

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 **8/1/2015** TO **8/31/2015**

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
<b>Oxygen, dissolved (DO)</b>  00300 1 0 <b>Effluent Gross</b>	SAMPLE MEASUREMENT	***	***	***	<b>6.00</b>	***	***	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
<b>BOD, 5-day, 20 deg. C</b>  00310 1 0 <b>Effluent Gross</b>	SAMPLE MEASUREMENT	<b>6.1</b>	<b>7.1</b>	kg/day	***	<b>4.8</b>	<b>6.9</b>	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
<b>BOD, 5-day, 20 deg. C</b>  00310 G 0 <b>Raw Sewage Influent</b>	SAMPLE MEASUREMENT	<b>353</b>	<b>646</b>	kg/day	***	<b>256</b>	<b>337</b>	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
<b>Total Suspended Solids</b>  00530 1 0 <b>Effluent Gross</b>	SAMPLE MEASUREMENT	<b>7</b>	<b>9</b>	kg/day	***	<b>6</b>	<b>8</b>	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	<b>72</b> MO AVG	<b>90</b> WKLY AVG	kg/day	***	<b>20</b> MO AVG	<b>30</b> WKLY AVG	mg/l		2 Days Every Week	Composite
<b>Total Suspended Solids</b>  00530 G 0 <b>Raw Sewage Influent</b>	SAMPLE MEASUREMENT	<b>529</b>	<b>854</b>	kg/day	***	<b>391</b>	<b>478</b>	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
<b>Nitrogen, Ammonia Total (asN)</b>  Effluent 00610 1 0	SAMPLE MEASUREMENT	<b>5.48</b>	<b>6.69</b>	kg/day	***	<b>4.24</b>	<b>5.97</b>	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.				 <b>Trey Pearson</b> <b>FOR Larry Douglas</b>			TELEPHONE		DATE	
<b>LARRY DOUGLAS</b> <b>OPERATOR</b>								912-449-0999		<b>9/10/2015</b>	
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 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  
**8/1/2015** TO **8/31/2015**

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
<b>Flow, in conduit or thru treatment plant</b>  <b>50050 1 0</b> <b>Effluent Gross</b>	SAMPLE MEASUREMENT	<b>0.32</b>	<b>0.459</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>0.01</b>	mg/l		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>1</b>	<b>1</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>98</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>99</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>6.8</b>	***	<b>7.9</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>9/10/2015</b>			
TYPED OR PRINTED						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		
<b>GA0033391</b>	MM/DD/YYYY	TO	MM/DD/YYYY
	<b>8/1/2015</b>		<b>8/31/2015</b>

	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
	7.56									0.01	
	7.25	560		787.36		3.30		4.64		0.01	
	7.46	356		921.26		2.60		6.73		0.01	1.0
	7.58									0.01	
	7.61									0.00	
<b>5.48</b>			<b>458.00</b>		<b>854.31</b>		<b>2.95</b>		<b>5.68</b>		
	7.40									0.01	
	7.55	266		644.89		1.60		3.88		0.01	
	7.17	237		480.92		7.00		14.20		0.00	
	7.24									0.00	1.0
	7.42									0.00	
<b>7.10</b>			<b>251.50</b>		<b>562.91</b>		<b>4.30</b>		<b>9.04</b>		
	7.68									0.01	
	7.89	544		667.71		4.70		5.77		0.01	
	7.68	225		181.26		11.2		9.02		0.01	1.0
	7.55									0.01	
	7.59									0.00	
<b>6.54</b>			<b>384.50</b>		<b>424.48</b>		<b>7.95</b>		<b>7.40</b>		
	7.47									0.00	
	7.24	668		946.82		3.30		4.68		0.00	
	7.28	229		299.35		8.40		10.98		0.00	1.0
	7.64									0.00	
<b>6.70</b>			<b>448.50</b>		<b>623.09</b>		<b>5.85</b>		<b>7.83</b>		
	7.16									0.01	
	7.16	657		806.40		4.80		5.89		0.00	
	7.15	299		203.38		5.80		3.95		0.01	1.0
	7.29									0.00	
	6.79									0.00	
<b>3.97</b>			<b>478.00</b>		<b>504.89</b>		<b>5.30</b>		<b>4.92</b>		
	7.6									0.01	

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
6.0	***	391	404	529	594	6	5	7	7.0	0.00	1
7.1	7.89	668	478	947	854	11	8	14	9	0.01	
4.0	6.79	225	252	181	424	2	3	4	4.9	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		
<b>GA0033391</b>	MM/DD/YYYY	TO	MM/DD/YYYY
	<b>8/1/2015</b>		<b>8/31/2015</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
			99		99		0.196		0.28		
	0.0000		99		99		1.33		3.44		
<b>1</b>		<b>0.00</b>		<b>99</b>		<b>99</b>		<b>0.76</b>		<b>1.86</b>	
			100		99		2.25		5.45		
			98		97		3.91		7.93		
	0.0000										
<b>1</b>		<b>0.00</b>		<b>99</b>		<b>98</b>		<b>3.08</b>		<b>6.69</b>	
			97		99		3.44		4.22		
	0.0000		95		95		4.12		3.32		
<b>1</b>		<b>0.00</b>		<b>96</b>		<b>97</b>		<b>3.78</b>		<b>3.77</b>	
			99		100		2.99		4.24		
	0.0000		96		96		5.28		6.90		
<b>1</b>		<b>0.00</b>		<b>98</b>		<b>98</b>		<b>4.14</b>		<b>5.57</b>	
			99		99		6.68		8.20		
	0.0000		99		98		5.26		3.58		
<b>1</b>		<b>0.00</b>		<b>99</b>		<b>99</b>		<b>5.97</b>		<b>5.89</b>	
											0.00

Concentration	Fecal		BOD Removal		TSS Removal		EFF Concentration		EFF LOADING		Sludge
Wkly	Fecal	Fecal	MO.	Wkly	MO.	Wkly	MO.	WKLY	MO.	WKLY	
Fecal	LOG	LOG	BOD	BOD	TSS	TSS	NH3	NH3	NH3	NH3	Sludge
	0.0000	0.0000	98	98	99	98	4.24	3.55	5.48	4.76	0.00
<b>1</b>	0.0000	0.0000	98	99	98	99	6.68	5.97	8.20	6.69	0.00
	0.0000		99	96	99	97	2.25	0.76	3.32	1.86	0.00

			85		85		17.4		62.7		
							26.1		78.3		