PERMITTEE NAME AND ADDRESS

(Include Facility Name/Locaton if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approvad

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	000-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	5/1/2016	TO	5/31/2016

DMR MAILING ZIP CODE: 30436

MINOR

(SUBR MM)

ACTIVE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX.	OF ANALYSIS	TYPE
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	***	***	***	**6.18**	***	***	mg/l		5 Days Every Week	GRAB
00300 1 0 Effluent Gross	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	SAMPLE MEASUREMENT	**6.0**	**9.6**	kg/day	***	**4.7**	**6.0**	mg/l		2 Days Every Week	Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	25-Jan 38 Feb-Mar 25 April **19-May**	32 Jan 48 Feb-Mar 32 April **24-May**	kg/day	***	10-Jan 15 Feb-Mar 10 April **7.5 May**	15-Jan 22.5 Feb-Mar 15 April **11.3 May**	mg/l		2 Days Every Week	Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	**245**	**516**	kg/day	***	**254**	**568**	mg/l		2 Days Every Week	Composite
00310 G 0 Raw Sewage Influent	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	SAMPLE MEASUREMENT	**5**	**5**	kg/day	***	**5**	**3**	mg/l		2 Days Every Week	Composite
00530 1 0 Effluent Gross	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	SAMPLE MEASUREMENT	**309**	**695**	kg/day	***	**322**	**754**	mg/l		2 Days Every Week	Composite
00530 G 0 Raw Sewage Influent	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)	SAMPLE MEASUREMENT	**2.27**	**6.00**	kg/day	***	**1.49**	**4.64**	mg/l	1	2 Days Every Week	Composite
Effluent 00610 1 0	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			TELEPHONE	DATE
LARRY DOUGLAS **OPERATOR**	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**	912-449-0999	**6/10/2016**
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)

EPA Form 3320-1 (Rev.01/06) Previous editions May be used

PERMITTEE NAME AND ADDRESS
(Include Facility Name/Locaton if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approvad
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	000-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
5/1/2016	TO	5/31/2016

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX.	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	**0.30**	**0.380**	mgd	***	***	***	***		5 Days Every Week	Continuous
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	**0.67 MO AVG**	**0.838 WKLY AVG**	mgd	***	***	***	***		5 Days Every Week	Continuous
Chlorine, total residual	SAMPLE MEASUREMENT	***	***	***	***	***	**0.000**	mg/l		2 Days Every Week	GRAB
50060 1 0 CWL Effluent Gross	PERMIT REQUIREMENT	***	***	***	***	***	**0.022 DAILY MAX**	mg/l		2 Days Every Week	GRAB
Coliform, Fecal General	SAMPLE MEASUREMENT	***	***	***	***	**1**	**1**	mpn/100 ml		1 Day Every Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	***	***	***	***	**200 MO GEO**	**400 WKLY GEO**	mpn/100 ml		1 Day Every Week	GRAB
Solids, sludge, tot, dry weight	SAMPLE MEASUREMENT	**0.00**	***	Dry Ton	***	***	***	***		MONTHLY	CALCTD
78477 S 0 See Comments	PERMIT REQUIREMENT	**Opt. Mon. MO TOTAL**	***	Dry Ton	***	***	***	***		MONTHLY	CALCTD
BOD, 5-Day, Percent Removal	SAMPLE MEASUREMENT	***	***	***	**98**	***	***	%		MONTHLY	CALCTD
Removal 81010 K 0	PERMIT REQUIREMENT	***	***	***	**85 MN % RMV**	***	***	%		MONTHLY	CALCTD
Solids, Suspended Percent Removal	SAMPLE MEASUREMENT	***	***	***	**98**	***	***	%		MONTHLY	CALCTD
Removal 81011 K 0	PERMIT REQUIREMENT	***	***	***	**85 MN % RMV**	***	***	%		MONTHLY	CALCTD
pH	SAMPLE MEASUREMENT	***	***	***	**6.9**	***	**7.7**	su		5 Days Every Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	***	***	***	**6 MINIMUM**	***	**8.5 MAXIMUM**	su		5 Days Every Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
LARRY DOUGLAS OPERATOR	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**	912-449-0999	**6/10/2016**
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)

