

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		MM/DD/YYYY
FROM 02/01/2013	TO	02/28/2013

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			
00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	*****		0	05/07	Grab
	PERMIT REQUIREMENT	*****	*****	*****	5 MINIMUM	*****	*****	mg/L		5 Days Every Week	GRAB
00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	8.4	11.0		*****	3.2	5.3		0	02/07	8HC
	PERMIT REQUIREMENT	51 MO AVG	63 WKLY AVG	kg/d	*****	20 MO AVG	30 WKLY AVG	mg/L		2 Days Every Week	COMPOS
00310 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	335	438		*****	139	223		0	02/07	8HC
	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
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.63	*****	7.11		0	05/07	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8.5 MAXIMUM	SU		5 Days Every Week	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	16.6	22.6		*****	6.1	7.0		0	02/07	8HC
	PERMIT REQUIREMENT	76 MO AVG	95 WKLY AVG	kg/d	*****	30 MO AVG	45 WKLY AVG	mg/L		2 Days Every Week	COMPOS
00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	563	1194		*****	2.07	3.44		0	02/07	8HC
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	kg/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMPOS
00610 1 1 Effluent Gross	SAMPLE MEASUREMENT	1.99	3.02		*****	0.76	1.09		0	02/07	8HC
	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 <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 Sumner</i>	TELEPHONE	DATE
			912-526-3496	2/28/13
		AREA Code	NUMBER	MM/DD/YYYY

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