

OPERATION MONITORING REPORT

PERMIT NUMBER: GA0003280

LOCATION DESCRIPTION

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

BEGINNING 07/01/16
DATE MO/DA/YR
END 07/31/16

[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																	
07/01/16											<0.2						
07/02/16	1.64	40	2.90	2,325	170	51	4	<3	<3	<0.2	2,400				8.8	0.64	
07/03/16	1.15	<19	<2.00	1,573	164	<24	<3	<2	<2	<0.2	2,460				8.6	0.90	
07/04/16	1.12	21	2.30	1,467	157	33	4	<2	<2	<0.2	2,580				5.2	0.56	
07/05/16	0.30																
07/06/16																	
07/07/16																	
07/08/16																	
07/09/16																	
07/10/16																	
07/11/16											<0.2						
07/12/16	0.227										<0						
07/13/16	1.58	32	2.40	1,303	99	<33	<3	<3	<3	<0.2	2,850	<0.7	<0.05	<0.1	<0.01	3.3	0.25
07/14/16	1.88	61	3.90	1,819	116	71	5	<3	<3	<0.2	2,520					6.3	0.40
07/15/16	1.75	47	3.20	1,854	127	40	3	<3	<3	<0.2	2,380					11.4	0.78
07/16/16	1.70	43	3.00	2,183	154	<35	<3	<3	<3	<0.2	2,290					14.9	1.05
07/17/16	1.54	40	3.10	2,132	166	<32	<3	<3	<3	<0.2	2,190					12.2	0.95
07/18/16	1.71	66	4.60	2,610	183	174	12	<3	<3	<0.2	2,160					13.1	0.92
07/19/16	1.760	78	5.30	2,539	173	121	8	<3	<3	<0.2	2,120					9.5	0.65
07/20/16	1.60	128	9.60	2,215	166	163	12	<3	<3	<0.2	2,250	<0.7	<0.05	<0.1	<0.01	13.6	1.02
07/21/16	1.75	98	6.70	2,540	174	77	5	<3	<3	<0.2	2,330					13.9	0.95
07/22/16	1.71	61	4.30	2,638	185	46	3	<3	<3	<0.2	2,410					11.0	0.77
07/23/16	1.34										<2					17.3	1.55
07/24/16	1.22										<2					10.1	0.99
07/25/16	1.46	27	2.20	2,155	177	46	4	<2	<2	<0.2	2,370					11.8	0.97
07/26/16	1.72	<29	<2.00	2,410	168	<36	<3	<3	<3	<0.2	2,270					8.5	0.59
07/27/16	1.59	44	3.30	1,830	138	<33	<3	<3	<3	<0.2	2,330	<0.7	<0.05	<0.1	<0.01	3.7	0.28
07/28/16	1.48	36	2.90	1,901	154	<31	<3	<2	<2	<0.2	2,440					9.1	0.74
07/29/16	1.11	44	4.80	1,592	172	25	3	<2	<2	<0.2	2,490					5.7	0.62
07/30/16	2.19										<4					23.2	1.27
07/31/16	1.28										<2.14					11.5	1.08
# SAMPLES	24	18	18	18	18	18	18	23	25	18	3	3	3	3	22	22	
AVG. VALUE	1.450	51	4	2060	158	59	4	2.50	0.20	2380.00	0.663	0.050	0.133	0.010	10.58	0.82	
MAX. VALUE	2.190	128	10	2638	185	174	12	3.65	0.20	2850.00	0.667	0.050	0.133	0.010	23.20	1.55	
MIN. VALUE	0.227	19	2	1303	99	24	3	0.38	0.20	2120.00	0.659	0.050	0.132	0.010	3.29	0.25	
# 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
08/12/16
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.

