

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 **12/1/2015** TO **12/31/2015**

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX. | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|------------------------------------|------------------------------------|--------|--------------------------|------------------------------------|-----------------------------------|-------|---------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oxygen, dissolved (DO) 00300 1 0 Effluent Gross | SAMPLE MEASUREMENT | *** | *** | mg/l | 6.63 | *** | *** | mg/l | | 5 Days Every Week | GRAB |
| | PERMIT REQUIREMENT | *** | *** | mg/l | 5 MINIMUM | *** | *** | mg/l | | 5 Days Every Week | GRAB |
| BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross | SAMPLE MEASUREMENT | 4.4 | 5.3 | kg/day | *** | 3 | 3 | mg/l | | 2 Days Every Week | Composite |
| | PERMIT REQUIREMENT | 51 JAN-APR 25 MAY-NOV 51 DEC | 63 JAN-APR 32 MAY-NOV 63 DEC | kg/day | *** | 20 JAN-APR 10 MAY-NOV 20-Dec | 30JAN-APR 15 MAY-NOV 30-Dec | mg/l | | 2 Days Every Week | Composite |
| BOD, 5-day, 20 deg. C 00310 G 0 Raw Sewage Influent | SAMPLE MEASUREMENT | 253 | 276 | kg/day | *** | 159 | 197 | mg/l | | 2 Days Every Week | Composite |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. WKLY AVG | kg/day | *** | Req. Mon. MO AVG | Req. Mon. WKLY AVG | mg/l | | 2 Days Every Week | Composite |
| pH 00400 1 0 Effluent Gross | SAMPLE MEASUREMENT | *** | *** | *** | 7.0 | *** | 7.4 | su | | 5 Days Every Week | GRAB |
| | PERMIT REQUIREMENT | *** | *** | *** | 6 MINIMUM | *** | 8.5 MAXIMUM | su | | 5 Days Every Week | GRAB |
| Total Suspended Solids 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | 6 | 7 | kg/day | *** | 3 | 4 | mg/l | | 2 Days Every Week | Composite |
| | PERMIT REQUIREMENT | 76 MO AVG | 95 WKLY AVG | kg/day | *** | 30 MO AVG | 45 WKLY AVG | mg/l | | 2 Days Every Week | Composite |
| Total Suspended Solids 00530 G 0 Raw Sewage Influent | SAMPLE MEASUREMENT | 220 | 284 | kg/day | *** | 140 | 185 | mg/l | | 2 Days Every Week | Composite |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. WKLY AVG | kg/day | *** | Req. Mon. MO AVG | Req. Mon. WKLY AVG | mg/l | | 2 Days Every Week | Composite |
| Nitrogen, Ammonia Total (asN) Effluent 00610 1 0 | SAMPLE MEASUREMENT | 6.111 | 13.549 | kg/day | *** | 3.624 | 7.565 | mg/l | | 2 Days Every Week | Composite |
| | PERMIT REQUIREMENT | 25 JAN-APR 5 MAY-NOV 25-Dec | 32 JAN-APR 6 MAY-NOV 32 DEC | kg/day | *** | 10 JAN-APR 2 MAY-NOV 10-Dec | 15 JAN-APR 3 MAY-NOV 15-Dec | 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. |  Trey Pearson FOR Larry Douglas | TELEPHONE | | DATE |
| LARRY DOUGLAS OPERATOR | | | 912-449-0999 | 1/7/2016 | |
| 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 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
12/1/2015 TO **12/31/2015**

