

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 **10/1/2016** TO **10/31/2016**

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> <b>00300 1 0</b> <b>Effluent Gross</b>	SAMPLE MEASUREMENT	***	***	mg/l	<b>7.26</b>	***	***	mg/l		5 Days Every Week	GRAB
	PERMIT REQUIREMENT	***	***	mg/l	<b>5 MINIMUM</b>	***	***	mg/l		5 Days Every Week	GRAB
<b>BOD, 5-day, 20 deg. C</b> <b>00310 1 0</b> <b>Effluent Gross</b>	SAMPLE MEASUREMENT	<b>3.7</b>	<b>4.7</b>	kg/day	***	<b>2</b>	<b>3</b>	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	51 JAN-APR <b>25 MAY-NOV</b> 51 DEC	63 JAN-APR <b>32 MAY-NOV</b> 63 DEC	kg/day	***	20 JAN-APR <b>10 MAY-NOV</b> 20-Dec	30JAN-APR <b>15 MAY-NOV</b> 30-Dec	mg/l		2 Days Every Week	Composite
<b>BOD, 5-day, 20 deg. C</b> <b>00310 G 0</b> <b>Raw Sewage Influent</b>	SAMPLE MEASUREMENT	<b>187</b>	<b>249</b>	kg/day	***	<b>115</b>	<b>145</b>	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	<b>Req. Mon. MO AVG</b>	<b>Req. Mon. WKLY AVG</b>	kg/day	***	<b>Req. Mon. MO AVG</b>	<b>Req. Mon. WKLY AVG</b>	mg/l		2 Days Every Week	Composite
<b>pH</b> <b>00400 1 0</b> <b>Effluent Gross</b>	SAMPLE MEASUREMENT	***	***	***	<b>6.6</b>	***	<b>7.2</b>	su		5 Days Every Week	GRAB
	PERMIT REQUIREMENT	***	***	***	<b>6 MINIMUM</b>	***	<b>8.5 MAXIMUM</b>	su		5 Days Every Week	GRAB
<b>Total Suspended Solids</b> <b>00530 1 0</b> <b>Effluent Gross</b>	SAMPLE MEASUREMENT	<b>4</b>	<b>5</b>	kg/day	***	<b>2</b>	<b>2</b>	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	<b>76 MO AVG</b>	<b>95 WKLY AVG</b>	kg/day	***	<b>30 MO AVG</b>	<b>45 WKLY AVG</b>	mg/l		2 Days Every Week	Composite
<b>Total Suspended Solids</b> <b>00530 G 0</b> <b>Raw Sewage Influent</b>	SAMPLE MEASUREMENT	<b>198</b>	<b>262</b>	kg/day	***	<b>122</b>	<b>180</b>	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	<b>Req. Mon. MO AVG</b>	<b>Req. Mon. WKLY AVG</b>	kg/day	***	<b>Req. Mon. MO AVG</b>	<b>Req. Mon. WKLY AVG</b>	mg/l		2 Days Every Week	Composite
<b>Nitrogen, Ammonia Total (asN)</b> <b>Effluent</b> <b>00610 1 0</b>	SAMPLE MEASUREMENT	<b>0.042</b>	<b>0.072</b>	kg/day	***	<b>0.025</b>	<b>0.043</b>	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	25 JAN-APR <b>5 MAY-NOV</b> 25-Dec	32 JAN-APR <b>6 MAY-NOV</b> 32 DEC	kg/day	***	10 JAN-APR <b>2 MAY-NOV</b> 10-Dec	15 JAN-APR <b>3 MAY-NOV</b> 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> <b>FOR Larry Douglas</b>	TELEPHONE		DATE
<b>LARRY DOUGLAS</b> <b>OPERATOR</b>			912-449-0999	<b>11/14/2016</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 East Plant  
 LOCATION Lyons, GA 30436

