

OPERATION MONITORING REPORT

PERMIT NUMBER: GA0003280

LOCATION DESCRIPTION

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

BEGINNING 09/01/16
DATE MO/DA/YR
END 09/30/16

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

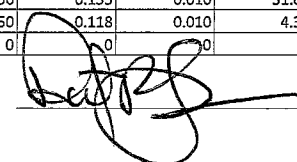
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	
PARAMETER NAME & UNITS	FLOW D. AVG MGD	BOD lbs/day	BOD mg/l	COD lbs/day	COD mg/l	TSS lbs/day	TSS mg/l	SULFIDES lbs/day	SULFIDES mg/l	TDS mg/l	TOTAL PHENOLS lbs/day	TOTAL PHENOLS mg/l	TOTAL CHROMIUM lbs/day	TOTAL CHROMIUM mg/l	TOTAL AMMONIA lbs/day	TOTAL AMMONIA mg/l		
TYPE OF SAMPLE	CONT.	COMP.	COMP.	COMP.	COMP.	COMP.	COMP.	GRAB	GRAB	COMP.	GRAB	GRAB	COMP.	COMP.	COMP.	COMP.		
FREQUENCY OF ANALYSIS	DAILY	FIVE WEEK	FIVE WEEK	FIVE WEEK	FIVE WEEK	FIVE WEEK	FIVE WEEK	DAILY	DAILY	FIVE WEEK	ONE WEEK	ONE WEEK	ONE WEEK	ONE WEEK	DAILY	DAILY		
LIMITS	AVG 3.1	AVG 776 MAX 1552	AVG 30 MAX 60	AVG 5500 MAX 11000	REPORT	AVG 2140 MAX 4280	AVG 30 MAX 45	AVG 24 MAX 48	AVG 1.5 MAX 3.0	AVG 2500 MAX 3800	AVG 5.0 MAX 15	REPORT	AVG 12 MAX 24	AVG 1.2 MAX 2.4	AVG 260 MAX 520	AVG 7 MAX 13		
DATE																		
09/01/16	1.48	60	4.90	2,370	192	<31	<3	<2	<0.2	2,620						11.7	0.95	
09/02/16	1.69	106	7.50	3,989	283	92	7	<3	<0.2	2,530						14.5	1.03	
09/03/16	1.78							<3	<0.2							14.0	0.94	
09/04/16	1.56							<3	<0.2							10.1	0.78	
09/05/16	1.60	67	5.00	3,376	253	93	7	<3	<0.2	2,420						8.5	0.64	
09/06/16	1.48	<25	<2.00	1,444	117	<31	<3	<2	<0.2	2,420						7.5	0.61	
09/07/16	1.51	40	3.20	1,259	100	<31	<3	<3	<0.2	2,170	<0.6	<0.05	<0.1	<0.01		7.7	0.61	
09/08/16	1.480	35	2.85	2,333	189	<31	<3	<2	<0.2	2,240						6.2	0.50	
09/09/16	1.99	108	6.50	3,867	233	75	5	<3	<0.2	2,290						16.3	0.98	
09/10/16	2.55							<4	<0.2							31.0	1.46	
09/11/16	1.82							<3	<0.2							21.1	1.39	
09/12/16	2.120	46	2.60	4,845	274	<44	<3	<4	<0.2	2,450						22.3	1.26	
09/13/16	1.60	37	2.80	3,763	282	<33	<3	<3	<0.2	2,360						14.4	1.08	
09/14/16	1.56	52	4.00	2,823	217	42	3	<3	<0.2	2,280	<0.7	<0.05	<0.1	<0.01		21.2	1.63	
09/15/16	1.23	36	3.50	3,478	339	26	3	<2	<0.2	2,590						14.0	1.36	
09/16/16	1.25	29	2.80	2,283	219	<26	<3	<2	<0.2	2,850						17.2	1.65	
09/17/16	1.45							<2	<0.2							16.7	1.38	
09/18/16	1.17							<2	<0.2							10.8	1.11	
09/19/16	1.610	32	2.40	2,054	153	34	3	<3	<0.2	2,350						10.3	0.77	
09/20/16								<2	<0.2									
09/21/16	1.62	74	5.50	2,337	173	135	10	<3	<0.2	2,130	<0.7	<0.05	<0.1	<0.01		11.6	0.86	
09/22/16	1.71	31	2.20	2,596	182	<36	<3	<3	<0.2	2,490						12.7	0.89	
09/23/16	1.40	<23	<2.00	2,382	204	<29	<3	<2	<0.2	2,520						12.5	1.07	
09/24/16	1.17	<20	<2.00	2,020	207	<24	<3	<2	<0.2	2,550						10.0	1.02	
09/25/16	1.25							<2	<0.2							9.0	0.86	
09/26/16	1.88	31	2.00	2,995	191	<39	<3	<3	<0.2	2,430						12.2	0.78	
09/27/16									<0.2									
09/28/16									<0.2									
09/29/16	1.42	36	3.00	1,824	154	80	7	<2	<0.2	2,170	<0.6	<0.05	<0.1	<0.01		4.4	0.37	
09/30/16	2.24	49	2.60	3,251	174	<47	<3	<4	<0.2	2,220						15.3	0.82	
# SAMPLES	27	20	20	20	20	20	20	27	29	20	4	4	4	4	27	27		
AVG. VALUE	1.616	47	3	2764	207	49	4	2.69	0.20	2404.00	0.637	0.050	0.127	0.010	13.45	0.99		
MAX. VALUE	2.550	108	8	4845	339	135	10	4.25	0.20	2850.00	0.676	0.050	0.135	0.010	31.05	1.65		