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX. | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---|---------------------------------|---------|------------------------------|--|----------------------------------|--------------|---------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 0.49 | 0.537 | mgd | *** | *** | *** | *** | | 5 Days Every Week | Continuous |
| | PERMIT REQUIREMENT | 0.67 MO AVG | 0.838 WKLY AVG | mgd | *** | *** | *** | *** | | 5 Days Every Week | Continuous |
| Chlorine, total residual 50060 1 0 CWL Effluent Gross | SAMPLE MEASUREMENT | *** | *** | *** | *** | *** | 0.020 | mg/l | | 2 Days Every Week | GRAB |
| | PERMIT REQUIREMENT | *** | *** | *** | *** | *** | 0.022 DAILY MAX | mg/l | | 2 Days Every Week | GRAB |
| Coliform, Fecal General 74055 1 0 Effluent Gross | SAMPLE MEASUREMENT | *** | *** | *** | *** | 1 | 1 | mpn/100 ml | | 1 Day Every Week | GRAB |
| | PERMIT REQUIREMENT | *** | *** | *** | *** | 200 MO GEO | 400 WKLY GEO | mpn/100 ml | | 1 Day Every Week | GRAB |
| Solids, sludge, tot, dry weight 78477 S 0 See Comments | SAMPLE MEASUREMENT | 0.00 | *** | Dry Ton | *** | *** | *** | *** | | MONTHLY | CALCTD |
| | PERMIT REQUIREMENT | Opt. Mon. MO TOTAL | *** | Dry Ton | *** | *** | *** | *** | | MONTHLY | CALCTD |
| BOD, 5-Day, Percent Removal Removal 81010 K 0 | SAMPLE MEASUREMENT | *** | *** | *** | 98 | *** | *** | % | | MONTHLY | CALCTD |
| | PERMIT REQUIREMENT | *** | *** | *** | 85 MN % RMV | *** | *** | % | | MONTHLY | CALCTD |
| Solids, Suspended Percent Removal Removal 81011 K 0 | SAMPLE MEASUREMENT | *** | *** | *** | 98 | *** | *** | % | | MONTHLY | CALCTD |
| | PERMIT REQUIREMENT | *** | *** | *** | 85 MN % RMV | *** | *** | % | | 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 | | | |
| LARRY DOUGLAS OPERATOR | | | | | |  Trey Pearson FOR Larry Douglas | | 912-449-0999 | | 1/7/2016 | |
| TYPED OR PRINTED | | | | | | 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"

FACILITY
Lyons East Plant

| | | | |
|------------------|-------------------|----|-------------------|
| PERMIT NUMBER | MONITORING PERIOD | | |
| GA0033405 | MM/DD/YYYY | TO | MM/DD/YYYY |
| | 12/1/2015 | | 12/31/2015 |

| Avg. Wkly Effluent | pH | TSS INFLUENT | | | | TSS EFFLUENT | | | | CHLORINE | FECAL C |
|--------------------|------------------|------------------|---------------------|------------------|---------------------|------------------|---------------------|------------------|---------------------|------------------|------------------|
| | Monthly Effluent | Monthly Influent | Avg. Wkly. Influent | Monthly Influent | Avg. Wkly. Influent | Monthly Effluent | Avg. Wkly. Effluent | Monthly Effluent | Avg. Wkly. Effluent | Monthly Effluent | Monthly Effluent |
| | LOADING | CONC | CONC | LOADING | LOADING | CONC | CONC | LOADING | LOADING | CONC | CONC |
| | 6.89 | | | | | | | | | 0.01 | |
| | 7.16 | 233 | | 239.94 | | 2.50 | | 2.57 | | 0.00 | |
| | 7.1 | 130 | | 210.94 | | 1.60 | | 2.60 | | 0.01 | 1.0 |
| | 6.99 | | | | | | | | | 0.00 | |
| | 7.42 | | | | | | | | | 0.02 | |
| 3.21 | | | 181.50 | | 225.44 | | 2.05 | | 2.59 | | |
| | 7.24 | | | | | | | | | 0.00 | |
| | 7.19 | 62.6 | | 127.74 | | 2.10 | | 4.29 | | 0.01 | |
| | 7.13 | 73.0 | | 151.74 | | 2.20 | | 4.57 | | 0.02 | 1.0 |
| | 7.31 | | | | | | | | | 0.01 | |
| | 7.08 | | | | | | | | | 0.01 | |
| 5.31 | | | 67.80 | | 139.74 | | 2.15 | | 4.43 | | |
| | 7.23 | | | | | | | | | 0.00 | |
| | 7.13 | 140 | | 244.72 | | 2.10 | | 3.67 | | 0.01 | |
| | 7.12 | 84.0 | | 153.85 | | 2.20 | | 4.03 | | 0.01 | 1.0 |
| | 7.14 | | | | | | | | | 0.00 | |
| | 7.15 | | | | | | | | | 0.00 | |
| 3.09 | | | 112.00 | | 199.29 | | 2.15 | | 3.85 | | |
| | 7.01 | 228 | | 343.09 | | 2.40 | | 3.61 | | 0.02 | 1.0 |
| | 7.2 | 142 | | 223.93 | | 6.00 | | 9.46 | | 0.00 | |
| | 7.08 | | | | | | | | | 0.01 | |
| | 6.99 | | | | | | | | | 0.01 | |
| | 7.17 | | | | | | | | | 0.00 | |
| 4.00 | | | 185.00 | | 283.51 | | 4.20 | | 6.54 | | |
| | 7.15 | 142 | | 221.24 | | 7.00 | | 10.91 | | 0.01 | 1.0 |
| | 7.12 | 163 | | 286.16 | | 6.20 | | 10.88 | | 0.00 | |
| | 7.05 | | | | | | | | | 0.00 | |
| | 7.23 | | | | | | | | | 0.00 | |

