

NAME City of Lyons  
ADDRESS 161 NE Broad Street  
Lyons, GA 30436  
FACILITY Lyons East Plant  
LOCATION Lyons, GA 30436

**GA0033405**  
PERMIT NUMBER


000-1  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 30436  
MINOR  
(SUBR MM)  
ACTIVE  
External Outfall

MONITORING PERIOD  
FROM 9/1/2016 TO 9/30/2016

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 Effluent Gross	SAMPLE MEASUREMENT	***	***	mg/l	6.86	***	***	mg/l		5 Days Every Week	GRAB
	PERMIT REQUIREMENT	***	***	mg/l	5 MINIMUM	***	***	mg/l		5 Days Every Week	GRAB
<b>BOD, 5-day, 20 deg. C</b> 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	5.2	8.3	kg/day	***	2	3	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	51 JAN-APR 25 MAY-NOV 51 DEC	63 JAN-APR 32 MAY-NOV 63 DEC	kg/day	***	20 JAN-APR 10 MAY-NOV 20-Dec	30JAN-APR 15 MAY-NOV 30-Dec	mg/l		2 Days Every Week	Composite
<b>BOD, 5-day, 20 deg. C</b> 00310 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	351	900	kg/day	***	176	457	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>pH</b> 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	***	***	***	6.4	***	7.6	su		5 Days Every Week	GRAB
	PERMIT REQUIREMENT	***	***	***	6 MINIMUM	***	8.5 MAXIMUM	su		5 Days Every Week	GRAB
<b>Total Suspended Solids</b> 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	4	6	kg/day	***	2	2	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	76 MO AVG	95 WKLY AVG	kg/day	***	30 MO AVG	45 WKLY AVG	mg/l		2 Days Every Week	Composite
<b>Total Suspended Solids</b> 00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	192	283	kg/day	***	96	213	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	0.057	0.115	kg/day	***	0.026	0.041	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	25 JAN-APR 5 MAY-NOV 25-Dec	32 JAN-APR 6 MAY-NOV 32 DEC	kg/day	***	10 JAN-APR 2 MAY-NOV 10-Dec	15 JAN-APR 3 MAY-NOV 15-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> FOR Larry Douglas	TELEPHONE	DATE
<b>LARRY DOUGLAS</b> <b>OPERATOR</b>			912-449-0999	10/10/2016
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  
Lyons, GA 30436  
 FACILITY Lyons East Plant  
 LOCATION Lyons, GA 30436


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DMR MAILING ZIP CODE: **30436**  
 MINOR  
 (SUBR MM)  
 ACTIVE  
 External Outfall

**MONITORING PERIOD**  
 MM/DD/YYYY TO MM/DD/YYYY  
**9/1/2016** TO **9/30/2016**

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>0.53</b>	<b>0.603</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>0.000</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>99</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>98</b>	***	***	%		MONTHLY	CALCTD	
	PERMIT REQUIREMENT	***	***	***	<b>85</b> <b>MN % RMV</b>	***	***	%		MONTHLY	CALCTD	
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>						 <b>Trey Pearson</b> <b>FOR Larry Douglas</b>		912-449-0999		<b>10/10/2016</b>		
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	MM/DD/YYYY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



FACILITY

Lyons East Plant

PERMIT NUMBER	MONITORING PERIOD		
GA0033405	MM/DD/YYYY	TO	MM/DD/YYYY
	9/1/2016		9/30/2016

	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
	6.92									0.00	
	6.89	258		326.47		1.40		1.77		0.00	1.0
	6.86	168		239.40		2.00		2.85		0.00	
	6.91									0.00	
	7.01									0.00	
<b>3.80</b>			<b>213.00</b>		<b>282.94</b>		<b>1.70</b>		<b>2.31</b>		
	7.56									0.00	
	6.65	102		229.07		1.20		2.69		0.00	1.0
	6.81	128		246.60		1.50		2.89		0.00	
	6.75									0.00	
	6.73									0.00	
<b>2.09</b>			<b>115.00</b>		<b>237.84</b>		<b>1.35</b>		<b>2.79</b>		
	6.82									0.00	
	6.62	41.75		118.35		1.70		4.82		0.00	1.0
	6.64	53.1		149.92		2.20		6.21		0.00	
	6.51									0.00	
	6.53									0.00	
<b>8.33</b>			<b>47.43</b>		<b>134.14</b>		<b>1.95</b>		<b>5.52</b>		
	6.57	110		218.20		2.10		4.17		0.00	1.0
	6.56	112		212.37		2.10		3.98		0.00	
	6.48									0.00	
	6.53									0.00	
	6.39									0.00	
<b>5.84</b>			<b>111.00</b>		<b>215.29</b>		<b>2.10</b>		<b>4.07</b>		
	6.93									0.00	
	6.79	97.0		168.45		1.70		2.95		0.00	
	6.86	126		196.31		2.10		3.27		0.00	1.0
	6.74									0.00	
	6.67									0.00	

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
5.0	***	96	122	192	218	2	2	4	3.7	0.00	1
8.3	7.56	128	213	247	283	2	2	6	6	0.00	
2.1	6.39	42	47	118	134	1	1	3	2.3	0.00	1.0000
135	6					20	30	72	90	0.5	200
	9									max	400
202.5						30	45	108	135		(1 = <2)

FACILITY

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<b>GA0033405</b>	MM/DD/YYYY	TO	MM/DD/YYYY
	<b>9/1/2016</b>		<b>9/30/2016</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
	0.0000		98		99		0.027		0.03		
			99		99		0.028		0.04		
<b>1</b>		<b>0.00</b>		<b>98</b>		<b>99</b>		<b>0.03</b>		<b>0.04</b>	
	0.0000		99		99		0.0052		0.01		
			100		99		0.0219		0.04		
<b>1</b>		<b>0.00</b>		<b>100</b>		<b>99</b>		<b>0.01</b>		<b>0.03</b>	
	0.0000		94		96		0.051		0.14		
			96		96		0.030		0.08		
<b>1</b>		<b>0.00</b>		<b>95</b>		<b>96</b>		<b>0.04</b>		<b>0.11</b>	
	0.0000		97		98		0.009		0.02		
			97		98		0.004		0.01		
<b>1</b>		<b>0.00</b>		<b>97</b>		<b>98</b>		<b>0.01</b>		<b>0.01</b>	
			98		98		0.066		0.11		
	0.0000		94		98		0.019		0.03		
											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	97	98	98	0.03	0.02	0.06	0.05	0.00
<b>1</b>	0.0000	0.0000	99	100	98	99	0.07	0.04	0.14	0.11	0.00
	0.0000		98	95	97	96	0.00	0.01	0.01	0.01	0.00
			85		85		17.4		62.7		
							26.1		78.3		