

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

MONITORING PERIOD						
MM	DD	YYYY	MM	DD	YYYY	
12	01	2016	12	31	2016	

FROM

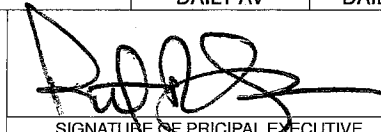
TO

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	*****	*****	*****	54.14	*****	73.40	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	*****	*****	*****	45.00	*****	78.00	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	*****	*****	****	*****	3,028	3,600	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	*****	*****	*****	7.48	*****	*****	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	39	78	lb/d	*****	3	5	mg/L	0	5 / Week	COMPOS
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	776 DAILY AV	1552 DAILY MX	lb/d	*****	30 DAILY AV	60 DAILY MX	mg/L		5 Days Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE 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	17	01	19
Robert R. Lanier Manufacturing Manager		AREA CODE	NUMBER	YEAR	MONTH	DAY
TYPED OR PRINTED						

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 (DMI)

Form Approved. OMB No. 2040-0004

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

GA0003280	001-1
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467
MAJOR

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
12	01	2016		12	31	2016

Final Discharge
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMF TYP
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chen. [high level] [COD]	SAMPLE MEASUREMENT	2,649	4,120	lb/d	*****	203	247	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	*****	*****	*****	6.270	*****	7.660	SU	0	Daily	GRA
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8 MAXIMUM	SU		5 Days Every Week	GRA
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.14	*****	7.98	SU	0	Continuous	RCOF
00400 1 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	8 DAILY MX	SU		Continuous	RCOF
Solids, total suspended	SAMPLE MEASUREMENT	<36	80	lb/d	*****	<3	5	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	*****	*****	*****	*****	51.72	62.40	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	18.04	69.56	lb/d	*****	1.33	4.17	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	*****	*****	*****	*****	11.47	20.00	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	17	01	19
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)

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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 (DMI)

Form Approved.

OMB No. 2040-0004

GA0003280
PERMIT NUMBER

001-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

30467

MAJOR

MONITORING PERIOD

MM	DD	YYYY	MM	DD	YYYY
12	01	2016	12	31	2016

FROM

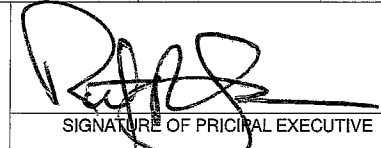
TO

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			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	****	*****	28.8	35.3	mg/L	0	3 / Week	COMF
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		3 Days Every Week	COMF
Sulfide, total [as S]	SAMPLE MEASUREMENT	2.55	3.39	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	*****	*****	****	*****	566	885	mg/L	0	Daily	COMF
00929 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Daily	COMF
Chromium, total [as Cr]	SAMPLE MEASUREMENT	0.115	0.168	lb/d	*****	0.01	0.01	mg/L	0	1 / Week	COMF
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	12 DAILY AV	24 DAILY MX	lb/d	*****	1.2 DAILY AV	2 DAILY MX	mg/L		Weekly	COMF
Color [admi units]	SAMPLE MEASUREMENT	*****	*****	****	*****	84	93	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	*****	*****	****	*****	11.50	57.00	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	*****	*****	****	*****	0.50	1.67	%	0	Daily	CALC
01352 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	8 DAILY MX			Daily	CALC

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		912	863-4511	17	01	19		
Robert R. Lanier Manufacturing Manager		SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY
TYPED OR PRINTED								

