

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 **12/1/2015** TO **12/31/2015**

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO) 00300 1 0	SAMPLE MEASUREMENT	***	***	***	7.18	***	***	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
Effluent Gross BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.2	4.8	kg/day	***	2.0	2.9	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
00310 1 0 Effluent Gross BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	226	282	kg/day	***	157	238	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
00530 1 0 Effluent Gross Total Suspended Solids	SAMPLE MEASUREMENT	3	5	kg/day	***	2	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
00530 G 0 Raw Sewage Influent Total Suspended Solids	SAMPLE MEASUREMENT	216	358	kg/day	***	149	249	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	0.33	0.57	kg/day	***	0.22	0.31	mg/l		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		1/11/2016	
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
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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	0.39	0.462	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	***	***	***	***	***	0.020	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	***	***	***	6.5	***	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		1/11/2016			
TYPED OR PRINTED						AREA CODE		NUMBER			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Trey Pearson FOR Larry Douglas										

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

PERMIT NUMBER	MONITORING PERIOD		
GA0033391	MM/DD/YYYY	TO	MM/DD/YYYY
	12/1/2015		12/31/2015

	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	
	6.85									0.00		
	6.70	226		339.23		3.20		4.80		0.02		
	6.93	210		375.86		2.20		3.94		0.01	1.00	
	6.64									0.01		
	6.92									0.01		
4.80			218.00		357.54		2.70		4.37			
	6.92									0.01		
	6.84	22.5		37.71		0.60		1.01		0.02		
	6.85	40.0		75.39		3.80		7.16		0.02	1.00	
	6.65									0.00		
	6.69									0.02		
3.89			31.25		56.55		2.20		4.08			
	6.65									0.01		
	7.20	116		171.91		1.50		2.22		0.01		
	7.26	216		389.06		4.30		7.75		0.01	1.00	
	7.02									0.01		
	7.03									0.01		
4.07			166.00		280.49		2.90		4.98			
	6.83	252		277.70		1.50		1.65		0.01	1.00	
	7.05	246		297.27		1.10		1.33		0.02		
	6.65									0.01		
	6.45									0.01		
	7.10									0.01		
1.16			249.00		287.49		1.30		1.49			
	6.93	80.0		90.29		2.10		2.37		0.02	1.00	
	6.76	80.0		107.92		2.00		2.70		0.01		
	6.87									0.01		
	6.95									0.02		

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
3.5	***	149	166	216	246	2	2	3	3.7	0.01	1
4.8	7.26	252	249	389	358	4	3	8	5	0.02	
1.2	6.45	23	31	38	57	1	1	1	1.5	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
	12/1/2015		12/31/2015

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
			98		99		0.000		0.00		
	0.0000		98		99		0.0569		0.10		
1		0.00		98		99		0.03		0.05	
			99		97		0.174		0.29		
	0.0000		96		91		0.445		0.84		
1		0.00		97		94		0.31		0.57	
			99		99		0.181		0.27		
	0.0000		98		98		0.123		0.22		
1		0.00		99		98		0.15		0.24	
	0.0000		100		99		0.100		0.11		
			100		100		0.100		0.12		
1		0.00		100		99		0.10		0.12	
	0.0000		98		97		0.100		0.11		
			99		98		0.89		1.20		
											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
	0.0000	0.0000	99	98	99	98	0.22	0.15	0.33	0.24	0.00
1	0.0000	0.0000	99	100	98	99	0.89	0.31	1.20	0.57	0.00
	0.0000		99	97	97	94	0.00	0.03	0.00	0.05	0.00
			85		85		17.4		62.7		
							26.1		78.3		