

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

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

Form Approved. OMB No. 2040-0004

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

**GA0003280**  
PERMIT NUMBER

**001-1**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: **30467**  
MAJOR

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

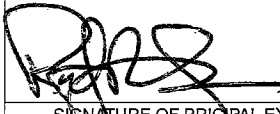
MONITORING PERIOD						
MM	DD	YYYY	MM	DD	YYYY	
01	01	2017	TO	01	31	2017

Final Discharge  
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			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	59.90	*****	75.38	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	*****	*****	****	*****	2,832	3,200	umho/cm	0	Daily	CONTIN
00095 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	umho/cm		Daily	CONTIN
Hydrogen peroxide	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	mg/L	0	Daily	GRAB
00139 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Daily	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.22	*****	*****	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	56	143	lb/d	*****	4	10	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	02	15
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)

BOD5: RL(7.6 ppm)

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

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

Form Approved. OMB No. 2040-0004

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

<b>GA0003280</b>	<b>001-1</b>
PERMIT NUMBER	DISCHARGE NUMBER

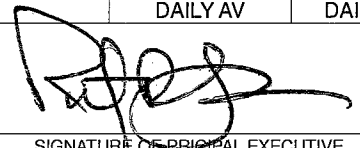
  

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
01	01	2017	01	31	2017

DMR Mailing ZIP CODE: 30467  
MAJOR  
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	2,071	2,984	lb/d	*****	170	225	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	*****	*****	*****	7.030	*****	7.740	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	*****	7.84	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	<46	111	lb/d	*****	<4	8	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	*****	*****	*****	*****	32.15	40.30	mg/L	0	1 / Week	COMF
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMF
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	13.61	35.78	lb/d	*****	1.11	3.17	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	*****	*****	*****	*****	<6.26	12.50	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

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			912	863-4511	17	02	15
Robert R. Lanier Manufacturing Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY
TYPED OR PRINTED							

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

Ammonia: RL(0.20 ppm)

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

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

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Name **KING AMERICA FINISHING, INC.**  
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**SYLVANIA, GEORGIA 30467**

**GA0003280**  
PERMIT NUMBER

**001-1**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467  
MAJOR

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

MONITORING PERIOD  
MM DD YYYY TO MM DD YYYY  
FROM 01 01 2017 TO 01 31 2017

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	*****	*****	****	*****	22.4	34.5	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	2.44	3.24	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	*****	*****	****	*****	549	658	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	0.132	0.148	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	*****	*****	****	*****	91	98	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	*****	*****	****	*****	-17.00	4.00	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	*****	*****	****	*****	0.09	0.32	%	0	Daily	CALC
01352 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	8 DAILY MX			Daily	CALC

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

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

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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**  
PERMIT NUMBER  
**001-1**  
DISCHARGE NUMBER

**DMR Mailing ZIP CODE:** 30467  
MAJOR

**MONITORING PERIOD**  
MM DD YYYY TO MM DD YYYY  
FROM 01 01 2017 TO 01 31 2017

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	0.7	0.7	lb/d	*****	0.05	0.05	mg/L	0	1 / Week	GRA
03604 1 0 Effluent Gross	PERMIT REQUIREMENT	5 DAILY AV	15 DAILY MX	lb/d	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Weekly	GRA
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.423	1.940	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	*****	*****	****	*****	2.087	3.350	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	*****	*****	****	*****	*****	2.55	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	*****	*****	****	*****	1,886	2,230	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	*****	*****	****	*****	0.47	1.10	mg/L	0	Daily	GRA
71880 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	1.6 DAILY MX	mg/L		Daily	GRA
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	ng/L	0	2/year	GRA
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	6 DAILY MX	ng/L		2/year	GRA

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

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

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

IPERMITTEE 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  
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