NOTE: FECAL COLIFORM OF <2 mpn/100 ml is indicated by "1"

FACILITY

Lyons North Plant

PERMIT NUMBER	MONITORING PERIOD		
GA0033391	MM/DD/YYYY	TO	MM/DD/YYYY
	5/1/2016		**5/31/2016**

			EFF FLOW		DO	BOD INFLUENT				BOD EF	
	METER READINGS		Daily Effluent	Avg. Wkly. Effluent	Monthly Effluent	Monthly Influent	Avg. Wkly Influent	Monthly Influent	Avg. Wkly Influent	Monthly Effluent	Avg. Wkly Effluent
225891			mgd	mgd	CONC	CONC	CONC	LOADING	LOADING	CONC	CONC
5/1/2016	225891	226139	0.248								
5/2/2016	226139	226209	0.070		7.61						
5/3/2016	226209	226543	0.334		6.41	55.4		70.31		3.46	
5/4/2016	226543	226880	0.357		7.13	145		196.71		8.48	
5/5/2016	226880	227187	0.307		6.72						
5/6/2016	227187	227474	0.287		7.31						
5/7/2016	227474	227765	0.291	**0.2706**			**100.20**		**133.51**		**5.97**
5/8/2016	227765	228019	0.254								
5/9/2016	228019	228252	0.231		7.31	800		702.24		4.30	
5/10/2016	228252	228511	0.259		7.5	336.0		330.69		3.85	
5/11/2016	228511	228765	0.254		7.6						
5/12/2016	228765	228987	0.222		6.54						
5/13/2016	228987	229233	0.246		6.60						
5/14/2016	229233	229508	0.275	**0.2487**			**568.00**		**516.47**		**4.08**
5/15/2016	229508	229781	0.273								
5/16/2016	229781	229957	0.176		7.51	450		300.96		4.42	
5/17/2016	229957	230190	0.233		6.45						
5/18/2016	230190	230815	0.625		6.49	94.0		223.25		6.87	
5/19/2016	230815	231218	0.403		7.18						
5/20/2016	231218	231722	0.504		6.43						
5/21/2016	231722	232171	0.449	**0.3804**			**272.00**		**262.11**		**5.65**
5/22/2016	232171	232536	0.365								
5/23/2016	232536	232843	0.307		6.23						
5/24/2016	232843	233146	0.303		6.46	101		116.29		5.75	
5/25/2016	233146	233469	0.323		8.56	103		126.42		2.60	
5/26/2016	233469	233774	0.305		6.87						
5/27/2016	233774	234064	0.290		6.41						
5/28/2016	234064	234423	0.359	**0.3217**			**102.00**		**121.36**		**4.18**
5/29/2016	234423	234678	0.255								
5/30/2016	234678	234942	0.264		6.78						
5/31/2016	234942	235123	0.181		6.18	198		136.18		2.17	

			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	BOD
For calculatio	**Average**		**0.298**	**0.3054**	**6.92**	**254**	**261**	**245**	**258**	**5**	**5**
purposes:	**Maximum**		**0.625**	**0.3804**	**8.56**	**800**	**568**	**702**	**516**	**8**	**6**
<2 = 1	**Minimum**		**0.070**	**0.2487**	**6.18**	**55**	**100**	**70**	**121**	**2**	**4**
VIOLATION	**Average**		**>**	**0.9**	**2**					**30**	**45**
	Maximum		**>**	**1.19**	**min.**						
MAJOR	**Average**		**≥**							**45**	**67.5**
SPILL	**Maximum**		**≥**								

