

Facility Name/Location if different

DISCHARGE MONITORING REPORT (DMF)

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

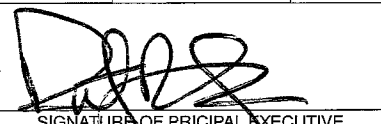
Final Discharge

External Outfall

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
11	01	2016	TO	11	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			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62.60	*****	75.74	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	SAMPLE MEASUREMENT	*****	*****	*****	57.00	*****	81.00	deg F	0	Continuous	CONTIN
DEG. FAHRENHEI	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	deg F		Continuous	CONTIN
00011 Y 0 Effluent Gross (Supplementary)											
Specific conductance	SAMPLE MEASUREMENT	*****	*****	****	*****	2,968	3,300	umho/cm	0	Daily	CONTIN
00095 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umho/cm		Daily	CONTIN
Hydrogen peroxide	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	mg/L	0	Daily	GRAB
00139 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Daily	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	5.94	*****	*****	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	*****	*****	*****	6.60	*****	*****	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	80	225	lb/d	*****	6	15	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	16	12	16
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)

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**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMF)

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
11	01	2016	TO	11	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			
Oxygen demand, chen. [high level] [COD] 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	2,760	3,972	lb/d	*****	219	289	mg/L	0	5 / Week	COMPOS
	PERMIT REQUIREMENT	5500 DAILY AV	11000 DAILY MX	lb/d	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		5 Days Every Week	COMPOS
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.350	*****	7.890	SU	0	Daily	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8 MAXIMUM	SU		5 Days Every Week	GRAB
PH 00400 1 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****	*****	6.86	*****	7.86	SU	0	Continuous	RCORDR
	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	8 DAILY MX	SU		Continuous	RCORDR
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	<94	370	lb/d	*****	<7	25	mg/L	0	5 / Week	COMPOS
	PERMIT REQUIREMENT	2140 DAILY AV	4280 DAILY MX	lb/d	*****	30 Daily Avg	45 Daily Max	mg/L		5 Days Every Week	COMPOS
Nitrogen, total 00600 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	50.64	59.70	mg/L	0	1 / Week	COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total [as N] 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	21.95	48.87	lb/d	*****	1.79	3.64	mg/L	0	Daily	COMPOS
	PERMIT REQUIREMENT	260 DAILY AV	520 DAILY MX	lb/d	*****	7 DAILY AV	13 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, Kjeldahl, total [as N] 00625 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.84	18.00	mg/L	0	1 / Week	COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS

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

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

GA0003280
 PERMIT NUMBER

001-1
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467
 MAJOR

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

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
11	01	2016	11	30	2016

Final Discharge
 External Outfall

NO DISCHARGE

FROM

TO

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	****	*****	28.5	31.4	mg/L	0	3 / Week	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		3 Days Every Week	COMPOS
Sulfide, total [as S]	SAMPLE MEASUREMENT	2.42	3.47	lb/d	*****	0.20	0.20	mg/L	0	Daily	GRAB
00745 1 0 Effluent Gross	PERMIT REQUIREMENT	24 DAILY AV	48 DAILY MX	lb/d	*****	1.5 DAILY AV	3 DAILY MX	mg/L		Daily	GRAB
Sodium, total [as Na]	SAMPLE MEASUREMENT	*****	*****	****	*****	560	682	mg/L	0	Daily	COMPOS
00929 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Daily	COMPOS
Chromium, total [as Cr]	SAMPLE MEASUREMENT	0.129	0.158	lb/d	*****	0.01	0.01	mg/L	0	1 / Week	COMPOS
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	12 DAILY AV	24 DAILY MX	lb/d	*****	1.2 DAILY AV	2 DAILY MX	mg/L		Weekly	COMPOS
Color [admi units]	SAMPLE MEASUREMENT	*****	*****	****	*****	65	78	col unit	0	1 / Week	GRAB
01290 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	col unit		Weekly	GRAB
Color [admi units]	SAMPLE MEASUREMENT	*****	*****	****	*****	25.00	38.00	col unit	0	1 / Week	CALCTD
01290 1 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	80 DAILY MX	col unit		Weekly	CALCTD
Discharge flow as % of stream flow	SAMPLE MEASUREMENT	*****	*****	****	*****	1.37	1.93	%	0	Daily	CALCTD
01352 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	8 DAILY MX			Daily	CALCTD