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

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

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

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

Form Approved. OMB No. 2040-0004

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

GA0003280
PERMIT NUMBER

001-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467
MAJOR

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
12	01	2016	TO	12	31	2016

Final Discharge
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMF TYP
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total phenols	SAMPLE MEASUREMENT	0.8	1.2	lb/d	*****	0.07	0.12	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	1.530	2.030	MGD	*****	*****	*****	****	0	Daily	CON
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.1 DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		Daily	CON
Phosphorus, ortho	SAMPLE MEASUREMENT	*****	*****	****	*****	2.617	4.460	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	*****	*****	****	*****	*****	0.79	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	*****	*****	****	*****	2,064	2,540	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	*****	*****	****	*****	0.37	0.77	mg/L	0	Daily	GRA
71880 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	1.6 DAILY MX	mg/L		Daily	GRA
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.578	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		
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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); Phenolics: RL(0.05 ppm); Ortho Phosph: RL(0.02 ppm); THPC: RL(10 ppm); Mercury: RL(0.5 ppt)

IPERMITTEE NAME/ADDRESS (Include

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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	MM	DD	YYYY
12	01	2016	12	31	2016

FROM

TO

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	*****	*****	****	*****	6	38	#/100mL	0	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 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

0.00

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
Robert R. Lanier Manufacturing Manager		912	863-4511	17	01	19
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MONTH	DAY

[Handwritten Signature]
SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

Mercury: RL(0.5 ppt)

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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DISCHARGE MONITORING REPORT (DMI)

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

GA0003280
 PERMIT NUMBER

DRW-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	
12	01	2016	TO	12	31	2016

Source Water
 Internal Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMF 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										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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DISCHARGE MONITORING REPORT (DMI)

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GA0003280
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DMR Mailing ZIP CODE:

30467

MAJOR

Instream Monitoring

External Outfall

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
12	01	2016		12	31	2016

FROM

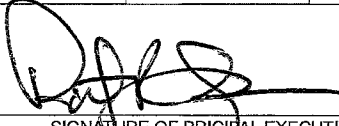
TO

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAM TYP
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	55.39	58.73	deg F	0	1 / Month	GRA
00011 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRA
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	55.09	57.22	deg F	0	1 / Month	GRA
00011 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRA
Stream flow, instantaneous	SAMPLE MEASUREMENT	535.76	788.45	MGD	*****	*****	*****	****	0	Daily	GRA
00061 Z 0 Instream Monitoring	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		Daily	INST.
Conductivity	SAMPLE MEASUREMENT	*****	*****	****	*****	81	87	umhos/cm	0	1 / Month	GRA
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRA
Conductivity	SAMPLE MEASUREMENT	*****	*****	****	*****	69	92	umhos/cm	0	1 / Month	GRA
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRA
Hydrogen peroxide	SAMPLE MEASUREMENT	*****	*****	****	*****	0.00	0.00	mg/L	0	1 / Month	GRA
00139 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Hydrogen peroxide	SAMPLE MEASUREMENT	*****	*****	****	*****	0.00	0.00	mg/L	0	1 / Month	GRA
00139 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA

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

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


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
912	863-4511	17	01	19
AREA CODE	NUMBER	YEAR	MONTH	DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (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
12	01	2016		12	31	2016

Instream Monitoring
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMF TYP
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO] 00300 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	6.25	*****	*****	mg/L	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	*****	mg/L		Monthly	GRA
Oxygen, dissolved [DO] 00300 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	6.14	*****	*****	mg/L	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	mg/L		Monthly	GRA
pH 00400 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	5.750	*****	6.170	SU	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRA
pH 00400 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	5.660	*****	6.310	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	*****	*****	****	*****	0.200	0.200	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	17	01	19
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)

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

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
12	01	2016	12	31	2016

Instream Monitoring
 External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMF TYP
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	*****	*****	****	*****	24.70	24.70	mg/L	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Sodium, total [as Na] 00929 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	5.00	5.00	mg/L	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Sodium, total [as Na] 00929 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	7.12	7.12	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	*****	*****	****	*****	73	110	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	*****	*****	****	*****	76	120	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	17	01	19
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 (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		MM	DD	YYYY	
12	01	2016	TO	12	31	2016	

