

## Wilson, Tabatha

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**From:** Gilliam, Allen  
**Sent:** Thursday, February 06, 2014 1:38 PM  
**To:** james.house@kohler.com  
**Cc:** sheridan david fitzgerald; Fuller, Kim; Wilson, Tabatha  
**Subject:** AR0034347\_KOHLERs ARP000021 Semi Annual Pretreatment report and ADEQ reply\_20140206  
**Attachments:** Kohlers Jan 2014 Semi Annual Report.pdf

James,

KOHLER's January 2014 semi-annual report was partially received on January 12, 2014 with the remaining documents (lab analyticals and chain of custody) hand delivered on February 5, 2014. The entire report was reviewed, deemed complete and compliant with the Federal Pretreatment reporting requirements in 40 CFR 403.12(i) and more specifically compliant with the Metal Finishing standards in 40 CFR 433.

If KOHLER still wishes to sample and analyze its wastewater to demonstrate compliance with the total toxic organic limit in 40 CFR 433, please include the lab analysis with future semi-annual reports per 403.12(g). The lab's QA/QC sheets do not have to be included.

KOHLER may scan these semi-annual reports and send them as a .pdf attachment to an e-mail to this office in the future if it so desires as long as the signatures are legible.

As discussed verbally with you on February 5<sup>th</sup>, it's understood the weekly analyticals' lab results and "DMRs" will be kept on file at KOHLER and sent to the City for their records. These must be kept on file for a minimum of three (3) years per 40 CFR 403.12(o).

This office can find no documentation of KOHLER's process description nor a comprehensive wastewater flow schematic from its regulated processes through treatment to the final sampling point as required by 40 CFR 403.12(b). Please submit a complete process description and wastewater flow schematic within forty-five (45) days from the date on this correspondence.

If there are any questions or concerns please feel free to contact this office.

Sincerely,

Allen Gilliam  
ADEQ State Pretreatment Coordinator  
501.682.0625

ec: David Fitzgerald, Sheridan Water Works Manager

E/NPDES/NPDES/Pretreatment/Reports

AX6B1 AG

**KOHLER.**

greg king 870 917 6237

Mr. Rufus Torrence  
NPDES Pretreatment Engineer  
Arkansas Department of Environmental Quality  
5301 Northshore Drive, North Little Rock, AR 72118

Re: **SEMI-ANNUAL REPORT 2nd HALF 2013**

TTO sczw hand delivered on 2/15/14  
complete/compliant.  
no further action necessary  
AF

Dear Mr. Torrence,

In accordance with 40CFR403.12 (e) we are submitting semi-annual reports for the months July 1, 2013 through December 31, 2013. Attached with this report is the TTO analysis for this period. Please contact me at 870-917-6215 should you have any questions.

Sincerely,



JAN 17 2014  
12:10 PM

James House  
Safety/Environmental Specialist

Attachments: TTO Analysis for the 2nd half of 2012

Cc: Jim Bilgo, EHS Supervisor, Kohler, WI  
Troy Stucke, Global Faucets Program Coordinator  
David Fitzgerald, Sheridan Waterworks  
File

# SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40CFR433

Use of this form is not an EPA/ADEQ requirement.

Attn: Water Div/NPDES Pretreatment

<b>(1) IDENTIFYING INFORMATION</b>	
<b>A. LEGAL NAME &amp; MAILING ADDRESS</b> KOHLER Company 415 S Oklahoma St. Sheridan, AR 72150	<b>B. FACILITY &amp; LOCATION ADDRESS</b> 415 S. Oklahoma St. Sheridan, AR 72150
<b>C. FACILITY CONTACT:</b> James House <b>TELEPHONE NUMBER:</b> 870-942-2111	
<b>(2) REPORTING PERIOD-- FISCAL YEAR From January 1 to December 31</b> <small>(Both Semi-Annual Reports must cover Fiscal Year)</small>	
<b>A. MONTHS WHICH REPORTS ARE DUE</b> July & December	<b>B. PERIOD COVERED BY THIS REPORT</b> FROM: July 1, 2013 TO: December 31, 2013
<b>(3) DESCRIPTION OF OPERATION</b>	
<b>A. REGULATED PROCESSES</b>  <u>CORE PROCESS(ES)</u> CHECK EACH APPLICABLE BLOCK <input checked="" type="checkbox"/> Electroplating <input checked="" type="checkbox"/> Electroless Plating <input type="checkbox"/> Anodizing <input type="checkbox"/> Coating <input type="checkbox"/> Chemical Etching and Milling <input type="checkbox"/> Printed Circuit Board Manufacture   <u>ANCILLARY PROCESS(ES)*</u> LIST BELOW EACH PROCESS USED IN THE FACILITY <u>BRAZING</u> <u>ACID/ALKALI CLEANING</u>  <hr/> <hr/> <hr/> <hr/>	<b>B. CHANGES:</b> SUMMARIZE ANY CHANGES IN THE REGULATED PROCESSES SINCE THE LAST REPORT. ATTACH AN ADDITIONAL SHEET IF THE SPACE BELOW IS INADEQUATE. PROVIDE A NEW SCHEMATIC IF APPROPRIATE.
<small>*SEE 40CFR.10(a) FOR 40 DIFFERENT OPERATIONS</small>	
<b>C. Number of Regular Employees at this Facility</b> <u>368</u>	<b>D. [Reserved]</b>

**(4) FLOW MEASUREMENT**

INDIVIDUAL & TOTAL PROCESS FLOWS DISCHARGED TO POTW IN GALLONS PER DAY

Process	Average	Maximum	Type of Discharge
Regulated (Core & Anc)	65,048	155,800	POTW Continuous
Regulated (Cyanide)	0	0	N/A
§403.6(e) Unregulated*	0	0	N/A
§403.6(e) Dilute	0	0	N/A
Cooling Water	0	0	N/A
Sanitary	26,352	63,116	POTW Continuous
Total Flow to POTW	91,400	218,916	*****

\*Unregulated" has a precise legal meaning; see 40CFR403.6(c)

**(5) MEASUREMENT OF POLLUTANTS**

A. TYPE OF TREATMENT SYSTEM

CHECK EACH APPLICABLE BLOCK

- Neutralization
- Chemical Precipitation and Sedimentation
- Chromium Reduction
- Cyanide Destruction
- Other
- None

B. COMMENTS OF TREATMENT SYSTEM

Treated water samples are sent weekly to commercial lab for analysis. In-house testing performed twice per shift. Results of in-house tests are hand delivered to city each Monday. Monthly DMR is also submitted.