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

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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

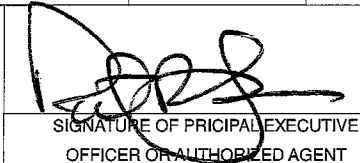
MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
11	01	2016	11	30	2016

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			
Total phenols	SAMPLE MEASUREMENT	0.6	0.8	lb/d	*****	0.05	0.05	mg/L	0	1 / Week	GRAB
03604 1 0 Effluent Gross	PERMIT REQUIREMENT	5 DAILY AV	15 DAILY MX	lb/d	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.442	2.080	MGD	*****	*****	*****	****	0	Daily	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.1 DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		Daily	CONTIN
Phosphorus, ortho	SAMPLE MEASUREMENT	*****	*****	****	*****	1.698	3.120	mg/L	0	3 / Week	COMPOS
50785 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		3 Days Every Week	COMPOS
Tetrahydroxymethylphosphonium chloride, THPC	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.79	mg/L	0	2 / Month	GRAB
51757 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Every Month	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	****	*****	2,097	2,440	mg/L	0	5 / Week	COMPOS
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	2500 DAILY AV	3800 DAILY MX	mg/L		5 Days Every Week	COMPOS
Formaldehyde	SAMPLE MEASUREMENT	*****	*****	****	*****	0.35	0.94	mg/L	0	Daily	GRAB
71880 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	1.6 DAILY MX	mg/L		Daily	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	ng/L	0	2/year	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	6 DAILY MX	ng/L		2/year	GRAB

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved.

Facility Name/Location if different)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

Name **KING AMERICA FINISHING, INC.**

GA0003280
PERMIT NUMBER

001-1
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DMR Mailing ZIP CODE:

30467

Address **1351 SCARBORO HIGHWAY**

SYLVANIA, GEORGIA 30467

MAJOR

Facility **KING AMERICA FINISHING, INC.**

MONITORING PERIOD

Final Discharge

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

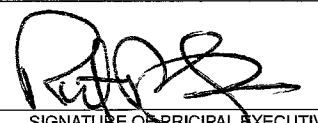
MM	DD	YYYY	TO	MM	DD	YYYY
11	01	2016	TO	11	30	2016

External Outfall

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

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, total [as Hg] 71900 2 0 Effluent Net	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	ng/L	0	2/year	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0 DAILY MX	ng/L		2/year	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	41	387	#/100mL	0	1 / Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	200 MOAV GEO	400 DAILY MX	#/100mL		Weekly	GRAB
Solids, sludge, tot, dry weight 78477 SL 0 Sludge	SAMPLE MEASUREMENT	*****	0	lb	*****	*****	*****	****	0	1 / Month	CALCTD
	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	lb	*****	*****	*****	****		Monthly	CALCTD
LC50 Static 48 Hr Acute Ceriodaphnia TAB3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	2 / Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	%		2 / Week	GRAB
LC50 Static 48 Hr Acute Pimephales TAB6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	%		Annual	GRAB
Noel Statre 7 Day Chronic Ceriodaphnia TBP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	65	*****	*****	%	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	%		1 / Month	GRAB
Noel Statre 7 Day Chronic Pimephales TBP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	8	*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	%		Annual	GRAB

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

Mercury: RL(0.5 ppt)

PERMITTEE NAME/ADDRESS (Include

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GA0003280
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DRW-1
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DMR Mailing ZIP CODE:

30467

MAJOR

Source Water

Internal Outfall

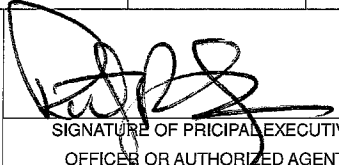
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FROM

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 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ng/L		2/year	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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		
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Robert R. Lanier Manufacturing Manager		AREA CODE	NUMBER	YEAR	MONTH	DAY
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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)

