

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 **6/1/2016** TO **6/30/2016**

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	***	***	***	6.14	***	***	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	6.4	9.4	kg/day	***	3.8	5.9	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	13 JUN-SEP 19 OCT-NOV 25-Dec	16 JUN-SEP 24 OCT-NOV 32 DEC	kg/day	***	5 JUN-SEP 7.5 OCT-NOV 10-Dec	7.5 JUN-SEP 11.3 OCT-NOV 15-Dec	mg/l		2 Days Every Week	Composite
BOD, 5-day, 20 deg. C 00310 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	182	327	kg/day	***	107	181	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	11	kg/day	***	3	15	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	213	515	kg/day	***	117	241	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	0.26	0.44	kg/day	***	0.17	0.32	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	2.5 JUN-SEP 4-Oct 6-Nov 13-Dec	3.2 JUN-SEP 5-Oct 8-Nov 16-Dec	kg/day	***	1 JUN-SEP 1.5 OCT 2.5 NOV 5-Dec	1.5 JUN-SEP 2.3 OCT 3.8 NOV 7.5 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.				 Trey Pearson FOR Larry Douglas			TELEPHONE		DATE	
LARRY DOUGLAS OPERATOR								912-449-0999		7/11/2016	
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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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.43	0.586	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	***	***	***	***	***	0.000	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	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	
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	***	***	***	97	***	***	%		MONTHLY	CALCTD	
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	***	***	***	6.7	***	7.3	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							 Trey Pearson FOR Larry Douglas		912-449-0999		7/11/2016	
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 <1 mpn/100 ml is indicated by "1"

FACILITY

Lyons North Plant

PERMIT NUMBER	MONITORING PERIOD			
	GA0033391	MM/DD/YYYY	TO	MM/DD/YYYY
		6/1/2016		6/30/2016

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	
LOG	LOG	%	%	%	%	CONC	CONC	LOADING	LOADING	Sludge
0.0000		99		93		0.100		0.07		
		98		98		0.418		0.48		
	0.00		98		96		0.26		0.28	
0.0000		96		93		0.100		0.25		
		98		99		0.100		0.28		
	0.00		97		96		0.10		0.26	
0.0000		96		99		0.173		0.14		
		97		99		0.470		0.74		
	0.00		97		99		0.32		0.44	
0.0000		94		86		0.100		0.16		
		89		96		0.100		0.16		
	0.00		92		91		0.10		0.16	
		97		99		0.039		0.05		
0.0000		97		84		0.059		0.09		
										0.00
Fecal LOG		BOD Removal		TSS Removal		EFF Concentration		EFF LOADING		Sludge
MO.	Wkly	MO.	Wkly	MO.	Wkly	MO.	WKLY	MO.	WKLY	
LOG	LOG	BOD	BOD	TSS	TSS	NH3	NH3	NH3	NH3	Sludge
0.0000	0.0000	96	96	97	95	0.17	0.20	0.26	0.29	0.00
0.0000	0.0000	96	98	98	99	0.47	0.32	0.74	0.44	0.00
0.0000		97	92	96	91	0.04	0.10	0.05	0.16	0.00

5/29/2016
 5/30/2016
 5/31/2016
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 6/28/2016
 6/29/2016
 6/30/2016

85

85

17.4
26.1

62.7
78.3