho/cm	0	Daily	CONTIN
00095 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umho/cm		Daily	CONTIN
Hydrogen peroxide	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	mg/L	0	Daily	GRAB
00139 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Daily	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.18	*****	*****	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 DAILY MN	*****	*****	mg/L		5 Days Every Week	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.00	*****	*****	mg/L	0	Continuous	RCORDR
00300 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	5 INST MN	*****	*****	mg/L		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	41	78	lb/d	*****	3	6	mg/L	0	5 / Week	COMPOS
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	776 DAILY AV	1552 DAILY MX	lb/d	*****	30 DAILY AV	60 DAILY MX	mg/L		5 Days Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUES IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
		912	863-4511	16	06	15
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

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

BOD5: RL(7.6 ppm)

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

**GA0003280**  
PERMIT NUMBER  
**001-1**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: **30467**  
MAJOR

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
05	01	2016	05	31	2016

Final Discharge  
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			
Oxygen demand, chen. [high level] [COD]	SAMPLE MEASUREMENT	1,832	2,158	lb/d	*****	147	174	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	*****	*****	*****	7.100	*****	7.420	SU	0	Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8 MAXIMUM	SU		5 Days Every Week	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.14	*****	7.58	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	<31	<37	lb/d	*****	<3	<3	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	*****	*****	*****	*****	33.33	38.60	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	8.15	18.26	lb/d	*****	0.66	1.50	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	*****	*****	*****	*****	6.62	9.42	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

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		912	863-4511	16	06	15
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)

Ammonia: RL(0.20 ppm)

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

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

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OMB No. 2040-0004

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

**GA0003280**  
PERMIT NUMBER

**001-1**  
DISCHARGE NUMBER

**DMR Mailing ZIP CODE:** 30467  
MAJOR

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

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
05	01	2016	TO	05	31	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	*****	*****	****	*****	20.8	23.2	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	2.41	2.97	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	*****	*****	****	*****	486	619	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	0.132	0.142	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	*****	*****	****	*****	53	60	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	*****	*****	****	*****	-19.25	-13.00	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	*****	*****	****	*****	0.39	0.60	%	0	Daily	CALCTD
01352 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	8 DAILY MX			Daily	CALCTD

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	06	15
	SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

Sodium: RL(5.0 ppm); Chromium: RL(0.01 ppm); ADM1 Color: RL(25 SU); Sulfide: RL(1.0 ppm)

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Name **KING AMERICA FINISHING, INC.**  
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**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
05	01	2016	TO	05	31	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			
Total phenols	SAMPLE MEASUREMENT	0.8	1.0	lb/d	*****	0.08	0.14	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	1.381	1.780	MGD	*****	*****	*****	****	0	Daily	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.1 DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		Daily	CONTIN
Phosphorus, ortho	SAMPLE MEASUREMENT	*****	*****	****	*****	2.243	3.680	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	*****	*****	****	*****	*****	5.38	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	*****	*****	****	*****	1,984	2,090	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	0.72	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  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		
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Formaldehyde: RL(50 ppb); Phenolics: RL(0.05 ppm); Ortho Phosph: RL(0.02 ppm); THPC: RL(10 ppm); Mercury: RL(0.5 ppt)

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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
05	01	2016	05	31	2016

Final Discharge  
External Outfall

NO DISCHARGE

FROM

TO

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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
Colliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	15	770	#/100mL	1	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	*****	0	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	*****	*****	****	100	*****	*****	%	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	*****	*****	****	8	*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	%		Annual	GRAB

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

Mercury: RL(0.5 ppt)

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**SYLVANIA, GEORGIA 30467**

**GA0003280**  
 PERMIT NUMBER

**DRW-1**  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: **30467**  
 MAJOR

Facility **KING AMERICA FINISHING, INC.**  
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 Attn: **MR. Robert R. Lanier**