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DOVER, GA 30424

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END 07/31/16

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[ND. "NOT DETECTED"]

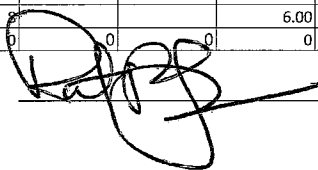
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001
PARAMETER NAME & UNITS	TKN mg/l	TOTAL NITROGEN mg/l	TOTAL PHOS. mg/l	ORTHO PHOS. mg/l	CONDUCT. HIGH umhos/cm	FORMALDEH mg/l	EFF COLOR ADMI SU	SODIUM mg/l	PEROXIDE mg/l	THPC mg/l	FECAL COLIFORM #/100 ml	ACUTE TOX. FLEA - 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																	
07/01/16						0.18			0.0		1,020						6.57
07/02/16			25.30	0.780	3,400	0.11		559	0.0							6.00	6.07
07/03/16					3,600	0.10		500	0.0							6.00	6.73
07/04/16			24.40	2.260	3,600	0.10		577	0.0			100				6.00	7.45
07/05/16																	
07/06/16																	
07/07/16																	
07/08/16																	
07/09/16																	
07/10/16																	
07/11/16						0.33			0.0								6.99
07/12/16					3,800	0.52			0.0							6.60	7.42
07/13/16	9.33	17.00	14.80	1.340	3,900	0.33	30	740	0.0							6.60	7.25
07/14/16			15.70	1.120	3,700	0.38		675	0.0		2,420					6.60	7.11
07/15/16			18.80	1.660	3,200	0.43		618	0.0	0.79		100				6.60	7.30
07/16/16					3,200	0.20		600	0.0			100				6.60	6.96
07/17/16					3,200	0.17		608	0.0							6.60	6.90
07/18/16			24.00	4.740	3,000	0.11		552	0.0			100	8			6.60	6.93
07/19/16					3,000	0.18		605	0.0							7.20	7.02
07/20/16	8.27	30.80	19.50	3.440	3,100	0.55	54	676	0.0			100				6.00	6.32
07/21/16					3,300	0.47		712	0.0		216					6.60	7.38
07/22/16			25.10	2.760	3,300	0.29		793	0.0							6.60	7.02
07/23/16					3,300	0.19		640	0.0							6.60	6.09
07/24/16					3,100	0.16		694	0.0							6.60	6.19
07/25/16			26.30	3.080	3,300	0.09		604	0.0			100				6.60	6.22
07/26/16					3,100	0.26		566	0.0							6.60	7.25
07/27/16	12.50	31.50	19.90	2.080	3,400	0.11		594	0.0			100				6.60	6.99
07/28/16					3,500	0.46	98	578	0.0	1.04	259					6.60	6.12
07/29/16			25.10	2.300	3,600	0.31		582	0.0							6.60	6.24
07/30/16					3,500	0.29		560	0.0							6.60	6.03
07/31/16					3,500	0.12		538	0.0							6.60	6.01
# SAMPLES	3	3	11	11	23	25	3	22	25	2	4	7	1	0	0	23	25
AVG. VALUE	10.0	26.4	21.7	2.3	3373.9	0.26	61	617	0.00	0.92	610	100	8			6.5	6.7
MAX. VALUE	12.5	31.5	26.3	4.7	3900.0	0.55	98	793	0.00	1.04	2,420	100	8			7.2	7.5
MIN. VALUE	8.27	17.00	14.80	0.78	3000.00	0.09	30	500	0.00	0.79	216	100	8			6.00	6.01
# MAX EXCD.	0	0	0	0	0	0	0	0	0	0	3	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
08/12/16
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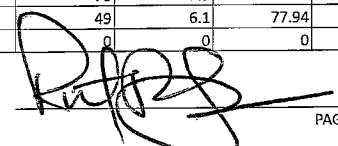
LOCATION CODE	001	001	001	001	001	001	001	001	002	002	002	001/002		002	002	002	002
PARAMETER NAME & UNITS	pH HIGH SU	pH LOW SU	pH SU	TEMP. HIGH DEG. F	TEMP. LOW DEG. F	TEMP. DEG. F	SOLIDS REMOVED lbs/day	FLOW MGD	STREAM FLOW CFS	STREAM FLOW MGD	EFF / STREAM FLOW %	EFF/UP STR COLOR DIFF. ADMI SU		UPSTREAM 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																	
07/01/16			7.22			77.90	0		167	107.93							
07/02/16	7.20	7.14	7.21	90	81	77.00	0	1.64	210	135.72	1.52						
07/03/16	7.28	7.14	7.35	87	81	75.74	0	1.15	300	193.88	0.85						
07/04/16	7.42	7.00	7.33	93	81	75.56	0	1.12	380	245.58	0.58						
07/05/16							0	0.30	445	287.59	0.12						
07/06/16							0		464	299.87							
07/07/16							0		423	273.37							
07/08/16							0		343	221.67							
07/09/16							0		281	181.60							
07/10/16							0		276	178.37							
07/11/16			7.04				0		297	191.94							
