

DISCHARGE MONITORING REPORT (DMR)

Name **KING AMERICA FINISHING, INC.**

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

GA0003280
PERMIT NUMBER

001-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE: **30467**
MAJOR

Facility **KING AMERICA FINISHING, INC.**

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

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

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
08	01	2016	08	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				
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	74.30	*****	85.82	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	*****	*****	*****	81.00	*****	90.00	deg F	0	Continuous	CONTIN	
00011 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	deg F		Continuous	CONTIN	
Specific conductance	SAMPLE MEASUREMENT	*****	*****	****	*****	3,670	4,400	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	*****	*****	*****	5.76	*****	*****	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	62	258	lb/d	*****	4	22	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 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 TYPED OR PRINTED							912 863-4511		16	09	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)

BOD5: RL(7.6 ppm)

Facility Name/Location if different)

DISCHARGE MONITORING REPORT (DMI)

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**

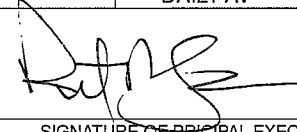
Attn: **MR. Robert R. Lanier**

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
08	01	2016	08	31	2016

Final Discharge
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMF TYP
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chen. [high level] [COD]	SAMPLE MEASUREMENT	2,354	3,536	lb/d	*****	162	193	mg/L	0	5 / Week	COMF
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	COMF
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.630	*****	7.780	SU	0	Daily	GRA
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8 MAXIMUM	SU		5 Days Every Week	GRA
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.00	*****	7.70	SU	0	Continuous	RCOF
00400 1 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	8 DAILY MX	SU		Continuous	RCOF
Solids, total suspended	SAMPLE MEASUREMENT	<73	350	lb/d	*****	<5	30	mg/L	0	5 / Week	COMF
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	COMF
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	37.32	52.70	mg/L	0	1 / Week	COMF
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMF
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	15.16	29.82	lb/d	*****	1.08	2.40	mg/L	0	Daily	COMF
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	260 DAILY AV	520 DAILY MX	lb/d	*****	7 DAILY AV	13 DAILY MX	mg/L		Daily	COMF
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	<8.63	10.80	mg/L	0	1 / Week	COMF
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Weekly	COMF

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			912	863-4511	16	09
Manufacturing Manager			AREA CODE	NUMBER	YEAR	MONTH
TYPED OR PRINTED	SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

Ammonia: RL(0.20 ppm)

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**

DISCHARGE MONITORING REPORT (DMI)

GA0003280	001-1
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE:

30467

MAJOR

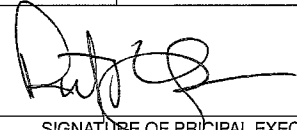
Final Discharge

External Outfall

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
08	01	2016	08	31	2016

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMF TYP
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	****	*****	23.5	28.2	mg/L	0	3 / Week	COMF
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		3 Days Every Week	COMF
Sulfide, total [as S]	SAMPLE MEASUREMENT	2.83	3.74	lb/d	*****	0.20	0.20	mg/L	0	Daily	GRA
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	GRA
Sodium, total [as Na]	SAMPLE MEASUREMENT	*****	*****	****	*****	563	673	mg/L	0	Daily	COMF
00929 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Daily	COMF
Chromium, total [as Cr]	SAMPLE MEASUREMENT	0.157	0.187	lb/d	*****	0.01	0.01	mg/L	0	1 / Week	COMF
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	COMF
Color [admi units]	SAMPLE MEASUREMENT	*****	*****	****	*****	53	72	col unit	0	1 / Week	GRA
01290 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	col unit		Weekly	GRA
Color [admi units]	SAMPLE MEASUREMENT	*****	*****	****	*****	19.60	38.00	col unit	0	1 / Week	CALC
01290 1 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	80 DAILY MX	col unit		Weekly	CALC
Discharge flow as % of stream flow	SAMPLE MEASUREMENT	*****	*****	****	*****	2.06	3.06	%	0	Daily	CALC
01352 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	8 DAILY MX			Daily	CALC

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	09	15		
Robert R. Lanier Manufacturing Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY
TYPED OR PRINTED								