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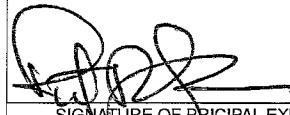
Source Water  
 Internal Outfall

NO DISCHARGE

FROM

TO

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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										
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	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 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.)	 SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			912	863-4511	16	06	15
			AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Mercury: RL(0.5 ppt)

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DMR Mailing ZIP CODE: **30467**  
MAJOR

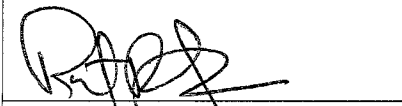
Facility **KING AMERICA FINISHING, INC.**  
Location **1351 SCARBORO HIGHWAY, SYLVANIA, GA, 30467**  
Attn: **MR. Robert R. Lanier**

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
05	01	2016	05	31	2016

Instream Monitoring  
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	69.73	73.47	deg F	0	1 / Month	GRAB
00011 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRAB
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	69.74	73.44	deg F	0	1 / Month	GRAB
00011 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRAB
Stream flow, instantaneous	SAMPLE MEASUREMENT	390.89	872.47	MGD	*****	*****	*****	****	0	Daily	GRAB
00061 Z 0 Instream Monitoring	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		Daily	iNSTAN
Conductivity	SAMPLE MEASUREMENT	*****	*****	****	*****	97	112	umhos/cm	0	1 / Month	GRAB
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRAB
Conductivity	SAMPLE MEASUREMENT	*****	*****	****	*****	103	114	umhos/cm	0	1 / Month	GRAB
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRAB
Hydrogen peroxide	SAMPLE MEASUREMENT	*****	*****	****	*****	0.00	0.00	mg/L	0	1 / Month	GRAB
00139 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Hydrogen peroxide	SAMPLE MEASUREMENT	*****	*****	****	*****	0.00	0.00	mg/L	0	1 / Month	GRAB
00139 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE 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	06	15
Robert R. Lanier Manufacturing Manager		AREA CODE	NUMBER	YEAR	MONTH	DAY
TYPED OR PRINTED						

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
05	01	2016	05	31	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			
Oxygen, dissolved [DO] 00300 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	6.33	*****	*****	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	*****	mg/L		Monthly	GRAB
Oxygen, dissolved [DO] 00300 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	6.30	*****	*****	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	mg/L		Monthly	GRAB
pH 00400 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	6.660	*****	7.030	SU	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
pH 00400 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	6.670	*****	6.990	SU	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
Nitrogen, ammonia total [as N] 00610 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.200	0.200	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total [as N] 00610 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.200	0.200	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Sulfide, total [as S] 00745 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.20	0.20	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Robert R. Lanier Manufacturing Manager  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
		912	863-4511	16	06	15
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY

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

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



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

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

Form Approved. OMB No. 2040-0004

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

GA0003280  
PERMIT NUMBER

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
05	01	2016	05	31	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] 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	*****	*****	****	*****	36.70	36.70	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	*****	*****	****	*****	72	78	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	*****	*****	****	*****	73	79	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.)	TELEPHONE		DATE		
		912	863-4511	16	06	15
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPANATION OF ANY VIOLATIONS (Reference all attachments here)  
  
Formaldehyde: RL(50 ppb); 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 (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	TO	MM	DD	YYYY
05	01	2016	TO	05	31	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			
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	06	15
	SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Formaldehyde: RL(50 ppb)