30467

Address **1351 SCARBORO HIGHWAY**

MAJOR

**SYLVANIA, GEORGIA 30467**

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	
01	01	2017	TO	01	31	2017

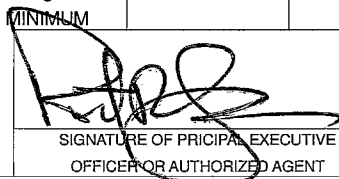
Final Discharge

External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	ng/L	0	2/year	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0 DAILY MX	ng/L		2/year	GRAB
71900 2 0 Effluent Net	SAMPLE MEASUREMENT	*****	*****	****	*****	68	1,990	#/100mL	1	1 / Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	200 MOAV GEO	400 DAILY MX	#/100mL		Weekly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	0	lb	*****	*****	*****	****	0	1 / Month	CALCTD
	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	lb	*****	*****	*****	****		Monthly	CALCTD
74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	87	*****	*****	%	1	2 / Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	%		2 / Week	GRAB
Solids, sludge, tot, dry weight	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	%		Annual	GRAB
78477 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	%	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	%		1 / Month	GRAB
LC50 Static 48 Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	%		Annual	GRAB
TAB3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	%	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	%		1 / Month	GRAB
LC50 Static 48 Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	8 MINIMUM	*****	*****	%		Annual	GRAB
TAB6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	%	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	%		1 / Month	GRAB
Noel Statre 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	%		Annual	GRAB
TBP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	%	0	1 / Month	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	%		1 / Month	GRAB
Noel Statre 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	%	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	%		Annual	GRAB

2.00

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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)

Mercury: RL(0.5 ppt)

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**

**DISCHARGE MONITORING REPORT (DMI)**

<b>GA0003280</b>	<b>DRW-1</b>
PERMIT NUMBER	DISCHARGE NUMBER

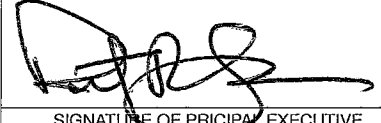
DMR Mailing ZIP CODE: **30467**  
 MAJOR

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
01	01	2017	01	31	2017

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]	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
71900 5 0 Upstream Monitoring	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	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		
Robert R. Lanier Manufacturing Manager			912	863-4511	17	02	15
TYPED OR PRINTED		SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Mercury: RL(0.5 ppt)

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

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

Form Approved. OMB No. 2040-0004

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

**GA0003280**  
PERMIT NUMBER  
**STR-1**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30467  
MAJOR

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
01	01	2017	01	31	2017

Instream Monitoring  
External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMF TYP
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	55.00	58.46	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	*****	*****	****	*****	54.64	57.74	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	2,503.76	4,220.16	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	*****	*****	****	*****	69	88	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	*****	*****	****	*****	73	82	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.)	TELEPHONE		DATE		
		912	863-4511	17	02	15
SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved.

OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

Name **KING AMERICA FINISHING, INC.**

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

Facility **KING AMERICA FINISHING, INC.**

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

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

**GA0003280**  
PERMIT NUMBER

**STR-1**  
DISCHARGE NUMBER

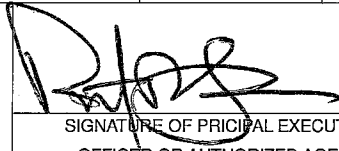
DMR Mailing ZIP CODE: **30467**  
MAJOR

Instream Monitoring  
External Outfall

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
01	01	2017	TO	01	31	2017

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]	SAMPLE MEASUREMENT	*****	*****	****	6.13	*****	*****	mg/L	0	1 / Month	GRA
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	*****	mg/L		Monthly	GRA
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	6.45	*****	*****	mg/L	0	1 / Month	GRA
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	mg/L		Monthly	GRA
pH	SAMPLE MEASUREMENT	*****	*****	****	5.100	*****	6.120	SU	0	1 / Month	GRA
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRA
pH	SAMPLE MEASUREMENT	*****	*****	****	5.230	*****	6.110	SU	0	1 / Month	GRA
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRA
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.200	0.200	mg/L	0	1 / Month	GRA
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.200	0.200	mg/L	0	1 / Month	GRA
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Sulfide, total [as S]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.20	0.20	mg/L	0	1 / Month	GRA
00745 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p>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.)</p>	TELEPHONE	DATE				
Robert R. Lanier Manufacturing Manager			912	863-4511	17	02	15
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MONTH	DAY