MIN. VALUE	1.170	20	2	1259	100	24	3	1.95	0.20	2130.00	0.592	0.050	0.118	0.010	4.38	0.37		
# 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
10/20/16
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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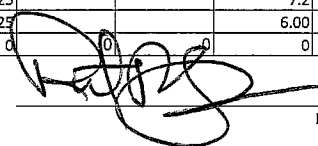
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	
PARAMETER NAME & UNITS	TKN mg/l	TOTAL NITROGEN mg/l	TOTAL PHOS. mg/l	ORTHO PHOS. mg/l	CONDUCT. HIGH umhos/cm	FORMALDEH mg/l	EFF COLOR ADMI SU	SODIUM mg/l	PEROXIDE mg/l	THPC mg/l	FECAL COLIFORM #/100 ml	ACUTE TOX. FLEA - LC50 %	CHRON. TOX. FLEA - NOEC %	ACUTE TOX. FATHEAD LC50 %	CHRON. TOX. FATHEAD NOEC %	DO LOW mg/l	DO mg/l
TYPE OF SAMPLE	COMP.	COMP.	COMP.	COMP.	CONT.	GRAB	GRAB	COMP.	GRAB	GRAB	GRAB	COMP.	COMP.	COMP.	COMP.	CONT.	GRAB
FREQUENCY OF ANALYSIS	ONE WEEK	ONE WEEK	THREE WEEK	THREE WEEK	DAILY	DAILY	ONE WEEK	DAILY	DAILY	TWO MONTH	ONE WEEK	TWO WEEK	ONE MONTH	ONCE YEAR	ONCE YEAR	DAILY	FIVE WEEK
LIMITS	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT MAX 1.6	REPORT	REPORT	REPORT	REPORT	AVG 200 MAX 400	MIN >100	MIN 8	MIN >100	MIN 10	MIN 5.0	MIN 5.0
DATE																	
09/01/16					3,800	0.13		551	0.0		377					6.00	7.42
09/02/16			25.50	4.040	3,700	0.19		691	0.0			100	25			6.00	7.26
09/03/16					3,500	0.08		653	0.0			100				6.00	6.90
09/04/16					3,500	0.13		608	0.0							6.00	6.93
09/05/16			16.70	2.070	3,500	0.13		590	0.0			100				6.60	7.01
09/06/16					3,500	0.12		652	0.0							6.60	7.91
09/07/16	3.26	24.00	16.20	5.070	3,400	0.27	86	433	0.0			100				6.00	7.05
09/08/16					3,300	0.10		463	0.0		24,200					6.00	7.89
09/09/16			23.00	3.850	3,400	0.15		478	0.0							6.00	7.12
09/10/16					3,400	0.23		432	0.0							6.60	7.67
09/11/16					3,500	0.25		469	0.0							6.60	6.96
09/12/16			27.30	2.700	3,400	0.21		516	0.0			100				6.60	7.53
09/13/16					3,400	0.62		599	0.0							6.60	7.48
09/14/16	3.39	42.30	26.10	2.100	3,300	0.69	89	547	0.0			100				6.00	7.82
09/15/16					4,000	0.24		642	0.0		248					6.00	7.39
09/16/16			30.00	2.900	4,200	0.20		728	0.0	1.78						6.00	7.01
09/17/16					4,000	0.16		768	0.0							6.00	6.53
09/18/16					3,800	0.17		739	0.0							6.60	6.90
09/19/16			22.30	5.460	3,400	0.14		685	0.0			100				6.60	6.93
09/20/16						0.40			0.0								7.09
09/21/16	4.86	40.70	24.00	4.650	3,410	0.63	81	610	0.0	3.48		100				6.60	6.78
09/22/16					3,700	0.15		722	0.0		147					6.60	6.90
09/23/16			22.30	4.520	3,700	0.21		717	0.0							7.20	7.06
09/24/16					3,600	0.12		560	0.0							6.60	7.01
09/25/16					3,500	0.11		575	0.0							6.60	7.23
09/26/16			31.30	5.800	3,400	0.07		537	0.0							6.00	7.05
09/27/16																	
09/28/16						0.22	81		0.0								8.10
09/29/16	4.76	38.00	32.70	5.140	3,300	3.20		577	0.0		67	100				6.00	7.19
09/30/16			33.70	3.720		3.20		622	0.0			100				6.00	
# SAMPLES	4	4	13	13	26	29	4	27	29	2	5	10	1	0	0	27	28
AVG. VALUE	4.1	36.3	25.5	4.0	3561.9	0.43	84	599	0.00	2.63	467	100	25			6.3	7.2
MAX. VALUE	4.9	42.3	33.7	5.8	4200.0	3.20	89	768	0.00	3.48	24,200	100	25			7.2	8.1
MIN. VALUE	3.26	24.00	16.20	2.07	3300.00	0.07	81	432	0.00	1.78	67	100	25			6.00	6.53
# MAX EXCD.	0	0	0	0	0	2	0	0	0	0	2	0	0	0	0	0	0