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

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

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

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

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	001-1
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467
MAJOR

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
08	01	2016	08	31	2016

Final Discharge
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMP TYP
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total phenols	SAMPLE MEASUREMENT	0.8	0.9	lb/d	*****	0.05	0.05	mg/L	0	1 / Week	GRA
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	GRA
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.697	2.240	MGD	*****	*****	*****	****	0	Daily	CON
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.1 DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		Daily	CON
Phosphorus, ortho	SAMPLE MEASUREMENT	*****	*****	****	*****	2.013	3.280	mg/L	0	3 / Week	COMF
50785 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		3 Days Every Week	COMF
Tetrahydroxymethylphosphonium chloride, THPC	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	3.78	mg/L	0	2 / Month	GRA
51757 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Every Month	GRA
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	****	*****	2,480	2,820	mg/L	0	5 / Week	COMF
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	2500 DAILY AV	3800 DAILY MX	mg/L		5 Days Every Week	COMF
Formaldehyde	SAMPLE MEASUREMENT	*****	*****	****	*****	0.38	0.86	mg/L	0	Daily	GRA
71880 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	1.6 DAILY MX	mg/L		Daily	GRA
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	ng/L	0	2/year	GRA
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	6 DAILY MX	ng/L		2/year	GRA

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

Facility Name/Location if different

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

Name **KING AMERICA FINISHING, INC.**

GA0003280
PERMIT NUMBER

001-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

30467

Address **1351 SCARBORO HIGHWAY**

SYLVANIA, GEORGIA 30467

MAJOR

Facility **KING AMERICA FINISHING, INC.**

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

Final Discharge

External Outfall

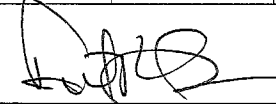
Attn: **MR. Robert R. Lanier**

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
08	01	2016	08	31	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	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0 DAILY MX	ng/L		2/year	GRAB	
71900 2 0 Effluent Net	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	134	2,380	#/100mL	1	1 / Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	200 MOAV GEO	400 DAILY MX	#/100mL		Weekly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	0	lb	*****	*****	*****	*****	****	0	1 / Month	CALCTD
	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	lb	*****	*****	*****	*****	****		Monthly	CALCTD
74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	*****	%	0	2 / Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	*****	%		2 / Week	GRAB
Solids, sludge, tot, dry weight	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	*****	%		Annual	GRAB
LC50 Static 48 Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	50	*****	*****	*****	%	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	*****	%		1 / Month	GRAB
TAP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	*****	%		Annual	GRAB
LC50 Static 48 Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	%		Annual	GRAB
TAP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	%		Annual	GRAB

2.00

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	09	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)

Mercury: RL(0.5 ppt)

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved. OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

Name **KING AMERICA FINISHING, INC.**

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

Facility **KING AMERICA FINISHING, INC.**

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

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

GA0003280
PERMIT NUMBER

DRW-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467
MAJOR

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
08	01	2016	08	31	2016

Source Water
Internal Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMP TYP
		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	Gra
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ng/L		2/year	Gra
	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 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	09	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)

Mercury: RL(0.5 ppt)

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

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

Form Approved. OMB No. 2040-0004

Name **KING AMERICA FINISHING, INC.**

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

GA0003280
PERMIT NUMBER

STR-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467
MAJOR

Facility **KING AMERICA FINISHING, INC.**

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

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

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
08	01	2016	08	31	2016

Instream Monitoring
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMF TYP
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit 00011 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	78.13	79.07	deg F	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRA
Temperature, water deg. fahrenheit 00011 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	78.08	79.05	deg F	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRA
Stream flow, instantaneous 00061 Z 0 Instream Monitoring	SAMPLE MEASUREMENT	91.48	166.74	MGD	*****	*****	*****	****	0	Daily	GRA
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		Daily	INST,
Conductivity 00094 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	164	269	umhos/cm	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRA
Conductivity 00094 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	423	624	umhos/cm	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRA
Hydrogen peroxide 00139 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.00	0.00	mg/L	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Hydrogen peroxide 00139 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.00	0.00	mg/L	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA

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	09	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)

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

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

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
08	01	2016	08	31	2016

Instream Monitoring
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMP TYP
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	4.41	*****	*****	mg/L	0	1 / Month	GRA
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	*****	mg/L		Monthly	GRA
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	5.49	*****	*****	mg/L	0	1 / Month	GRA
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	mg/L		Monthly	GRA
pH	SAMPLE MEASUREMENT	*****	*****	****	7.310	*****	7.740	SU	0	1 / Month	GRA
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRA
pH	SAMPLE MEASUREMENT	*****	*****	****	6.940	*****	7.590	SU	0	1 / Month	GRA
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRA
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.200	0.200	mg/L	0	1 / Month	GRA
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.200	0.200	mg/L	0	1 / Month	GRA
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Sulfide, total [as S]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.20	0.20	mg/L	0	1 / Month	GRA
00745 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA

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	09	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 (DMI)

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
08	01	2016	08	31	2016

Instream Monitoring
 External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMP TYP
		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	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Hardness, total [as CaCO3] 00900 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	48.00	48.00	mg/L	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Sodium, total [as Na] 00929 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	5.00	5.00	mg/L	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Sodium, total [as Na] 00929 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	7.61	7.61	mg/L	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Color [admi units] 01290 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	34	44	col unit	0	1 / Week	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	col unit		Weekly	GRA
Color [admi units] 01290 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	35	37	col unit	0	1 / Week	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	col unit		Weekly	GRA
Formaldehyde 71880 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.0500	0.0500	mg/L	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA

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	09	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); Sodium: RL(5.0 ppm); ADMI Color: RL(25 SU); Sulfide: RL(1.00 ppm)

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

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

Form Approved. OMB No. 2040-0004

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

GA0003280
PERMIT NUMBER

STR-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467
MAJOR

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

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
08	01	2016	08	31	2016

Instream Monitoring
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMP TYP
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Formaldehyde 71880 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.065	0.065	mg/L	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
LC50 Static 96Hr Acute Ceriodaphnia TAB3B 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRA
LC50 Static 96Hr Acute Pimephales TAB6C 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	%	0	Annual	GRA
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Annual	GRA
Noel Statre 7Day Chronic Ceriodaphnia TBP3B 6 0	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRA
	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	09	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 08/01/16
DATE MO/DA/YR
END 08/31/16