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

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



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

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

Form Approved.  
OMB No. 2040-0004

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

**GA0003280**  
PERMIT NUMBER  
**STR-1**  
DISCHARGE NUMBER

**DMR Mailing ZIP CODE:** 30467  
MAJOR

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
01	01	2017	01	31	2017

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]	SAMPLE MEASUREMENT	*****	*****	****	*****	0.20	0.20	mg/L	0	1 / Month	GRA
00745 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	****	*****	19.10	19.10	mg/L	0	1 / Month	GRA
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Sodium, total [as Na]	SAMPLE MEASUREMENT	*****	*****	****	*****	5.00	5.00	mg/L	0	1 / Month	GRA
00929 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Sodium, total [as Na]	SAMPLE MEASUREMENT	*****	*****	****	*****	5.00	5.00	mg/L	0	1 / Month	GRA
00929 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
Color [admi units]	SAMPLE MEASUREMENT	*****	*****	****	*****	108	140	col unit	0	1 / Week	GRA
01290 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	col unit		Weekly	GRA
Color [admi units]	SAMPLE MEASUREMENT	*****	*****	****	*****	104	130	col unit	0	1 / Week	GRA
01290 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	col unit		Weekly	GRA
Formaldehyde	SAMPLE MEASUREMENT	*****	*****	****	*****	0.0500	0.0500	mg/L	0	1 / Month	GRA
71880 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Robert R. Lanier Manufacturing Manager  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE	
		912	863-4511	17	02
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)

Form Approved. OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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

<b>GA0003280</b>	<b>STR-1</b>
PERMIT NUMBER	DISCHARGE NUMBER

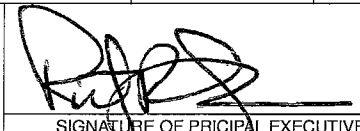
DMR Mailing ZIP CODE: 30467  
 MAJOR

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
01	01	2017	TO	01	31	2017

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	SAMPLE MEASUREMENT	*****	*****	****	*****	0.050	0.050	mg/L	0	1 / Month	GRA
71880 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRA
LC50 Static 96Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRA
TAB3B 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRA
LC50 Static 96Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	%	0	Annual	GRA
TAB6C 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Annual	GRA
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	%	0	1 / Month	GRA
TBP3B 6 0	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MINIMUM	*****	*****	%		Monthly	GRA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Robert R. Lanier Manufacturing Manager  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. SS1001 AND 33 U.S.C. SS 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)		TELEPHONE		DATE		
			912	863-4511	17	02	15
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Formaldehyde: RL(50 ppb)