**GA0033405**  
 PERMIT NUMBER

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

MONITORING PERIOD  
 MM/DD/YYYY TO MM/DD/YYYY  
**10/1/2016** TO **10/31/2016**

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>  50050 1 0 <b>Effluent Gross</b>	SAMPLE MEASUREMENT	0.43	0.606	mgd	***	***	***	***		5 Days Every Week	Continuous
	PERMIT REQUIREMENT	0.67 MO AVG	0.838 WKLY AVG	mgd	***	***	***	***		5 Days Every Week	Continuous
<b>Chlorine, total residual</b>  50060 1 0 <b>CWL Effluent Gross</b>	SAMPLE MEASUREMENT	***	***	***	***	***	0.000	mg/l		2 Days Every Week	GRAB
	PERMIT REQUIREMENT	***	***	***	***	***	0.022 DAILY MAX	mg/l		2 Days Every Week	GRAB
<b>Coliform, Fecal General</b>  74055 1 0 <b>Effluent Gross</b>	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
<b>Solids, sludge, tot, dry weight</b>  78477 S 0 <b>See Comments</b>	SAMPLE MEASUREMENT	0.00	***	Dry Ton	***	***	***	***		MONTHLY	CALCTD
	PERMIT REQUIREMENT	Opt. Mon. MO TOTAL	***	Dry Ton	***	***	***	***		MONTHLY	CALCTD
<b>BOD, 5-Day, Percent Removal</b>  Removal 81010 K 0	SAMPLE MEASUREMENT	***	***	***	98	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD
<b>Solids, Suspended Percent Removal</b>  Removal 81011 K 0	SAMPLE MEASUREMENT	***	***	***	98	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		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		
LARRY DOUGLAS  OPERATOR							912-449-0999		11/14/2016		
TYPED OR PRINTED							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
	10/1/2016		10/31/2016

	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
	6.93									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	
4.66			111.50		182.38		1.90		3.11		
	6.86									0.00	
	6.70	83.0		125.21		2.40		3.62		0.00	1.0
	6.83	84.0		116.19		1.50		2.07		0.00	
	6.77									0.00	
	6.84									0.00	
3.58			83.50		120.70		1.95		2.85		
	6.62									0.00	
	6.73	71.0		166.74		2.80		6.58		0.00	1.0
	6.62	73.0		149.80		2.10		4.31		0.00	
	6.71									0.00	
	6.59									0.00	
4.70			72.00		158.27		2.45		5.44		
	6.69									0.00	
	6.69	186		358.35		1.40		2.70		0.00	1.0
	6.93	120		165.53		2.00		2.76		0.00	
	7.21									0.00	
	6.83									0.00	
4.03			153.00		261.94		1.70		2.73		
	7.12									0.00	
	6.83	115		163.44		2.50		3.55		0.00	
	6.61	245		339.82		1.90		2.64		0.00	1.0
	6.61									0.00	
	6.81									0.00	
2.61			180.00		251.63		2.20		3.09		
	6.86									0.00	
LOADING		INF Concentration		INF LOADING		EFF Concentration		EFF LOADING			EFF Conc
WKLY	pH	MO.INF	WKLY	MO.	WKLY	MO.EFF	WKLY	MO.	WKLY	EFF	MO.
BOD		TSS	TSS	TSS	TSS	TSS	TSS	TSS	TSS	Chlorine	Fecal
3.9	***	122	120	198	195	2	2	4	3.4	0.00	1
4.7	7.21	245	180	358	262	3	2	7	5	0.00	
2.6	6.59	71	72	116	121	1	2	2	2.7	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

**Lyons East Plant**

PERMIT NUMBER	MONITORING PERIOD		
<b>GA0033405</b>	MM/DD/YYYY	TO	MM/DD/YYYY
	<b>10/1/2016</b>		<b>10/31/2016</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
			98		98		0.066		0.11		
	0.0000		94		98		0.019		0.03		
<b>1</b>		<b>0.00</b>		<b>96</b>		<b>98</b>		<b>0.04</b>		<b>0.07</b>	
	0.0000		97		97		0.0250		0.04		
			98		98		0.0440		0.06		
<b>1</b>		<b>0.00</b>		<b>98</b>		<b>98</b>		<b>0.03</b>		<b>0.05</b>	
	0.0000		97		96		0.032		0.08		
			97		97		0.031		0.06		
<b>1</b>		<b>0.00</b>		<b>97</b>		<b>97</b>		<b>0.03</b>		<b>0.07</b>	
	0.0000		99		99		0.003		0.01		
			98		98		0.007		0.01		
<b>1</b>		<b>0.00</b>		<b>98</b>		<b>99</b>		<b>0.01</b>		<b>0.01</b>	
			99		98		0.029		0.04		
	0.0000		99		99		0.028		0.04		
<b>1</b>		<b>0.00</b>		<b>99</b>		<b>99</b>		<b>0.03</b>		<b>0.04</b>	
											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	98	98	98	98	0.02	0.03	0.04	0.05	0.00
<b>1</b>	0.0000	0.0000	98	99	99	99	0.04	0.04	0.08	0.07	0.00
	0.0000		98	96	98	97	0.00	0.01	0.01	0.01	0.00
			85		85		17.4		62.7		
							26.1		78.3		

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