

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

GA0033405	001-1
PERMIT NUMBER	DISCHARGE NUMBER

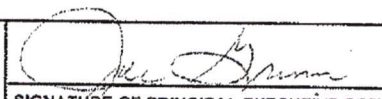
DMR Mailing ZIP CODE: 30436  
MINOR (SUBR CS) STEPH

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2013	TO 09/30/2013

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 1 Effluent Gross	SAMPLE MEASUREMENT	9.8	16.9		*****	3.3	5.7		0	02/07	SHC
	PERMIT REQUIREMENT	25 MO AVG	32 WKLY AVG	kg/d	*****	10 MO AVG	15 WKLY AVG	mg/L		2 Days Every Week	COMPOS
00310 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	389	472		*****	131	159		0	02/07	SHC
	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	*****	7.02		0	05/07	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8.5 MAXIMUM	SU		5 Days Every Week	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	7.7	8.9		*****	2.6	3.0		0	02/07	SHC
	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	384	424		*****	130	143		0	02/07	SHC
	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 0 Effluent Gross	SAMPLE MEASUREMENT	2.7	3.2		*****	0.92	1.09		0	02/07	SHC
	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  Willis McSmith, MAJOR 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	TELEPHONE	DATE
			912.526.3496	9/30/13
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY