

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
MM/DD/YYYY TO MM/DD/YYYY
3/1/2015 TO **3/31/2015**

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)		***	***	***	6.22	***	***	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	8.1	9.6	kg/day	***	4	3	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	323	432	kg/day	***	143	176	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	12	15	kg/day	***	5	6	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	402	745	kg/day	***	178	300	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	14.26	23.20	kg/day	***	6.35	11.14	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		4/13/2015	
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 North Plant
 LOCATION 0
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.60	0.721	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	***	***	***	***	***	1.98	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	***	***	***	***	5	31	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	***	***	***	97	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	***	***	***	6.7	***	7.3	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						912-449-0999		4/13/2015			
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

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PERMIT NUMBER	MONITORING PERIOD		
GA0033391	MM/DD/YYYY	TO	MM/DD/YYYY
	3/1/2015		3/31/2015

	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
	6.69									0.50	
	6.71	59.0		162.99		5.60		15.47		0.47	
	6.93									0.61	1
	6.98	86.0		237.91		5.40		14.94		0.84	
	7.02									0.82	
9.65			72.50		200.45		5.50		15.20		
	6.97									0.94	
	7.11	66.6		151.34		4.10		9.32		1.19	
	6.98									1.33	1
	7.26	129		268.14		2.60		5.40		1.10	
	7.31									0.99	
6.74			97.80		209.74		3.35		7.36		
	7.25									1.53	
	7.22	79.0		165.71		4.90		10.28		1.15	
	7.20									1.08	20.3
	7.12	366		760.77		5.40		11.22		1.19	
	7.12									0.89	
6.15			222.50		463.24		5.15		10.75		
	7.18									0.80	
	7.11	222		587.99		5.10		13.51		0.98	31.3
	7.06									1.21	
	7.18	377		901.11		3.60		8.60		1.22	
	7.08									1.21	
8.32			299.50		744.55		4.35		11.06		
	7.27									1.98	
	7.09	220		384.56		8.50		14.86		1.80	

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
7.7	***	178	173	402	404	5	5	12	11.1	1.08	5
9.6	7.31	377	300	901	745	9	6	15	15	1.98	
6.2	6.69	59	73	151	200	3	3	5	7.4	0.47	1

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

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	3/1/2015		3/31/2015

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
			97		91		1.40		3.87		
	0.0000										
			96		94		4.27		11.81		
1		0.00		96		92		2.84		7.84	
			95		94		3.09		7.02		
	0.0000										
			98		98		5.88		12.22		
1		0.00		96		96		4.49		9.62	
			96		94		5.37		11.26		
	1.3075										
			99		99		16.9		35.13		
20		1.31		97		96		11.14		23.20	
	1.4955		98		98		7.52		19.92		
			97		99		7.46		17.83		
31		1.50		98		98		7.49		18.87	
			97		96		5.29		9.25		
											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
	0.7008	0.7008	98	97	97	96	6.35	6.49	14.26	14.88	0.00
31	1.4955	1.4955	98	98	98	98	16.90	11.14	35.13	23.20	0.00
	0.0000		96	96	96	92	1.40	2.84	3.87	7.84	0.00
			85		85		17.4		62.7		
							26.1		78.3		