Instream Monitoring
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMF TYP
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Formaldehyde 71880 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.050	0.050	mg/L	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
LC50 Static 96Hr Acute Ceriodaphnia TAB3B 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRA
LC50 Static 96Hr Acute Pimephales TAB6C 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	%	0	Annual	GRA
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Annual	GRA
Noel Statre 7Day Chronic Ceriodaphnia TBP3B 6 0	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRA
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Robert R. Lanier Manufacturing Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE 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	17	01	19
	SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Formaldehyde: RL(50 ppb)

OPERATION MONITORING REPORT

PERMIT NUMBER: GA0003280

LOCATION DESCRIPTION

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

BEGINNING 12/01/16
DATE MO/DA/YR
END 12/31/16

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

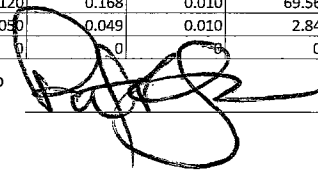
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001
PARAMETER NAME & UNITS	FLOW D. AVG MGD	BOD lbs/dav	BOD mg/l	COD lbs/dav	COD mg/l	TSS lbs/dav	TSS mg/l	SULFIDES lbs/dav	SULFIDES mg/l	TDS mg/l	TOTAL PHENOLS lbs/dav	TOTAL PHENOLS mg/l	TOTAL CHROMIUM lbs/dav	TOTAL CHROMIUM mg/l	TOTAL AMMONIA lbs/dav	TOTAL AMMONIA mg/l	
TYPE OF SAMPLE	CONT.	COMP.	COMP.	COMP.	COMP.	COMP.	COMP.	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																	
12/01/16	1.82	32	2.10	2,899	191	<38	<3	<3	<0.2	2,150					20.5	1.35	
12/02/16	1.97	43	2.60	3,401	207	<41	<3	<3	<0.2	2,290					21.5	1.31	
12/03/16	1.92								<0.2						25.1	1.57	
12/04/16	1.73								<0.2						23.2	1.61	
12/05/16	1.93	71	4.40	3,589	223	60	4	<3	<0.2	2,540					22.2	1.38	