OPERATION MONITORING REPORT

PERMIT NUMBER: GA0003280

LOCATION DESCRIPTION

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

BEGINNING 01/01/17  
DATE MO/DA/YR  
END 01/31/17

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

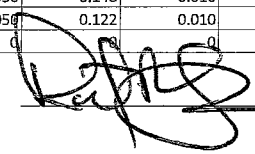
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001		
PARAMETER NAME & UNITS	FLOW D. AVG MGD	BOD lbs/day	BOD mg/l	COD lbs/day	COD mg/l	TSS lbs/day	TSS mg/l	SULFIDES lbs/day	SULFIDES mg/l	TDS mg/l	TOTAL PHENOLS lbs/day	TOTAL PHENOLS mg/l	TOTAL CHROMIUM lbs/day	TOTAL CHROMIUM mg/l	TOTAL AMMONIA lbs/day	TOTAL AMMONIA mg/l			
TYPE OF SAMPLE	CONT.	COMP.	COMP.	COMP.	COMP.	COMP.	COMP.	GRAB	GRAB	COMP.	GRAB	GRAB	COMP.	COMP.	COMP.	COMP.			
FREQUENCY OF ANALYSIS	DAILY	FIVE WEEK	FIVE WEEK	FIVE WEEK	FIVE WEEK	FIVE WEEK	FIVE WEEK	DAILY	DAILY	FIVE WEEK	ONE WEEK	ONE WEEK	ONE WEEK	ONE WEEK	DAILY	DAILY			
LIMITS	AVG 3.1	AVG 776 MAX 1552	AVG 30 MAX 60	AVG 5500 MAX 11000	REPORT	AVG 2140 MAX 4280	AVG 30 MAX 45	AVG 24 MAX 48	AVG 1.5 MAX 3.0	AVG 2500 MAX 3800	AVG 5.0 MAX 15	REPORT	AVG 12 MAX 24	AVG 1.2 MAX 2.4	AVG 260 MAX 520	AVG 7 MAX 13			
DATE																			
01/01/17	0.99							<2	<0.2								20.0	2.41	
01/02/17	1.32	31	2.80	1,673	152	36	3	<2	<0.2	1,540							34.9	3.17	
01/03/17	1.50	48	3.80	1,914	153	50	4	<3	<0.2	1,430							35.8	2.86	
01/04/17	1.77	58	3.90	2,126	144	48	3	<3	<0.2	1,550	<0.7	<0.05	<0.1	<0.01			26.3	1.78	
01/05/17	1.73	58	4.00	2,280	158	40	3	<3	<0.2	1,710							31.9	2.21	
01/06/17	1.70	62	4.40	2,580	182	82	6	<3	<0.2	1,940							26.8	1.89	
01/07/17	1.69							<3	<0.2								15.5	1.10	
01/08/17	0.240																		
01/09/17									<0.2										0.87
01/10/17	1.45	96	7.90	2,443	202	97	8	<2	<0.2	2,220							9.3	0.77	
01/11/17	1.59	129	9.70	2,984	225	66	5	<3	<0.2	2,090	<0.7	<0.05	<0.1	<0.01			15.8	1.19	
01/12/17	1.590	57	4.30	2,705	204	<33	<3	<3	<0.2	2,020							11.9	0.90	
01/13/17	1.62	54	4.00	2,621	194	<34	<3	<3	<0.2	2,030							17.0	1.26	
01/14/17	0.89	35	4.80	1,528	207	<18	<3	<2	<0.2	2,160							7.6	1.03	
01/15/17	1.23							<2	<0.2								9.5	0.93	
01/16/17	1.26	44	4.20	2,322	221	<26	<3	<2	<0.2	2,230							5.0	0.48	
01/17/17	1.67	92	6.60	2,869	206	45	3	<3	<0.2	2,150							11.1	0.80	
01/18/17	1.50	31	2.50	2,602	208	<31	<3	<3	<0.2	2,060	<0.6	<0.05	<0.1	<0.01			6.8	0.54	
01/19/17	0.359	<6	<2.00	470	157	8	3	<1	<0.2	2,040							2.6	0.87	
01/20/17	0.25	<4	<2.00	296	141	7	4	<0	<0.2	2,060							1.6	0.78	
01/21/17	1.24							<2	<0.2								5.5	0.53	
01/22/17	1.40							<2	<0.2								6.4	0.55	
01/23/17	1.61	<27	<2.00	1,544	115	<34	<3	<3	<0.2	1,980							5.8	0.43	
01/24/17	1.57	<26	<2.00	1,912	146	<33	<3	<3	<0.2	1,860							10.1	0.77	
01/25/17	1.47	28	2.30	1,653	135	40	3	<2	<0.2	1,300	<0.6	<0.05	<0.1	<0.01			9.5	0.78	
01/26/17	1.79	40	2.70	2,120	142	<37	<3	<3	<0.2	1,810							12.1	0.81	
01/27/17	1.91	96	6.00	2,453	154	76	5	<3	<0.2	1,860							12.4	0.78	
01/28/17	1.94							<3	<0.2								12.9	0.80	
01/29/17	1.68							<3	<0.2								11.5	0.82	
01/30/17	1.83	66	4.30	2,198	144	111	7	<3	<0.2	1,780							10.2	0.67	
01/31/17	1.91	143	9.00	2,278	143	60	4	<3.19	<0.2	1,670							8.8	0.55	
# SAMPLES	30	22	22	22	22	22	22	29	30	22	4	4	4	4	29	30			
AVG. VALUE	1.423	56	4	2071	170	46	4	2.44	0.20	1885.91	0.660	0.050	0.132	0.010	13.61	1.11			
MAX. VALUE	1.940	143	10	2984	225	111	8	3.24	0.20	2230.00	0.738	0.050	0.148	0.010	35.78	3.17			
MIN. VALUE	0.240	4	2	296	115	7	3	0.42	0.20	1300.00	0.612	0.050	0.122	0.010	1.64	0.43			
# 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  
02/15/17  
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 01/01/17  
DATE MO/DA/YR  
END 01/31/17