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

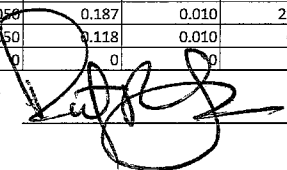
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001
PARAMETER NAME & UNITS	FLOW D. AVG MGD	BOD lbs/dav	BOD mg/l	COD lbs/dav	COD mg/l	TSS lbs/dav	TSS mg/l	TSS mg/l	SULFIDES lbs/dav	SULFIDES mg/l	TDS mg/l	TOTAL PHENOLS lbs/dav	TOTAL PHENOLS mg/l	TOTAL CHROMIUM lbs/dav	TOTAL CHROMIUM mg/l	TOTAL AMMONIA lbs/dav	TOTAL AMMONIA mg/l
TYPE OF SAMPLE	CONT.	COMP.	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	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 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																	
08/01/16	1.46	58	4.80	2,021	166	58	5	<2	<0.2	2,440						12.7	1.04
08/02/16	2.22	135	7.30	3,536	191	278	15	<4	<0.2	2,380						15.9	0.86
08/03/16	1.74	68	4.70	2,017	139	120	8	<3	<0.2	2,430	<0.7	<0.05	<0.1	<0.01		9.4	0.65
08/04/16	1.39	81	7.00	1,890	163	141	12	<2	<0.2	2,630						11.8	1.02
08/05/16	1.41	258	21.90	2,105	179	350	30	<2	<0.2	2,820						14.7	1.25
08/06/16	1.49							<2	<0.2							29.8	2.40
08/07/16	1.48							<2	<0.2							22.0	1.78
08/08/16																	
08/09/16																	
08/10/16																	
08/11/16									<0.2								
08/12/16	1.410	46	3.90	1,199	102	<29	<3	<2	<0.2	2,420	<0.6	<0.05	<0.1	<0.01		8.0	0.68
08/13/16	1.97	56	3.40	2,333	142	45	3	<3	<0.2	2,460						17.1	1.04
08/14/16	1.92	48	3.00	2,322	145	<40	<3	<3	<0.2	2,400						12.0	0.75
08/15/16	1.87	41	2.60	2,168	139	<39	<3	<3	<0.2	2,310						11.4	0.73
08/16/16	2.08	38	2.20	2,151	124	<43	<3	<3	<0.2	2,160						10.9	0.63
08/17/16	1.97	41	2.50	2,169	132	<41	<3	<3	<0.2	2,160	<0.8	<0.05	<0.2	<0.01		17.6	1.07
08/18/16	1.74	<29	<2.00	2,191	151	<36	<3	<3	<0.2	2,280						13.8	0.95
08/19/16	1.320	<22	<2.00	1,739	158	<28	<3	<2	<0.2	2,340						12.7	1.15
08/20/16	1.39							<2	<0.2							15.0	1.29
08/21/16	1.43							<2	<0.2							10.0	0.84
08/22/16	1.17	23	2.40	1,864	191	<24	<3	<2	<0.2	2,640						6.7	0.69
08/23/16	1.57	34	2.60	2,449	187	<33	<3	<3	<0.2	2,660						10.7	0.82
08/24/16	2.24	67	3.60	3,531	189	47	3	<4	<0.2	2,540	<0.9	<0.05	<0.2	<0.01		16.6	0.89
08/25/16	1.72	46	3.20	2,769	193	36	3	<3	<0.2	2,520						13.3	0.93
08/26/16	1.94	37	2.30	2,945	182	<40	<3	<3	<0.2	2,600						18.9	1.17
08/27/16	1.65							<3	<0.2							17.9	1.30
08/28/16	1.78							<3	<0.2							25.1	1.69
08/29/16	1.61	34	2.50	2,457	183	<34	<3	<3	<0.2	2,690						18.0	1.34
08/30/16	1.79	49	3.30	2,523	169	<37	<3	<3	<0.2	2,600						15.4	1.03
08/31/16	2.06	88	5.10	3,058	178	<43	<3	<3.44	<0.2	2,600	<0.9	<0.05	<0.2	<0.01		21.8	1.27
# SAMPLES	27	21	21	21	21	21	21	27	28	21	5	5	5	5	27	27	
AVG. VALUE	1.697	62	4	2354	162	73	5	2.83	0.20	2480.00	0.786	0.050	0.157	0.010	15.16	1.08	
MAX. VALUE	2.240	258	22	3536	193	350	30	3.74	0.20	2820.00	0.934	0.050	0.187	0.010	29.82	2.40	
MIN. VALUE	1.170	22	2	1199	102	24	3	1.95	0.20	2160.00	0.588	0.050	0.118	0.010	6.73	0.63	
# MAX EXCD.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

TITLE OF THE OFFICER
Manufacturing Manager
TITLE

DATE
09/15/16
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 08/01/16
DATE MO/DA/YR
END 08/31/16