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

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MAJOR

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

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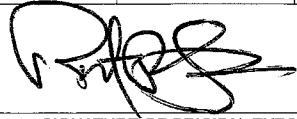
Instream Monitoring
External Outfall

FROM

TO

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	61.00	67.80	deg F	0	1 / Month	GRAB
00011 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRAB
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	61.04	67.98	deg F	0	1 / Month	GRAB
00011 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg F		Monthly	GRAB
Stream flow, instantaneous	SAMPLE MEASUREMENT	104.67	118.27	MGD	*****	*****	*****	****	0	Daily	GRAB
00061 Z 0 Instream Monitoring	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		Daily	INSTAN
Conductivity	SAMPLE MEASUREMENT	*****	*****	****	*****	113	156	umhos/cm	0	1 / Month	GRAB
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRAB
Conductivity	SAMPLE MEASUREMENT	*****	*****	****	*****	156	202	umhos/cm	0	1 / Month	GRAB
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umhos/cm		Monthly	GRAB
Hydrogen peroxide	SAMPLE MEASUREMENT	*****	*****	****	*****	0.00	0.00	mg/L	0	1 / Month	GRAB
00139 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Hydrogen peroxide	SAMPLE MEASUREMENT	*****	*****	****	*****	0.00	0.00	mg/L	0	1 / Month	GRAB
00139 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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

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

STR-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

30467

MAJOR

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
11	01	2016	11	30	2016

FROM

TO

Instream Monitoring
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	2.83	*****	*****	mg/L	0	1 / Month	GRAB
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	*****	mg/L		Monthly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	3.06	*****	*****	mg/L	0	1 / Month	GRAB
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	****	7.510	*****	7.910	SU	0	1 / Month	GRAB
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	****	7.420	*****	7.870	SU	0	1 / Month	GRAB
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.200	0.200	mg/L	0	1 / Month	GRAB
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.200	0.200	mg/L	0	1 / Month	GRAB
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Sulfide, total [as S]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.20	0.20	mg/L	0	1 / Month	GRAB
00745 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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

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

STR-1

DISCHARGE NUMBER

DMR Mailing ZIP CODE:

30467

MAJOR

Instream Monitoring

External Outfall

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
11	01	2016	11	30	2016

FROM

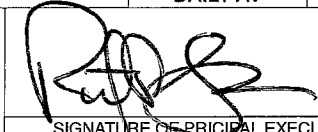
TO

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sulfide, total [as S] 00745 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.20	0.20	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Hardness, total [as CaCO3] 00900 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	54.60	54.60	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Sodium, total [as Na] 00929 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	5.00	5.00	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Sodium, total [as Na] 00929 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	5.00	5.00	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Color [admi units] 01290 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	40	44	col unit	0	1 / Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	col unit		Weekly	GRAB
Color [admi units] 01290 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	44	57	col unit	0	1 / Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	col unit		Weekly	GRAB
Formaldehyde 71880 5 0 Upstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.0500	0.0500	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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

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


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

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

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

Form Approved. OMB No. 2040-0004

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

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
11	01	2016		11	30	2016

Instream Monitoring
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Formaldehyde 71880 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****	*****	0.050	0.050	mg/L	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
LC50 Static 96Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRAB
TAB3B 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Annual	GRAB
LC50 Static 96Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRAB
TAB6C 6 0 Downstream Monitoring	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	%	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRAB
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRAB
TBP3B 6 0	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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	12	16
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)

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 11/01/16
 DATE MO/DA/YR
 END 11/30/16

