

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 **2/1/2015** TO **2/28/2015**

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			
<b>Oxygen, dissolved (DO)</b>		***	***	***	<b>6.42</b>	***	***	mg/l		5 Days Every Week	GRAB
<b>00300 1 0</b>	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
<b>Effluent Gross</b>											
<b>BOD, 5-day, 20 deg. C</b>		<b>6.2</b>	<b>9.9</b>	kg/day	***	<b>4</b>	<b>5</b>	mg/l		2 Days Every Week	Composite
<b>00310 1 0</b>	PERMIT REQUIREMENT	25.0 JAN <b>38 FEB-MAR</b> 25.0 APR 19.0 MAY	32.0 JAN <b>48 FEB-MAR</b> 32.0 JAN 24.0 MAY	kg/day	***	10.0 JAN <b>15 FEB-MAR</b> 10.0 APR 7.5 MAY	15.0 JAN <b>22.5 FEB-MAR</b> 15.0 JAN 11.3 MAY	mg/l		2 Days Every Week	Composite
<b>BOD, 5-day, 20 deg. C</b>		<b>179</b>	<b>209</b>	kg/day	***	<b>107</b>	<b>134</b>	mg/l		2 Days Every Week	Composite
<b>00310 G 0</b>	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>Raw Sewage Influent</b>											
<b>Total Suspended Solids</b>		<b>12</b>	<b>17</b>	kg/day	***	<b>7</b>	<b>9</b>	mg/l		2 Days Every Week	Composite
<b>00530 1 0</b>	PERMIT REQUIREMENT	<b>72</b> <b>MO AVG</b>	<b>90</b> <b>WKLY AVG</b>	kg/day	***	<b>20</b> <b>MO AVG</b>	<b>30</b> <b>WKLY AVG</b>	mg/l		2 Days Every Week	Composite
<b>Total Suspended Solids</b>		<b>192</b>	<b>247</b>	kg/day	***	<b>117</b>	<b>159</b>	mg/l		2 Days Every Week	Composite
<b>00530 G 0</b>	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>Raw Sewage Influent</b>											
<b>Nitrogen, Ammonia Total (asN)</b>		<b>3.81</b>	<b>11.21</b>	kg/day	***	<b>2.48</b>	<b>6.15</b>	mg/l		2 Days Every Week	Composite
<b>Effluent</b>		17.0 JAN <b>22 FEB-MAR</b> 9.0 APR 5.0 MAY	21.0 JAN <b>28 FEB-MAR</b> 11.0 APR 6.0 MAY	kg/day	***	6.5 JAN <b>8.7 FEB-MAR</b> 3.5 APR 2.0 MAY	9.8 JAN <b>13.1 FEB-MAR</b> 5.3 APR 3.0 MAY	mg/l		2 Days Every Week	Composite
<b>00610 1 0</b>											
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>					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			912-449-0999	3/11/2015		
TYPED OR PRINTED								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 North Plant  
 LOCATION 0  
Lyons, GA 30436

**GA0033391**  
 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  
**2/1/2015** TO **2/28/2015**

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>0.46</b>	<b>0.518</b>	mgd	***	***	***	***		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>1.88</b>	mg/l	1	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>23</b>	<b>240</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>97</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>94</b>	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	<b>85</b> <b>MN % RMV</b>	***	***	%		MONTHLY	CALCTD
<b>pH</b> <b>00400 1 0</b> <b>Effluent Gross</b>	SAMPLE MEASUREMENT	***	***	***	<b>6.6</b>	***	<b>7.8</b>	su		5 Days Every Week	GRAB
	PERMIT REQUIREMENT	***	***	***	<b>6</b> <b>MINIMUM</b>	***	<b>8.5</b> <b>MAXIMUM</b>	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			
<b>LARRY DOUGLAS</b> <b>OPERATOR</b>						912-449-0999		<b>3/11/2015</b>			
TYPED OR PRINTED						AREA CODE		NUMBER		MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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