12/06/16	1.89	55	3.50	3,168	201	<39	<3	<3	<0.2	2,330					16.2	1.03	
12/07/16	2.01	47	2.80	3,336	199	71	4	<3	<0.2	2,130	<0.8	<0.05	<0.2	<0.01	14.9	0.89	
12/08/16	2.030	47	2.80	3,809	225	80	5	<3	<0.2	2,160					16.4	0.97	
12/09/16	1.95	46	2.80	3,757	231	<41	<3	<3	<0.2	2,180					14.5	0.89	
12/10/16	1.89								<0.2						15.9	1.01	
12/11/16	1.86								<0.2						17.7	1.14	
12/12/16	1.800	44	2.90	3,513	234	<38	<3	<3	<0.2	2,150					36.6	2.44	
12/13/16	2.00	78	4.70	4,120	247	42	3	<3	<0.2	1,990					69.6	4.17	
12/14/16	1.72	55	3.80	3,328	232	36	3	<3	<0.2	1,930	<0.7	<0.05	<0.1	<0.01	44.9	3.13	
12/15/16									<0.2								
12/16/16									<0.2								
12/17/16	1.58	38	2.90	2,886	219	<33	<3	<3	<0.2	2,040					20.3	1.54	
12/18/16	1.60	32	2.40	2,869	215	<33	<3	<3	<0.2	2,080					12.5	0.94	
12/19/16	1.850	31	2.00	3,271	212	<39	<3	<3	<0.2	1,990					13.4	0.87	
12/20/16	1.44	32	2.70	2,318	193	30	3	<2	<0.2	1,910					18.6	1.55	
12/21/16	1.22	31	3.00	2,004	197	<25	<3	<2	<0.2	1,810	1.2	0.12	<0.1	<0.01	15.4	1.51	
12/22/16	1.33	43	3.90	2,307	208	<28	<3	<2	<0.2	1,870					13.8	1.24	
12/23/16	1.50	54	4.30	2,677	214	41	3	<3	<0.2	1,820					15.3	1.22	
12/24/16	1.66								<0.2						11.6	0.84	
12/25/16	0.89								<1	<0.2					5.8	0.78	
12/26/16	0.83	<14	<2.00	1,222	177	<17	<3	<1	<0.2	2,110					4.9	0.71	
12/27/16	0.46	<8	<2.00	648	169	<10	<3	<1	<0.2	2,110					3.1	0.80	
12/28/16	0.59	<10	<2.00	778	159	20	4	<1	<0.2	2,040	<0.2	<0.05	<0.0	<0.01	2.8	0.58	
12/29/16	0.85	17	2.40	1,111	156	<18	<3	<1	<0.2	1,950					5.3	0.74	
12/30/16	1.04	21	2.40	1,275	147	<22	<3	<2	<0.2	1,820					6.1	0.70	
12/31/16	1.01							<1.68	<0.2						15.1	1.79	
# SAMPLES	29	22	22	22	22	22	22	29	30	22	4	4	4	4	29	29	
AVG. VALUE	1.530	39	3	2649	203	36	3	2.55	0.20	2063.64	0.755	0.068	0.115	0.010	18.04	1.33	
MAX. VALUE	2.030	78	5	4120	247	80	5	3.39	0.20	2540.00	1.221	0.120	0.168	0.010	69.56	4.17	
MIN. VALUE	0.460	8	2	648	147	10	3	0.77	0.20	1810.00	0.245	0.050	0.049	0.010	2.84	0.58	
# MAX EXCD.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

