

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


GA0033391
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	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)		***	***	***	7.21	***	***	mg/l		5 Days Every Week	GRAB
00300 1 0	PERMIT REQUIREMENT	***	***	***	2.0 FEB-MAR 5.0 APR-JUN 6.0 JUL-SEP 5.0 OCT-JAN	***	***	mg/l		5 Days Every Week	GRAB
Effluent Gross											
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.2	9.7	kg/day	***	4	5	mg/l		2 Days Every Week	Composite
00310 1 0	PERMIT REQUIREMENT	25.0 JAN 38 FEB-MAR 25.0 APR 19.0 MAY	32.0 JAN 48 FEB-MAR 32.0 JAN 24.0 MAY	kg/day	***	10.0 JAN 15 FEB-MAR 10.0 APR 7.5 MAY	15.0 JAN 22.5 FEB-MAR 15.0 JAN 11.3 MAY	mg/l		2 Days Every Week	Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	186	340	kg/day	***	95	127	mg/l		2 Days Every Week	Composite
00310 G 0	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
Raw Sewage Influent											
Total Suspended Solids	SAMPLE MEASUREMENT	17	22	kg/day	***	9	10	mg/l		2 Days Every Week	Composite
00530 1 0	PERMIT REQUIREMENT	72 MO AVG	90 WKLY AVG	kg/day	***	20 MO AVG	30 WKLY AVG	mg/l		2 Days Every Week	Composite
Effluent Gross											
Total Suspended Solids	SAMPLE MEASUREMENT	100	134	kg/day	***	85	105	mg/l		2 Days Every Week	Composite
00530 G 0	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
Raw Sewage Influent											
Nitrogen, Ammonia Total (asN)	SAMPLE MEASUREMENT	1.24	2.38	kg/day	***	0.61	1.12	mg/l		2 Days Every Week	Composite
Effluent	PERMIT REQUIREMENT	17.0 JAN 22 FEB-MAR 9.0 APR 5.0 MAY	21.0 JAN 28 FEB-MAR 11.0 APR 6.0 MAY	kg/day	***	6.5 JAN 8.7 FEB-MAR 3.5 APR 2.0 MAY	9.8 JAN 13.1 FEB-MAR 5.3 APR 3.0 MAY	mg/l		2 Days Every Week	Composite
00610 1 0											
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		2/15/2015	
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	MM/DD/YYYY	

(Include Facility Name/Locaton if different)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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


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 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				
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.54	0.631	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	***	***	***	***	***	1.50	mg/l	1	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	***	***	***	***	21	350	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	***	***	***	96	***	***	%		MONTHLY	CALCTD	
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD	
Solids, Suspended Percent Removal Removal 81011 K 0	SAMPLE MEASUREMENT	***	***	***	90	***	***	%		MONTHLY	CALCTD	
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	***	***	***	6.6	***	7.2	su		5 Days Every Week	GRAB	
	PERMIT REQUIREMENT	***	***	***	6 MINIMUM	***	8.5 MAXIMUM	su		5 Days Every Week	GRAB	
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		2/15/2015	
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"

PERMIT NUMBER	MONITORING PERIOD		
GA0033391	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
6.93	67				6.9		19.51		0.65		
6.84	95		255.59		8.6		23.14		0.83	150	
6.54			0.00						1.19		
7.09									1.21		
7.07									1.5		
		81.00		127.79		7.75		21.32			150
6.83									0.32		
6.84	96		206.11		7.2		15.46		0.6		
6.79			0.00						1.17		
6.84	62				7.8		14.91		0.39	3.02	
7.06									0.71		
		79.00		103.06		7.50		15.18			3
6.87									0.72		
6.88	59.5		125.71		8		16.90		0.59		
6.94			0.00						0.37		
7.23	77.3				10.4		19.40		0.42	191	
6.93									0.44		
		68.40		62.86		9.20		18.15			191
7.07									0.59		
6.98	129		203.92		6.5		10.28		0.75		
6.89			0.00						0.59		
7.04	80.6				10		15.47		0.97	1	
7.02									0.17		
		104.80		101.96		8.25		12.87			1
6.77									0.58		
6.9	107		267.14		10.3		25.71		0.32		
6.61			0.00						0.47		
6.59	71.3				9		18.74		0.6	350	
6.8									0.58		
		89.15		133.57		9.65		22.23			350
	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
***	85	84	100	106	9	8	17	18.0	0.64	21	
7.23	129	105	267	134	10	10	26	22	1.50		350
6.59	60	68	0	63	7	8	10	12.9	0.17	1	
6					20	30	72	90	0.5	200	
9									max	400	
					30	45	108	135		(1 = <2)	

PERMIT NUMBER	MONITORING PERIOD		
GA0033391	MM/DD/YYYY	TO	MM/DD/YYYY
	1/1/2015		1/31/2015

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		90		0.1		0.28		
2.1761		97		91		0.1		0.27		
	2.18		98		90		0.10		0.28	
		97		93		2.05		4.40		
0.4800		98		87		0.186		0.36		
	0.48		98		90		1.12		2.38	
		96		87		0.354		0.75		
2.2810		92		87		0.489		0.91		
	2.28		94		87		0.42		0.83	
		98		95		0.1		0.16		
0.0000		96		88		0.555		0.86		
	0.00		97		91		0.33		0.51	
				90		0.361		0.90		
2.5441		93		87		0.763		1.59		
	2.54		93		89		0.56		1.25	
										0.00
		BOD Removal		TSS Removal		EFF Concentration		EFF LOADING		
Fecal LOG	Fecal LOG	MO. BOD	Wkly BOD	MO. TSS	Wkly TSS	MO. NH3	WKLY NH3	MO. NH3	WKLY NH3	Sludge
1.3263	1.4962	96	96	90	89	0.61	0.51	1.24	1.05	0.00
2.5441	2.5441	96	98	92	91	2.05	1.12	4.40	2.38	0.00
0.0000		96	93	89	87	0.10	0.10	0.16	0.28	0.00
		85		85		17.4		62.7		
						26.1		78.3		

12/28/2014
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