C. THE INDUSTRIAL USER MUST PERFORM SAMPLING AND ANALYSIS OF THE EFFLUENT FROM ALL REGULATED PROCESSES-- CORE & ANCILLARY--(AFTER TREATMENT, IF APPLICABLE). ATTACH THE LAB ANALYSIS WHICH SHOWS A MAXIMUM. TABULATE ALL THE ANALYTICAL DATA COLLECTED DURING THE REPORT PERIOD IN THE SPACE PROVIDED BELOW. ZERO CONCENTRATIONS ARE NOT ACCEPTABLE; LIST THE DETECTION LIMIT IF CONCENTRATION WAS BELOW DETECTION LIMIT.

Pollutant(mg/l)	Cd	Cr	Cu	Pb	Ni	Ag	Zn	CN*	TTO*
Max for 1 day	0.69	2.77	3.38	0.69	3.98	0.43	2.61	MDL	2.13
Monthly Ave	0.26	1.71	2.07	0.43	2.38	0.24	1.48	MDL	--
Max Measured	0.008	2.28	1.56	0.015	0.88	0.02	0.09	0.02	0.00
Ave Measured	0.008	0.66	0.33	0.015	0.29	0.02	0.03	0.02	0.00

\*PROVIDE THE CONCENTRATION HERE IF NO CERTIFICATION IS PROVIDED IN SECTION 6 BELOW OR MARK N/A IF A CERTIFICATION IS PROVIDED.

Sample Location #001 AFTER TREATMENT/BEFORE DISCHARGE

Sample Type (Grab or Composite) COMPOSITE

Number of Samples and Frequency Collected 1/WEEK - (IN-HOUSE 2/SHIFT)

40CFR136 Preservation and Analytical Methods Use:  Yes  No



(6) CERTIFICATION

A. CYANIDE CERTIFICATION

Based on my inquiry of the person or persons directly responsible for managing compliance with pretreatment standards, I certify that to the best of my knowledge, cyanide has not been used or generated in our processes which are regulated by the Metal Finishing (40CFR 433) categorical pretreatment standards since the filing of the last semi-annual compliance report.

(Typed Name)

\_\_\_\_\_  
(Corporate Officer or authorized representative)

Date of Signature \_\_\_\_\_

B. CHECK ONE:  §433.11(e) TOXIC ORGANIC ANALYSIS ATTACHED  §433.12(a) TTO CERTIFICATION

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the waste waters has occurred since filing of the last semi-annual compliance report. I further certify that this facility is implementing the toxic organic management plan submitted to Arkansas Department of Pollution Control and Ecology.

N/A

(Typed Name)

\_\_\_\_\_  
(Corporate Officer or authorized representative)

Date of Signature \_\_\_\_\_

CORPORATE ACKNOWLEDGEMENT (Optional)

STATE OF ARKANSAS )  
COUNTY OF \_\_\_\_\_ )

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ of \_\_\_\_\_

a corporation, known to me to be the person whose name is subscribed to the foregoing instruments(s), and acknowledged to me that he executed the same for purposes and considerations therein expressed, in the capacity therein stated and as the act and deed of said corporation.

Given under my hand and seal of office on this \_\_\_\_\_ day of \_\_\_\_\_ 2012

\_\_\_\_\_  
Notary Public in and for \_\_\_\_\_  
County, Arkansas

My commission expires \_\_\_\_\_

**(7) POLLUTION PREVENTION ACT OF 1990 [42 U.S.C. 13101 et seq.]**

§6002 [42 U.S.C. 13101] Findings and Policy part (b) Policy - The Congress hereby declares it to be the national policy of the United States that pollution should be prevented or reduced at the source whenever feasible; pollution that cannot be prevented should be recycled in an environmentally safe manner, whenever feasible; pollution that cannot be prevented or recycled should be treated in an environmentally safe manner whenever feasible; and disposal or other release into the environment should be employed only as a last resort and should be conducted in an environmentally safe manner.

The User may list any new or ongoing Pollution Prevention practices:

**(8) GENERAL COMMENTS**

ATTACHMENTS:  
TTO/CN Analysis  
Semi-Annual Metals Analysis

cc: Dick Pfarrer-Corporate EHS Program Coordinator  
David Fitzgerald - Sheridan Waterworks  
File

**(9) SIGNATORY REQUIREMENTS [40CFR403.12(1)]**

I certify under penalty of law that I have personally examined and am familiar with the information in this semi-annual compliance report and all attachments, and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the report, I believe that the 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.

Bill Royals  
NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

Director of Arkansas Faucet Operations  
OFFICIAL TITLE

  
SIGNATURE

1/15/14  
DATE SIGNED

7/1/13	105500	8/1/13	100300	9/1/13
7/2/13	120400	8/2/13	57300	9/2/13
7/3/13	100800	8/3/13	Saturday	9/3/13
7/4/13	holiday	8/4/13	Sunday	9/4/13
7/5/13	shut down	8/5/13	8/2/45	9/5/13
7/6/13	Saturday	8/6/13	57200	9/6/13
7/7/13	Sunday	8/7/13	155800	9/7/13
7/8/13	123900	8/8/13	120800	9/8/13
7/9/13	130100	8/9/13	69800	9/9/13
7/10/13	129600	8/10/13	Saturday	9/10/13
7/11/13	96200	8/11/13	Sunday	9/11/13
7/12/13	28900	8/12/13	70200	9/12/13
7/13/13	Saturday	8/13/13	153800	9/13/13
7/14/13	Sunday	8/14/13	99300	9/14/13
7/15/13	108800	8/15/13	101900	9/15/13
7/16/13	115800	8/16/13	36500	9/16/13
7/17/13	96000	8/17/13	Saturday	9/17/13
7/18/13	116500	8/18/13	Sunday	9/18/13
7/19/13	16500	8/19/13	109800	9/19/13
7/20/13	Saturday	8/20/13	123500	9/20/13
7/21/13	Sunday	8/21/13	119800	9/21/13
7/22/13	119200	8/22/13	128500	9/22/13
7/23/13	114500	8/23/13	58100	9/23/13
7/24/13	96900	8/24/13	Saturday	9/24/13
7/25/13	104300	8/25/13	Sunday	9/25/13
7/26/13	30300	8/26/13	119200	9/26/13
7/27/13	36600	8/27/13	120600	9/27/13
7/28/13	Sunday	8/28/13	98600	9/28/13
7/29/13	82400	8/29/13	103800	9/29/13
7/30/13	91000	8/30/13	down	9/30/13
7/31/13	86300	8/31/13	Saturday	
	2050500		2094500	