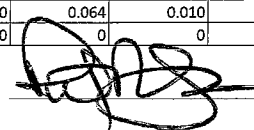
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001
PARAMETER NAME & UNITS	FLOW D. AVG MGD	BOD lbs/day	BOD mg/l	COD lbs/day	COD mg/l	TSS lbs/day	TSS mg/l	SULFIDES lbs/day	SULFIDES mg/l	TDS mg/l	TOTAL PHENOLS lbs/day	TOTAL PHENOLS mg/l	TOTAL CHROMIUM lbs/day	TOTAL CHROMIUM 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																	
11/01/16	1.13	40	4.20	1,857	197	73	8	<2	<0.2	1,970					7.0	0.74	
11/02/16	0.76	20	3.10	1,207	190	38	6	<1	<0.2	1,940	<0.3	<0.05	<0.1	<0.01	9.5	1.49	
11/03/16	2.00	47	2.80	3,052	183	58	4	<3	<0.2	1,960					13.7	0.82	
11/04/16	1.27	52	4.90	2,277	215	143	14			2,030					8.7	0.82	
11/05/16									<0.2								
11/06/16	0.19							<0	<0.2						1.4	0.92	
11/07/16	1.32	123	11.20	3,005	273	152	14	<2	<0.2	2,220					15.2	1.38	
11/08/16	1.780	147	9.90	3,593	242	104	7	<3	<0.2	2,110					25.2	1.70	
11/09/16	1.89	150	9.50	3,972	252	95	6	<3	<0.2	1,980	<0.8	<0.05	<0.2	<0.01	42.7	2.71	
11/10/16	1.18	83	8.40	2,844	289	96	10	<2	<0.2	1,920					35.8	3.64	
11/11/16	1.11	91	9.80	2,333	252	88	10	<2	<0.2	1,980					19.3	2.08	
11/12/16	1.600							<3	<0.2						27.9	2.09	
11/13/16	1.25							<2	<0.2						20.1	1.93	
11/14/16																	
11/15/16																	
11/16/16									<0.2								
11/17/16	1.64	187	13.70	3,925	287	235	17	<3	<0.2	2,030	<0.7	<0.05	<0.1	<0.01	43.4	3.17	
11/18/16	2.00	225	13.50	3,920	235	163	10	<3	<0.2	2,220					48.9	2.93	
11/19/16	1.810	225	14.90	3,910	259	370	25	<3	<0.2	2,330					41.7	2.76	
11/20/16	1.74	64	4.40	3,251	224	<36	<3	<3	<0.2	2,440					30.6	2.11	
11/21/16	1.58	32	2.40	2,833	215	<33	<3	<3	<0.2	2,420					23.2	1.76	
11/22/16	1.57	29	2.20	2,579	197	<33	<3	<3	<0.2	2,280	<0.7	<0.05	<0.1	<0.01	26.2	2.00	
11/23/16	1.20	32	3.20	1,922	192	<25	<3	<2	<0.2	2,140					21.1	2.11	
11/24/16	1.17	<20	<2.00	1,815	186	<24	<3	<2	<0.2	2,090					23.3	2.39	
11/25/16	1.15	<19	<2.00	1,889	197	<24	<3	<2	<0.2	2,080					18.6	1.94	
11/26/16	1.29							<2	<0.2						12.8	1.19	
11/27/16	1.39							<2	<0.2						11.1	0.96	
11/28/16	1.50	26	2.10	2,127	170	<31	<3	<3	<0.2	1,990					12.0	0.96	
11/29/16	2.08	<35	<2.00	2,880	166	104	6	<3	<0.2	1,900					16.3	0.94	
11/30/16	1.89	33	2.10	2,758	175	<39	<3	<3	<0.2	2,010	<0.8	<0.05	<0.2	<0.01	15.0	0.95	
# SAMPLES	26	21	21	21	21	21	21	25	27	21	5	5	5	5	26	26	
AVG. VALUE	1.442	80	6	2760	219	94	7	2.42	0.20	2097.14	0.647	0.050	0.129	0.010	21.95	1.79	
MAX. VALUE	2.080	225	15	3972	289	370	25	3.47	0.20	2440.00	0.788	0.050	0.158	0.010	48.87	3.64	
MIN. VALUE	0.185	19	2	1207	166	24	3	0.31	0.20	1900.00	0.318	0.050	0.064	0.010	1.42	0.74	
# 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
12/16/16
 MO/DA/YR