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LAST FIRST MI

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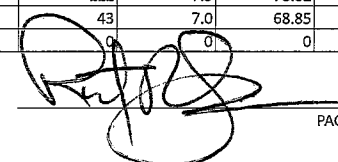
LOCATION CODE	001	001	001	001	001	001	PLANT	001	002	002	002	001/002		002	002	002	002
PARAMETER NAME & UNITS	pH HIGH SU	pH LOW SU	pH SU	TEMP. HIGH DEG. F	TEMP. LOW DEG. F	TEMP. DEG. F	SOLIDS REMOVED lbs/day	FLOW MGD	STREAM FLOW CFS	STREAM FLOW MGD	EFF / STREAM FLOW %	EFF/UP STR COLOR DIFF. ADMI SU		UPSTREAM 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																	
09/01/16	7.70	7.28	7.81	87	84	78.98	0	1.48	95	61.40	2.27						
09/02/16	7.84	7.14	7.87	87	84	75.38	0	1.69	110	71.09	2.75						
09/03/16	7.56	7.28	7.59	81	78	72.86	0	1.78	353	228.13	2.50						
09/04/16	7.42	7.14	7.43	84	78	75.74	0	1.56	581	375.48	0.68						
09/05/16	7.84	6.86	7.33	81	79	87.08	0	1.60	729	471.13	0.43						
09/06/16	7.28	6.86	6.93	81	78	75.02	0	1.48	650	420.08	0.31						
09/07/16	7.28	6.86	7.43	81	78	72.32	0	1.51	605	390.99	0.36	-26	112	6.960	68.85	92	
09/08/16	7.28	7.14	7.22	83	78	72.86	0	1.48	561	362.56	0.38						
09/09/16	7.70	7.00	7.82	87	81	81.14	0	1.99	517	334.12	0.55						
09/10/16	7.70	6.86	7.15	84	81	75.20	0	2.55	449	290.18	0.76						
09/11/16	7.28	7.14	7.17	87	84	77.54	0	1.82	365	235.89	0.63						
09/12/16	7.14	7.14	7.17	87	84	76.46	0	2.12	325	210.04	0.90						
09/13/16	7.28	7.00	7.09	84	81	77.00	0	1.60	289	186.77	0.76						
09/14/16	7.28	6.86	7.34	84	84	78.98	0	1.56	254	164.15	0.84	-10	99	7.160	71.78	109	
09/15/16	7.56	7.00	7.47	84	81	75.56	0	1.23	235	151.87	0.75						
09/16/16	7.56	7.00	7.67	84	81	73.22	0	1.25	221	142.83	0.82						
09/17/16	7.56	7.28	7.59	84	78	72.32	0	1.45	213	137.66	1.02						
09/18/16	7.56	7.28	7.50	84	78	71.96	0	1.17	605	390.99	0.85						
09/19/16	7.56	7.28	7.59	84	78	74.12	0	1.61	237	153.17	0.41						
09/20/16			7.69			72.14	0		203	131.19							
09/21/16	7.56	7.28	7.48	84	78	76.10	0	1.62	190	122.79	1.23	24	57	7.160	78.82	130	
09/22/16	7.56	7.28	7.50	84	78	79.70	0	1.71	180	116.33	1.39						
09/23/16	7.54	7.42	7.57	84	81	80.06	0	1.40	174	112.45	1.20						
09/24/16	7.56	7.28	7.52	84	78	77.54	0	1.17	162	104.70	1.04						
09/25/16	7.56	7.28	7.45	84	78	79.70	0	1.25	160	103.40	1.19						
09/26/16	7.56	7.28	7.25	81	74	78.08	0	1.88	154	99.53	1.82						
09/27/16							0		148	95.65							