FACILITY

Lyons North Plant

PERMIT NUMBER	MONITORING PERIOD		
	MM/DD/YYYY	TO	MM/DD
GA0033391	**5/1/2016**		**5/31/**

FLUENT		pH	TSS INFLUENT				TSS EFFLUENT				CHLORINE
Monthly Effluent LOADING	Avg. Wkly Effluent LOADING	Monthly Effluent CONC	Monthly Influent CONC	Avg. Wkly. Influent CONC	Monthly Influent LOADING	Avg. Wkly. Influent LOADING	Monthly Effluent CONC	Avg. Wkly. Effluent CONC	Monthly Effluent LOADING	Avg. Wkly. Effluent LOADING	Monthly Effluent CONC
		7.39									0.00
4.39		7.31	48.8		61.94		3.10		3.93		0.00
11.50		7.29	286		387.99		2.50		3.39		0.00
		7.21									0.00
		7.27									0.00
	7.95			**167.40**		**224.96**		**2.80**		**3.66**	
3.77		7.21	880		772.46		1.10		0.97		0.00
3.79		7.68	628.0		618.08		1.60		1.57		0.00
		7.21									0.00
		7.19									0.00
		7.28									0.00
	3.78			**754.00**		**695.27**		**1.35**		**1.27**	
2.96		7.02	326		218.03		1.50		1.00		0.00
		6.92									0.00
16.32		7.03	45.6		108.30		3.80		9.03		0.00
		7.18									0.00
		7.06									0.00
	9.64			**185.80**		**163.16**		**2.65**		**5.01**	
		7.03									0.00
6.62		7.08	144		165.80		2.40		2.76		0.00
3.19		7.01	142		174.29		4.00		4.91		0.00
		7.21									0.00
		6.88									0.00
	4.91			**143.00**		**170.05**		**3.20**		**3.84**	
		6.99									0.00
1.49		7.06	398		273.74		28.00		19.26		0.00

EFF LOADING			INF Concentration		INF LOADING		EFF Concentration		EFF LOADING		
MO. BOD	WKLY BOD	pH	MO.INF TSS	WKLY TSS	MO. TSS	WKLY TSS	MO.EFF TSS	WKLY TSS	MO. TSS	WKLY TSS	EFF Chlorine
6.0	**6.6**	***	**322**	**313**	**309**	**313**	**5**	**3**	**5**	**3.4**	**0.00**
16.3	**9.6**	**7.68**	**880**	**754**	**772**	**695**	**28**	**3**	**19**	**5**	**0.00**
1.5	**3.8**	**6.88**	**46**	**143**	**62**	**163**	**1**	**1**	**1**	**1.3**	**0.00**
108	**135**	**6**					**20**	**30**	**72**	**90**	**0.5**
		9									**max**
162	**202.5**						**30**	**45**	**108**	**135**	

/YYYY	FACILITY	PERMIT NUMBER	MONITORING PERIOD		
2016	**Lyons North Plant**	**GA0033391**	MM/DD/YYYY	TO	MM/DD/YYYY
			5/1/2016		**5/31/2016**

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		94		94		6.51		8.26		
				94		99		2.76		3.74		
	1		**0.00**		**94**		**96**		**4.64**		**6.00**	
1.0		0.0000		99		100		0.425		0.37		
				99		100		0.100		0.10		
	1		**0.00**		**99**		**100**		**0.26**		**0.24**	
1.0		0.0000		99		100		0.100		0.07		
				93		92		3.19		7.58		
	1		**0.00**		**96**		**96**		**1.65**		**3.82**	
1.0		0.0000		94		98		0.100		0.12		
				97		97		0.100		0.12		
	1		**0.00**		**96**		**98**		**0.10**		**0.12**	
1.0		0.0000		99		93		0.100		0.07		
												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		0.0000	0.0000	**98**	**96**	**98**	**97**	**1.49**	**1.66**	**2.27**	**2.54**	**0.00**
	1	0.0000	0.0000	**99**	**99**	**97**	**100**	**6.51**	**4.64**	**8.26**	**6.00**	**0.00**
1		0.0000		**96**	**94**	98	**#NAME?**	**0.10**	**0.10**	**0.07**	**0.12**	**0.00**
200				**85**		**85**		**17.4**		**62.7**		
400								**26.1**		**78.3**		
(1 = <2)												