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



OPERATION MONITORING REPORT

PERMIT NUMBER: GA0003280

LOCATION DESCRIPTION

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

BEGINNING 11/01/16
DATE MO/DA/YR
END 11/30/16

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

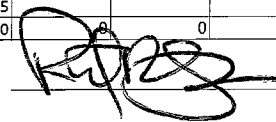
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	
PARAMETER NAME & UNITS	TKN mg/l	TOTAL NITROGEN mg/l	TOTAL PHOS. mg/l	ORTHO PHOS. mg/l	CONDUCT. HIGH umhos/cm	FORMALDEH mg/l	EFF COLOR ADMVLSU	SODIUM mg/l	PEROXIDE mg/l	THPC mg/l	FECAL COLIFORM #/100 ml	ACUTE TOX. FLEA - LCSO %	CHRON. TOX. FLEA - NOEC %	ACUTE TOX. FATHEAD LCSO %	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																		
11/01/16					2,900	0.21		553	0.0								7.20	7.22
11/02/16	2.44	51.10	26.30	1.790	2,700	0.25	46	376	0.0								7.20	7.26
11/03/16					3,000	0.39		383	0.0		93						7.00	7.62
11/04/16			25.40	1.280	3,000			388				100					6.60	
11/05/16						0.13			0.0									8.10
11/06/16					3,100	0.10		616	0.0								7.70	8.12
11/07/16			31.00	1.290	3,100	0.06		634	0.0				65				7.80	9.02
11/08/16					3,200	0.15		619	0.0	0.79							8.40	8.88
11/09/16	9.21	53.50	29.50	1.320	2,900	0.63	55	550	0.0								7.80	8.25
11/10/16					3,000	0.56		532	0.0		5	100					7.80	8.10
11/11/16			29.20	1.620	3,000	0.45		627	0.0			100					7.80	7.75
11/12/16					2,200	0.42		664	0.0								7.70	8.16
11/13/16					3,300	0.34		682	0.0								7.80	8.05
11/14/16																		
11/15/16																		
11/16/16						0.47			0.0									5.94
11/17/16	18.00	59.70	30.80	1.960	3,000	0.31	73	410	0.0	0.79	387	100					7.80	8.02
11/18/16			28.90	1.110	3,200	0.26		426	0.0			100					7.70	7.83
11/19/16			31.40	0.960	3,300	0.67		621	0.0								7.70	6.63
11/20/16					2,200	0.60		662	0.0								7.70	8.45
11/21/16			29.60	1.570	3,300	0.64		666	0.0			100					7.80	9.27
11/22/16	3.63	44.80	27.50	1.490	3,300	0.94	75	556	0.0								8.40	10.42
11/23/16					3,000	0.60		607	0.0			100					8.40	7.65
11/24/16					3,000	0.22		587	0.0								7.70	7.89
11/25/16			27.80	2.340	3,000	0.27		597	0.0								7.80	7.06
11/26/16					3,000	0.09		581	0.0								7.70	7.75
11/27/16					2,970	0.11		601	0.0								7.78	8.73
11/28/16			27.10	3.120	2,900	0.15		561	0.0		15						7.80	9.48
11/29/16					2,700	0.21		533	0.0								7.80	8.65
11/30/16	10.90	44.10	26.40	2.230	2,900	0.30	78	518	0.0								7.20	7.95
# SAMPLES	5	5	13	13	26	27	5	26	27	2	4	7	1	0	0	26	27	
AVG. VALUE	8.8	50.6	28.5	1.7	2968.1	0.35	65	560	0.00	0.79	41	100	65			7.7	8.1	
MAX. VALUE	18.0	59.7	31.4	3.1	3300.0	0.94	78	682	0.00	0.79	387	100	65			8.4	10.4	
MIN. VALUE	2.44	44.10	25.40	0.96	2200.00	0.06	46	376	0.00	0.79	5	100	65			6.60	5.94	
# 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 I

TITLE OF THE OFFICER
Manufacturing Manager
TITLE

DATE
12/16/16
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 11/01/16
DATE MO/DA/YR
END 11/30/16

