

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 MM/DD/YYYY

FROM **6/1/2015** TO **6/30/2015**

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	***	***	***	5.00	***	***	mg/l		5 Days Every Week	GRAB
	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
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	3.3	5.7	kg/day	***	3	6	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	13 JUN-SEP 19 OCT-NOV 25-Dec	16 JUN-SEP 24 OCT-NOV 32 DEC	kg/day	***	5 JUN-SEP 7.5 OCT-NOV 10-Dec	7.5 JUN-SEP 11.3 OCT-NOV 15-Dec	mg/l		2 Days Every Week	Composite
BOD, 5-day, 20 deg. C 00310 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	312	402	kg/day	***	326	373	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
Total Suspended Solids 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	3	3	kg/day	***	3	3	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	72 MO AVG	90 WKLY AVG	kg/day	***	20 MO AVG	30 WKLY AVG	mg/l		2 Days Every Week	Composite
Total Suspended Solids 00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	456	888	kg/day	***	510	734	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	4.37	3.92	kg/day	***	3.44	2.76	mg/l	4	2 Days Every Week	Composite
	PERMIT REQUIREMENT	2.5 JUN-SEP 4-Oct 6-Nov 13-Dec	3.2 JUN-SEP 5-Oct 8-Nov 16-Dec	kg/day	***	1 JUN-SEP 1.5 OCT 2.5 NOV 5-Dec	1.5 JUN-SEP 2.3 OCT 3.8 NOV 7.5 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		7/14/2015	
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 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
6/1/2015 TO **6/30/2015**

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	0.27	0.329	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	***	***	***	***	***	0.02	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	***	***	***	99	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD
Solids, Suspended Percent Removal Removal 81011 K 0	SAMPLE MEASUREMENT	***	***	***	99	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	***	***	***	7.0	***	7.8	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					TELEPHONE			DATE		
LARRY DOUGLAS OPERATOR TYPED OR PRINTED						 Trey Pearson FOR Larry Douglas SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			912-449-0999		7/14/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						AREA CODE	NUMBER	MM/DD/YYYY			

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
	6/1/2015		6/30/2015

	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
	7.30									0.02	
	7.29									0.00	
	7.35	330		265.85		2.20		1.77		0.02	
	7.39	564		615.10		3.40		3.71		0.02	1.0
	7.39									0.00	
5.69			447.00		440.47		2.80		2.74		
	7.21									0.00	
	7.03	232		227.45		3.30		3.24		0.02	
	7.16	764		516.77		3.50		2.37		0.00	1.00
	7.28			0.00				0.00		0.00	
	7.24									0.00	
2.65			498.00		248.07		3.40		1.87		
	7.21									0.00	
	7.37	268		201.64		2.20		1.66		0.01	
	7.54	683		604.73		2.20		1.95		0.01	1.0
	7.21									0.01	
	7.36									0.00	
1.81			475.50		403.19		2.20		1.80		
										0.01	
	7.42	428		269.98		1.20		0.76		0.01	
	7.33	1040		1505.71		2.40		3.47		0.01	1
	7.64									0.00	
	7.73									0.00	
3.12	7.63		734.00		887.85		1.80		2.12		
										0.01	
	7.76	281		352.37		5.60		7.02		0.01	
	7.78										

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
3.3	***	510	539	456	495	3	3	3	2.1	0.01	1
5.7	7.78	1040	734	1506	888	6	3	7	3	0.02	
1.8	7.03	232	447	0	248	1	2	0	1.8	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 North Plant

PERMIT NUMBER	MONITORING PERIOD		
GA0033391	MM/DD/YYYY	TO	MM/DD/YYYY
	6/1/2015		6/30/2015

COLIFORM		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	Monthly Effluent	Avg. Wkly. Effluent	
CONC	LOG	LOG	%	%	%	%	CONC	CONC	LOADING	LOADING	Sludge	
			98									
	0.0000		99				0.112			0.09		
			99				0.217			0.24		
1		0.00		98					0.16		0.16	
			99				0.112			0.11		
	0.0000		99				0.367			0.25		
1		0.00		99					0.24		0.18	
			99				0.029			0.02		
	0.0000		99				0.159			0.14		
1		0.00		99					0.09		0.08	
			99				0.185			0.12		
	0.0000		99				5.34			7.73		
1		0.00		99					2.76		3.92	
			99				24.4			30.60		
												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	99	99	99	99	3.44	0.82	4.37	1.09	0.00	
1	0.0000	0.0000	99	99	99	100	24.40	2.76	30.60	3.92	0.00	
	0.0000		99	98	99	99	0.03	0.09	0.02	0.08	0.00	
			85		85		17.4		62.7			
							26.1		78.3			