09/28/16			7.26			78.62	0		145	93.71		38	43	7.290	78.03	142	
09/29/16	7.56	7.28	7.54	84	78	86.36	0	1.42	142	91.77	1.52						
09/30/16	7.56	7.28		84	78		0	2.24	136	87.89	2.44						
# SAMPLES	27	27	28	27	27	28	30	27	30	30	27	4		4	4	4	4
AVG. VALUE	7.5	7.1	7.4	84	80	76.86	0	1.616	306.27	197.93	1.10	6.50		78	7.1	74.37	118
MAX. VALUE	7.84	7.4	7.9	87	84	87.08	0	2.550	729.00	471.13	2.75	38.00		112	7.3	78.82	142
MIN. VALUE	7.1	6.9	6.9	81	74	71.96	0	1.170	95.00	61.40	0.31	-26.00		43	7.0	68.85	92
# 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
10/20/16
YR/MO/DA

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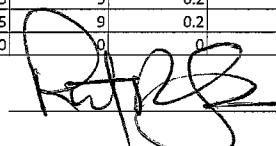
LOCATION CODE	002	002	002	002	002	002		002	002	002	002	002	002	002	002	002	002
PARAMETER NAME & UNITS	UP STREAM AMMONIA mg/l	UP STREAM FORMALDEH mg/l	UP STREAM SODIUM mg/l	UP STREAM SULFIDE mg/l	UP STREAM PEROXIDE mg/l	UP STREAM DO mg/l		DWNSTREAM COLOR ADMI SU	DWNSTREAM PH SU	DWNSTREAM TEMP. DEG. F	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																	
09/01/16																	
09/02/16																	
09/03/16																	
09/04/16																	
09/05/16																	
09/06/16																	
09/07/16	0.231	<0.05	<5.00	<0.20	0.00	5.96		116	7.350	68.86	227	<0.200	<0.05	9.28	<0.20	0.0	5.85
09/08/16																	
09/09/16																	
09/10/16																	
09/11/16																	
09/12/16																	
09/13/16																	
09/14/16					0.00	6.22		96	7.290	71.83	172					0.0	5.96
09/15/16																	
09/16/16																	
09/17/16																	
09/18/16																	
09/19/16																	
09/20/16																	
09/21/16					0.00	6.43		65	7.300	78.94	350					0.0	7.23
09/22/16																	
09/23/16																	
09/24/16																	
09/25/16																	
09/26/16																	
09/27/16																	
09/28/16					0.00	8.02		44	7.310	78.19	575					0.0	9.44
09/29/16																	
09/30/16																	
# SAMPLES	1	1	1	1	4	4		4	4	4	4	1	1	1	1	4	4
AVG. VALUE	0.2	0.050	5	0.2	0.0	6.7		80	7.3	74.5	331	0.2	0.05	9	0.2	0.0	7.1
MAX. VALUE	0.2	0.050	5	0.2	0.0	8.0		116	7.4	78.9	575	0.2	0.05	9	0.2	0.0	9.4
MIN. VALUE	0.2	0.050	5	0.2	0.0	6.0		44	7.3	68.9	172	0.2	0.05	9	0.2	0.0	5.9
# MAX EXCD.	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0