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

TITLE OF THE OFFICER
Manufacturing Manager
TITLE

DATE
01/19/17
MO/DA/YR

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



OPERATION MONITORING REPORT

PERMIT NUMBER: GA0003280

LOCATION DESCRIPTION

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

BEGINNING 12/01/16
DATE MO/DA/YR
END 12/31/16

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


LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001
PARAMETER NAME & UNITS	TKN mg/l	TOTAL NITROGEN mg/l	TOTAL PHOS. mg/l	ORTHO PHOS. mg/l	CONDUCT. HIGH umhos/cm	FORMALDEH mg/l	EFF COLOR ADMI SU	SODIUM mg/l	PEROXIDE mg/l	THPC mg/l	FECAL COLIFORM #/100 ml	ACUTE TOX. FLEA - LC50 %	CHRON. TOX. FLEA - NOEC %	ACUTE TOX. FATHEAD LC50 %	CHRON. TOX. FATHEAD NOEC %	DO LOW mg/l	DO mg/l
TYPE OF SAMPLE	COMP.	COMP.	COMP.	COMP.	CONT.	GRAB	GRAB	COMP.	GRAB	GRAB	GRAB	COMP.	COMP.	COMP.	COMP.	CONT.	GRAB
FREQUENCY OF ANALYSIS	ONE WEEK	ONE WEEK	THREE WEEK	THREE WEEK	DAILY	DAILY	ONE WEEK	DAILY	DAILY	TWO MONTH	ONE WEEK	TWO WEEK	ONE MONTH	ONCE YEAR	ONCE YEAR	DAILY	FIVE WEEK
LIMITS	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT MAX 1.6	REPORT	REPORT	REPORT	REPORT	AVG 200 MAX 400	MIN >100	MIN 8	MIN >100	MIN 10	MIN 5.0	MIN 5.0
DATE																	
12/01/16					3,220	0.46		486	0.0			100				7.20	7.50
12/02/16			28.60	2.260	3,400	0.34		533	0.0			100				6.00	8.42
12/03/16					3,600	0.35		858	0.0							7.70	8.00
12/04/16					3,600	0.34		836	0.0							7.70	8.56
12/05/16			30.90	2.480	3,400	0.23		885	0.0		38	100	8			7.70	7.99
12/06/16					3,400	0.31		788	0.0							7.70	7.53
12/07/16	3.88	43.10	29.10	2.970	3,000	0.27	75	497	0.0			100				7.00	7.59
12/08/16					3,000	0.25		542	0.0	0.79						7.00	7.67
12/09/16			35.30	2.740	3,100	0.28		562	0.0							7.80	7.85
12/10/16					3,130	0.31		581	0.0							7.70	9.02
12/11/16					3,110	0.24		586	0.0							7.70	8.89
12/12/16			32.70	1.920	3,000	0.39		544	0.0		2	100				7.80	8.75
12/13/16					2,800	0.77		483	0.0							7.70	7.77
12/14/16	20.00	62.40	29.20	2.710	2,800	0.36	82	470	0.0			100				7.00	7.62
12/15/16									0.0								
12/16/16						0.43			0.0								8.53
12/17/16	17.50	52.40	28.90	1.430	2,850	0.35		423	0.0	0.79						7.70	8.63
12/18/16					3,000	0.32		453	0.0							7.20	7.64
12/19/16			29.00	2.160	2,900	0.21		403	0.0							7.20	7.48
12/20/16					2,800	0.64		382	0.0		8	100				7.20	8.32
12/21/16	8.69	52.30	27.70	2.220	2,800	0.49	86	353	0.0			100				8.40	8.98
12/22/16					2,700	0.49		556	0.0							7.80	8.84
12/23/16	14.80	59.70	30.50	1.030	2,700	0.58		558	0.0							7.80	7.98
12/24/16					3,000	0.43		557	0.0							7.20	8.43
12/25/16					3,100	0.37		613	0.0							7.80	8.28
12/26/16					3,100	0.35		633	0.0							7.20	7.73
12/27/16			26.20	3.470	3,100	0.38		637	0.0		2	100				6.00	7.85
12/28/16	3.95	40.40	25.20	4.170	3,000	0.46	93	443	0.0			100				6.00	7.95
12/29/16					2,900	0.33		625	0.0							6.00	7.62
12/30/16			21.60	4.460	2,800	0.12		583	0.0							6.60	9.21
12/31/16					2,500	0.13		552	0.0							6.60	10.15
# SAMPLES	6	6	13	13	29	30	4	29	31	2	4	10	1	0	0	29	30
AVG. VALUE	11.5	51.7	28.8	2.6	3027.9	0.37	84	566	0.00	0.79	6	100	8			7.3	8.2
MAX. VALUE	20.0	62.4	35.3	4.5	3600.0	0.77	93	885	0.00	0.79	38	100	8			8.4	10.2
MIN. VALUE	3.88	40.40	21.60	1.03	2500.00	0.12	75	353	0.00	0.79	2	100	8			6.00	7.48
# MAX EXCD.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

TITLE OF THE OFFICER
Manufacturing Manager
TITLE

DATE
01/19/17
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 12/01/16
DATE MO/DA/YR
END 12/31/16

