

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 **12/1/2016** TO **12/31/2016**

No Discharge

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	***	***	***	8.16	***	***	mg/l		5 Days Every Week	GRAB
00300 1 0	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
Effluent Gross											
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.6	6.7	kg/day	***	3.1	4.2	mg/l		2 Days Every Week	Composite
00310 1 0	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
Effluent Gross											
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	176	290	kg/day	***	93	168	mg/l		2 Days Every Week	Composite
00310 G 0	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
Raw Sewage Influent											
Total Suspended Solids	SAMPLE MEASUREMENT	12	18	kg/day	***	7	7	mg/l		2 Days Every Week	Composite
00530 1 0	PERMIT REQUIREMENT	72 MO AVG	90 WKLY AVG	kg/day	***	20 MO AVG	30 WKLY AVG	mg/l		2 Days Every Week	Composite
Effluent Gross											
Total Suspended Solids	SAMPLE MEASUREMENT	143	361	kg/day	***	80	255	mg/l		2 Days Every Week	Composite
00530 G 0	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
Raw Sewage Influent											
Nitrogen, Ammonia Total (asN)	SAMPLE MEASUREMENT	0.73	2.62	kg/day	***	0.55	2.06	mg/l		2 Days Every Week	Composite
Effluent	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
00610 1 0											
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					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			912-449-0999	1/12/2017		
TYPED OR PRINTED								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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 FACILITY Lyons North Plant
 LOCATION Lyons, GA 30436


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No Discharge

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	0.45	0.624	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	***	***	***	97	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD
Solids, Suspended Percent Removal Removal 81011 K 0	SAMPLE MEASUREMENT	***	***	***	92	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	***	***	***	6.1	***	7.4	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		1/12/2017			
TYPED OR PRINTED						AREA CODE		NUMBER		MM/DD/YYYY	
						 Trey Pearson FOR Larry Douglas 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		
GA0033391	MM/DD/YYYY	TO	MM/DD/YYYY
	12/1/2016		12/31/2016

	pH		TSS INFLUENT			TSS EFFLUENT				CHLORINE	FECAL C
Avg Wkly Effluent	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
LOADING	CONC	CONC	CONC	LOADING	LOADING	CONC	CONC	LOADING	LOADING	CONC	CONC
	6.59										
	6.53	176		214.68		7.00		8.54		0.00	1.0
	6.93	334		507.68		2.30		3.50		0.00	
	7.28									0.00	
	7.38									0.00	
3.63			255.00		361.18		4.65		6.02		
	7.11									0.00	
	7.09	54.0		99.32		4.70		8.64		0.00	
	7.11	36.0		57.05		8.10		12.84		0.00	
	7.10									0.00	1.0
	6.90									0.00	
4.01			45.00		78.18		6.40		10.74		
	6.97									0.00	
	6.47	61.0		148.12		13.1		31.81		0.00	1.0
	6.41	16.8		50.69		1.30		3.92		0.00	
	6.37									0.00	
	6.53									0.00	
6.66			38.90		99.40		7.20		17.87		
	6.22										
	6.14	179		349.62		6.00		11.72		0.00	1.0
	6.43	109		208.34		6.30		12.04		0.00	
	6.99									0.00	
	6.91									0.00	
6.63			144.00		278.98		6.15		11.88		
	7.10									0.00	
	6.86	114		127.79		5.70		6.39		0.00	1.0
	6.71	73.0		102.36		8.10		11.36		0.00	
	6.72									0.00	
	6.74									0.00	
5.26			93.50		115.08		6.90		8.87		

LOADING		INF Concentration		INF LOADING		EFF Concentration		EFF LOADING			EFF Conc
WKLY		MO.INF	WKLY	MO.	WKLY	MO.EFF	WKLY	MO.	WKLY	EFF	MO.
BOD	pH	TSS	TSS	TSS	TSS	TSS	TSS	TSS	TSS	Chlorine	Fecal
5.2	***	80	115	143	187	7	6	12	11.1	0.00	1
6.7	7.38	179	255	350	361	13	7	32	18	0.00	
3.6	6.14	17	39	51	78	1	5	4	6.0	0.00	1
135	6					20	30	72	90	0.5	200
	9									max	400
202.5						30	45	108	135		(1 = <2)

FACILITY

Lyons North Plant

PERMIT NUMBER	MONITORING PERIOD		
GA0033391	MM/DD/YYYY	TO	MM/DD/YYYY
	12/1/2016		12/31/2016

OLIFORM	FECAL COLIFORM		BOD REMOVAL		TSS REMOVAL		AMMONIA EFFLUENT				SLUDGE
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	LOG	LOG	%	%	%	%	CONC	CONC	LOADING	LOADING	Sludge
	0.0000		97		96		0.0331		0.04		
			99		99		0.0901		0.14		
1		0.00		98		98		0.06		0.09	
			98		91		0.0330		0.06		
			96		78		0.0310		0.05		
	0.0000										
1		0.00		97		84		0.03		0.05	
	0.0000		97		79		0.161		0.39		
			96		92		0.005		0.02		
1		0.00		96		85		0.08		0.20	
	0.0000		97		97		0.0109		0.02		
			98		94		0.016		0.03		
1		0.00		98		95		0.01		0.03	
	0.0000		94		95		1.88		2.11		
			94		89		2.23		3.13		
1		0.00		94		92		2.06		2.62	
											0.00
Concentration			BOD Removal		TSS Removal		EFF Concentration		EFF LOADING		
Wkly	Fecal	Fecal	MO.	Wkly	MO.	Wkly	MO.	WKLY	MO.	WKLY	
Fecal	LOG	LOG	BOD	BOD	TSS	TSS	NH3	NH3	NH3	NH3	Sludge
	0.0000	0.0000	97	97	92	91	0.55	0.45	0.73	0.60	0.00
1	0.0000	0.0000	97	98	93	98	2.23	2.06	3.13	2.62	0.00
	0.0000		97	94	92	84	0.01	0.01	0.02	0.03	0.00
			85		85		17.4		62.7		
							26.1		78.3		