OPERATION MONITORING REPORT

PERMIT NUMBER: GA0003280

LOCATION DESCRIPTION

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

BEGINNING 05/01/16  
DATE MO/DA/YR  
END 05/31/16

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

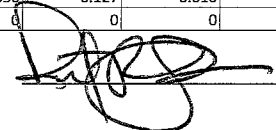
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001
PARAMETER NAME & UNITS	FLOW D. AVG MGD	BOD lbs/day	BOD mg/l	COD lbs/day	COD mg/l	TSS lbs/day	TSS mg/l	SULFIDES lbs/day	SULFIDES mg/l	TDS mg/l	TOTAL PHENOLS lbs/day	TOTAL PHENOLS mg/l	TOTAL CHROMIUM lbs/day	TOTAL CHROMIUM 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																	
05/01/16	1.72							<3	<0.2							10.6	0.74
05/02/16	1.43		62	5.20	1,884	158	<30	<3	<2	2,040					8.1	0.68	
05/03/16	1.43	<24	<2.00	1,574	132	<30	<30	<3	<2	1,870					4.3	0.36	
05/04/16	1.70	62	4.40	1,971	139	<35	<3	<3	<3	1,810	1.0	0.07	<0.1	<0.01	9.9	0.70	
05/05/16	1.45	<24	<2.00	1,862	154	<30	<3	<2	<2	1,920					9.8	0.81	
05/06/16	1.25	<21	<2.00	1,647	158	<26	<3	<2	<2	2,040					6.8	0.65	
05/07/16	1.25							<2	<2	<2					6.9	0.66	
05/08/16	1.490							<2	<2	<2					6.8	0.55	
05/09/16	1.44	<24	<2.00	1,861	155	<30	<3	<2	<2	2,090					5.3	0.44	
05/10/16	1.76	<29	<2.00	2,158	147	<37	<3	<3	<3	2,060					9.8	0.67	
05/11/16	1.52	<25	<2.00	1,787	141	<32	<3	<3	<3	2,050	<0.6	<0.05	<0.1	<0.01	9.5	0.75	
05/12/16	1.550	40	3.10	1,797	139	<32	<3	<3	<3	2,020					7.9	0.61	
05/13/16	1.49	39	3.10	1,727	139	<31	<3	<2	<2	2,020					10.2	0.82	
05/14/16	1.36							<2	<2						7.1	0.63	
05/15/16	1.00														3.1	0.37	
05/16/16																	
05/17/16																	
05/18/16										<0.2	0	0.14					
05/19/16	1.550	44	3.40	1,771	137	<32	<3	<3	<3	1,870			<0.1	<0.01	8.9	0.69	
05/20/16	1.57	58	4.40	2,016	154	<33	<3	<3	<3	1,980					6.8	0.52	
05/21/16	1.44	67	5.60	2,090	174	<30	<3	<2	<2	2,020					6.0	0.50	
05/22/16	1.49	78	6.30	1,827	147	<31	<3	<2	<2	1,980					4.6	0.37	
05/23/16	1.48	28	2.30	1,703	138	<31	<3	<2	<2	1,940					3.9	0.32	
05/24/16	1.78	<45	<3.00	1,989	134	<37	<3	<3	<3	1,940					5.5	0.37	
05/25/16	1.57	43	3.30	1,755	134	<33	<3	<3	<3	1,940	<0.7	<0.05	<0.1	<0.01	8.4	0.64	
05/26/16	0.23							<0	<0.2								
05/27/16	1.46	46	3.80	1,960	161	<30	<3	<2	<2	2,030					18.3	1.50	
05/28/16	1.17	25	2.60	1,434	147	<24	<3	<2	<2	2,080					10.1	1.04	
05/29/16	1.51							<3	<0.2						15.0	1.19	
05/30/16	0.18																
05/31/16																	
# SAMPLES	27	19	19	19	19	19	19	25	26	19	3	4	4	4	25	25	
AVG. VALUE	1.381	41	3	1832	147	31	3	2.41	0.20	1984.21	0.760	0.078	0.132	0.010	8.15	0.66	
MAX. VALUE	1.780	78	6	2158	174	37	3	2.97	0.20	2090.00	0.992	0.140	0.142	0.010	18.26	1.50	
MIN. VALUE	0.184	21	2	1434	132	24	3	0.39	0.20	1810.00	0.634	0.050	0.127	0.010	3.09	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 MI

TITLE OF THE OFFICER  
Manufacturing Manager  
TITLE

DATE  
06/15/16  
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 05/01/16  
DATE MO/DA/YR  
END 05/31/16