Total Gallons Per Month

2,050,500

2,094,500

Max Gallons Per Day In Month

130,100

155,800

Avg Gallons Per Day In Month

66,145

67,565

Total Gallons in Reporting Period

11,968,900

Max Gallons Per Day in Reporting

155,800

Sunday	10/1/13	117500	11/1/13	98100	12/1/13	Sunday
Holiday	10/2/13	131600	11/2/13	Saturday	12/2/13	119100
107700	10/3/13	115300	11/3/13	Sunday	12/3/13	86200
113600	10/4/13	67100	11/4/13	136400	12/4/13	104700
124100	10/5/13	Saturday	11/5/13	126400	12/5/13	89400
124200	10/6/13	Sunday	11/6/13	115300	12/6/13	down
14900	10/7/13	136700	11/7/13	110300	12/7/13	Saturday
Sunday	10/8/13	109400	11/8/13	45500	12/8/13	Sunday
129800	10/9/13	114000	11/9/13	Saturday	12/9/13	84700
116000	10/10/13	109100	11/10/13	Sunday	12/10/13	107700
115000	10/11/13	plater Do	11/11/13	107400	12/11/13	107900
119000	10/12/13	Saturday	11/12/13	106100	12/12/13	108200
80800	10/13/13	Sunday	11/13/13	107400	12/13/13	61100
Saturday	10/14/13	125700	11/14/13	113600	12/14/13	30700
Sunday	10/15/13	113800	11/15/13	78700	12/15/13	Sunday
125700	10/16/13	118300	11/16/13	Saturday	12/16/13	105000
113600	10/17/13	117300	11/17/13	Sunday	12/17/13	95500
86600	10/18/13	99000	11/18/13	106700	12/18/13	110000
79300	10/19/13	Saturday	11/19/13	101700	12/19/13	88500
Inventory	10/20/13	Sunday	11/20/13	97100	12/20/13	42000
Saturday	10/21/13	122400	11/21/13	107100	12/21/13	Saturday
Sunday	10/22/13	118200	11/22/13	down	12/22/13	Sunday
120600	10/23/13	118900	11/23/13	Saturday	12/23/13	Down
115600	10/24/13	121000	11/24/13	Sunday	12/24/13	HOLIDAY
113300	10/25/13	21600	11/25/13	93900	12/25/13	HOLIDAY
123400	10/26/13	Saturday	11/26/13	71300	12/26/13	HOLIDAY
83200	10/27/13	Sunday	11/27/13	61800	12/27/13	Down
Saturday	10/28/13	105700	11/28/13	Holiday	12/28/13	Saturday
Sunday	10/29/13	112100	11/29/13	Holiday	12/29/13	Sunday
114400	10/30/13	105500	11/30/13	Saturday	12/30/13	71600
2120800	10/31/13	126600		1784800	12/31/13	79200
		2426800				1491500

2,120,800
129,800
70,693

2,426,800
136,700
78,284

1,784,800
136,400
59,493

1,491,500
119,100
48,113

SEMI-ANNUAL REPORT CALCULATION WORKSHEET (July-December)

Process	Average	Maximum	Type of Discharge
Regulated (Core & Anc)	65048	155800	POTW Continuous
Regulated (Cyanide)	0	0	NA
§403.6(c) Unregulated*	0	0	NA
§403.6(e) Dilute	0	0	NA
Cooling Water	0	0	NA
Sanitary	26352	63116	POTW Continuous
<b>Total Flow to POTW</b>	<b>91,400.00</b>	<b>218,915.86</b>	<b>*****</b>

TOTAL H2O TO PLANT*	NUMBER OF DAYS	AVERAGE GALLONS PER DAY	TOTAL H2O TREATED**	% OF H2O TREATED	MAXIMUM DAY TREATED**	MAXIMUM GALLONS PER DAY
16817600	184	91400	11968900	71.2%	155800	218916

D6

TOTAL H2O TREATED**	NUMBER OF DAYS	AVERAGE REGULATED TOTAL	AVERAGE GALLONS PER DAY	AVERAGE SANITARY	MAXIMUM DAY TREATED**	MAXIMUM GALLONS PER DAY	MAXIMUM SANITARY
11,968,900	184	65048	91400	26352	155800	218916	63116

65048.36957 C12 D12 F12

\*NUMBERS FROM WATER BILLS

\*\*NUMBERS FROM THE ECOLOGY LOG BOOK

Location Meter #	USAGES					
	To Plater	NE Front	SE Front	Plastics	Toilet Seats	Toilet Seats
4097500	4098000	4099000	4100000	4110000	4111000	
January	306,700	536,900	1,909,000		231,200	32,700
February	391,100	677,400	2,224,000		246,500	33,900
March	346,500	579,200	1,818,000		144,300	31,700
April	398,400	690,800	1,711,000		235,700	33,700
May	347,000	750,900	2,580,000		294,500	51,400
June	293,400	636,500	1,910,000		365,400	37,800
July	817,900	348,700	2,773,000		340,600	67,000
August	166,000	358,800	1,669,000		288,300	57,100
September	157,500	388,000	1,112,000		573,200	76,000
October	897,200	372,300	2,226,000		408,900	79,700
November	351,800	523,500	2,076,000		426,800	53,700
December	386,700	469,700	1,881,000		415,000	75,200
<b>6MO Total</b>	<b>2,361,800</b>	<b>2,299,800</b>	<b>12,156,000</b>	<b>0</b>	<b>3,654,400</b>	<b>432,800</b>