| LOADING | pH | INF Concentration | | INF LOADING | | EFF Concentration | | EFF LOADING | | EFF Chlorine | EFF Conc Fecal |
|---------|------|-------------------|----------|-------------|----------|-------------------|----------|-------------|----------|--------------|----------------|
| | | MO.INF TSS | WKLY TSS | MO. TSS | WKLY TSS | MO.EFF TSS | WKLY TSS | MO. TSS | WKLY TSS | | |
| 3.9 | *** | 140 | 137 | 220 | 212 | 3 | 3 | 6 | 4.4 | 0.01 | 1 |
| 5.3 | 7.42 | 233 | 185 | 343 | 284 | 7 | 4 | 11 | 7 | 0.02 | |
| 3.1 | 6.99 | 63 | 68 | 128 | 140 | 2 | 2 | 3 | 2.6 | 0.00 | 1 |
| 135 | 6 | | | | | 20 | 30 | 72 | 90 | 0.5 | 200 |
| | 9 | | | | | | | | | max | 400 |
| 202.5 | | | | | | 30 | 45 | 108 | 135 | | (1 = <2) |

FACILITY

Lyons East Plant

| PERMIT NUMBER | MONITORING PERIOD | | |
|------------------|-------------------|----|-------------------|
| GA0033405 | MM/DD/YYYY | TO | MM/DD/YYYY |
| | 12/1/2015 | | 12/31/2015 |

| OLIFORM | FECAL COLIFORM | | BOD REMOVAL | | TSS REMOVAL | | AMMONIA EFFLUENT | | | | SLUDGE |
|---------------------|------------------|---------------------|------------------|---------------------|------------------|---------------------|-------------------|---------------------|------------------|---------------------|--------|
| Avg. Wkly. 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 | |
| CONC | LOG | LOG | % | % | % | % | CONC | CONC | LOADING | LOADING | Sludge |
| | | | | | | | | | | | |
| | | | 99 | | 99 | | 0.00 | | 0.00 | | |
| | 0.0000 | | 98 | | 99 | | 2.250 | | 3.65 | | |
| | | | | | | | | | | | |
| 1 | | 0.00 | | 98 | | 99 | | 1.13 | | 1.83 | |
| | | | | | | | | | | | |
| | | | 97 | | 97 | | 0.100 | | 0.20 | | |
| | 0.0000 | | 98 | | 97 | | 1.15 | | 2.39 | | |
| | | | | | | | | | | | |
| 1 | | 0.00 | | 97 | | 97 | | 0.63 | | 1.30 | |
| | | | | | | | | | | | |
| | | | 99 | | 99 | | 7.34 | | 12.83 | | |
| | 0.0000 | | 98 | | 97 | | 7.79 | | 14.27 | | |
| | | | | | | | | | | | |
| 1 | | 0.00 | | 99 | | 98 | | 7.57 | | 13.55 | |
| | | | | | | | | | | | |
| | 0.0000 | | 100 | | 99 | | 4.08 | | 6.14 | | |
| | | | 97 | | 96 | | 0.477 | | 0.75 | | |
| | | | | | | | | | | | |
| 1 | | 0.00 | | 98 | | 97 | | 2.28 | | 3.45 | |
| | | | | | | | | | | | |
| | 0.0000 | | 98 | | 95 | | 10.3 | | 16.05 | | |
| | | | 98 | | 96 | | 2.75 | | 4.83 | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | 0.00 |
| Concentration | | | BOD Removal | | TSS Removal | | EFF Concentration | | EFF LOADING | | |
| Wkly Fecal | Fecal LOG | Fecal LOG | MO. BOD | Wkly BOD | MO. TSS | Wkly TSS | MO. NH3 | WKLY NH3 | MO. NH3 | WKLY NH3 | Sludge |
| | 0.0000 | 0.0000 | 98 | 98 | 98 | 98 | 3.62 | 2.90 | 6.11 | 5.03 | 0.00 |
| 1 | 0.0000 | 0.0000 | 99 | 99 | 97 | 99 | 10.30 | 7.57 | 16.05 | 13.55 | 0.00 |
| | 0.0000 | | 99 | 97 | 97 | 97 | 0.00 | 0.63 | 0.00 | 1.30 | 0.00 |
| | | | 85 | | 85 | | 17.4 | | 62.7 | | |
| | | | | | | | 26.1 | | 78.3 | | |