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

TITLE OF THE OFFICER
Manufacturing Manager
TITLE

DATE
10/20/16
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 09/01/16
 DATE MO/DA/YR
 END 09/30/16

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

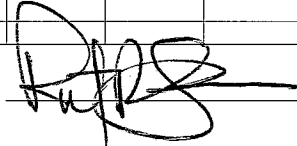
LOCATION CODE	002	002	002	001											
PARAMETER NAME & UNITS	DN-STR ACUTE FLEA LC50 %	DN-STR CHRON FLEA NOEC %	DN-STR T. HARDNESS mg/l	MERCURY											
TYPE OF SAMPLE	GRAB	GRAB	GRAB	Grab											
FREQUENCY OF ANALYSIS	ONE MONTH	ONE MONTH	ONCE MONTH	twice per year											
LIMITS	REPORT	REPORT	REPORT	REPORT											
DATE															
09/01/16															
09/02/16		100													
09/03/16															
09/04/16															
09/05/16	100														
09/06/16															
09/07/16			34.00												
09/08/16															
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09/28/16															
09/29/16															
09/30/16															
# 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
10/20/16
 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	TO	MM	DD	YYYY
09	01	2016	TO	09	30	2016

Final Discharge
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	71.96	*****	87.08	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	*****	*****	*****	74.00	*****	87.00	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	*****	*****	****	*****	3,562	4,200	umho/cm	0	Daily	CONTIN
00095 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umho/cm		Daily	CONTIN
Hydrogen peroxide	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	mg/L	0	Daily	GRAB
00139 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Daily	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.53	*****	*****	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 DAILY MN	*****	*****	mg/L		5 Days Every Week	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.00	*****	*****	mg/L	0	Continuous	RCORDR
00300 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	5 INST MN	*****	*****	mg/L		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	47	108	lb/d	*****	3	8	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 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	10	20
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY

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

BOD5: RL(7.6 ppm)

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	TO	MM	DD	YYYY
09	01	2016	FROM	09	30	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	2,764	4,845	lb/d	*****	207	339	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	*****	*****	*****	6.930	*****	7.870	SU	0	Daily	GRA
00400 1 0 Effluent Gross PH	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8 MAXIMUM	SU		5 Days Every Week	GRA
00400 1 0 Effluent Gross (Supplementary)	PREMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	8 DAILY MX	SU		Continuous	RCOF
Solids, total suspended	SAMPLE MEASUREMENT	<49	135	lb/d	*****	<4	10	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	*****	*****	*****	*****	36.25	42.30	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	13.45	31.05	lb/d	*****	0.99	1.65	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	*****	*****	*****	*****	4.07	4.86	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 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	10	20
SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Ammonia: RL(0.20 ppm)

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved. OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

Name **KING AMERICA FINISHING, INC.**

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

GA0003280
PERMIT NUMBER

001-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE: **30467**
MAJOR

Facility **KING AMERICA FINISHING, INC.**
Location **1351 SCARBORO HIGHWAY, SYLVANIA, GA, 30467**

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
09	01	2016	09	30	2016

Final Discharge
External Outfall

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

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMF TYP
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	****	*****	25.5	33.7	mg/L	0	3 / Week	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		3 Days Every Week	COMP
Sulfide, total [as S]	SAMPLE MEASUREMENT	2.69	4.25	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	*****	*****	****	*****	599	768	mg/L	0	Daily	COMP
00929 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Daily	COMP
Chromium, total [as Cr]	SAMPLE MEASUREMENT	0.127	0.135	lb/d	*****	0.01	0.01	mg/L	0	1 / Week	COMP
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	COMP
Color [admi units]	SAMPLE MEASUREMENT	*****	*****	****	*****	84	89	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	*****	*****	****	*****	6.50	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	*****	*****	****	*****	1.10	2.75	%	0	Daily	CALC
01352 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	8 DAILY MX			Daily	CALC

