

NAME City of Lyons  
ADDRESS 161 NE Broad Street  
Lyons, GA 30436  
FACILITY Lyons East Plant  
LOCATION Lyons, GA 30436

**GA0033405**  
PERMIT NUMBER


**000-1**  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: **30436**  
MINOR  
(SUBR MM)  
ACTIVE  
External Outfall

MONITORING PERIOD  
FROM **1/1/2015** TO **1/31/2015**

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
<b>Oxygen, dissolved (DO)</b> <b>00300 1 0</b> <b>Effluent Gross</b>	SAMPLE MEASUREMENT	***	***	mg/l	<b>6.69</b>	***	***	mg/l		5 Days Every Week	GRAB
	PERMIT REQUIREMENT	***	***	mg/l	<b>5 MINIMUM</b>	***	***	mg/l		5 Days Every Week	GRAB
<b>BOD, 5-day, 20 deg. C</b> <b>00310 1 0</b> <b>Effluent Gross</b>	SAMPLE MEASUREMENT	<b>3.9</b>	<b>7.0</b>	kg/day	***	<b>2</b>	<b>2</b>	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	<b>51 JAN-APR 25 MAY-NOV 51 DEC</b>	<b>63 JAN-APR 32 MAY-NOV 63 DEC</b>	kg/day	***	<b>20 JAN-APR 10 MAY-NOV 20-Dec</b>	<b>30JAN-APR 15 MAY-NOV 30-Dec</b>	mg/l		2 Days Every Week	Composite
<b>BOD, 5-day, 20 deg. C</b> <b>00310 G 0</b> <b>Raw Sewage Influent</b>	SAMPLE MEASUREMENT	<b>285</b>	<b>461</b>	kg/day	***	<b>105</b>	<b>136</b>	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	<b>Req. Mon. MO AVG</b>	<b>Req. Mon. WKLY AVG</b>	kg/day	***	<b>Req. Mon. MO AVG</b>	<b>Req. Mon. WKLY AVG</b>	mg/l		2 Days Every Week	Composite
<b>pH</b> <b>00400 1 0</b> <b>Effluent Gross</b>	SAMPLE MEASUREMENT	***	***	***	<b>6.7</b>	***	<b>7.7</b>	su		5 Days Every Week	GRAB
	PERMIT REQUIREMENT	***	***	***	<b>6 MINIMUM</b>	***	<b>8.5 MAXIMUM</b>	su		5 Days Every Week	GRAB
<b>Total Suspended Solids</b> <b>00530 1 0</b> <b>Effluent Gross</b>	SAMPLE MEASUREMENT	<b>11</b>	<b>12</b>	kg/day	***	<b>4</b>	<b>5</b>	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	<b>76 MO AVG</b>	<b>95 WKLY AVG</b>	kg/day	***	<b>30 MO AVG</b>	<b>45 WKLY AVG</b>	mg/l		2 Days Every Week	Composite
<b>Total Suspended Solids</b> <b>00530 G 0</b> <b>Raw Sewage Influent</b>	SAMPLE MEASUREMENT	<b>265</b>	<b>385</b>	kg/day	***	<b>107</b>	<b>176</b>	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	<b>Req. Mon. MO AVG</b>	<b>Req. Mon. WKLY AVG</b>	kg/day	***	<b>Req. Mon. MO AVG</b>	<b>Req. Mon. WKLY AVG</b>	mg/l		2 Days Every Week	Composite
<b>Nitrogen, Ammonia Total (asN)</b> <b>Effluent</b> <b>00610 1 0</b>	SAMPLE MEASUREMENT	<b>0.29</b>	<b>0.37</b>	kg/day	***	<b>0.11</b>	<b>0.12</b>	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	<b>25 JAN-APR 5 MAY-NOV 25-Dec</b>	<b>32AN-APR 6 MAY-NOV 32 DEC</b>	kg/day	***	<b>10 JAN-APR 2 MAY-NOV 10-Dec</b>	<b>15 JAN-APR 3 MAY-NOV 15-Dec</b>	mg/l		2 Days Every Week	Composite

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 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.	 <b>Trey Pearson</b> <b>FOR Larry Douglas</b>	TELEPHONE	DATE
<b>LARRY DOUGLAS</b> <b>OPERATOR</b>			912-449-0999	<b>2/15/2015</b>
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY

(Include Facility Name/Location if different)

**DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-0004

NAME City of Lyons  
 ADDRESS 161 NE Broad Street  
Lyons, GA 30436  
 FACILITY Lyons East Plant  
 LOCATION 0  
Lyons, GA 30436

**GA0033405**  
 PERMIT NUMBER

**000-1**  
 DISCHARGE NUMBER

DMR MAILING ZIP CODE: **30436**  
 MINOR  
 (SUBR MM)  
 ACTIVE  
 External Outfall

**MONITORING PERIOD**  
 MM/DD/YYYY TO MM/DD/YYYY  
**1/1/2015** TO **1/31/2015**

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS						
<b>Flow, in conduit or thru treatment plant</b>  <b>50050 1 0</b> <b>Effluent Gross</b>	SAMPLE MEASUREMENT	<b>0.69</b>	<b>0.73</b>	mgd	***	***	***	***	1	5 Days Every Week	Continuous			
	PERMIT REQUIREMENT	<b>0.67</b> <b>MO AVG</b>	<b>0.838</b> <b>WKLY AVG</b>	mgd	***	***	***	***		5 Days Every Week	Continuous			
<b>Chlorine, total residual</b>  <b>50060 1 0</b> <b>CWL Effluent Gross</b>	SAMPLE MEASUREMENT	***	***	***	***	***	<b>1.58</b>	mg/l		2 Days Every Week	GRAB			
	PERMIT REQUIREMENT	***	***	***	***	***	<b>0.022</b> <b>DAILY MAX</b>	mg/l		2 Days Every Week	GRAB			
<b>Coliform, Fecal General</b>  <b>74055 1 0</b> <b>Effluent Gross</b>	SAMPLE MEASUREMENT	***	***	***	***	<b>2</b>	<b>23</b>	mpn/100 ml		1 Day Every Week	GRAB			
	PERMIT REQUIREMENT	***	***	***	***	<b>200</b> <b>MO GEO</b>	<b>400</b> <b>WKLY GEO</b>	mpn/100 ml		1 Day Every Week	GRAB			
<b>Solids, sludge, tot, dry weight</b>  <b>78477 S 0</b> <b>See Comments</b>	SAMPLE MEASUREMENT	<b>0.00</b>	***	Dry Ton	***	***	***	***		MONTHLY	CALCTD			
	PERMIT REQUIREMENT	<b>Opt. Mon.</b> <b>MO TOTAL</b>	***	Dry Ton	***	***	***	***		MONTHLY	CALCTD			
<b>BOD, 5-Day, Percent Removal</b>  <b>Removal</b> <b>81010 K 0</b>	SAMPLE MEASUREMENT	***	***	***	<b>99</b>	***	***	%		MONTHLY	CALCTD			
	PERMIT REQUIREMENT	***	***	***	<b>85</b> <b>MN % RMV</b>	***	***	%		MONTHLY	CALCTD			
<b>Solids, Suspended Percent Removal</b>  <b>Removal</b> <b>81011 K 0</b>	SAMPLE MEASUREMENT	***	***	***	<b>96</b>	***	***	%		MONTHLY	CALCTD			
	PERMIT REQUIREMENT	***	***	***	<b>85</b> <b>MN % RMV</b>	***	***	%		MONTHLY	CALCTD			
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 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						
<b>LARRY DOUGLAS</b>  <b>OPERATOR</b>						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		NUMBER		MM/DD/YYYY		