07/12/16	7.42	7.00	7.89	84	81	77.54	0	0.23	292	188.71	0.12						
07/13/16	7.14	7.00	6.37	87	84	76.64	0	1.58	245	158.34	0.84	-21	51	6.100	79.72	150	
07/14/16	7.70	7.14	7.61	90	84	78.62	0	1.88	221	142.83	1.19						
07/15/16	7.56	7.42	7.63	90	81	79.52	0	1.75	203	131.19	1.23						
07/16/16	7.56	7.42	7.42	90	81	82.76	0	1.70	180	116.33	1.30						
07/17/16	7.56	7.42	6.99	90	81	76.64	0	1.54	213	137.66	1.32						
07/18/16	7.42	7.00	7.39	90	81	76.64	0	1.71	235	151.87	1.24						
07/19/16	7.42	7.28	7.59	90	81	79.16	0	1.76	258	166.74	1.16						
07/20/16	7.70	7.14	7.65	90	84	80.42	0	1.60	278	179.66	0.96	-24	78	6.680	77.94	104	
07/21/16	7.56	7.14	7.40	87	84	82.40	0	1.75	265	171.26	0.97						
07/22/16	7.42	7.14	7.57	87	84	80.96	0	1.71	268	173.20	1.00						
07/23/16	7.42	7.14	7.54	90	81	78.26	0	1.34	260	168.03	0.77						
07/24/16	7.28	7.14	7.52	88	81	76.46	0	1.22	245	158.34	0.73						
07/25/16	7.70	7.14	7.10	90	81	76.64	0	1.46	229	148.00	0.92						
07/26/16	7.14	7.00	7.42	87	84	80.06	0	1.72	210	135.72	1.16						
07/27/16	7.14	7.00	7.51	90	81	78.44	0	1.59	193	124.73	1.17						
07/28/16	7.70	7.28	7.45	90	81	78.94	0	1.48	180	116.33	1.19	49	49	7.510	80.64	121	
07/29/16	7.70	6.86	7.42	93	84	78.98	0	1.11	164	105.99	0.95						
07/30/16	7.14	7.00	7.25	90	84	78.98	0	2.19	142	91.77	2.07						
07/31/16	7.28	7.00	7.23	93	84	78.62	0	1.28	128	82.72	1.39						
# SAMPLES	23	23	25	23	23	25	31	24	31	31	24	3		3	3	3	3
AVG. VALUE	7.4	7.1	7.4	89	82	78.40	0	1.450	257.90	166.68	1.03	1.33		59	6.8	79.43	125
MAX. VALUE	7.70	7.4	7.9	93	84	82.76	0	2.190	464.00	299.87	2.07	49.00		78	7.5	80.64	150
MIN. VALUE	7.1	6.9	6.4	84	81	75.56	0	0.227	128.00	82.72	0.12	-24.00		49	6.1	77.94	104
# 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
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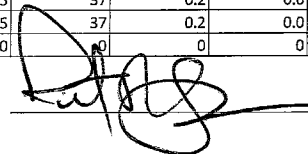
LOCATION CODE	002	002	002	002	002	002	002	002	002	002	002	002	002	002	002	002	002
PARAMETER NAME & UNITS	UP STREAM AMMONIA mg/l	UP STREAM FORMALDEH mg/l	UP STREAM SODIUM mg/l	UP STREAM SULFIDE mg/l	UP STREAM PEROXIDE mg/l	UP STREAM DO mg/l		DWNSTREAM COLOR ADMI SU	DWNSTREAM PH SU	DWNSTREAM TEMP. DEG. 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																	
07/01/16																	
07/02/16																	
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07/04/16																	
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07/06/16																	
07/07/16																	
07/08/16																	
07/09/16																	
07/10/16																	
07/11/16																	
07/12/16	<0.200	<0.05	<5.00	<0.20	0.00	4.74		55	5.980	79.65	200	<0.200	<0.05	37.20	<0.20	0.0	5.19
07/13/16																	
07/14/16																	
07/15/16																	
07/16/16																	
07/17/16																	
07/18/16																	
07/19/16																	
07/20/16					0.00	5.10		81	6.680	78.06	229					0.0	5.56
07/21/16																	
07/22/16																	
07/23/16																	
07/24/16																	
07/25/16																	
07/26/16																	
07/27/16																	
07/28/16					0.00	4.84		43	7.490	80.65	199					0.0	5.94
07/29/16																	
07/30/16																	
07/31/16																	
# SAMPLES	1	1	1	1	3	3		3	3	3	3	1	1	1	1	3	3
AVG. VALUE	0.2	0.050	5	0.2	0.0	4.9		60	6.7	79.5	209	0.2	0.05	37	0.2	0.0	5.6
MAX. VALUE	0.2	0.050	5	0.2	0.0	5.1		81	7.5	80.7	229	0.2	0.05	37	0.2	0.0	5.9
MIN. VALUE	0.2	0.050	5	0.2	0.0	4.7		43	6.0	78.1	199	0.2	0.05	37	0.2	0.0	5.2
# MAX EXCD.	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0