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

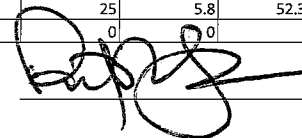
LOCATION CODE	001	001	001	001	001	001	PLANT	001	002	002	002	001/002		002	002	002	002
PARAMETER NAME & UNITS	pH HIGH SU	pH LOW SU	pH SU	TEMP. HIGH DEG. F	TEMP. LOW DEG. F	TEMP. DEG. F	SOLIDS REMOVED lbs/day	FLOW MGD	STREAM FLOW CFS	STREAM FLOW MGD	EFF / STREAM FLOW %	EFF/UP STR COLOR DIFF. ADMI SU		UPSTREAM 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																	
12/01/16	7.70	7.70	7.56	78	75	71.60	0	1.82	183	118.27	1.59						
12/02/16	7.98	7.70	7.52	78	69	66.56	0	1.97	200	129.25	1.67						
12/03/16	7.70	7.56	7.60	78	63	63.14	0	1.92	206	133.13	1.49						
12/04/16	7.70	7.56	7.59	68	63	62.96	0	1.73	206	133.13	1.30						
12/05/16	7.70	7.56	7.66	68	63	63.32	0	1.93	235	151.87	1.45						
12/06/16	7.70	7.56	7.50	68	63	64.04	0	1.89	393	253.98	1.24						
12/07/16	7.70	7.56	7.23	73	68	73.40	0	2.01	749	484.06	0.79	-35	110	5.880	58.73	71	
12/08/16	7.70	7.56	7.45	73	69	69.26	0	2.03	1,080	697.97	0.42						
12/09/16	7.70	7.56	7.63	69	66	62.96	0	1.95	1,150	743.21	0.28						
12/10/16	7.70	7.56	7.32	68	61	54.14	0	1.89	1,090	704.44	0.25						
12/11/16	7.56	7.64	7.60	61	57	62.96	0	1.86	1,010	652.73	0.26						
12/12/16	7.70	7.56	7.56	63	57	61.88	0	1.80	1,030	665.66	0.28						
12/13/16	7.70	7.56	7.23	73	68	69.62	0	2.00	1,110	717.36	0.30						
12/14/16	7.70	7.56	7.33	78	72	71.42	0	1.72	1,200	775.53	0.24	57	25	5.750	53.65	83	
12/15/16							0		1,220	788.45							
12/16/16			7.33			65.66	0		1,130	730.29							
12/17/16	7.70	7.57	7.46	72	60	65.48	0	1.58	945	610.73	0.22						
12/18/16	7.70	7.28	7.08	72	62	71.60	0	1.60	773	499.57	0.26						
12/19/16	7.56	7.28	7.38	78	75	71.78	0	1.85	724	467.90	0.37						
12/20/16	7.56	7.42	7.28	75	66	63.68	0	1.44	770	497.63	0.31						
12/21/16	7.56	7.42	7.23	66	63	63.68	0	1.22	890	575.18	0.25	12	74	6.170	52.34	87	
12/22/16	7.56	7.42	7.36	66	63	63.50	0	1.33	1,010	652.73	0.23						
12/23/16	7.56	7.42	6.27	66	63	66.74	0	1.50	1,060	685.05	0.23						
12/24/16	7.70	7.56	7.41	72	66	66.02	0	1.66	1,020	659.20	0.24						
12/25/16	7.70	7.42	7.28	72	69	66.02	0	0.89	984	635.93	0.14						
12/26/16	7.42	7.14	7.41	69	66	66.02	0	0.83	970	626.88	0.13						
12/27/16	7.42	7.14	7.22	69	63	66.92	0	0.46	953	615.90	0.07						
12/28/16	7.56	7.42	7.19	69	63	68.54	0	0.59	933	602.97	0.10	12	81	6.160	56.84	81	
12/29/16	7.42	7.28	7.16	69	69	71.42	0	0.85	881	569.37	0.14						
12/30/16	7.42	7.14	7.35	69	63	61.16	0	1.04	837	540.93	0.18						
12/31/16	7.42	7.28	7.36	60	45	59.36	0	1.01	757	489.23	0.19						
# SAMPLES	29	29	30	29	29	30	31	29	31	31	29	4		4	4	4	4
AVG. VALUE	7.6	7.5	7.4	70	64	65.83	0	1.530	829.00	535.76	0.50	11.50		73	6.0	55.39	81
MAX. VALUE	7.98	7.7	7.7	78	75	73.40	0	2.030	1220.00	788.45	1.67	57.00		110	6.2	58.73	87
MIN. VALUE	7.4	7.1	6.3	60	45	54.14	0	0.460	183.00	118.27	0.07	-35.00		25	5.8	52.34	71
# MAX EXCD.	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0

