

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	***	***	***	6.82	***	***	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	6.5	8.6	kg/day	***	3.8	5.2	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	25-Jan 38 Feb-Mar 25-Apr 19-May	32 Jan 48 Feb-Mar 32 Jan 24-May	kg/day	***	10-Jan 15 Feb-Mar 10-Apr 7.5 May	15-Jan 22.5 Feb-Mar 15-Jan 11.3 May	mg/l		2 Days Every Week	Composite
BOD, 5-day, 20 deg. C 00310 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	356	421	kg/day	***	229	346	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	6	8	kg/day	***	3	4	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	310	391	kg/day	***	189	274	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	1.26	2.17	kg/day	***	0.68	1.25	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	17-Jan 22 Feb-Mar 9-Apr 5-May	21-Jan 28 Feb-Mar 11-Apr 6-May	kg/day	***	6.5 Jan 8.7 Feb-Mar 3.5 APR 2-May	9.8 Jan 13.1 Feb-Mar 5.3 APR 3-May	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		2/12/2016	
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

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No Discharge

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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	0.50	0.540	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	***	***	***	***	***	0.010	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	2	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	***	***	***	98	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD
Solids, Suspended Percent Removal Removal 81011 K 0	SAMPLE MEASUREMENT	***	***	***	98	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	***	***	***	6.5	***	7.5	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		2/12/2016			
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		
GA0033391	MM/DD/YYYY	TO	MM/DD/YYYY
	1/1/2016		1/31/2016

	METER READINGS		EFF FLOW		DO	BOD INFLUENT				BOD EFF	
			Daily Effluent	Avg. Wkly. Effluent	Monthly Effluent	Monthly Influent	Avg. Wkly. Influent	Monthly Influent	Avg. Wkly. Influent	Monthly Effluent	Avg. Wkly. Effluent
			mgd	mgd	CONC	CONC	CONC	LOADING	LOADING	CONC	CONC
12/27/2015	164764	164781	0.017								
12/28/2015	164781	165078	0.297		7.67	145		163.65		2.53	
12/29/2015	165078	165433	0.355		8.09	130		175.37		1.00	
12/30/2015	165433	165799	0.366		7.87						
12/31/2015	165799	166142	0.343		7.18						
1/1/2016	166142	166752	0.610		7.21						
1/2/2016	166752	167405	0.653	0.3773			137.50		169.51		1.77
1/3/2016	167405	167997	0.592								
1/4/2016	167997	168478	0.481		7.18	275		502.65		3.23	
1/5/2016	168478	168971	0.493		8.04						
1/6/2016	168971	169601	0.630		7.27	99.5		238.20		3.28	
1/7/2016	169601	170074	0.473		7.68						
1/8/2016	170074	170630	0.556		7.93						
1/9/2016	170630	171184	0.554	0.5399			187.25		370.42		3.26
1/10/2016	171184	171607	0.423								
1/11/2016	171607	171877	0.270		8.34						
1/12/2016	171877	172301	0.424		7.26	333		536.53		1.46	
1/13/2016	172301	172761	0.460		8.22	94.5		165.19		2.70	
1/14/2016	172761	173243	0.482		8.88						
1/15/2016	173243	173717	0.474		9.12						
1/16/2016	173717	174355	0.638	0.4530			213.75		350.86		2.08
1/17/2016	174355	174807	0.452								
1/18/2016	174807	175033	0.226		8.91						
1/19/2016	175033	175485	0.452		9.52	172		295.43		4.54	
1/20/2016	175485	175904	0.419		8.61	167		265.90		5.91	
1/21/2016	175904	176372	0.468		8.61						
1/22/2016	176372	176902	0.530		11.31						
1/23/2016	176902	177513	0.611	0.4511			169.50		280.66		5.23
1/24/2016	177513	178027	0.514								
1/25/2016	178027	178366	0.339		8.28						
1/26/2016	178366	178861	0.495		11.63	224		421.34		3.62	
1/27/2016	178861	179399	0.538		9.36	467		421.34		5.98	
1/28/2016	179399	179967	0.568		6.82						
1/29/2016	179967	180529	0.562		7.43						
1/30/2016	180529	181063	0.534	0.5071			345.50		421.34		4.80
1/31/2016	181063	181506	0.443								

For calculation purposes: <2 = 1	EFF FLOW		INF Concentration		INF LOADING		EFF Concentration		
	Monthly	Weekly	MO.INF	WKLY	MO.	WKLY	MO.EFF	WKLY	
	MGD	MGD	D.O.	BOD	BOD	BOD	BOD	BOD	
Average	0.496	0.4657	8.46	229	211	356	319	4	3
Maximum	0.653	0.5399	11.63	467	346	537	421	6	5
Minimum	0.226	0.3773	6.82	95	138	165	170	1	2