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

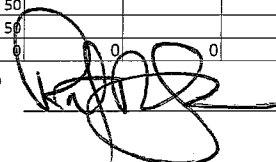
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001
PARAMETER NAME & UNITS	TKN mg/l	TOTAL NITROGEN mg/l	TOTAL PHOS. mg/l	ORTHO PHOS. mg/l	CONDUCT. HIGH umhos/cm	FORMALDEH mg/l	EFF COLOR ADMI SU	SODIUM mg/l	PEROXIDE mg/l	THPC mg/l	FECAL COLIFORM #/100 ml	ACUTE TOX. FLEA - LC50 %	CHRON. TOX. FLEA - NOEC %	ACUTE TOX. FATHEAD LC50 %	CHRON. TOX. FATHEAD NOEC %	DO LOW mg/l	DO mg/l
TYPE OF SAMPLE	COMP.	COMP.	COMP.	COMP.	CONT.	GRAB	GRAB	COMP.	GRAB	GRAB	GRAB	COMP.	COMP.	COMP.	COMP.	CONT.	GRAB
FREQUENCY OF ANALYSIS	ONE WEEK	ONE WEEK	THREE WEEK	THREE WEEK	DAILY	DAILY	ONE WEEK	DAILY	DAILY	TWO MONTH	ONE WEEK	TWO WEEK	ONE MONTH	ONCE YEAR	ONCE YEAR	DAILY	FIVE WEEK
LIMITS	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT MAX 1.6	REPORT	REPORT	REPORT	REPORT	AVG 200 MAX 400	MIN >100	MIN 8	MIN >100	MIN 10	MIN 5.0	MIN 5.0
DATE																	
08/01/16			25.20	1.520	3,400	0.16		564	0.0							6.60	6.06
08/02/16					3,400	0.23		538	0.0							5.40	5.91
08/03/16	9.86	27.60	19.40	1.700	3,500	0.65	72	673	0.0				50			6.00	5.83
08/04/16					3,700	0.75		593	0.0							6.00	5.76
08/05/16			23.40	0.720	4,000	0.48		608	0.0	3.78	2,380		100			6.00	6.30
08/06/16					4,400	0.70		640	0.0				100			6.60	6.64
08/07/16					4,400	0.86		664	0.0							6.60	6.46
08/08/16																	
08/09/16																	
08/10/16																	
08/11/16						0.49	<25		0.0								6.53
08/12/16	<5.00	38.10	16.80	2.060	3,400	<0.05		458	0.0		52		100			6.60	7.00
08/13/16			23.40	2.280	3,500	0.41		659	0.0				100			5.40	7.10
08/14/16			22.40	2.160	3,400	0.43		626	0.0							5.60	6.15
08/15/16			20.40	1.520	3,400	0.25		623	0.0				100			6.00	6.43
08/16/16					3,000	0.37		643	0.0	1.29						6.60	6.33
08/17/16	9.17	31.90	20.30	1.440	3,200	0.44	42	577	0.0				100			6.60	6.39
08/18/16					3,300	0.76		647	0.0		41					6.00	6.90
08/19/16			23.80	1.500	3,400	0.44		394	0.0							6.60	7.09
08/20/16					3,600	0.19		396	0.0							6.00	6.91
08/21/16					3,700	0.26		403	0.0							6.00	6.53
08/22/16			28.20	2.660	3,900	0.13		409	0.0				100			6.00	6.98
08/23/16					3,900	0.55		570	0.0							6.60	7.03
08/24/16	8.33	52.70	27.60	2.760	3,700	0.57	63	489	0.0				100			6.00	6.91
08/25/16					3,900	0.44		548	0.0		63					6.60	6.10
08/26/16			26.10	2.400	3,800	0.20		571	0.0							6.60	7.01
08/27/16					3,800	0.18		562	0.0							6.60	7.10
08/28/16					3,900	0.11		561	0.0							6.60	7.10
08/29/16			25.40	2.180	3,900	0.10		540	0.0							6.60	7.02
08/30/16					3,800	0.20		623	0.0							6.00	7.03
08/31/16	10.80	36.30	26.20	3.280	3,800	0.26	64	615	0.0							6.00	7.10
# SAMPLES	5	5	14	14	27	28	5	27	28	2	4	8	1	0	0	27	28
AVG. VALUE	8.6	37.3	23.5	2.0	3670.4	0.38	53	563	0.00	2.54	134	100	50			6.2	6.6
MAX. VALUE	10.8	52.7	28.2	3.3	4400.0	0.86	72	673	0.00	3.78	2,380	100	50			6.6	7.1
MIN. VALUE	5.00	27.60	16.80	0.72	3000.00	0.05	25	394	0.00	1.29	41	100	50			5.40	5.76
# MAX EXCD.	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0

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

TITLE OF THE OFFICER
Manufacturing Manager
TITLE

DATE
09/15/16
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 08/01/16
DATE MO/DA/YR
END 08/31/16