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

**NOTE: FECAL COLIFORM OF <2 mpn/100 ml is indicated by "1"**



PERMIT NUMBER	MONITORING PERIOD		
GA0033405	MM/DD/YYYY	TO	MM/DD/YYYY
	1/1/2015		1/31/2015

pH	TSS INFLUENT				TSS EFFLUENT				CHLORINE	FECAL COLIFORM	
	Monthly Effluent	Monthly Influent	Avg. Wkly. Influent	Monthly Influent	Avg. Wkly. Influent	Monthly Effluent	Avg. Wkly. Effluent	Monthly Effluent		Avg. Wkly. Effluent	Monthly Effluent
CONC	CONC	CONC	LOADING	LOADING	CONC	CONC	LOADING	LOADING	CONC	CONC	CONC
7.01	92		291.22		2.1		6.65		0.36		
6.85	61		184.28		1.5		4.53		0.59	9.1	
6.74									0.74		
7.69									1.09		
7.17									1.05		
		76.50		237.75		1.80		5.59			9
6.78									0.34		
7.02	85		221.58		1.8		4.69		0.74		
6.95									0.89		
7.15	88		203.32		7.3		16.87		0.87	23	
6.85									0.8		
		86.50		212.45		4.55		10.78			23
6.82									0.75		
6.91	60		176.47		5.9		17.35		0.74		
6.89									0.33		
7.07	117		294.77		2.9		7.31		1.07	1	
6.78									1.11		
		88.50		235.62		4.40		12.33			1
7.14									0.87		
6.98	186		430.44		5.2		12.03		1.17		
6.96									0.6		
7.14	166		340.00		2.2		4.51		0.89	1	
6.83									1.58		
		176.00		385.22		3.70		8.27			1
6.89									0.69		
6.84	70		228.76		4.9		16.01		1		
7.14									1.25		
6.99	82		223.11		2.9		7.89		1.08	1	
6.7									0.91		
		76.00		225.93		3.90		11.95			1
	INF Concentration		INF LOADING		EFF Concentration		EFF LOADING			EFF Concentration	
pH	MO.INF TSS	WKLY TSS	MO. TSS	WKLY TSS	MO.EFF TSS	WKLY TSS	MO. TSS	WKLY TSS	EFF Chlorine	MO. Fecal	Wkly Fecal
***	107	101	265	259	4	4	11	9.8	0.90	2	
7.69	186	176	430	385	7	5	17	12	1.58		23
6.70	60	76	176	212	2	2	5	5.6	0.33	1	

6					20	30	72	90	0.5	200
9									max	400
					30	45	108	135		(1 = <2)

PERMIT NUMBER	MONITORING PERIOD		
<b>GA0033405</b>	MM/DD/YYYY	TO	MM/DD/YYYY
	<b>1/1/2015</b>		<b>1/31/2015</b>

FECAL COLIFORM		BOD REMOVAL		TSS REMOVAL		AMMONIA EFFLUENT				
Monthly Effluent	Avg. Wkly. Effluent	Monthly Effluent	Avg. Wkly. Effluent	Monthly Effluent	Avg. Wkly. Effluent	Monthly Effluent	Avg. Wkly. Effluent	Monthly Effluent	Avg. Wkly. Effluent	Sludge
LOG	LOG	%	%	%	%	CONC	CONC	LOADING	LOADING	
		99		98		0.1		0.32		
0.9590		96		98		0.1		0.30		
	<b>0.96</b>		<b>98</b>		<b>98</b>		<b>0.10</b>		<b>0.31</b>	
		99		98		0.1		0.26		
1.3617		99		92		0.1		0.23		
	<b>1.36</b>		<b>99</b>		<b>95</b>		<b>0.10</b>		<b>0.25</b>	
		97		90		0.146		0.43		
0.0000		98		98		0.1		0.25		
	<b>0.00</b>		<b>97</b>		<b>94</b>		<b>0.12</b>		<b>0.34</b>	
		99		97		0.1		0.23		
0.0000		99		99		0.1		0.20		
	<b>0.00</b>		<b>99</b>		<b>98</b>		<b>0.10</b>		<b>0.22</b>	
		99		93		0.118		0.39		
0.0000		99		96		0.128		0.35		
	<b>0.00</b>		<b>99</b>		<b>95</b>		<b>0.12</b>		<b>0.37</b>	
										0.00
		<b>BOD Removal</b>		<b>TSS Removal</b>		<b>EFF Concentration</b>		<b>EFF LOADING</b>		
<b>Fecal LOG</b>	<b>Fecal LOG</b>	<b>MO. BOD</b>	<b>Wkly BOD</b>	<b>MO. TSS</b>	<b>Wkly TSS</b>	<b>MO. NH3</b>	<b>WKLY NH3</b>	<b>MO. NH3</b>	<b>WKLY NH3</b>	<b>Sludge</b>
0.3404	0.4642	99	98	96	96	0.11	0.11	0.29	0.30	0.00
1.3617	1.3617	99	99	96	98	0.15	0.12	0.43	0.37	0.00
0.0000		99	97	97	94	0.10	0.10	0.20	0.22	0.00
		<b>85</b>		<b>85</b>		<b>17.4</b>		<b>62.7</b>		
						<b>26.1</b>		<b>78.3</b>		

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