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

TITLE OF THE OFFICER
Manufacturing Manager
TITLE

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

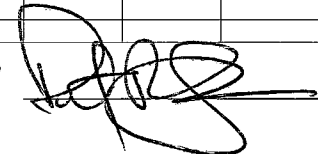
LOCATION CODE	002	002	002	001										
PARAMETER NAME & UNITS	DN-STR ACUTE FLEA LC50 %	DN-STR CHRON FLEA NOEC %	DN-STR T. HARDNESS mg/l	MERCURY ng/L										
TYPE OF SAMPLE	GRAB	GRAB	GRAB	Grab										
FREQUENCY OF ANALYSIS	ONE MONTH	ONE MONTH	ONCE MONTH	twice per year										
LIMITS	REPORT	REPORT	REPORT	REPORT										
DATE														
07/01/16														
07/02/16														
07/03/16														
07/04/16														
07/05/16														
07/06/16														
07/07/16														
07/08/16														
07/09/16														
07/10/16														
07/11/16														
07/12/16														
07/13/16			34.40											
07/14/16														
07/15/16														
07/16/16														
07/17/16														
07/18/16	100	100												
07/19/16														
07/20/16														
07/21/16														
07/22/16														
07/23/16														
07/24/16														
07/25/16														
07/26/16														
07/27/16														
07/28/16														
07/29/16														
07/30/16														
07/31/16														
# SAMPLES	1	1	1	0	0									
AVG. VALUE	100	100	34											
MAX. VALUE	100	100	34											
MIN. VALUE	100	100	34											
# 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
 08/12/16
 YR/MO/DA

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



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

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

Form Approved.
OMB No. 2040-0004

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

GA0003280
PERMIT NUMBER

001-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE: **30467**
MAJOR

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

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
07	01	2016	07	31	2016

Final Discharge
External Outfall

NO DISCHARGE

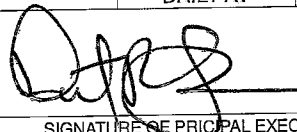
FROM

TO

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Temperature, water deg. fahrenheit 00011 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	75.56	*****	82.76	deg F	0	Daily	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	deg F		5 Days Every Week	GRAB	
	SAMPLE MEASUREMENT	*****	*****	*****	81.00	*****	93.00	deg F	0	Continuous	CONTIN	
Temperature, water deg. fahrenheit DEG. FAHRENHEI 00011 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	deg F		Continuous	CONTIN	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3,374	3,900	umho/cm	0	Daily	CONTIN
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umho/cm		Daily	CONTIN	
Specific conductance 00095 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	mg/L	0	Daily	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Daily	GRAB	
	SAMPLE MEASUREMENT	*****	*****	*****	6.01	*****	*****	mg/L	0	DAILY	GRAB	
Hydrogen peroxide 00139 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5	*****	*****	mg/L		5 Days Every Week	GRAB	
	SAMPLE MEASUREMENT	*****	*****	*****	6.00	*****	*****	mg/L	0	Continuous	RCORDR	
	PERMIT REQUIREMENT	*****	*****	*****	5	*****	*****	mg/L		Continuous	RCORDR	
Oxygen, dissolved [DO] 00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5	*****	*****	mg/L		Continuous	RCORDR	
	SAMPLE MEASUREMENT	*****	*****	*****	INST MN	*****	*****	mg/L		Continuous	RCORDR	
	PERMIT REQUIREMENT	*****	*****	*****	*****	4	10	mg/L	0	5 / Week	COMPOS	
Effluent Gross (Supplementary) BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	51	128	lb/d	*****	30	60	mg/L		5 Days Every Week	COMPOS	
	PERMIT REQUIREMENT	776	1552	lb/d	*****	DAILY AV	DAILY MX	mg/L		5 Days Every Week	COMPOS	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Robert R. Lanier
Manufacturing Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
912 863-4511
DATE
16 08 12
AREA CODE NUMBER YEAR MONTH DAY