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

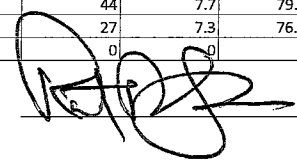
LOCATION CODE	001	001	001	001	001	001	001	001	002	002	002	001/002		002	002	002	002
PARAMETER NAME & UNITS	pH HIGH SU	pH LOW SU	pH SU	TEMP. HIGH DEG. F	TEMP. LOW DEG. F	TEMP. DEG. F	SOLIDS REMOVED lbs/day	FLOW MGD	STREAM FLOW CFS	STREAM FLOW MGD	EFF / STREAM FLOW %	EFF/UP STR COLOR DIFF. ADMI SU		UPSTREAM 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																	
08/01/16	7.56	7.00	7.56	90	84	78.98	0	1.46	118	76.26	1.76						
08/02/16	7.42	7.14	7.67	87	84	79.34	0	2.22	110	71.09	2.91						
08/03/16			7.50	87	81	77.00	0	1.74	115	74.32	2.45	38	34	7.450	79.07	129	
08/04/16	7.56	7.14	7.58	90	81	77.36	0	1.39	115	74.32	1.87						
08/05/16	7.56	7.28	7.65	90	84	75.20	0	1.41	120	77.55	1.90						
08/06/16	7.56	7.28	7.49	90	81	77.90	0	1.49	200	129.25	1.92						
08/07/16	7.56	7.28	7.50	90	81	77.18	0	1.48	242	156.40	1.15						
08/08/16							0		258	166.74							
08/09/16							0		217	140.24							
08/10/16							0		186	120.21							
08/11/16			7.44			78.62	0		164	105.99		-19	44	7.400	78.30	125	
08/12/16	7.56	7.28	7.06	90	81	79.70	0	1.41	154	99.53	1.33						
08/13/16	7.56	7.14	7.60	90	87	79.34	0	1.97	148	95.65	1.98						
08/14/16	7.56	7.28	7.40	90	83	78.98	0	1.92	148	95.65	2.01						
08/15/16	7.42	7.14	7.55	90	87	79.34	0	1.87	142	91.77	1.96						
08/16/16	7.28	7.14	7.51	87	84	81.68	0	2.08	133	85.95	2.27						
08/17/16	7.28	7.00	7.32	90	84	78.62	0	1.97	125	80.78	2.29	13	29	7.310	79.05	269	
08/18/16	7.28	7.14	7.55	87	84	85.82	0	1.74	118	76.26	2.15						
08/19/16	7.28	7.14	7.47	89	81	76.64	0	1.32	113	73.03	1.73						
08/20/16	7.28	7.14	7.51	89	81	79.52	0	1.39	118	76.26	1.90						
08/21/16	7.28	7.14	7.60	89	81	76.46	0	1.43	123	79.49	1.88						
08/22/16	7.70	7.14	7.61	87	84	77.36	0	1.17	125	80.78	1.47						
08/23/16	7.70	7.56	7.63	87	84	77.18	0	1.57	142	91.77	1.94						
08/24/16	7.70	7.28	6.63	87	81	78.26	0	2.24	154	99.53	2.44	36	27	7.740	77.95	163	
08/25/16	7.28	7.14	7.63	87	81	74.66	0	1.72	143	92.42	1.73						
08/26/16	7.28	7.14	7.65	87	81	74.30	0	1.94	125	80.78	2.10						
08/27/16	7.28	7.14	7.75	87	81	76.82	0	1.65	115	74.32	2.04						
08/28/16	7.70	7.56	7.78	87	81	75.92	0	1.78	108	69.80	2.40						
08/29/16	7.28	7.14	7.55	87	81	75.02	0	1.61	104	67.21	2.31						
08/30/16	7.28	7.00	7.45	87	81	75.02	0	1.79	104	67.21	2.66						
08/31/16	7.70	7.14	7.76	87	84	76.28	0	2.06	101	65.27	3.06	30	34	7.570	76.30	134	
# SAMPLES	26	26	28	27	27	28	31	27	31	31	27	5		5	5	5	5
AVG. VALUE	7.5	7.2	7.5	88	83	77.80	0	1.697	141.55	91.48	2.06	19.60		34	7.5	78.13	164
MAX. VALUE	7.70	7.6	7.8	90	87	85.82	0	2.240	258.00	166.74	3.06	38.00		44	7.7	79.07	269
MIN. VALUE	7.3	7.0	6.6	87	81	74.30	0	1.170	101.00	65.27	1.15	-19.00		27	7.3	76.30	125
# 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 I

