

DISCHARGE MONITORING REPORT (DMR)

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

NAME: CITY OF LYONS
ADDRESS: 161 NE BROAD STREET
LYONS, GA 30436

GA0033405
PERMIT NUMBER

001-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 30436
MINOR (SUBR CS) STEPH

FACILITY: EAST (#1) WATER POLLUTION CONTROL PLANT
LOCATION: 290 EAST THOMSON STREET
LYONS, GA 30436

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 08/01/2012 TO 08/31/2012

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	*****		0	05/07	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MINIMUM	*****	*****	mg/L		5 Days Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.9	7.7		*****	3.2	5.4		0	02/07	8HC
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	25 MO AVG	32 WKLY AVG	kg/d	*****	10 MO AVG	15 WKLY AVG	mg/L		2 Days Every Week	COMPOS
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	233	370		*****	119	178		0	02/07	8HC
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	kg/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		2 Days Every Week	COMPOS
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.62	*****	7.05		0	05/07	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8.5 MAXIMUM	SU		5 Days Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	6.2	9.7		*****	3.4	5.3		0	02/07	8HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	76 MO AVG	95 WKLY AVG	kg/d	*****	30 MO AVG	45 WKLY AVG	mg/L		2 Days Every Week	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	161	223		*****	90	160		0	02/07	8HC
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	kg/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	2.03	2.89		*****	0.96	1.03		0	02/07	8HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	6 WKLY AVG	kg/d	*****	2 MO AVG	3 WKLY AVG	mg/L		2 Days Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Willis N. Smith Mayor</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Joe Drumm</i>	TELEPHONE	DATE
			912-526-3996	8/31/12
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)