Faucet Plant Total 16817600

*Based on weekly sampling results kept at KOHLER sent to the City. They're attached on this report for an example. AS*

	Cd Max	Cd Avg	Cr Max	Cr Avg	Cu Max	Cu Avg	Pb Max	Pb Avg	Ni Max	Ni Avg	Ag Max	Ag Avg	Zn Max	Zn Avg	TTO Max	TTO Avg	Cn Max	Cn Avg
July			1.80	0.93	1.50	0.76			0.32	0.2			0.03	0.02				
August			2.28	1.15	2.43	1.26			0.36	0.28			0.05	0.03				
September			1.48	0.67	1.33	0.64			0.88	0.45			0.09	0.05				
October			0.58	0.25	0.25	0.18			0.48	0.23			0.03	0.01				
November			0.38	0.28	1.56	0.48			0.56	0.33			0.09	0.04				
December	0.038	0.038	1.50	0.81	0.16	0.16	0.015	0.015	0.47	0.26	0.02	0.02	0.03	0.02	0	0	0.02	0.02
Max Measured		0.008		2.28		1.56		0.015		0.88		0.02		0.09		0		0.02
Avg Measured		0.008		0.663333333		0.33		0.015		0.291666667		0.02		0.03		0		0.02



11701 I-30 Bldg 1, Ste 115 - Little Rock, AR 72209  
501-455-3233 Fax 501-455-6118

19 December 2013

James House  
Kohler-Plating - Sheridan  
415 S Oklahoma St.  
Sheridan, AR 72150

*Hand delivered on 2/5/14 by James House  
JJE*

RE: **Semiannual Wastewater Sample(s)**

SDG Number: 1312097

Enclosed are the results of analyses for samples received by the laboratory on 10-Dec-13 16:20. If you have any questions concerning this report, please feel free to contact me.

Sample Receipt Information:

<u>Custody Seals</u>	✓
<u>Containers Correct</u>	✓
<u>COC/Labels Agree</u>	✓
<u>Preservation Confirmed</u>	✓
<u>Received On Ice</u>	✓
Temperature on Receipt	4.0°C

Sincerely,

A handwritten signature in cursive script that reads "Norma James".

Norma James  
President

*This document is intended only for the use of the person(s) to whom it is expressly addressed. This document may contain information that is confidential and legally privileged. If you are not the intended recipient, you are notified that any disclosure, distribution, or copying of this document is strictly prohibited. If you have received this document in error, please destroy.*

19 December 2013

James House  
Kohler-Plating - Sheridan  
415 S Oklahoma St.  
Sheridan, AR 72150  
Project: Semiannual Wastewater Sample(s)



Date Received: 10-Dec-13 16:20

## CASE NARRATIVE

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Sample Delivery Group – 1312097

Qualified Analytical and/or Quality Control Results are Discussed Below:

### **BOD Analysis:**

**Laboratory Control Spike/Laboratory Control Spike Duplicate (LCS/LCSD) Failure:** BOD failed to recover within acceptance criteria in the LCS and/or LCSD sample. The recoveries were qualified by "%D2" in the quality control section of the final report. The BOD results for samples 1312097-01 were qualified as "estimated" (E5) due to this failure.

### **Volatiles Analysis:**

**Matrix Spike/Matrix Spike Duplicate (MS/MSD) Failure:** Carbon Tetrachloride and 1,4-Dichlorobenzene failed to recover within acceptance criteria in the MS and/or MSD sample. The recoveries were qualified by "%D1" in the quality control section of the final report. The analytes were qualified as "estimated" in the parent sample which was NOT a member of this sample delivery group.

**Second Source Verification Failure (E5):** Acrolein failed to recover within method specified requirements in the second source verification of the initial calibration curve. Acrolein was qualified as "estimated" (E5) in all samples and in the quality control section of the final report.

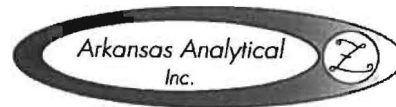
### **BNA Analysis:**

**Continuing Calibration Verification (CCV) Failure (E-01):** Di-n-octyl phthalate failed (high) to meet method criteria in the CCV associated with sample 1312097-01. Di-n-octyl phthalate was qualified as "estimated" (E-01) in the associated samples and in the quality control section of the final report. If the sample is non-detect for the analyte, the CCV has demonstrated the analyte would have been detected if it were present.

### **Pesticides/PCBs Analysis:**

**Continuing Calibration Verification (CCV) Failure (E-01):** Several analytes failed (high) to meet method criteria in the CCV associated with sample 1312097-01. The analytes were qualified as "estimated" (E-01) in the associated samples and in the quality control section of the final report. If the sample is non-detect for the analyte, the CCV has demonstrated the analyte would have been detected if it were present.

19 December 2013



James House  
 Kohler-Plating - Sheridan  
 415 S Oklahoma St.  
 Sheridan, AR 72150  
 Project: Semiannual Wastewater Sample(s)

Date Received: 10-Dec-13 16:20

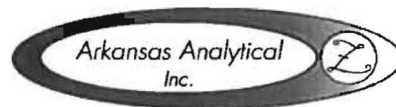
**ANALYTICAL RESULTS**

Lab Number: 1312097-01  
 Sample Name: Wastewater Composite  
 Date/Time Collected: 12/10/13 6:00  
 Sample Matrix: Water

