

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

GA0033405  
**PERMIT NUMBER**

001-1  
**DISCHARGE NUMBER**

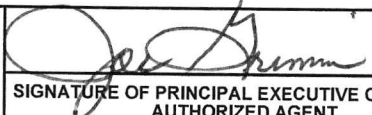
**DMR Mailing ZIP CODE:** 30436  
MINOR  
(SUBR CS) STEPH

**MONITORING PERIOD**  
FROM **MM/DD/YYYY** 09/01/2012 TO **MM/DD/YYYY** 09/30/2012

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) 00300 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.2	*****	*****		0	05/07	Grab
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	5 MINIMUM	*****	*****	mg/L		5 Days Every Week	GRAB
BOD, 5-day, 20 deg. C 00310 1 1 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	4.9	5.7		*****	2.4	2.7		0	02/07	8HC
	<b>PERMIT REQUIREMENT</b>	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 00310 G 0 Raw Sewage Influent	<b>SAMPLE MEASUREMENT</b>	405	560		*****	204	344		0	02/07	8HC
	<b>PERMIT REQUIREMENT</b>	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 00400 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.44	*****	7.02		0	05/07	Grab
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6 MINIMUM	*****	8.5 MAXIMUM	SU		5 Days Every Week	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	7.5	9.7		*****	3.9	5.5		0	02/07	8HC
	<b>PERMIT REQUIREMENT</b>	76 MO AVG	95 WKLY AVG	kg/d	*****	30 MO AVG	45 WKLY AVG	mg/L		2 Days Every Week	COMPOS
Solids, total suspended 00530 G 0 Raw Sewage Influent	<b>SAMPLE MEASUREMENT</b>	461	932		*****	195	286		0	02/07	8HC
	<b>PERMIT REQUIREMENT</b>	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) 00610 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	1.34	1.91		*****	0.70	0.91		0	02/07	8HC
	<b>PERMIT REQUIREMENT</b>	5 MO AVG	6 WKLY AVG	kg/d	*****	2 MO AVG	3 WKLY AVG	mg/L		2 Days Every Week	COMPOS

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> Willis Nesmith, Mayor 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.		<b>TELEPHONE</b>		<b>DATE</b>
			912-526-3496	09/30/2012	
<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>			<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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