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

BOD5: RL(7.6 ppm)

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

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

Form Approved.
OMB No. 2040-0004

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

GA0003280
PERMIT NUMBER

001-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE: **30467**
MAJOR

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

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
07	01	2016	07	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			
Oxygen demand, chen. [high level] [COD] 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	2,060	2,638	lb/d	*****	158	185	mg/L	0	5 / Week	COMPOS
	PERMIT REQUIREMENT	5500 DAILY AV	11000 DAILY MX	lb/d	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		5 Days Every Week	COMPOS
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.370	*****	7.890	SU	0	Daily	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8 MAXIMUM	SU		5 Days Every Week	GRAB
PH 00400 1 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****	*****	6.86	*****	7.70	SU	0	Continuous	RCORDR
	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	8 DAILY MX	SU		Continuous	RCORDR
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	<59	174	lb/d	*****	<4	12	mg/L	0	5 / Week	COMPOS
	PERMIT REQUIREMENT	2140 DAILY AV	4280 DAILY MX	lb/d	*****	30 Daily Avg	45 Daily Max	mg/L		5 Days Every Week	COMPOS
Nitrogen, total 00600 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.43	31.50	mg/L	0	1 / Week	COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total [as N] 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	10.58	23.20	lb/d	*****	0.82	1.55	mg/L	0	Daily	COMPOS
	PERMIT REQUIREMENT	260 DAILY AV	520 DAILY MX	lb/d	*****	7 DAILY AV	13 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, Kjeldahl, total [as N] 00625 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.03	12.50	mg/L	0	1 / Week	COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Robert R. Lanier Manufacturing Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
		912	863-4511	16	08	12
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)

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
07	01	2016	07	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	*****	*****	****	*****	21.7	26.3	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	2.50	3.65	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	*****	*****	****	*****	617	793	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	0.133	0.133	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	*****	*****	****	*****	61	98	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	*****	*****	****	*****	1.33	49.00	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	*****	*****	****	*****	1.03	2.07	%	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	08	12
SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY

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

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

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

Form Approved. OMB No. 2040-0004

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

GA0003280
PERMIT NUMBER

001-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE: **30467**
MAJOR

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

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
07	01	2016	07	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	0.7	0.7	lb/d	*****	0.05	0.05	mg/L	0	1 / Week	GRAB
03604 1 0 Effluent Gross	PERMIT REQUIREMENT	5 DAILY AV	15 DAILY MX	lb/d	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.450	2.190	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	*****	*****	****	*****	2.324	4.740	mg/L	0	3 / Week	COMPOS
50785 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		3 Days Every Week	COMPOS
Tetrahydroxymethylphosphonium chloride, THPC	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	1.04	mg/L	0	2 / Month	GRAB
51757 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Every Month	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	****	*****	2,380	2,850	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	*****	*****	****	*****	0.26	0.55	mg/L	0	Daily	GRAB
71880 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	1.6 DAILY MX	mg/L		Daily	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	ng/L	0	2/year	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	6 DAILY MX	ng/L		2/year	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
		912	863-4511	16	08	12
Robert R. Lanier Manufacturing Manager	SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY
TYPED OR PRINTED						

