

NAME City of Lyons
ADDRESS 161 NE Broad Street
Lyons, GA 30436
FACILITY Lyons East Plant
LOCATION Lyons, GA 30436

GA0033405
PERMIT NUMBER


000-1
DISCHARGE NUMBER

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

MONITORING PERIOD
FROM **2/1/2017** TO **2/28/2017**

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	***	***	mg/l	8.44	***	***	mg/l		5 Days Every Week	GRAB
	PERMIT REQUIREMENT	***	***	mg/l	5 MINIMUM	***	***	mg/l		5 Days Every Week	GRAB
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	6.2	7.7	kg/day	***	3	4	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	51 JAN-APR 25 MAY-NOV 51 DEC	63 JAN-APR 32 MAY-NOV 63 DEC	kg/day	***	20 JAN-APR 10 MAY-NOV 20-Dec	30 JAN-APR 15 MAY-NOV 30-Dec	mg/l		2 Days Every Week	Composite
BOD, 5-day, 20 deg. C 00310 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	284	354	kg/day	***	124	176	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
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	***	***	***	6.1	***	6.5	su		5 Days Every Week	GRAB
	PERMIT REQUIREMENT	***	***	***	6 MINIMUM	***	8.5 MAXIMUM	su		5 Days Every Week	GRAB
Total Suspended Solids 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	6	11	kg/day	***	3	5	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	76 MO AVG	95 WKLY AVG	kg/day	***	30 MO AVG	45 WKLY AVG	mg/l		2 Days Every Week	Composite
Total Suspended Solids 00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	219	320	kg/day	***	99	160	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	0.077	0.124	kg/day	***	0.034	0.063	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	25 JAN-APR 5 MAY-NOV 25-Dec	32 JAN-APR 6 MAY-NOV 32 DEC	kg/day	***	10 JAN-APR 2 MAY-NOV 10-Dec	15 JAN-APR 3 MAY-NOV 15-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 Michael Caraway	TELEPHONE	DATE
MICHAEL CARAWAY OPERATOR			912-449-0999	3/13/2017
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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No Discharge

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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	0.61	0.769	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	***	***	***	98	***	***	%		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
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MICHAEL CARAWAY OPERATOR						 Trey Pearson For Michael Caraway		912-449-0999		3/13/2017	
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)

FACILITY

Lyons East Plant

PERMIT NUMBER	MONITORING PERIOD		
GA0033405	MM/DD/YYYY	TO	MM/DD/YYYY
	2/1/2017		2/28/2017

	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
	6.36									0.00	
	6.70	46.0		137.22		2.20		6.56		0.01	1.0
	6.27	57.0		168.08		1.50		4.42		0.00	
	6.21									0.01	
	6.23									0.01	
6.94			51.50		152.65		1.85		5.49		
	6.38									0.01	
	6.24	47.5		116.06		2.80		6.84		0.01	
	6.26	55.0		153.41		2.30		6.42		0.00	1.0
	6.23									0.00	
	6.39									0.00	
4.37			51.25		134.73		2.55		6.63		
	6.19									0.00	
	6.45	68.0		171.06		2.70		6.79		0.01	2.0
	6.42	60.0		140.90		6.60		15.50		0.01	
	6.49									0.01	
	6.35									0.01	
5.50			64.00		155.98		4.65		11.15		
	6.22									0.01	
	6.20	150		290.70		2.00		3.88		0.00	1.0
	6.21	170		350.13		2.00		4.12		0.00	
	6.14									0.00	
	6.34									0.00	
7.72			160.00		320.42		2.00		4.00		
	6.21									0.00	
	6.24	184		358.69		1.40		2.73		0.00	

LOADING		INF Concentration		INF LOADING		EFF Concentration		EFF LOADING			EFF Conc
WKLY	pH	MO.INF TSS	WKLY TSS	MO. TSS	WKLY TSS	MO.EFF TSS	WKLY TSS	MO. TSS	WKLY TSS	EFF Chlorine	MO. Fecal
6.1	***	99	82	219	191	3	3	6	6.8	0.00	1
7.7	6.49	184	160	359	320	7	5	15	11	0.01	
4.4	6.14	48	51	116	135	1	2	3	4.0	0.00	1.0000
135	6.9					20	30	72	90	0.5 max	200 400
202.5						30	45	108	135		(1 = <2)

FACILITY

Lyons East Plant

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GA0033405	MM/DD/YYYY	TO	MM/DD/YYYY
	2/1/2017		2/28/2017

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		98		95		0.030		0.09		
			96		97		0.020		0.06		
1		0.00		97		96		0.03		0.07	
			98		94		0.0300		0.07		
	0.0000		98		96		0.020		0.06		
1		0.00		98		95		0.03		0.06	
	0.3010		98		96		0.020		0.05		
			98		89		0.040		0.09		
2		0.30		98		93		0.03		0.07	
	0.0000		97		99		0.085		0.16		
			99		99		0.040		0.08		
1		0.00		98		99		0.06		0.12	
			98		99		0.02		0.04		
											0.00
Concentration			BOD Removal		TSS Removal		EFF Concentration		EFF LOADING		
Wkly Fecal	Fecal LOG	Fecal LOG	MO. BOD	Wkly BOD	MO. TSS	Wkly TSS	MO. NH3	WKLY NH3	MO. NH3	WKLY NH3	Sludge
	0.1003	0.0753	98	98	97	96	0.03	0.04	0.08	0.08	0.00
2	0.3010	0.3010	98	98	96	99	0.09	0.06	0.16	0.12	0.00
	0.0000		98	97	97	93	0.02	0.03	0.04	0.06	0.00
			85		85		17.4		62.7		
							26.1		78.3		