

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
09/01/2014	09/30/2014

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]	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	*****		0	5 Days/Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MINIMUM	*****	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.4	4.4		*****	3.2	4.1		0	2 Days/Week	COMPOS
00310 1 1 Effluent Gross	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	SAMPLE MEASUREMENT	119	170.9		*****	115	161		0	2 Days Per Week	COMPOS
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		Two Days per Week	COMPOS
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1		0	5 Days/Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8.5 MAXIMUM	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.2	3.7		*****	2.1	2.35		0	2 Days/Week	COMPOS
00530 1 0 Effluent Gross	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	SAMPLE MEASUREMENT	148	258		*****	136	243		0	2 Days/Week	COMPOS
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	1.0	1.2		*****	.99	1.2		0	2 Days/Week	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	6 WKLY AVG	kg/d	*****	2 MO AVG	3 WKLY AVG	mg/L		Two Days per Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE	DATE	
Jason Hall/City of Lyons Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(912) 526-3626	10-15-2014
TYPED OR PRINTED			AREA Code	NUMBER

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