

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 EAST (# 1)
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
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

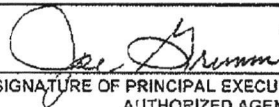
DMR Mailing ZIP CODE: 30436

MINOR
(SUBR CS) STEPH

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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.6550	.7049		*****	*****	*****	*****	0	daily	INST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.67 MO AVG	.838 WKLY AVG	MGD	*****	*****	*****	*****		5 Days Every Week	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	05/07	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		3 Days Every Week	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2		0	01/07	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MOAV GEO	400 WKAV GEO	#/100mL		Weekly	GRAB
Solids, sludge, tot, dry weight	SAMPLE MEASUREMENT	Zero lbs waste	*****	*****	*****	*****	*****	*****			
78477 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	dry ton	*****	*****	*****	*****		Monthly	CALCTD
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96%	*****	*****	*****			
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97%	*****	*****	*****			
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Willis W. Smith 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
			912-396-2084 AREA Code NUMBER	8/31/14 MM/DD/YYYY

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