<u>Acid Compounds</u>	<u>Units</u>	<u>Result</u>	<u>Qualifier(s)</u>	<u>Date/Time Analyzed</u>	<u>Batch</u>	<u>Method</u>
2,4,6-Trichlorophenol	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
2,4-Dichlorophenol	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
2,4-Dimethylphenol	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
2,4-Dinitrophenol	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
2-Chlorophenol	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
2-Nitrophenol	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
4-Chloro-3-methylphenol	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
4-Nitrophenol	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
4,6-Dinitro-2-methylphenol	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Pentachlorophenol	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Phenol	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
2,4,6-Tribromophenol [surr]	%	87.9		12/12/13 18:33	A312147	625 (mod.)
2-Fluorophenol [surr]	%	49.5		12/12/13 18:33	A312147	625 (mod.)
Phenol-d5 [surr]	%	39.4		12/12/13 18:33	A312147	625 (mod.)
<u>Base/Neutral Compounds</u>	<u>Units</u>	<u>Result</u>	<u>Qualifier(s)</u>	<u>Date/Time Analyzed</u>	<u>Batch</u>	<u>Method</u>
1,2,4-Trichlorobenzene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
1,2-Dichlorobenzene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
1,2-Diphenyl Hydrazine	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
1,3-Dichlorobenzene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
1,4-Dichlorobenzene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
2,3,7,8-TCDD Screen	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
2,4-Dinitrotoluene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
2,6-Dinitrotoluene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
2-Chloronaphthalene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
3,3'-Dichlorobenzidine	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
4-Bromophenyl-phenylether	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
4-Chlorophenyl-phenylether	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Acenaphthene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Acenaphthylene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Anthracene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Benzidine	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Benzo[a]pyrene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Benzo[b]fluoranthene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Benzo[g,h,i]perylene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Benzo[k]fluoranthene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Benzo (a) anthracene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Bis(2-chloroethoxy)methane	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Bis(2-chloroethyl)ether	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Bis(2-chloroisopropyl)ether	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Bis(2-ethylhexyl)phthalate	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Butylbenzylphthalate	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Chrysene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Dibenz[a,h]anthracene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)



19 December 2013



**James House**  
**Kohler-Plating - Sheridan**  
**415 S Oklahoma St.**  
**Sheridan, AR 72150**  
**Project: Semiannual Wastewater Sample(s)**

Date Received: 10-Dec-13 16:20

**ANALYTICAL RESULTS**

**Lab Number:** 1312097-01  
**Sample Name:** Wastewater Composite  
**Date/Time Collected:** 12/10/13 6:00  
**Sample Matrix:** Water

<u>Base/Neutral Compounds</u>	<u>Units</u>	<u>Result</u>	<u>Qualifier(s)</u>	<u>Date/Time Analyzed</u>	<u>Batch</u>	<u>Method</u>
Diethylphthalate	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Dimethylphthalate	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Di-n-butylphthalate	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Di-n-octylphthalate	ug/L	< 10.0	E-01	12/12/13 18:33	A312147	625 (mod.)
Fluorene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Hexachlorobenzene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Hexachlorobutadiene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Hexachlorocyclopentadiene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Hexachloroethane	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Indeno[1,2,3-cd]pyrene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Isophorone	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Naphthalene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Nitrobenzene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
N-Nitrosodimethylamine	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
N-Nitroso-di-n-propylamine	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
N-Nitrosodiphenylamine/diphenylamine	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Phenanthrene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
Pyrene	ug/L	< 10.0		12/12/13 18:33	A312147	625 (mod.)
2-Fluorobiphenyl [surr]	%	77.6		12/12/13 18:33	A312147	625 (mod.)
Nitrobenzene-d5 [surr]	%	85.2		12/12/13 18:33	A312147	625 (mod.)
Terphenyl-d14 [surr]	%	92.3		12/12/13 18:33	A312147	625 (mod.)
<u>Pesticides/PCBs</u>	<u>Units</u>	<u>Result</u>	<u>Qualifier(s)</u>	<u>Date/Time Analyzed</u>	<u>Batch</u>	<u>Method</u>
Aldrin	ug/L	< 0.010		12/18/13 15:58	A312168	608
alpha-BHC	ug/L	< 0.050		12/18/13 15:58	A312168	608
beta-BHC	ug/L	< 0.050		12/18/13 15:58	A312168	608
gamma-BHC (Lindane)	ug/L	< 0.050		12/18/13 15:58	A312168	608
delta-BHC	ug/L	< 0.050		12/18/13 15:58	A312168	608
Chlordane	ug/L	< 0.200		12/18/13 15:58	A312168	608
4,4'-DDT	ug/L	< 0.020	E-01	12/18/13 15:58	A312168	608
4,4'-DDE	ug/L	< 0.100	E-01	12/18/13 15:58	A312168	608
4,4'-DDD	ug/L	< 0.100	E-01	12/18/13 15:58	A312168	608
Dieldrin	ug/L	< 0.020	E-01	12/18/13 15:58	A312168	608
Endosulfan I	ug/L	< 0.010		12/18/13 15:58	A312168	608
Endosulfan II	ug/L	< 0.020	E-01	12/18/13 15:58	A312168	608
Endosulfan sulfate	ug/L	< 0.100	E-01	12/18/13 15:58	A312168	608
Endrin	ug/L	< 0.020	E-01	12/18/13 15:58	A312168	608
Endrin aldehyde	ug/L	< 0.100	E-01	12/18/13 15:58	A312168	608
Heptachlor	ug/L	< 0.010		12/18/13 15:58	A312168	608
Heptachlor epoxide	ug/L	< 0.010		12/18/13 15:58	A312168	608
Chlorpyrifos	ug/L	< 0.070		12/18/13 15:58	A312168	608
Aroclor-1242	ug/L	< 0.200		12/18/13 15:58	A312168	608
Aroclor-1254	ug/L	< 0.200		12/18/13 15:58	A312168	608
Aroclor-1221	ug/L	< 0.200		12/18/13 15:58	A312168	608

19 December 2013



James House
Kohler-Plating - Sheridan
415 S Oklahoma St.
Sheridan, AR 72150
Project: Semiannual Wastewater Sample(s)

Date Received: 10-Dec-13 16:20

ANALYTICAL RESULTS

Lab Number: 1312097-01
Sample Name: Wastewater Composite
Date/Time Collected: 12/10/13 6:00
Sample Matrix: Water

Table with columns: Pesticides/PCBs, Units, Result, Qualifier(s), Date/Time Analyzed, Batch, Method. Includes rows for Aroclor-1232, Aroclor-1248, Aroclor-1260, Toxaphene, TCMX, DCBP, Total Metals (Arsenic, Cadmium, Chromium, Copper, Lead, Mercury, Molybdenum, Nickel, Selenium, Silver, Zinc), and Volatiles (1,1-Dichloroethane, 1,1-Dichloroethene, 1,1,1-Trichloroethane, etc.).