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

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

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

Form Approved.
OMB No. 2040-0004

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

GA0003280
PERMIT NUMBER

001-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467
MAJOR

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
07	01	2016	07	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			
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	ng/L	0	2/year	GRAB
71900 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0 DAILY MX	ng/L		2/year	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	****	*****	610	>2,420	#/100mL	3	1 / WeeK	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	200 MOAV GEO	400 DAILY MX	#/100mL		Weekly	GRAB
Solids, sludge, tot, dry weight	SAMPLE MEASUREMENT	*****	0	lb	*****	*****	*****	****	0	1 / Month	CALCTD
78477 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	lb	*****	*****	*****	****		Monthly	CALCTD
LC50 Static 48 Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	2 / Week	GRAB
TAB3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	%		2 / Week	GRAB
LC50 Static 48 Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	Annual	GRAB
TAB6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	%		Annual	GRAB
Noel Statre 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	8	*****	*****	%	0	1 / Month	GRAB
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	%		1 / Month	GRAB
Noel Statre 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	%	0	Annual	GRAB
TBP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	%		Annual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Robert R. Lanier Manufacturing Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDULES IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
		912	863-4511	16	08	12
	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)

Name **KING AMERICA FINISHING, INC.**

Address **1351 SCARBORO HIGHWAY**

SYLVANIA, GEORGIA 30467

Facility **KING AMERICA FINISHING, INC.**

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.

OMB No. 2040-0004

GA0003280
PERMIT NUMBER

DRW-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

30467

MAJOR

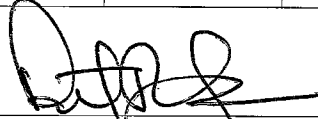
Source Water

Internal Outfall

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
07	01	2016	TO	07	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] 71900 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****		N/A	ng/L	0	2/year	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ng/L		2/year	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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	08	12
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Mercury: RL(0.5 ppt)

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

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	TO	MM	DD	YYYY
07	01	2016	TO	07	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 00011 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	79.43	80.64	deg F	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRAB
Temperature, water deg. fahrenheit 00011 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	79.45	80.65	deg F	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRAB
Stream flow, instantaneous 00061 Z 0 Instream Monitoring	SAMPLE MEASUREMENT	166.68	299.87	MGD	*****	*****	*****	****	0	Daily	GRAB
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		Daily	INSTAN
Conductivity 00094 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	125	150	umhos/cm	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRAB
Conductivity 00094 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	209	229	umhos/cm	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRAB
Hydrogen peroxide 00139 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.00	0.00	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Hydrogen peroxide 00139 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.00	0.00	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Robert R. Lanier Manufacturing Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
		912	863-4511	16	08	12
SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY

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

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

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

Form Approved. OMB No. 2040-0004

Name **KING AMERICA FINISHING, INC.**
Address **1351 SCARBORO HIGHWAY**
SYLVANIA, GEORGIA 30467
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
07	01	2016	07	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			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	4.74	*****	*****	mg/L	0	1 / Month	GRAB
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	*****	mg/L		Monthly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	5.19	*****	*****	mg/L	0	1 / Month	GRAB
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	****	6.100	*****	7.510	SU	0	1 / Month	GRAB
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	****	5.980	*****	7.490	SU	0	1 / Month	GRAB
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.200	0.200	mg/L	0	1 / Month	GRAB
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.200	0.200	mg/L	0	1 / Month	GRAB
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Sulfide, total [as S]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.20	0.20	mg/L	0	1 / Month	GRAB
00745 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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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	SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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
07	01	2016	07	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]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.20	0.20	mg/L	0	1 / Month	GRAB
00745 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	****	*****	34.40	34.40	mg/L	0	1 / Month	GRAB
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Sodium, total [as Na]	SAMPLE MEASUREMENT	*****	*****	****	*****	5.00	5.00	mg/L	0	1 / Month	GRAB
00929 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Sodium, total [as Na]	SAMPLE MEASUREMENT	*****	*****	****	*****	37.20	37.20	mg/L	0	1 / Month	GRAB
00929 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Color [admi units]	SAMPLE MEASUREMENT	*****	*****	****	*****	59	78	col unit	0	1 / Week	GRAB
01290 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	col unit		Weekly	GRAB
Color [admi units]	SAMPLE MEASUREMENT	*****	*****	****	*****	60	81	col unit	0	1 / Week	GRAB
01290 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	col unit		Weekly	GRAB
Formaldehyde	SAMPLE MEASUREMENT	*****	*****	****	*****	0.0500	0.0500	mg/L	0	1 / Month	GRAB
71880 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
		912	863-4511	16	08	12
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MONTH	DAY

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	MM	DD	YYYY
07	01	2016	07	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	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRAB
TAB3B 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Annual	GRAB
LC50 Static 96Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Annual	GRAB
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRAB
TBP3B 6 0	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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