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

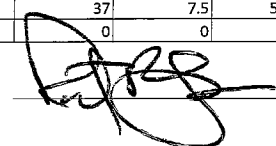
LOCATION CODE	001	001	001	001	001	001	PLANT	001	002	002	002	001/002		002	002	002	002
PARAMETER NAME & UNITS	pH HIGH SU	pH LOW SU	pH SU	TEMP. HIGH DEG. F	TEMP. LOW DEG. F	TEMP. DEG. F	SOLIDS REMOVED lbs/day	FLOW MGD	STREAM FLOW CFS	STREAM FLOW MGD	EFF / STREAM FLOW %	EFF/UP STR COLOR DIFF. ADMI SU		UPSTREAM 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																	
11/01/16	7.84	6.86	7.69	75	72	73.94	0	1.13	142	91.77	1.05						
11/02/16	7.84	7.56	7.55	78	75	75.56	0	0.76	174	112.45	0.83	5		41	7.510	66.15	119
11/03/16	7.28	7.00	7.59	81	73	69.62	0	2.00	174	112.45	1.78						
11/04/16	7.70	7.14		78	78		0	1.27	170	109.87	1.13						
11/05/16			7.89			70.34	0		170	109.87							
11/06/16	7.56	7.14	7.65	73	65	69.62	0	0.19	145	93.71	0.17						
11/07/16	7.70	7.00	7.68	69	66	63.37	0	1.32	174	112.45	1.41						
11/08/16	7.84	7.00	7.71	66	63	63.68	0	1.78	174	112.45	1.58						
11/09/16	7.70	7.56	7.53	69	66	67.46	0	1.89	142	91.77	1.68	18		37	7.600	58.05	103
11/10/16	7.70	7.56	7.52	69	66	67.82	0	1.18	148	95.65	1.29						
11/11/16	7.56	7.42	7.39	69	66	69.44	0	1.11	148	95.65	1.16						
11/12/16	7.56	7.28	7.60	73	67	67.46	0	1.60	148	95.65	1.67						
11/13/16	7.70	7.56	7.56	69	67	66.56	0	1.25	145	93.71	1.31						
11/14/16							0		154	99.53							
11/15/16							0		154	99.53							
11/16/16			7.39			62.60	0		164	105.99							
11/17/16	7.70	7.56	7.51	69	66	69.26	0	1.64	164	105.99	1.55	29		44	7.690	54.63	156
11/18/16	7.70	7.56	7.79	69	67	66.56	0	2.00	160	103.40	1.89						
11/19/16	7.56	7.28	7.41	73	67	67.64	0	1.81	160	103.40	1.75						
11/20/16	7.70	7.56	7.79	68	63	65.12	0	1.74	167	107.93	1.68						
11/21/16	7.84	7.70	7.64	66	60	66.02	0	1.58	170	109.87	1.46						
11/22/16	7.84	7.70	7.48	60	57	69.62	0	1.57	183	118.27	1.43	35		40	7.770	67.80	92
11/23/16	7.84	7.70	7.35	63	60	63.68	0	1.20	167	107.93	1.01						
11/24/16	7.70	7.56	7.56	68	63	65.66	0	1.17	164	105.99	1.08						
11/25/16	7.70	7.56	7.51	72	69	70.16	0	1.15	164	105.99	1.09						
11/26/16	7.70	7.56	7.57	72	66	67.64	0	1.29	160	103.40	1.22						
11/27/16	7.86	7.74	7.80	68	62	64.22	0	1.39	160	103.40	1.34						
11/28/16	7.84	7.56	7.48	68	63	65.12	0	1.50	167	107.93	1.45						
11/29/16	7.84	7.70	7.62	69	60	69.44	0	2.08	170	109.87	1.93						
11/30/16	7.84	7.70	7.54	78	69	75.74	0	1.89	177	114.39	1.72	38		40	7.910	58.37	97
# SAMPLES	26	26	27	26	26	27	30	26	30	30	26	5		5	5	5	5
AVG. VALUE	7.7	7.4	7.6	70	66	67.90	0	1.442	161.97	104.67	1.37	25.00		40	7.7	61.00	113
MAX. VALUE	7.86	7.7	7.9	81	78	75.74	0	2.080	183.00	118.27	1.93	38.00		44	7.9	67.80	156
MIN. VALUE	7.3	6.9	7.4	60	57	62.60	0	0.185	142.00	91.77	0.17	5.00		37	7.5	54.63	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 I

