

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 **3/1/2016** TO **3/31/2016**

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	***	***	***	6.42	***	***	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	10.1	14.1	kg/day	***	6.1	9.1	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	249	376	kg/day	***	148	228	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	9	kg/day	***	4	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	172	197	kg/day	***	109	144	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	2.96	7.17	kg/day	***	1.91	4.67	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		4/15/2016	
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	0.44	0.582	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	***	***	***	96	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD
Solids, Suspended Percent Removal Removal 81011 K 0	SAMPLE MEASUREMENT	***	***	***	96	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	***	***	***	7.0	***	7.7	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		4/15/2016			
TYPED OR PRINTED						AREA CODE		NUMBER			
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					912-449-0999		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"

/YYYY
 2016

FACILITY
Lyons North Plant

PERMIT NUMBER	MONITORING PERIOD		
GA0033391	MM/DD/YYYY	TO	MM/DD/YYYY
	3/1/2016		3/31/2016

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		96		93		0.888		1.99		
				97		85		0.100		0.22		
	1		0.00		96		89		0.49		1.11	
1.0		0.0000		97		95		0.100		0.17		
				96		94		2.06		3.68		
	1		0.00		96		95		1.08		1.92	
1.00		0.0000		98		98		4.32		5.98		
				96		97		5.01		8.36		
	1		0.00		97		98		4.67		7.17	
2.28		0.3579		94		96		1.79		2.24		
				87		98		4.49		6.42		
	2		0.36		91		97		3.14		4.33	
1.0		0.0000		98		98		0.269		0.43		
				95		96		0.104		0.13		
												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		0.0716	0.0895	96	95	96	95	1.91	2.34	2.96	3.63	0.00
	2	0.3579	0.3579	96	97	98	98	5.01	4.67	8.36	7.17	0.00
1		0.0000		96	91	92	#NAME?	0.10	0.49	0.13	1.11	0.00
200				85		85		17.4		62.7		
400								26.1		78.3		

(1 = <2)