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

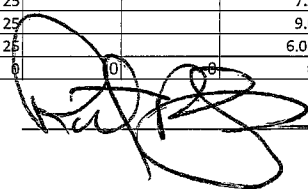
LOCATION CODE	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001
PARAMETER NAME & UNITS	TKN mg/l	TOTAL NITROGEN mg/l	TOTAL PHOS. mg/l	ORTHO PHOS. mg/l	CONDUCT. HIGH umhos/cm	FORMALDEH mg/l	EFF COLOR ADMI SU	SODIUM mg/l	PEROXIDE mg/l	THPC mg/l	FECAL COLIFORM #/100 ml	ACUTE TOX. FLEA - 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	REPORT	REPORT	REPORT	REPORT	AVG 200 MAX 400	MIN >100	MIN 8	MIN >100	MIN 10	MIN 5.0	MIN 5.0
DATE																	
01/01/17					2,300	0.13		528	0.0							9.00	9.45
01/02/17			17.90	3.350	2,200	0.20		497	0.0							7.80	9.08
01/03/17					2,200	0.20		484	0.0		1,990					6.00	7.94
01/04/17	12.50	31.10	16.10	2.390	2,400	0.62	86	480	0.0	1.87						7.80	8.05
01/05/17					2,600	0.49		506	0.0			100				7.80	8.39
01/06/17			22.40	2.020	2,900	0.51		563	0.0			100				7.20	8.40
01/07/17					3,100	0.25		642	0.0							7.20	8.34
01/08/17					2,900											7.70	
01/09/17						0.27		658	0.0								9.29
01/10/17			24.70	1.140	2,950	0.57		642	0.0		308	100				7.70	9.41
01/11/17	4.26	40.30	24.20	0.860	3,000	0.59	93	606	0.0	2.55		100				7.80	8.27
01/12/17					2,800	0.83		606	0.0							7.70	7.78
01/13/17			27.30	1.450	2,900	0.79		568	0.0							6.60	7.68
01/14/17					3,000	0.35		613	0.0							6.60	7.64
01/15/17					3,200	0.27		653	0.0							7.20	7.58
01/16/17			34.50	2.770	3,200	0.21		657	0.0		3	87	25			7.20	7.62
01/17/17					3,200	0.68		421	0.0							7.20	7.35
01/18/17	7.76	37.00	28.30	2.710	3,100	0.77	86	426	0.0			100				7.20	7.22
01/19/17					3,100	0.73		474	0.0							7.20	7.74
01/20/17			23.90	2.500	3,100	0.55		490	0.0							7.20	7.30
01/21/17					3,000	0.16		495	0.0							7.20	7.48
01/22/17					3,100	0.17		492	0.0							7.80	7.46
01/23/17			18.40	2.780	2,900	0.15		468	0.0		17	100				7.20	7.46
01/24/17					2,900	0.43		586	0.0							7.80	7.98
01/25/17	<0.50	20.20	15.60	1.930	2,800	0.39	98	571	0.0			100				7.80	7.74
01/26/17					2,800	0.60		545	0.0							7.80	7.35
01/27/17			19.00	1.410	2,700	0.47		560	0.0							7.20	7.86
01/28/17					2,700	1.10		641	0.0							7.80	7.77
01/29/17					2,700	0.54		545	0.0							7.80	8.36
01/30/17			18.70	1.820	2,700	0.66		541	0.0		48	100				7.80	8.82
01/31/17					2,500	0.40		511	0.0							8.40	8.36
# SAMPLES	4	4	13	13	30	30	4	30	30	2	5	9	1	0	0	30	30
AVG. VALUE	6.3	32.2	22.4	2.1	2831.7	0.47	91	549	0.00	2.21	68	99	25			7.5	8.0
MAX. VALUE	12.5	40.3	34.5	3.4	3200.0	1.10	98	658	0.00	2.55	1,990	100	25			9.0	9.5
MIN. VALUE	0.50	20.20	15.60	0.86	2200.00	0.13	86	421	0.00	1.87	3	87	25			6.00	7.22
# MAX EXCD.	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0

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

TITLE OF THE OFFICER  
Manufacturing Manager  
TITLE

DATE  
02/15/17  
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 01/01/17  
DATE MO/DA/YR  
END 01/31/17

