

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 **1/1/2017** TO **1/31/2017**

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	***	***	***	8.54	***	***	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	8.5	11.2	kg/day	***	4.1	5.6	mg/l		2 Days Every Week	Composite
	PERMIT REQUIREMENT	25-Jan 38-FEB-MAR 25-Apr 19-May	32-JAN 48-FEB-MAR 32-APR 24-May	kg/day	***	10-Jan 15-FEB-MAR 10-Apr 7.5-MAY	15-Jan 22.5-FEB-MAR 15-Apr 11.3-MAY	mg/l		2 Days Every Week	Composite
BOD, 5-day, 20 deg. C 00310 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	126	164	kg/day	***	64	83	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	15	19	kg/day	***	7	8	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	134	186	kg/day	***	69	94	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	0.92	2.99	kg/day	***	0.44	1.50	mg/l		2 Days Every Week	Composite
	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	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	2/14/2017		
TYPED OR PRINTED								AREA CODE	NUMBER	MM/DD/YYYY	

(Include Facility Name/Location if different)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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 ADDRESS 161 NE Broad Street
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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	0.54	0.597	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	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	***	***	***	94	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD
Solids, Suspended Percent Removal Removal 81011 K 0	SAMPLE MEASUREMENT	***	***	***	90	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	***	***	***	6.4	***	7.1	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		2/14/2017			
TYPED OR PRINTED						AREA CODE		NUMBER		MM/DD/YYYY	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				Trey Pearson FOR Larry Douglas					

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
	1/1/2017		1/31/2017

326622	EFF FLOW				DO	BOD INFLUENT				BOD EFFLUENT		
	METER READINGS		Daily Effluent	Avg Wkly Effluent	Monthly Effluent	Monthly Influent	Avg Wkly Influent	Monthly Influent	Avg Wkly Influent	Monthly Effluent	Avg Wkly Effluent	Monthly Effluent
			mgd	mgd	CONC	CONC	CONC	LOADING	LOADING	CONC	CONC	LOADING
1/1/2017	326622	326992	0.37									
1/2/2017	326992	327419	0.427		9.03							
1/3/2017	327419	327884	0.465		8.64	53.1	93.83		2.84		5.02	
1/4/2017	327884	328475	0.591		8.98	67.7	135.32		2.81		5.62	
1/5/2017	328475	329001	0.526		9.13							
1/6/2017	329001	329620	0.619		8.91							
1/7/2017	329620	330380	0.76	0.5303			60.40		114.57		2.83	
1/8/2017	330380	330864	0.484									
1/9/2017	330864	331237	0.373		9.59							
1/10/2017	331237	331776	0.539		9.31	55.4	143.15		3.19		8.24	
1/11/2017	331776	332456	0.68		8.96	61.4	129.96		4.10		8.68	
1/12/2017	332456	333013	0.557		8.81							
1/13/2017	333013	333607	0.594		8.82							
1/14/2017	333607	334028	0.421	0.5033			58.40		136.56		3.65	
1/15/2017	334028	334387	0.359									
1/16/2017	334387	334711	0.324		8.97							
1/17/2017	334711	335238	0.527		8.74	56.4	112.95		5.81		11.64	
1/18/2017	335238	335759	0.521		8.57	109	215.80		5.41		10.71	
1/19/2017	335759	336270	0.511		8.72							
1/20/2017	336270	336799	0.529		8.54							
1/21/2017	336799	337265	0.466	0.4797			82.70		164.37		5.61	
1/22/2017	337265	337994	0.729									
1/23/2017	337994	338506	0.5125		9.02							
1/24/2017	338506	338731	0.225		9.29	80.0	68.40		3.36		2.87	
1/25/2017	338731	339322	0.591		8.91	61.0	136.99		3.36		7.55	
1/26/2017	339322	339854	0.532		8.69							
1/27/2017	339854	340616	0.762		9.08							
1/28/2017	340616	341442	0.826	0.5968			70.50		102.70		3.36	
1/29/2017	341442	342141	0.699									
1/30/2017	342141	342780	0.639		9.58							
1/31/2017	342780	343512	0.732		8.79	36.4	101.25		5.89		16.38	
For calculation purposes: <2 = 1	EFF FLOW				D.O.	INF Concentration		INF LOADING		EFF Concentration		EFF LC
			Monthly	Weekly		MO.INF	WKLY	MO.	WKLY	MO.EFF	WKLY	
			MGD	MGD		BOD	BOD	BOD	BOD	BOD	BOD	
Average		0.545	0.5275	8.96	64	68	126	130	4	4	8.5	
Maximum		0.826	0.5968	9.59	109	83	216	164	6	6	16.4	
Minimum		0.225	0.4797	8.54	36	58	68	103	3	3	2.9	
VIOLATION	Average	> 0.9		2					30	45	108	
	Maximum	> 1.19		min.								
MAJOR SPILL	Average	≥							45	67.5	162	
	Maximum	≥										

FACILITY

Lyons North Plant

PERMIT NUMBER	MONITORING PERIOD		
GA0033391	MM/DD/YYYY	TO	MM/DD/YYYY
	1/1/2017		1/31/2017

	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
	6.81									0.00	
	6.54	60.0		106.02		9.80		17.32		0.00	1.0
	6.5	64.0		127.92		5.50		10.99		0.00	
	6.58									0.00	
	7.06									0.00	
5.32			62.00		116.97		7.65		14.16		
	6.69									0.00	
	6.65	32.0		82.69		7.20		18.60		0.00	1.0
	6.61	92.0		194.73		9.20		19.47		0.00	
	6.71									0.00	
	6.81									0.00	
8.46			62.00		138.71		8.20		19.04		
	6.98									0.00	
	6.67	60.0		120.16		8.00		16.02		0.01	1.0
	6.61	127		251.43		4.00		7.92		0.01	
	6.56									0.00	
	6.97									0.01	
11.17			93.50		185.80		6.00		11.97		
	6.89									0.00	
	6.38	92.0		78.66		5.90		5.04		0.00	
	6.38	60.0		134.75		3.60		8.08		0.00	1.0
	7.06									0.01	
	6.54									0.01	
5.21			76.00		106.70		4.75		6.56		
	6.41										
	6.36	38.0		105.70		11.4		31.71		0.00	1.0
										0.00	

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
7.5	***	69	73	134	137	7	7	15	12.9	0.00	1
11.2	7.06	127	94	251	186	11	8	32	19	0.01	
5.2	6.36	32	62	79	107	4	5	5	6.6	0.00	1
135	6					20	30	72	90	0.5	200
	9									max	400
202.5						30	45	108	135		(1 = <2)

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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		95		84		0.0500		0.09		
			96		91		0.0000		0.00		
1		0.00		95		88		0.03		0.04	
	0.0000		94		78		0.157		0.41		
			93		90		0.252		0.53		
1		0.00		94		84		0.20		0.47	
	0.0000		90		87		2.98		5.97		
			95		97		0.010		0.02		
1		0.00		92		92		1.50		2.99	
			96		94		0.0230		0.02		
	0.0000		94		94		0.0300		0.07		
1		0.00		95		94		0.03		0.04	
	0.0000		84		70		0.425		1.18		
											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	94	94	90	89	0.44	0.44	0.92	0.89	0.00
1	0.0000	0.0000	95	95	91	94	2.98	1.50	5.97	2.99	0.00
	0.0000		92	92	89	84	0.00	0.03	0.00	0.04	0.00

85

85

17.4
26.1

62.7
78.3