VIOLATION	Average	>	0.9	2				30	45
	Maximum	>	1.19	min.					
MAJOR SPILL	Average	≥						45	67.5
	Maximum	≥							

FACILITY

Lyons North Plant

PERMIT NUMBER	MONITORING PERIOD		
GA0033391	MM/DD/YYYY	TO	MM/DD
	1/1/2016		1/31/16

FLUENT		pH	TSS INFLUENT				TSS EFFLUENT				CHLORINE
Monthly Effluent	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
LOADING	LOADING	CONC	CONC	CONC	LOADING	LOADING	CONC	CONC	LOADING	LOADING	CONC
2.86		6.93	80.0		90.29		2.10		2.37		0.02
1.35		6.76	80.0		107.92		2.00		2.70		0.01
		6.87									0.01
		6.95									0.02
		6.68									0.00
	2.10			80.00		99.10		2.05		2.53	
5.90		7.36	285		520.92		3.00		5.48		0.00
		6.90									0.01
7.85		7.14	82.0		196.31		4.80		11.49		0.00
		7.00									0.01
		6.91									0.00
	6.88			183.50		358.62		3.90		8.49	
		7.14									0.00
2.35		7.19	358		576.81		1.50		2.42		0.01
4.72		6.87	88.0		153.82		2.70		4.72		0.00
		6.85									0.00
		7.02									0.01
	3.54			223.00		365.32		2.10		3.57	
		7.31									0.00
7.80		7.23	79.3		136.21		2.70		4.64		0.00
9.41		6.74	70.8		112.73		1.00		1.59		0.00
		6.53									0.00
		7.46									0.00
	8.60			75.05		124.47		1.85		3.11	
		6.86									0.00
6.81		6.92	208		391.25		2.70		5.08		0.01
6.81		7.01	340		391.25		4.90		10.02		0.00
		7.31									0.00
		6.88									0.00
	6.81			274.00		391.25		3.80		7.55	
EFF LOADING			INF Concentration		INF LOADING		EFF Concentration		EFF LOADING		
MO.	WKLY		MO.INF	WKLY	MO.	WKLY	MO.EFF	WKLY	MO.	WKLY	EFF
BOD	BOD	pH	TSS	TSS	TSS	TSS	TSS	TSS	TSS	TSS	Chlorine
6.5	5.6	***	189	167	310	268	3	3	6	5.1	0.00
9.4	8.6	7.46	358	274	577	391	5	4	11	8	0.01
2.4	2.1	6.53	71	75	113	99	1	2	2	2.5	0.00
108	135	6					20	30	72	90	0.5
		9									max
162	202.5						30	45	108	135	

/YYYY
 2016

FACILITY
Lyons North Plant

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GA0033391	MM/DD/YYYY	TO	MM/DD/YYYY
	1/1/2016		1/31/2016

FECAL COLIFORM		FECAL COLIFORM		BOD REMOVAL		TSS REMOVAL		AMMONIA EFFLUENT				SLUDGE
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	Monthly Effluent	Avg. Wkly. Effluent	
CONC	CONC	LOG	LOG	%	%	%	%	CONC	CONC	LOADING	LOADING	Sludge
1.0		0.0000		98		97		0.100		0.11		
				99		98		0.89		1.20		
	1		0.00			99		0.50			0.66	
1.0		0.0000		99		99		0.100		0.18		
				97		94		0.176		0.42		
	1		0.00			98		0.14			0.30	
1.0		0.0000		100		100		0.100		0.16		
				97		97		2.39		4.18		
	1		0.00			98		1.25			2.17	
1.0		0.0000		97		97		0.253		0.43		
				96		99		0.404		0.64		
	1		0.00			97		0.33			0.54	
2.0		0.3010		98		99		0.550		1.03		
				99		99		1.49		3.05		
	2		0.30			99		1.02			2.04	
												0.00
EFF Concentration				BOD Removal		TSS Removal		EFF Concentration		EFF LOADING		
MO.	Wkly	Fecal	Fecal	MO.	Wkly	MO.	Wkly	MO.	WKLY	MO.	WKLY	
Fecal	Fecal	LOG	LOG	BOD	BOD	TSS	TSS	NH3	NH3	NH3	NH3	Sludge
1		0.0753	0.0602	98	98	98	98	0.68	0.65	1.26	1.14	0.00
	2	0.3010	0.3010	99	99	99	99	2.39	1.25	4.18	2.17	0.00
1		0.0000		98	97	99	97	0.10	0.14	0.16	0.30	0.00

200				85		85		17.4		62.7		
400								26.1		78.3		
(1 = <2)												