TITLE OF THE OFFICER
Manufacturing Manager
TITLE

DATE
12/16/16
YR/MO/DA

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



OPERATION MONITORING REPORT

PERMIT NUMBER: GA0003280

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

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

BEGINNING 11/01/16
 DATE MO/DA/YR
 END 11/30/16

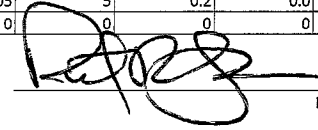
LOCATION CODE	002	002	002	002	002	002		002	002	002	002	002	002	002	002	002	002
PARAMETER NAME & UNITS	UP STREAM AMMONIA mg/l	UP STREAM FORMALDEH mg/l	UP STREAM SODIUM mg/l	UP STREAM SULFIDE mg/l	UP STREAM PEROXIDE mg/l	UP STREAM DO mg/l		DWNSTREAM COLOR ADMI SU	DWNSTREAM PH SU	DWNSTREAM TEMP DEG. F	DWNSTREAM 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																	
11/01/16	<0.200	<0.05	<5	<0.20	0.00	6.74		43	7.420	66.16	119	<0.200	<0.05	<5	<0.20	0.0	6.79
11/02/16																	
11/03/16																	
11/04/16																	
11/05/16																	
11/06/16																	
11/07/16																	
11/08/16																	
11/09/16								36	7.790	58.37	167					0.0	6.93
11/10/16																	
11/11/16																	
11/12/16																	
11/13/16																	
11/14/16																	
11/15/16																	
11/16/16																	
11/17/16								43	7.730	54.28	98					0.0	7.75
11/18/16																	
11/19/16																	
11/20/16																	
11/21/16																	
11/22/16								57	7.870	67.98	195					0.0	3.06
11/23/16																	
11/24/16																	
11/25/16																	
11/26/16																	
11/27/16																	
11/28/16																	
11/29/16																	
11/30/16								42	7.830	58.42	202					0.0	7.92
# SAMPLES	1	1	1	1	5	5		5	5	5	5	1	1	1	1	5	5
AVG. VALUE	0.2	0.050	5	0.2	0.0	6.4		44	7.7	61.0	156	0.2	0.05	5	0.2	0.0	6.5
MAX. VALUE	0.2	0.050	5	0.2	0.0	7.8		57	7.9	68.0	202	0.2	0.05	5	0.2	0.0	7.9
MIN. VALUE	0.2	0.050	5	0.2	0.0	2.8		36	7.4	54.3	98	0.2	0.05	5	0.2	0.0	3.1
# 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 I

TITLE OF THE OFFICER
Manufacturing Manager
 TITLE

DATE
 12/16/16
 YR/MO/DA

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



OPERATION MONITORING REPORT

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

PERMIT NUMBER: GA0003280

BEGINNING 11/01/16
 DATE MO/DA/YR
 END 11/30/16

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

LOCATION CODE	002	002	002	001														
PARAMETER NAME & UNITS	DN-STR ACUTE FLEA LC50 %	DN-STR CHRON FLEA NOEC %	DN-STR T. HARDNESS mg/l	MERCURY ng/L														
TYPE OF SAMPLE	GRAB	GRAB	GRAB	Grab														
FREQUENCY OF ANALYSIS	ONE MONTH	ONE MONTH	ONCE MONTH	twice per year														
LIMITS	REPORT	REPORT	REPORT	REPORT														
DATE																		
11/01/16																		
11/02/16			54.60															
11/03/16																		
11/04/16																		
11/05/16																		
11/06/16																		
11/07/16		100																
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11/28/16																		
11/29/16																		
11/30/16																		
# SAMPLES	1	1	1	0	0													
AVG. VALUE	100	100	55															
MAX. VALUE	100	100	55															
MIN. VALUE	100	100	55															
# 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
12/16/16
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