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

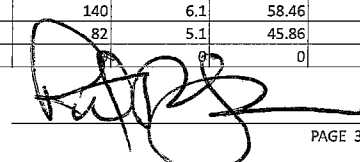
LOCATION CODE	001	001	001	001	001	001	001	001	002	002	002	001/002	002	002	002	002
PARAMETER NAME & UNITS	pH HIGH SU	pH LOW SU	pH SU	TEMP. HIGH DEG. F	TEMP. LOW DEG. F	TEMP. DEG. F	SOLIDS REMOVED lbs/day	FLOW MGD	STREAM FLOW CFS	STREAM FLOW MGD	EFF / STREAM FLOW %	EFF/UP STR COLOR DIFF. ADMSU	UPSTREAM COLOR ADMSU	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																
01/01/17	7.56	7.42	7.23	54	45	61.34	0	0.99	724	467.90	0.20					
01/02/17	7.42	7.28	7.23	63	51	64.94	0	1.32	740	478.24	0.28					
01/03/17	7.84	7.42	7.47	72	63	69.26	0	1.50	865	559.03	0.31					
01/04/17	7.70	7.56	7.43	72	69	68.90	0	1.77	1,380	891.86	0.32	-13	99	6.120	57.38	88
01/05/17	7.56	7.42	7.39	72	69	66.02	0	1.73	2,240	1,447.65	0.19					
01/06/17	7.84	7.56	7.33	69	63	67.46	0	1.70	2,790	1,803.10	0.12					
01/07/17	7.70	7.42	7.36	69	63	65.48	0	1.69	3,420	2,210.25	0.09					
01/08/17	7.56	7.28		69	60		0	0.24	4,280	2,766.04	0.01					
01/09/17			7.36			66.02	0		5,380	3,476.94						
01/10/17	7.56	7.28	7.23	69	60	60.26	0	1.45	6,370	4,116.75	0.04					
01/11/17	7.42	7.42	7.24	59	60	66.38	0	1.59	6,530	4,220.16	0.04	-17	110	5.360	45.86	54
01/12/17	7.56	7.28	7.33	78	72	71.60	0	1.59	6,340	4,097.36	0.04					
01/13/17	7.28	7.14	7.12	75	60	68.18	0	1.62	5,710	3,690.21	0.04					
01/14/17	7.42	7.14	7.32	75	60	69.80	0	0.89	4,900	3,166.73	0.02					
01/15/17	7.42	7.14	7.03	78	75	69.08	0	1.23	4,290	2,772.51	0.04					
01/16/17	7.42	7.14	7.22	75	72	68.36	0	1.26	3,820	2,468.76	0.05					
01/17/17	7.42	7.14	7.29	78	72	70.52	0	1.67	3,450	2,229.64	0.07					
01/18/17	7.42	7.28	7.15	78	75	71.42	0	1.50	3,160	2,042.22	0.07	4	82	5.610	58.28	62
01/19/17	7.42	7.20	7.74	78	69	73.76	0	0.36	2,820	1,822.49	0.02					
01/20/17	7.42	7.28	7.15	78	69	75.38	0	0.25	2,450	1,583.37	0.01					
01/21/17	7.70	7.56	7.38	78	69	73.76	0	1.24	2,130	1,376.56	0.08					
01/22/17	7.56	7.28	7.22	78	69	70.52	0	1.40	2,160	1,395.95	0.10					
01/23/17	7.42	7.28	7.32	78	69	66.56	0	1.61	2,590	1,673.84	0.12					
01/24/17	7.70	7.42	7.22	75	72	65.66	0	1.57	3,420	2,210.25	0.09					
01/25/17	7.70	7.56	7.30	72	69	65.48	0	1.47	3,930	2,539.85	0.07	-42	140	5.100	58.46	72
01/26/17	7.56	7.56	7.34	75	69	69.80	0	1.79	4,530	2,927.61	0.07					
01/27/17	7.70	7.56	7.49	78	75	65.48	0	1.91	5,340	3,451.09	0.07					
01/28/17	7.56	7.28	7.23	66	54	64.58	0	1.94	5,810	3,754.84	0.06					
01/29/17	7.56	7.14	7.26	69	63	62.06	0	1.68	6,260	4,045.66	0.04					
01/30/17	7.56	7.14	7.14	69	63	59.90	0	1.83	6,240	4,032.74	0.05					
01/31/17	7.42	7.14	7.29	63	48	62.06	0	1.91	6,030	3,897.02	0.05					
# SAMPLES	30	30	30	30	30	30	31	30	31	31	30	4	4	4	4	4
AVG. VALUE	7.5	7.3	7.3	72	65	67.33	0	1.423	3874.16	2503.76	0.09	-17.00	108	5.5	55.00	69
MAX. VALUE	7.84	7.6	7.7	78	75	75.38	0	1.940	6530.00	4220.16	0.32	4.00	140	6.1	58.46	88
MIN. VALUE	7.3	7.1	7.0	54	45	59.90	0	0.240	724.00	467.90	0.01	-42.00	82	5.1	45.86	54
# 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  
02/15/17  
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 01/01/17  
 DATE MO/DA/YR  
 END 01/31/17