19 December 2013



James House  
Kohler-Plating - Sheridan  
415 S Oklahoma St.  
Sheridan, AR 72150  
Project: Semiannual Wastewater Sample(s)

Date Received: 10-Dec-13 16:20

**ANALYTICAL RESULTS**

Lab Number: 1312097-01  
Sample Name: Wastewater Composite  
Date/Time Collected: 12/10/13 6:00  
Sample Matrix: Water

<u>Volatiles</u>	<u>Units</u>	<u>Result</u>	<u>Qualifier(s)</u>	<u>Date/Time Analyzed</u>	<u>Batch</u>	<u>Method</u>
Chloromethane	ug/L	< 10.0		12/13/13 15:59	A312126	624 (mod.)
cis-1,3-Dichloropropene	ug/L	< 10.0		12/13/13 15:59	A312126	624 (mod.)
Ethylbenzene	ug/L	< 10.0		12/13/13 15:59	A312126	624 (mod.)
Methylene chloride	ug/L	< 10.0		12/13/13 15:59	A312126	624 (mod.)
Tetrachloroethene	ug/L	< 10.0		12/13/13 15:59	A312126	624 (mod.)
Toluene	ug/L	< 10.0		12/13/13 15:59	A312126	624 (mod.)
trans-1,2-Dichloroethene	ug/L	< 10.0		12/13/13 15:59	A312126	624 (mod.)
Trichloroethene	ug/L	< 10.0		12/13/13 15:59	A312126	624 (mod.)
trans-1,3-Dichloropropene	ug/L	< 10.0		12/13/13 15:59	A312126	624 (mod.)
Vinyl chloride	ug/L	< 10.0		12/13/13 15:59	A312126	624 (mod.)
Dichlorodifluoromethane	ug/L	< 10.0		12/13/13 15:59	A312126	624 (mod.)
4-Bromofluorobenzene [surr]	%	92.0		12/13/13 15:59	A312126	624 (mod.)
1,2-Dichloroethane-d4 [surr]	%	114		12/13/13 15:59	A312126	624 (mod.)
Toluene-d8 [surr]	%	104		12/13/13 15:59	A312126	624 (mod.)
<u>Wet Chemistry</u>	<u>Units</u>	<u>Result</u>	<u>Qualifier(s)</u>	<u>Date/Time Analyzed</u>	<u>Batch</u>	<u>Method</u>
BOD-5	mg/L	10.4	E5	12/11/13 9:10	A312113	5210 B-2001, Hach 13060
Cyanide (total)	mg/L	0.015		12/13/13 15:57	A312130	4500-CN B.E-1999
TSS	mg/L	1.5		12/11/13 15:47	A312096	2540 D-1997

**ANALYTICAL RESULTS**

Lab Number: 1312097-02  
Sample Name: Wastewater Grab  
Date/Time Collected: 12/10/13 6:00  
Sample Matrix: Water

<u>Wet Chemistry</u>	<u>Units</u>	<u>Result</u>	<u>Qualifier(s)</u>	<u>Date/Time Analyzed</u>	<u>Batch</u>	<u>Method</u>
Oil and Grease	mg/L	3.3		12/11/13 9:00	A312087	1664A Mod

## DISCHARGE MONITORING REPORT (DMR)

*Hand delivered on 2/5/14  
by James House  
#75*

**Facility Name/Location**

Name: KOHLER Co.  
P.O. Box 427  
Sheridan, AR 72150  
 Facility: Sheridan Faucet Plant  
 Location: Oklahoma Street

Sheridan 001  
Permit Number

001 Treated Water  
Discharge Number

DMRFORM

Monitoring Period

From	Year	MO	Day		To	Year	MO	Day
	13	07	01			13	07	31

Parameter		Quantity or Loading			Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum				
CHROMIUM (T)	<del>Sample Measurement</del>				----	0.93	1.82	mg/l.	0	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----	1.71	2.77			1-Yr.	24 Hr. Comp.
COPPER	<del>Sample Measurement</del>				----	0.26	0.54	mg/l.	0	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----	1.25	2.04			1-Yr.	24 Hr. Comp.
NICKEL	<del>Sample Measurement</del>				----	0.20	0.32	mg/l.	0	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----	2.38	3.98			1-Yr.	24 Hr. Comp.
ZINC	<del>Sample Measurement</del>				----	0.02	0.03	mg/l.	0	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----	1.48	2.61			1-Yr.	24 Hr. Comp.
OIL & GREASE	<del>Sample Measurement</del>				----	-----	3.20	mg/l.	0	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----	-----	50			1-Yr.	24 Hr. Comp.
TSS	<del>Sample Measurement</del>				----	-----	10.00	mg/l.	0	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----	-----	250			1-Yr.	24 Hr. Comp.
	<del>Sample Measurement</del>							mg/l.	0	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>									1-Yr.	24 Hr. Comp.

Name/Title Principal Executive Officer  
 Bill Royals  
 Safety/Environmental Coordinator  
 James House

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.

Signature of Principal Executive Officer or Authorized Agent

Date: \_\_\_\_\_  
 Phone: 870 942-2111  
 Area Code Number

# DISCHARGE MONITORING REPORT (DMR)

Sheridan 001  
Permit Number

001 Treated Water  
Discharge Number

DMRFORM

Year  
**13**

**08**

Day  
**01**

Monitoring Period

To

Year  
**13**

MO  
**08**

Day  
**31**

Parameter	Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
		Minimum	Average	Maximum				
CHROMIUM (T)	Sample Measurement		1.15	2.28	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	Permit Requirement		1.71	..77			1-Yr.	24 Hr. Comp.
COPPER	Sample Measurement	----	0.26	0.43	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	Permit Requirement	----	1.25	2.04			1-Yr.	24 Hr. Comp.
NICKEL	Sample Measurement	----	0.26	0.38	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	Permit Requirement	----	2.38	3.98			1-Yr.	24 Hr. Comp.
ZINC	Sample Measurement	----	0.03	0.05	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	Permit Requirement	----	1.48	2.61			1-Yr.	24 Hr. Comp.
OIL & GREASE	Sample Measurement	----	----	3.50	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	Permit Requirement	----	----	50			1-Yr.	24 Hr. Comp.
TSS	Sample Measurement	----	----	11.00	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	Permit Requirement	----	----	250			1-Yr.	24 Hr. Comp.
	Sample Measurement				mg/l.	Ø	1-Yr.	24 Hr. Comp.
	Permit Requirement						1-Yr.	24 Hr. Comp.

