

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 **2/1/2016** TO **2/29/2016**

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 <b>Effluent Gross</b>	SAMPLE MEASUREMENT	***	***	***	<b>5.76</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>12.5</b>	<b>17.4</b>	kg/day	***	<b>4.9</b>	<b>6.3</b>	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	25-Jan <b>38 Feb-Mar</b> 25-Apr 19-May	32 Jan <b>48 Feb-Mar</b> 32 Jan 24-May	kg/day	***	10-Jan <b>15 Feb-Mar</b> 10-Apr 7.5 May	15-Jan <b>22.5 Feb-Mar</b> 15-Jan 11.3 May	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>512</b>	<b>730</b>	kg/day	***	<b>209</b>	<b>362</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>Total Suspended Solids</b>  00530 1 0 <b>Effluent Gross</b>	SAMPLE MEASUREMENT	<b>10</b>	<b>13</b>	kg/day	***	<b>4</b>	<b>4</b>	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	<b>72 MO AVG</b>	<b>90 WKLY AVG</b>	kg/day	***	<b>20 MO AVG</b>	<b>30 WKLY AVG</b>	mg/l		2 Days Every Week	Composite
<b>Total Suspended Solids</b>  00530 G 0 <b>Raw Sewage Influent</b>	SAMPLE MEASUREMENT	<b>360</b>	<b>532</b>	kg/day	***	<b>149</b>	<b>233</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>  Effluent 00610 1 0	SAMPLE MEASUREMENT	<b>1.77</b>	<b>2.53</b>	kg/day	***	<b>0.71</b>	<b>1.22</b>	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	17-Jan <b>22 Feb-Mar</b> 9-Apr 5-May	21-Jan <b>28 Feb-Mar</b> 11-Apr 6-May	kg/day	***	6.5 Jan <b>8.7 Feb-Mar</b> 3.5 APR 2-May	9.8 Jan <b>13.1 Feb-Mar</b> 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.				 <b>Trey Pearson</b> <b>FOR Larry Douglas</b>			TELEPHONE		DATE	
<b>LARRY DOUGLAS</b> <b>OPERATOR</b>								912-449-0999		<b>3/11/2016</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 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  
**2/1/2016** TO **2/29/2016**

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>0.67</b>	<b>0.717</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>0.010</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>2</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>97</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>7.8</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>3/11/2016</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"**





2016

FACILITY  
**Lyons North Plant**

PERMIT NUMBER	MONITORING PERIOD		
<b>GA0033391</b>	MM/DD/YYYY	TO	MM/DD/YYYY
	<b>2/1/2016</b>		<b>2/29/2016</b>

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		1.55		2.86		
				99		99		0.890		1.89		
	1		0.00		98		98		1.22		2.38	
1.76		0.2455		93		85		0.634		1.87		
				98		96		1.13		3.19		
	2		0.25		95		91		0.88		2.53	
2.02		0.3054		99		97		0.140		0.37		
				97		95		0.914		3.02		
	2		0.31		98		96		0.53		1.70	
1.0		0.0000		94		93		0.202		0.48		
				98		99		0.203		0.51		
	1		0.00		96		96		0.20		0.50	
												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		0.1377	0.1377	98	97	97	95	0.71	0.71	1.77	1.77	0.00
	2	0.3054	0.3054	98	98	98	98	1.55	1.22	3.19	2.53	0.00
1		0.0000		97	95	96	91	0.14	0.20	0.37	0.50	0.00

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