

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 **8/1/2016** TO **8/31/2016**

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
<b>Oxygen, dissolved (DO)</b>  00300 1 0	SAMPLE MEASUREMENT	***	***	***	<b>6.22</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>Effluent Gross</b>											
<b>BOD, 5-day, 20 deg. C</b>  00310 1 0	SAMPLE MEASUREMENT	<b>5.5</b>	<b>6.1</b>	kg/day	***	<b>3.0</b>	<b>3.6</b>	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
<b>Effluent Gross</b>											
<b>BOD, 5-day, 20 deg. C</b>  00310 G 0	SAMPLE MEASUREMENT	<b>219</b>	<b>301</b>	kg/day	***	<b>118</b>	<b>147</b>	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
<b>Raw Sewage Influent</b>											
<b>Total Suspended Solids</b>  00530 1 0	SAMPLE MEASUREMENT	<b>5</b>	<b>6</b>	kg/day	***	<b>3</b>	<b>3</b>	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	<b>72</b> MO AVG	<b>90</b> WKLY AVG	kg/day	***	<b>20</b> MO AVG	<b>30</b> WKLY AVG	mg/l		2 Days Every Week	Composite
<b>Effluent Gross</b>											
<b>Total Suspended Solids</b>  00530 G 0	SAMPLE MEASUREMENT	<b>310</b>	<b>464</b>	kg/day	***	<b>163</b>	<b>221</b>	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
<b>Raw Sewage Influent</b>											
<b>Nitrogen, Ammonia Total (asN)</b>  Effluent 00610 1 0	SAMPLE MEASUREMENT	<b>0.11</b>	<b>0.20</b>	kg/day	***	<b>0.06</b>	<b>0.12</b>	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.					TELEPHONE		DATE			
<b>LARRY DOUGLAS</b> <b>OPERATOR</b>						 <b>Trey Pearson</b> <b>FOR Larry Douglas</b>		912-449-0999		9/13/2016	
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  
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  
**8/1/2016** TO **8/31/2016**

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
<b>Flow, in conduit or thru treatment plant</b> <b>50050 1 0</b> <b>Effluent Gross</b>	SAMPLE MEASUREMENT	<b>0.37</b>	<b>0.407</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>0.000</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>1</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>97</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>98</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>6.7</b>	***	<b>7.3</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>9/13/2016</b>			
TYPED OR PRINTED						AREA CODE		NUMBER		MM/DD/YYYY	
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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



PERMIT NUMBER	MONITORING PERIOD		
<b>GA0033391</b>	MM/DD/YYYY	TO	MM/DD/YYYY
	<b>8/1/2016</b>		<b>8/31/2016</b>

pH	TSS INFLUENT				TSS EFFLUENT				CHLORINE	FECAL COLIFORM			
	Monthly Effluent	Monthly Influent	Avg. Wkly. Influent	Monthly Influent	Avg. Wkly. Influent	Monthly Effluent	Avg. Wkly. Effluent	Monthly Effluent		Avg. Wkly. Effluent	Monthly Effluent	Monthly Effluent	Avg. Wkly. Effluent
	CONC	CONC	CONC	LOADING	LOADING	CONC	CONC	LOADING		LOADING	CONC	CONC	CONC
6.67										0.00			
7.23	374		810.08		3.00		6.50		0.00	1.0			
7.32	67.0		117.63		3.20		5.62		0.00				
6.97									0.00				
6.99									0.00				
		<b>220.50</b>		<b>463.85</b>		<b>3.10</b>		<b>6.06</b>				<b>1</b>	
7.01									0.00				
7.12	69.0		128.22		2.70		5.02		0.00	1.0			
7.21	100		149.72		2.30		3.44		0.00				
7.33									0.00				
7.07									0.00				
		<b>84.50</b>		<b>138.97</b>		<b>2.50</b>		<b>4.23</b>				<b>1</b>	
6.65									0.00				
7.01	160		276.03		2.60		4.49		0.00				
7.07	28.0		50.86		2.50		4.54		0.00	1.0			
7.09									0.00				
7.05									0.00				
		<b>94.00</b>		<b>163.45</b>		<b>2.55</b>		<b>4.51</b>				<b>1</b>	
7.04									0.00				
7.08	250		508.25		1.50		3.05		0.00				
7.09	186		377.43		2.10		4.26		0.00	1.0			
6.97									0.00				
7.20									0.00				
		<b>218.00</b>		<b>442.84</b>		<b>1.80</b>		<b>3.66</b>				<b>1</b>	
6.83									0.00				
6.81	274		449.80		2.60		4.27		0.00	1.0			
6.93	124		236.07		2.50		4.76		0.00				
	INF Concentration		INF LOADING		EFF Concentration		EFF LOADING			EFF Concentration			
	MO.INF	WKLY	MO.	WKLY	MO.EFF	WKLY	MO.	WKLY	EFF	MO.	Wkly		
pH	TSS	TSS	TSS	TSS	TSS	TSS	TSS	TSS	Chlorine	Fecal	Fecal		
***	163	154	310	302	3	2	5	4.6	0.00	1			
7.33	374	221	810	464	3	3	6	6	0.00			1	
6.65	28	85	51	139	2	2	3	3.7	0.00	1			
6					20	30	72	90	0.5	200			
9									max	400			
					30	45	108	135		(1 = <2)			

PERMIT NUMBER	MONITORING PERIOD		
	GA0033391	MM/DD/YYYY	TO
		8/1/2016	
		8/31/2016	

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		99		0.035		0.08		
		97		95		0.027		0.05		
	0.00		98		97		0.03		0.06	
0.0000		97		96		0.074		0.14		
		98		98		0.171		0.26		
	0.00		97		97		0.12		0.20	
		98		98		0.000		0.00		
0.0000		93		91		0.073		0.13		
	0.00		95		95		0.04		0.07	
		98		99		0.057		0.12		
0.0000		97		99		0.0516		0.10		
	0.00		97		99		0.05		0.11	
0.0000		97		99		0.032		0.05		
		96		98		0.095		0.18		
										0.00
		BOD Removal		TSS Removal		EFF Concentration		EFF LOADING		
Fecal	Fecal	MO.	Wkly	MO.	Wkly	MO.	WKLY	MO.	WKLY	
LOG	LOG	BOD	BOD	TSS	TSS	NH3	NH3	NH3	NH3	Sludge
0.0000	0.0000	97	97	98	97	0.06	0.06	0.11	0.11	0.00
0.0000	0.0000	98	98	99	99	0.17	0.12	0.26	0.20	0.00
0.0000		95	95	95	95	0.00	0.03	0.00	0.06	0.00

7/31/2016  
 8/1/2016  
 8/2/2016  
 8/3/2016  
 8/4/2016  
 8/5/2016  
 8/6/2016  
 8/7/2016  
 8/8/2016  
 8/9/2016  
 8/10/2016  
 8/11/2016  
 8/12/2016  
 8/13/2016  
 8/14/2016  
 8/15/2016  
 8/16/2016  
 8/17/2016  
 8/18/2016  
 8/19/2016  
 8/20/2016  
 8/21/2016  
 8/22/2016  
 8/23/2016  
 8/24/2016  
 8/25/2016  
 8/26/2016  
 8/27/2016  
 8/28/2016  
 8/29/2016  
 8/30/2016  
 8/31/2016

		85		85		17.4		62.7		
						26.1		78.3		