[ 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	TOTAL NITROGEN mg/l	TOTAL PHOS. mg/l	ORTHO PHOS. mg/l	CONDUCT. HIGH umhos/cm	FORMALDEH mg/l	EFF COLOR ADMSU	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	REPORT	REPORT	REPORT	REPORT	AVG 200 MAX 400	MIN >100	MIN 8	MIN >100	MIN 10	MIN 5.0	MIN 5.0
DATE																	
05/01/16					3,100	0.08		478	0.0							6.40	7.01
05/02/16			22.40	2.300	2,800	0.09		458	0.0			100	25			6.40	8.16
05/03/16					2,800	0.20		389	0.0							7.20	7.29
05/04/16	5.80	35.40	20.10	2.420	2,800	0.28	52	380	0.0			100				7.20	7.20
05/05/16					2,800	0.41		394	0.0		5					7.20	7.42
05/06/16			22.80	1.960	3,100	0.35		405	0.0							7.20	7.86
05/07/16					3,100	0.66		454	0.0							7.20	7.63
05/08/16					3,100	0.25		419	0.0							7.20	7.50
05/09/16			22.00	2.120	3,100	0.23		406	0.0							7.20	7.58
05/10/16					2,800	0.26		593	0.0							7.20	8.00
05/11/16	9.42	38.60	20.90	3.140	3,000	0.30	52	619	0.0	4.02		100				7.20	7.59
05/12/16					3,000	0.42		613	0.0		1	100				7.20	6.72
05/13/16			19.40	3.680	2,800	0.11		583	0.0							6.60	6.41
05/14/16					2,700	0.11		449	0.0							6.60	6.41
05/15/16					2,800			418								6.60	
05/16/16																	
05/17/16																	
05/18/16						0.18	47		0.0								7.40
05/19/16	3.68	29.60	18.80	1.520	3,700	0.24		584	0.0	5.38	13	100				6.60	6.60
05/20/16			20.70	1.400	2,800	0.56		590	0.0			100				6.60	7.23
05/21/16			20.70	1.300	2,900	0.07		571	0.0							6.60	6.43
05/22/16					2,800	0.06		581	0.0							6.60	6.18
05/23/16			19.30	2.240	2,700	0.09		547	0.0			100				6.00	7.74
05/24/16					2,700	0.31		453	0.0							7.20	7.55
05/25/16	7.59	29.70	18.90	2.340	2,700	0.72	60	447	0.0			100				6.60	7.05
05/26/16					2,700	0.44			0.0							6.60	6.82
05/27/16			23.20	2.500	2,900	0.32		455	0.0		770					6.60	7.14
05/28/16					2,900	0.53		409	0.0							6.60	6.45
05/29/16					2,900	0.67		458	0.0							7.15	6.99
05/30/16					2,700											7.20	
05/31/16																	
# SAMPLES	4	4	12	12	27	26	4	25	26	2	4	8	1	0	0	27	26
AVG. VALUE	6.6	33.3	20.8	2.2	2896.3	0.31	53	486	0.00	4.70	15	100	25			6.9	7.2
MAX. VALUE	9.4	38.6	23.2	3.7	3700.0	0.72	60	619	0.00	5.38	770	100	25			7.2	8.2
MIN. VALUE	3.68	29.60	18.80	1.30	2700.00	0.06	47	380	0.00	4.02	1	100	25			6.00	6.18
# MAX EXCD.	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0

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

TITLE OF THE OFFICER  
Manufacturing Manager  
TITLE

DATE  
06/15/16  
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 05/01/16  
DATE MO/DA/YR  
END 05/31/16

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

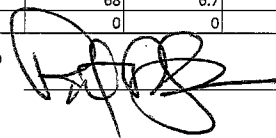
LOCATION CODE	001	001	001	001	001	001	001	001	002	002	002	001/002		002	002	002	002
PARAMETER NAME & UNITS	pH HIGH SU	pH LOW SU	pH SU	TEMP. HIGH DEG. F	TEMP. LOW DEG. F	TEMP. DEG. F	PLANT SOLIDS REMOVED lbs/day	FLOW MGD	STREAM FLOW CFS	STREAM FLOW MGD	EFF / STREAM FLOW %	EFF/UP STR COLOR DIFF. ADMI SU		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																	
05/01/16	7.56	7.28	7.25	79	75	75.74	0	1.72	638	412.32	0.40						
05/02/16	7.56	7.28	7.25	79	72	80.96	0	1.43	624	403.27	0.35						
05/03/16	7.28	7.14	7.21	78	78	80.96	0	1.43	614	396.81	0.35						
05/04/16	7.42	7.28	7.17	78	75	73.40	0	1.70	590	381.30	0.43	-26	78	7.030	73.47	82	
05/05/16	7.28	7.14	7.15	78	75	70.70	0	1.45	552	356.74	0.38						
05/06/16	7.28	7.14	7.16	75	69	66.02	0	1.25	524	338.65	0.35						
05/07/16	7.28	7.14	7.21	75	69	68.36	0	1.25	500	323.14	0.37						
05/08/16	7.28	7.14	7.35	75	69	83.66	0	1.49	481	310.86	0.46						
05/09/16	7.42	7.14	7.18	75	72	68.36	0	1.44	467	301.81	0.46						
05/10/16	7.42	7.28	7.14	75	72	69.98	0	1.76	460	297.29	0.58						
05/11/16	7.28	7.14	7.20	78	78	70.52	0	1.52	501	323.78	0.51	-17	69	6.660	70.21	83	
05/12/16	7.28	7.14	7.21	81	78	71.96	0	1.55	456	294.70	0.48						
05/13/16	7.58	7.42	7.23	81	72	77.00	0	1.49	445	287.59	0.51						
05/14/16	7.56	7.42	7.17	84	75	68.54	0	1.36	419	270.79	0.47						
05/15/16	7.28	7.14		81	78		0	1.00	414	267.56	0.37						
05/16/16							0		388	250.75							
05/17/16							0		370	239.12							
05/18/16			7.20			72.86	0		399	257.86		-21	68	6.770	68.11	112	
05/19/16	7.56	7.42	7.27	81	75	73.58	0	1.55	423	273.37	0.60						
05/20/16	7.56	7.42	7.25	81	78	72.32	0	1.57	508	328.31	0.57						
05/21/16	7.56	7.42	7.31	78	75	74.30	0	1.44	573	370.31	0.44						
05/22/16	7.56	7.42	7.24	84	72	73.40	0	1.49	652	421.37	0.40						
05/23/16	7.56	7.42	7.42	81	66	71.60	0	1.48	680	439.46	0.35						
05/24/16	7.42	7.42	7.22	78	69	71.06	0	1.78	710	458.85	0.41						
05/25/16	7.56	7.42	7.32	81	69	76.28	0	1.57	773	499.57	0.34	-13	73	6.870	67.14	109	
05/26/16	7.42	7.42	7.23	78	78	76.10	0	0.23	849	548.68	0.05						
05/27/16	7.56	7.28	7.26	84	72	75.74	0	1.46	861	556.44	0.27						
05/28/16	7.56	7.28	7.14	81	72	71.71	0	1.17	767	495.69	0.21						
05/29/16	7.56	7.28	7.10	78	72	71.62	0	1.51	702	453.68	0.30						
05/30/16	7.42	7.42		72	72		0	0.18	1,060	685.05	0.04						
05/31/16							0		1,350	872.47							
# SAMPLES	27	27	26	27	27	26	31	27	31	31	27	4		4	4	4	4
AVG. VALUE	7.4	7.3	7.2	79	73	73.34	0	1.381	604.84	390.89	0.39	-19.25		72	6.8	69.73	97
MAX. VALUE	7.58	7.4	7.4	84	78	83.66	0	1.780	1350.00	872.47	0.60	-13.00		78	7.0	73.47	112
MIN. VALUE	7.3	7.1	7.1	72	66	66.02	0	0.184	370.00	239.12	0.04	-26.00		68	6.7	67.14	82
# 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  
06/15/16  
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  
 [ 001 FINAL DISCHARGE TREATED PROCESS REFERENCE ]  
 [ 002 IN-STREAM - OGEECHEE RIVER ]  
 [ 1. SYSTEM SHUTDOWN NO ANALYSIS PERFORMED ]  
 [ ND. "NOT DETECTED" ]