TITLE OF THE OFFICER
Manufacturing Manager
TITLE

DATE
09/15/16
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 08/01/16
DATE MO/DA/YR
END 08/31/16

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

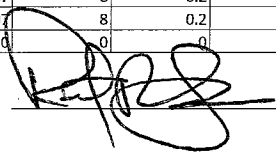
LOCATION CODE	002	002	002	002	002	002		002	002	002	002	002	002	002	002	002	002
PARAMETER NAME & UNITS	UP STREAM AMMONIA mg/l	UP STREAM FORMALDEH mg/l	UP STREAM SODIUM mg/l	UP STREAM SULFIDE mg/l	UP STREAM PEROXIDE mg/l	UP STREAM DO mg/l		DWNSTREAM COLOR ADMI SU	DWNSTREAM PH SU	DWNSTREAM TEMP. DEG. F	DWNSTREAM CONDUCT. umhos/cm	DWNSTREAM AMMONIA mg/l	DWNSTREAM FORMALDEH mg/l	DWNSTREAM SODIUM mg/l	DWNSTREAM SULFIDE mg/l	DWNSTREAM PEROXIDE mg/l	DWNSTREAM DO mg/l
TYPE OF SAMPLE	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB		GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
FREQUENCY OF ANALYSIS	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH		ONE WEEK	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH	ONCE MONTH
LIMITS	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT		REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT
DATE																	
08/01/16																	
08/02/16																	
08/03/16	<0.200	<0.05	<5.00	<0.20	0.00	5.17		37	7.460	79.05	424	<0.200	0.07	7.61	<0.20	0.0	5.50
08/04/16																	
08/05/16																	
08/06/16																	
08/07/16																	
08/08/16																	
08/09/16																	
08/10/16																	
08/11/16					0.00	5.59		35	7.340	78.28	423					0.0	5.65
08/12/16																	
08/13/16																	
08/14/16																	
08/15/16																	
08/16/16																	
08/17/16					0.00	4.41		36	6.940	78.84	624					0.0	5.49
08/18/16																	
08/19/16																	
08/20/16																	
08/21/16																	
08/22/16																	
08/23/16																	
08/24/16					0.00	4.95		31	7.590	77.94	492					0.0	5.61
08/25/16																	
08/26/16																	
08/27/16																	
08/28/16																	
08/29/16																	
08/30/16																	
08/31/16					0.00	5.22		34	7.450	76.28	154					0.0	5.99
# 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	5.1		35	7.4	78.1	423	0.2	0.07	8	0.2	0.0	5.6
MAX. VALUE	0.2	0.050	5	0.2	0.0	5.6		37	7.6	79.1	624	0.2	0.07	8	0.2	0.0	6.0
MIN. VALUE	0.2	0.050	5	0.2	0.0	4.4		31	6.9	76.3	154	0.2	0.07	8	0.2	0.0	5.5
# 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
09/15/16
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 08/01/16
DATE MO/DA/YR
END 08/31/16

[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											
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															
08/01/16															
08/02/16		100		48.00											
08/03/16															
08/04/16															
08/05/16															
08/06/16	100														
08/07/16															
08/08/16															
08/09/16															
08/10/16															
08/11/16															
08/12/16															
08/13/16															
08/14/16															
08/15/16															
08/16/16															
08/17/16															
08/18/16															
08/19/16															
08/20/16															
08/21/16															
08/22/16															
08/23/16															
08/24/16															
08/25/16															
08/26/16															
08/27/16															
08/28/16															
08/29/16															
08/30/16															
08/31/16															
# SAMPLES	1	1	1	0	0										
AVG. VALUE	100	100	48												
MAX. VALUE	100	100	48												
MIN. VALUE	100	100	48												
# 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
09/15/16
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.