**Name/Title Principal Executive Officer**  
Bill Royals  
Safety/Environmental Coordinator  
James House

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.

*Bill Royals*  
Signature of Principal Executive Officer or Authorized Agent

Date: **9/16/13**  
Phone  
870 942-2111  
Area Code Number

**Facility Name/Location**

Name: KOHLER Co.

P.O. Box 427

Sheridan, AR 72150

Facility: Sheridan Faucet Plant

Location: Oklahoma Street

Sheridan 001  
Permit Number

001 Treated Water  
Discharge Number

DWPC001

Monitoring Period

From	Year	MO	Day	To	Year	MO	Day
	13	09	01		13	09	30

Parameter	<del>Sample Measurement</del>	Quantity or Loading			Quality or Concentration			No. Ex	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
CHROMIUM (T)	<del>Sample Measurement</del>				----	0.67	1.46	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----	1.71	2.77			1-Yr.	24 Hr. Comp.
COPPER	<del>Sample Measurement</del>				----	0.64	1.33	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----	1.25	2.04			1-Yr.	24 Hr. Comp.
NICKEL	<del>Sample Measurement</del>				----	0.45	0.88	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----	2.38	3.98			1-Yr.	24 Hr. Comp.
ZINC	<del>Sample Measurement</del>				----	0.05	0.09	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----	1.48	2.61			1-Yr.	24 Hr. Comp.
OIL & GREASE	<del>Sample Measurement</del>				----	-----	3.60	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----	-----	50			1-Yr.	24 Hr. Comp.
TSS	<del>Sample Measurement</del>				----	-----	14.00	mg/l.		1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----	-----	250			1-Yr.	24 Hr. Comp.
	<del>Sample Measurement</del>							mg/l.		1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>									1-Yr.	24 Hr. Comp.

Name/Title Principal Executive Officer Bill Royals Safety/Enviromental Coordinator James House	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.	Signature of Principal Executive Officer or Authorized Agent	Date:
			Phone
			870 942-2111
			Area Code Number



## DISCHARGE MONITORING REPORT (DMR)

**Facility Name/Location**

Name: KOHLER Co.  
P.O. Box 127  
Sheridan AR 72150  
 Facility: Sheridan Faucet Plant  
 Location: Oklahoma Street

Sheridan 001  
Permit Number

001 Treated Water  
Discharge Number

DMRFORM

Monitoring Period						
Year	MO	Day		Year	MO	Day
From <u>13</u>	<u>10</u>	<u>01</u>	To	<u>13</u>	<u>10</u>	<u>31</u>

Parameter	<del>Sample Measurement</del>	Quantity or Loading			Quality or Concentration			No. Ex	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
CHROMIUM (T)	<del>Sample Measurement</del>				----	<u>0.33</u>	<u>0.55</u>	mg/l.	<del>Ø</del>	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----	1.71	2.77			1-Yr.	24 Hr. Comp.
COPPER	<del>Sample Measurement</del>				----	<u>0.18</u>	<u>0.25</u>	mg/l.	<del>Ø</del>	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----	1.25	2.04			1-Yr.	24 Hr. Comp.
NICKEL	<del>Sample Measurement</del>				----	<u>0.23</u>	<u>0.48</u>	mg/l.	<del>Ø</del>	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----	2.38	3.98			1-Yr.	24 Hr. Comp.
ZINC	<del>Sample Measurement</del>				----	<u>0.01</u>	<u>0.03</u>	mg/l.	<del>Ø</del>	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----	1.48	2.61			1-Yr.	24 Hr. Comp.
OIL & GREASE	<del>Sample Measurement</del>				----		<u>3.40</u>	mg/l.	<del>Ø</del>	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----		50			1-Yr.	24 Hr. Comp.
TSS	<del>Sample Measurement</del>				----		<u>7.20</u>	mg/l.	<del>Ø</del>	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				----		250			1-Yr.	24 Hr. Comp.
	<del>Sample Measurement</del>							mg/l.	<del>Ø</del>	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>									1-Yr.	24 Hr. Comp.

	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.	Date:  Phone 870 942-2111 Area Code Number
Name/Title Principal Executive Officer Bill Royals Safety/Environmental Coordinator James House	Signature of Principal Executive Officer or Authorized Agent	

## DISCHARGE MONITORING REPORT (DMR)

**Facility Name/Location**

Name: **KOHLER Co.**

P.O. Box 427

Sheridan, AR 72150

Facility: Sheridan Faucet Plant

Location: Oklahoma Street

Sheridan 001

Permit Number

001 Treated Water

Discharge Number

DMRFORM

Monitoring Period

From	Year	MO	Day		To	Year	MO	Day
	13	11	01			13	11	30

Parameter	<del>Sample Measurement</del>	Quantity or Loading			Quality or Concentration			No. Ex	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
CHROMIUM (T)	<del>Sample Measurement</del>				-----	0.29	0.35	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				-----	1.71	2.77			1-Yr.	24 Hr. Comp.
COPPER	<del>Sample Measurement</del>				-----	0.46	1.56	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				-----	1.25	2.04			1-Yr.	24 Hr. Comp.
NICKEL	<del>Sample Measurement</del>				-----	0.33	0.56	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				-----	2.38	3.98			1-Yr.	24 Hr. Comp.
ZINC	<del>Sample Measurement</del>				-----	0.04	0.09	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				-----	1.48	2.61			1-Yr.	24 Hr. Comp.
OIL & GREASE	<del>Sample Measurement</del>				-----	-----	<2.60	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				-----	-----	50			1-Yr.	24 Hr. Comp.
TSS	<del>Sample Measurement</del>				-----	-----	6.80	mg/l.	Ø	1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>				-----	-----	250			1-Yr.	24 Hr. Comp.
	<del>Sample Measurement</del>							mg/l.		1-Yr.	24 Hr. Comp.
	<b>Permit Requirement</b>									1-Yr.	24 Hr. Comp.

