

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
PERMIT NUMBER

001-1
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/01/2014

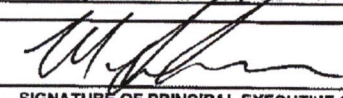
DMR Mailing ZIP CODE: 30436

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			
Oxygen, dissolved [DO] 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	5.52	*****	*****		0	5 Days/Week	Grab
	PERMIT REQUIREMENT	*****	*****	*****	5 MINIMUM	*****	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, 20 deg. C 00310 1 1 Effluent Gross	SAMPLE MEASUREMENT	.8	4.5		*****	2.4	3.3		0	2 Days/Week	Compos
	PERMIT REQUIREMENT	25 MO AVG	32 WKLY AVG	kg/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Two Days per Week	COMPOS
BOD, 5-day, 20 deg. C 00310 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	196	309		*****	172	228			2 Days/Week	Compos
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	kg/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Two Days per Week	COMPOS
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.63	*****	7.28		0	5 Days/Week	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8.5 MAXIMUM	SU		Five Days per Week	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	2.24	4.67		*****	2.09	5.05		0	2 Days/Week	Compos
	PERMIT REQUIREMENT	76 MO AVG	95 WKLY AVG	kg/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Two Days per Week	COMPOS
Solids, total suspended 00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	169	197		*****	151	171			2 Days/Week	Compos
	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] 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	.34	1.00		*****	.34	1.01		0	2 Days/Week	Compos
	PERMIT REQUIREMENT	5 MO AVG	5 WKLY AVG	kg/d	*****	2 MO AVG	3 WKLY AVG	mg/L		Two Days per Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael Robinson 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	
			(770) 584-6281	11-13-2014	
			AREA Code	NUMBER	MM/DD/YYYY

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

D.O. test method used is SM 4500-O G 2001 (ed. Rev. 2011). B.O.D. test method used is SM 5210 B (DL=2.0 mg/l). T.S.S. test method used is SM 2540 D with (DL=5.0 mg/l). Ammonia test method used is SM 4500 NH3-D (22nd Ed.) (DL=.1)