FACILITY

Lyons North Plant

PERMIT NUMBER	MONITORING PERIOD		
GA0033391	MM/DD/YYYY	TO	MM/DD/YYYY
	2/1/2015		2/28/2015

	pH	TSS INFLUENT				TSS EFFLUENT				CHLORINE	FECAL C
Avg. Wkly Effluent	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	CONC	LOADING	LOADING	CONC	CONC	LOADING	LOADING	CONC	CONC
	6.8									0.60	
	7.1	92.0		153.82		9.30		15.55		1.27	
	7.2	84.0		143.32		8.40		14.33		1.46	
	6.9									0.39	430
	6.7									1.88	1
4.84			88.00		148.57		8.85		14.94		
	7.2									0.26	
	6.8	97.5		173.39		6.80		12.09		0.69	
	6.8	106		187.70		2.50		4.43		0.24	240
	6.9									1.31	
	7.1									1.48	
4.24			101.75		180.55		4.65		8.26		
	7.1									1.64	
	7.1	114		173.71		7.10		10.82		1.04	
	7.8									1.32	1.34
	6.9	204		320.16		5.50		8.63		1.18	
	6.6									0.80	
5.66			159.00		246.94		6.30		9.73		
	7.0									1.64	
	6.61	192		276.52		6.20		8.93		1.68	44.1
	7.17									1.88	
	7.10	44.6		107.45		10.3		24.81		0.60	
	6.89									0.85	
9.89			118.30		191.98		8.25		16.87		

LOADING		INF Concentration		INF LOADING		EFF Concentration		EFF LOADING			EFF Conc
WKLY		MO.INF	WKLY	MO.	WKLY	MO.EFF	WKLY	MO.	WKLY	EFF	MO.
BOD	pH	TSS	TSS	TSS	TSS	TSS	TSS	TSS	TSS	Chlorine	Fecal
6.2	***	117	117	192	192	7	7	12	12.4	1.11	23
9.9	7.80	204	159	320	247	10	9	25	17	1.88	
4.2	6.60	45	88	107	149	3	5	4	8.3	0.24	1

135	6					20	30	72	90	0.5	200
	9									max	400
202.5						30	45	108	135		(1 = <2)

FACILITY

**Lyons North Plant**

PERMIT NUMBER	MONITORING PERIOD		
<b>GA0033391</b>	MM/DD/YYYY	TO	MM/DD/YYYY
	<b>2/1/2015</b>		<b>2/28/2015</b>

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
			97		90		0.100		0.17		
			95		90		0.100		0.17		
	2.6335								0.00		
	0.0000										
<b>21</b>		<b>1.32</b>		<b>96</b>		<b>90</b>		<b>0.10</b>		<b>0.11</b>	
			96		93		0.335		0.60		
	2.3802		99		98		0.740		1.31		
<b>240</b>		<b>2.38</b>		<b>97</b>		<b>95</b>		<b>0.54</b>		<b>0.95</b>	
			95		94		4.41		6.72		
	0.1271										
			98		97		1.83		2.87		
<b>1</b>		<b>0.13</b>		<b>97</b>		<b>96</b>		<b>3.12</b>		<b>4.80</b>	
	1.6444		97		97		7.45		10.73		
			92		77		4.85		11.68		
<b>44</b>		<b>1.64</b>		<b>94</b>		<b>87</b>		<b>6.15</b>		<b>11.21</b>	
											0.00
Concentration			BOD Removal		TSS Removal		EFF Concentration		EFF LOADING		
Wkly	Fecal	Fecal	MO.	Wkly	MO.	Wkly	MO.	WKLY	MO.	WKLY	
Fecal	LOG	LOG	BOD	BOD	TSS	TSS	NH3	NH3	NH3	NH3	Sludge
	1.3570	1.3671	97	96	94	92	2.48	2.48	3.81	4.27	0.00
<b>240</b>	2.6335	2.3802	97	97	95	96	7.45	6.15	11.68	11.21	0.00
	0.0000		98	94	94	87	0.10	0.10	0.00	0.11	0.00
			85		85		17.4		62.7		
							26.1		78.3		