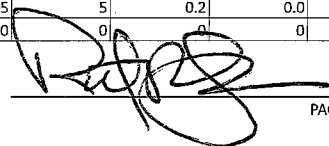
LOCATION CODE	002	002	002	002	002	002		002	002	002	002	002	002	002	002	002	002
PARAMETER NAME & UNITS	UP STREAM AMMONIA mg/l	UP STREAM FORMALDEH mg/l	UP STREAM SODIUM mg/l	UP STREAM SULFIDE mg/l	UP STREAM PEROXIDE mg/l	UP STREAM DO mg/l		DWNSTREAM COLOR ADMI SU	DWNSTREAM PH SU	DWNSTREAM TEMP. DEG. F	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																	
01/01/17																	
01/02/17																	
01/03/17																	
01/04/17					0.00	7.09		95	6.110	57.38	81					0.0	7.08
01/05/17																	
01/06/17																	
01/07/17																	
01/08/17																	
01/09/17																	
01/10/17																	
01/11/17	<0.200	<0.05	<5.00	<0.20	0.00	9.89		110	5.230	45.86	80	<0.200	<0.05	<5.00	<0.20	0.0	9.98
01/12/17																	
01/13/17																	
01/14/17																	
01/15/17																	
01/16/17																	
01/17/17																	
01/18/17					0.00	6.72		82	5.540	57.56	82					0.0	6.75
01/19/17																	
01/20/17																	
01/21/17																	
01/22/17																	
01/23/17																	
01/24/17																	
01/25/17					0.00	6.13		130	5.710	57.74	50					0.0	6.45
01/26/17																	
01/27/17																	
01/28/17																	
01/29/17																	
01/30/17																	
01/31/17																	
# 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		104	5.6	54.6	73	0.2	0.05	5	0.2	0.0	7.6
MAX. VALUE	0.2	0.050	5	0.2	0.0	9.9		130	6.1	57.7	82	0.2	0.05	5	0.2	0.0	10.0
MIN. VALUE	0.2	0.050	5	0.2	0.0	6.1		82	5.2	45.9	50	0.2	0.05	5	0.2	0.0	6.5
# MAX EXCD.	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0

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

TITLE OF THE OFFICER  
Manufacturing Manager  
 TITLE

DATE  
 02/15/17  
 YR/MO/DA

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED  
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OPERATION MONITORING REPORT

PERMIT NUMBER: GA0003280

LOCATION DESCRIPTION

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

BEGINNING 01/01/17  
DATE MO/DA/YR  
END 01/31/17

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

LOCATION CODE	002	002	002	001											
PARAMETER NAME & UNITS	DN-STR ACUTE FLEA LC50 %	DN-STR CHRON FLEA NOEC %	DN-STR T. HARDNESS mg/l	MERCURY											
TYPE OF SAMPLE	GRAB	GRAB	GRAB	Grab											
FREQUENCY OF ANALYSIS	ONE MONTH	ONE MONTH	ONCE MONTH	twice per year											
LIMITS	REPORT	REPORT	REPORT	REPORT											
DATE															
01/01/17															
01/02/17															
01/03/17															
01/04/17															
01/05/17															
01/06/17															
01/07/17															
01/08/17															
01/09/17															
01/10/17															
01/11/17			19.10												
01/12/17															
01/13/17															
01/14/17															
01/15/17	100	100													
01/16/17															
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01/27/17															
01/28/17															
01/29/17															
01/30/17															
01/31/17															
# SAMPLES	1	1	1	0	0										
AVG. VALUE	100	100	19												
MAX. VALUE	100	100	19												
MIN. VALUE	100	100	19												
# 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  
02/15/17  
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.