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

TITLE OF THE OFFICER
Manufacturing Manager
TITLE

DATE
01/19/17
YR/MO/DA

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



OPERATION MONITORING REPORT

PERMIT NUMBER: GA0003280

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

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

BEGINNING 12/01/16
 DATE MO/DA/YR
 END 12/31/16

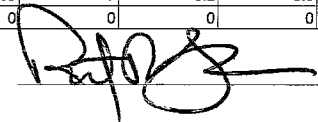
LOCATION CODE	002	002	002	002	002	002		002	002	002	002	002	002	002	002	002	002
PARAMETER NAME & UNITS	UP STREAM AMMONIA mg/l	UP STREAM FORMALDEH mg/l	UP STREAM SODIUM mg/l	UP STREAM SULFIDE mg/l	UP STREAM PEROXIDE mg/l	UP STREAM DO mg/l		DWNSTREAM COLOR ADMI SU	DWNSTREAM PH SU	DWNSTREAM TEMP. DEG. F	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																	
12/01/16																	
12/02/16																	
12/03/16																	
12/04/16																	
12/05/16																	
12/06/16																	
12/07/16	<0.200	<0.05	<5.00	<0.20	0.00	6.25		120	5.840	57.22	12	<0.200	<0.05	7.12	<0.20	0.0	6.14
12/08/16																	
12/09/16																	
12/10/16																	
12/11/16																	
12/12/16																	
12/13/16																	
12/14/16					0.00	7.63		25	5.660	53.42	92					0.0	7.60
12/15/16																	
12/16/16																	
12/17/16																	
12/18/16																	
12/19/16																	
12/20/16																	
12/21/16					0.00	8.36		78	6.310	53.24	84					0.0	8.31
12/22/16																	
12/23/16																	
12/24/16																	
12/25/16																	
12/26/16																	
12/27/16																	
12/28/16					0.00	7.76		79	6.130	56.50	87					0.0	7.70
12/29/16																	
12/30/16																	
12/31/16																	
# SAMPLES	1	1	1	1	4	4		4	4	4	4	1	1	1	1	4	4
AVG. VALUE	0.2	0.050	5	0.2	0.0	7.5		76	6.0	55.1	69	0.2	0.05	7	0.2	0.0	7.4
MAX. VALUE	0.2	0.050	5	0.2	0.0	8.4		120	6.3	57.2	92	0.2	0.05	7	0.2	0.0	8.3
MIN. VALUE	0.2	0.050	5	0.2	0.0	6.3		25	5.7	53.2	12	0.2	0.05	7	0.2	0.0	6.1
# 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
 01/19/17
 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 12/01/16
DATE MO/DA/YR
END 12/31/16

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

LOCATION CODE	002	002	002	001														
PARAMETER NAME & UNITS	DN-STR ACUTE FLEA LC50 %	DN-STR CHRON FLEA NOEC %	DN-STR T. HARDNESS mg/l	MERCURY														
TYPE OF SAMPLE	GRAB	GRAB	GRAB	Grab														
FREQUENCY OF ANALYSIS LIMITS	ONE MONTH REPORT	ONE MONTH REPORT	ONCE MONTH REPORT	twice per year REPORT														
DATE																		
12/01/16																		
12/02/16																		
12/03/16																		
12/04/16																		
12/05/16	100	100		0.58														
12/06/16																		
12/07/16			24.70															
12/08/16																		
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12/28/16																		
12/29/16																		
12/30/16																		
12/31/16																		
# SAMPLES	1	1	1	0	1													
AVG. VALUE	100	100	25		1													
MAX. VALUE	100	100	25		1													
MIN. VALUE	100	100	25		1													
# MAX EXCD.	0	0	0	0	0													

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

TITLE OF THE OFFICER
Manufacturing Manager
TITLE

DATE
01/19/17
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