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	10	20
SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY

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

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

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

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

Form Approved. OMB No. 2040-0004

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

GA0003280	001-1
PERMIT NUMBER	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
09	01	2016	TO	09	30	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			
Total phenols	SAMPLE MEASUREMENT	0.6	0.7	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	1.616	2.550	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	*****	*****	****	*****	4.002	5.800	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	*****	*****	****	*****	*****	3.48	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	*****	*****	****	*****	2,404	2,850	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	*****	*****	****	*****	0.43	3.20	mg/L	2	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	10	20
	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)

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

001-1
 DISCHARGE NUMBER

DMR Mailing ZIP CODE:

30467

MAJOR

Final Discharge

External Outfall

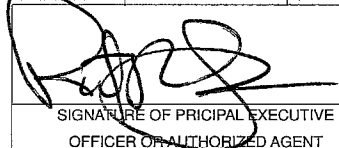
MONITORING PERIOD

MM	DD	YYYY	TO	MM	DD	YYYY
09	01	2016	FROM	09	30	2016

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	ng/L	0	2/year	GRAB
71900 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0 DAILY MX	ng/L		2/year	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	****	*****	467	>24,200	#/100mL	2	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	*****	*****	****	*****	*****	*****	%	0	Annual	GRAB
TAB6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	%		Annual	GRAB
Noel Stare 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	25	*****	*****	%	0	1 / Month	GRAB
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	%		1 / Month	GRAB
Noel Stare 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	%	0	Annual	GRAB
TBP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	%		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 INDIVIDUES IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE			
Robert R. Lanier Manufacturing Manager		 SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	912	863-4511	16	10	20
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Mercury: RL(0.5 ppt)

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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	DRW-1
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467
MAJOR

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
09	01	2016	TO	09	30	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	10	20
	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 (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
09	01	2016	09	30	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			
00011 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	74.37	78.82	deg F	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRA
00011 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	74.46	78.94	deg F	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRA
00061 Z 0 Instream Monitoring	SAMPLE MEASUREMENT	197.93	471.13	MGD	*****	*****	*****	****	0	Daily	GRA
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		Daily	INST
00094 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	118	142	umhos/cm	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRA
00094 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	331	575	umhos/cm	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRA
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
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	10	20
	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
09	01	2016	09	30	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			
Oxygen, dissolved [DO] 00300 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	5.96	*****	*****	mg/L	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	*****	mg/L		Monthly	GRA
Oxygen, dissolved [DO] 00300 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	5.85	*****	*****	mg/L	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	mg/L		Monthly	GRA
pH 00400 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	6.960	*****	7.290	SU	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRA
pH 00400 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	7.290	*****	7.350	SU	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRA
Nitrogen, ammonia total [as N] 00610 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.231	0.231	mg/L	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Nitrogen, ammonia total [as N] 00610 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.200	0.200	mg/L	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Sulfide, total [as S] 00745 5 0 Upstream 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

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	10	20
	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

GA0003280
PERMIT NUMBER

STR-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467
MAJOR

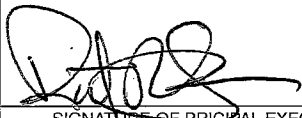
Facility **KING AMERICA FINISHING, INC.**
Location **1351 SCARBORO HIGHWAY, SYLVANIA, GA, 30467**
Attn: **MR. Robert R. Lanier**

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
09	01	2016	TO	09	30	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			
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	*****	*****	****	*****	34.00	34.00	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	*****	*****	****	*****	9.28	9.28	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	*****	*****	****	*****	78	112	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	*****	*****	****	*****	80	116	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	10	20
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Formaldehyde: RL(50 ppb); Sodium: RL(5.0 ppm); ADMI Color: RL(25 SU); Sulfide: RL(1.00 ppm)

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (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	TO	MM	DD	YYYY
09	01	2016	TO	09	30	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	SAMPLE MEASUREMENT	*****	*****	****	*****	0.050	0.050	mg/L	0	1 / Month	GRA
71880 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
LC50 Static 96Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRA
TAB3B 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRA
LC50 Static 96Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	%	0	Annual	GRA
TAB6C 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Annual	GRA
Noel Stare 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRA
TBP3B 6 0	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	10	20
	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)