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

BEGINNING 05/01/16  
 DATE MO/DA/YR  
 END 05/31/16

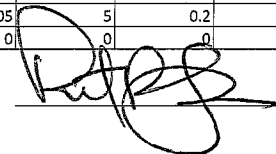
LOCATION CODE	002	002	002	002	002	002	002	002	002	002	002	002	002	002	002	002	002
PARAMETER NAME & UNITS	UP STREAM AMMONIA mg/l	UP STREAM FORMALDEH mg/l	UP STREAM SODIUM mg/l	UP STREAM SULFIDE mg/l	UP STREAM PEROXIDE mg/l	UP STREAM DO mg/l		DWNSTREAM COLOR ADM/ SU	DWNSTREAM PH SU	DWNSTREAM TEMP. DEG. 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																	
05/01/16																	
05/02/16																	
05/03/16																	
05/04/16	<0.200	<0.05	<5.00	<0.20	0.00	6.83		79	6.990	73.44	82	<0.200	<0.05	<5.00	<0.20	0.0	7.05
05/05/16																	
05/06/16																	
05/07/16																	
05/08/16																	
05/09/16																	
05/10/16																	
05/11/16					0.00	6.92		76	6.760	70.29	107					0.0	7.21
05/12/16																	
05/13/16																	
05/14/16																	
05/15/16																	
05/16/16																	
05/17/16																	
05/18/16					0.00	6.33		66	6.670	68.09	114					0.0	6.30
05/19/16																	
05/20/16																	
05/21/16																	
05/22/16																	
05/23/16																	
05/24/16																	
05/25/16					0.00	6.61		69	6.870	67.15	109					0.0	7.08
05/26/16																	
05/27/16																	
05/28/16																	
05/29/16																	
05/30/16																	
05/31/16																	
# 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	6.7		73	6.8	69.7	103	0.2	0.05	5	0.2	0.0	6.9
MAX. VALUE	0.2	0.050	5	0.2	0.0	6.9		79	7.0	73.4	114	0.2	0.05	5	0.2	0.0	7.2
MIN. VALUE	0.2	0.050	5	0.2	0.0	6.3		66	6.7	67.2	82	0.2	0.05	5	0.2	0.0	6.3
# 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 MI

TITLE OF THE OFFICER  
 Manufacturing Manager  
 TITLE

DATE  
 06/15/16  
 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 05/01/16  
 DATE MO/DA/YR  
 END 05/31/16

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															
05/01/16															
05/02/16	100	100													
05/03/16															
05/04/16			36.70												
05/05/16															
05/06/16															
05/07/16															
05/08/16															
05/09/16															
05/10/16															
05/11/16															
05/12/16															
05/13/16															
05/14/16															
05/15/16															
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05/25/16															
05/26/16															
05/27/16															
05/28/16															
05/29/16															
05/30/16															
05/31/16															
# SAMPLES	1	1	1	0	0										
AVG. VALUE	100	100	37												
MAX. VALUE	100	100	37												
MIN. VALUE	100	100	37												
# MAX EXCD.	0	0	0	0	0										

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

TITLE OF THE OFFICER  
 Manufacturing Manager  
 TITLE

DATE  
 06/15/16  
 YR/MO/DA

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