<del>Signature</del>	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.	<del>Signature</del>
Name/Title Principal Executive Officer Bill Royals Safety/Environmental Coordinator James House		Signature of Principal Executive Officer or Authorized Agent
		Date: 12/13
		Phone: 870 942-2111
		Area Code Number



## DISCHARGE MONITORING REPORT (DMR)

**Facility Name/Location**

Name: KOHLER Co.  
P.O. Box 427  
Sheridan, AR 72150

Facility: Sheridan Faucet Plant  
 Location: Oklahoma Street

Sheridan 001  
Permit Number

001 Treated Water  
Discharge Number

DMRFORM

Monitoring Period						
Year	MO	Day		Year	MO	Day
From <u>13</u>	<u>12</u>	<u>01</u>	To	<u>12</u>	<u>12</u>	<u>31</u>

Parameter	<del>XXXX</del>	Quantity or Loading			Quality or Concentration			No. Ex	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
CHROMIUM (T)	Sample Measurement				----	<u>0.61</u>	<u>0.95</u>	mg/l.	<u>Ø</u>	1-Yr.	24 Hr. Comp.
	Permit Requirement				----	1.71	2.77			1-Yr.	24 Hr. Comp.
COPPER	Sample Measurement				----	<u>0.16</u>	<u>0.18</u>	mg/l.	<u>Ø</u>	1-Yr.	24 Hr. Comp.
	Permit Requirement				----	1.25	2.04			1-Yr.	24 Hr. Comp.
NICKEL	Sample Measurement				----	<u>0.28</u>	<u>0.47</u>	mg/l.	<u>Ø</u>	1-Yr.	24 Hr. Comp.
	Permit Requirement				----	2.38	3.98			1-Yr.	24 Hr. Comp.
ZINC	Sample Measurement				----	<u>0.02</u>	<u>0.03</u>	mg/l.	<u>Ø</u>	1-Yr.	24 Hr. Comp.
	Permit Requirement				----	1.48	2.61			1-Yr.	24 Hr. Comp.
OIL & GREASE	Sample Measurement				----	----	<u>3.30</u>	mg/l.	<u>Ø</u>	1-Yr.	24 Hr. Comp.
	Permit Requirement				----	----	50			1-Yr.	24 Hr. Comp.
TSS	Sample Measurement				----	----	<u>6.00</u>	mg/l.	<u>Ø</u>	1-Yr.	24 Hr. Comp.
	Permit Requirement				----	----	250			1-Yr.	24 Hr. Comp.
	Sample Measurement							mg/l.		1-Yr.	24 Hr. Comp.
	Permit Requirement									1-Yr.	24 Hr. Comp.

~~XXXX~~  
 Name/Title Principal Executive Officer  
 Bill Royals  
 Safety/Environmental Coordinator  
 James House

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.

Signature of Principal Executive Officer or Authorized Agent

~~XXXX~~  
 Date:  
 Phone  
 870 942-2111  
 Area Code Number



11701 Interstate 30, Bldg. 1, Ste. 115  
 Little Rock, AR 72209  
 PHONE: 501-455-3233  
 FAX: 501-455-6118

# CHAIN OF CUSTODY RECORD

CLIENT INFORMATION			Project Description			Turnaround Time		Preservation Codes:									
Kohler 415 South Oklahoma St. Sheridan, AR 72150			Semi-Annual TTO Sample			24 Hour	48 Hour	1. Cool, 4 Degrees Centgrade	4. Thiosulfate for Dechlorination				5. Hydrochloric Acid(HCl)				
Attn: James House			Reporting Information			72 Hour	Routine (5 Day)	2. Sulfuric Acid (H <sub>2</sub> SO <sub>4</sub> ), pH < 2	5. Hydrochloric Acid(HCl)				6. Sodium Hydroxide (NaOH), pH > 12				
Telephone: 870-942-2111			Email: james.house@kohler.com,			Preservative Code:		TEST PARAMETERS								Bottle Type Code	
Email: james.house@kohler.com,			joe.mccrory@kohler.com, real.hollinger@kohler.com			Bottle Type:		1	1,6	1,3	1	1	1				G = Glass, P = Plastic
Lynn Smith			LYNN SMITH					P	P	P	GV	GA	GA	GA			V = Septum, A = Amber
Sampler(s) Signature			Sampler(s) Printed					BOD, TSS	Cyanide	As, Cd, Cr, Cu, Pb, Hg, Mo, Ni, Se, Ag, Zn	PPS Volatiles	PPS Pesticides/PCBs	PPS Base Neutral/Acids	Oil and Grease	Arkansas Analytical Work Order Number:		
Field Number	SAMPLE COLLECTION		Grab	Comp	Number of Bottles	Sample Matrix	SAMPLE IDENTIFICATION/ DESCRIPTION										1312097
	12/9-12/10	6 AM - 6 PM		X	9	Water	Wastewater Composite		X	X	X	X	X	X			01
	12/10	6 PM	X		1	Water	Wastewater Grab							X			02
1. Relinquished by: (Signature)			Date/Time			2. Received by: (Signature)			SAMPLE CONDITION UPON RECEIPT IN LAB				REMARKS / SAMPLE COMMENTS				
Lynn Smith			12/10 7 AM 0900			[Signature]			1. CUSTODY SEALS: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				FLOW 84700				
3. Relinquished by: (Signature)			Date/Time			4. Received by Lab: (Signature)			2. CONTAINERS CORRECT: Yes <input type="checkbox"/> No <input type="checkbox"/>								
[Signature]			12/10/13 1020			[Signature]			3. COC/LABELS AGREE: Yes <input type="checkbox"/> No <input type="checkbox"/>								
									4. PRESERVATION CONFIRMED: Yes <input type="checkbox"/> No <input type="checkbox"/>								
									5. RECEIVED ON ICE: Yes <input type="checkbox"/> No <input type="checkbox"/>								
									6. TEMPERATURE ON RECEIPT: 4°C								
FOR COMPLETION BY LAB ONLY																	