

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

Form Approved
OMB No. 2040-0004

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

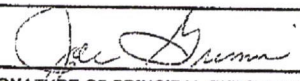
FACILITY: EAST (#1) WATER POLLUTION CONTROL PLANT
LOCATION: 290 EAST THOMSON STREET
LYONS, GA 30436

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 12/01/2013 TO 12/31/2013

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	2.9	4.8		*****	3.2	5.9		0	02/07	8HC
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	51 MO AVG	63 WKLY AVG	kg/d	*****	20 MO AVG	30 WKLY AVG	mg/L		2 Days Every Week	COMPOS
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	143	204		*****	150	201		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	*****	*****	*****	6.63	*****	7.01		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	3.6	4.3		*****	3.7	5.0		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	132	182		*****	132	152		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	1.22	1.74		*****	1.12	1.18		0	02/07	8HC
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	25 30DA AVG	32 7 DA AVG	kg/d	*****	10 30DA AVG	15 7 DA AVG	mg/L		2 Days Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Willis W. Smith 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 persons 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 	TELEPHONE	DATE
			911-386-2054	12/31/13
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code	NUMBER
				MM/DD/YYYY