

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 **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	SAMPLE MEASUREMENT	***	***	***	7.56	***	***	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
Effluent Gross											
BOD, 5-day, 20 deg. C 00310 1 0	SAMPLE MEASUREMENT	8.9	20.3	kg/day	***	3.7	7.3	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	SAMPLE MEASUREMENT	270	334	kg/day	***	119	145	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											
Effluent Gross 00530 1 0	SAMPLE MEASUREMENT	14	29	kg/day	***	6	10	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											
Raw Sewage Influent 00530 G 0	SAMPLE MEASUREMENT	193	264	kg/day	***	84	114	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	0.85	2.38	kg/day	***	0.32	0.86	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 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

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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	0.674	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	***	***	***	***	2	10	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	***	***	***	93	***	***	%		MONTHLY	CALCTD
	PERMIT REQUIREMENT	***	***	***	85 MN % RMV	***	***	%		MONTHLY	CALCTD
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	***	***	***	6.2	***	6.6	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		3/13/2017			
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
	2/1/2017		2/28/2017

Avg Wkly Effluent	pH	TSS INFLUENT				TSS EFFLUENT				CHLORINE	FECAL C
	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
	6.41										
	6.36	38.0		105.70		11.4		31.71		0.00	1.0
	6.49	76.5		210.76		9.40		25.90		0.01	
	6.37									0.00	
	6.33									0.01	
20.31			57.25		158.23		10.40		28.80		
	6.26									0.01	
	6.42	50.0		136.42		3.50		9.55		0.01	
	6.39	49.0		137.97		5.00		14.08		0.00	1.0
	6.18									0.00	
	6.32									0.00	
8.29			49.50		137.20		4.25		11.81		
	6.15									0.00	
	6.34	112		247.27		5.50		12.14		0.00	9.7
	6.26	115		280.12		5.20		12.67		0.01	
	6.62									0.00	
	6.43									0.00	
5.67			113.50		263.70		5.35		12.40		
	6.32									0.01	
	6.32	76.0		146.13		5.80		11.15		0.00	1.0
	6.56	96.0		202.10		7.00		14.74		0.00	
	6.36									0.00	
	6.41									0.00	
6.79			86.00		174.12		6.40		12.94		
	6.44									0.00	
	6.34	100.0		185.06		5.6		10.36		0.00	

LOADING	pH	INF Concentration		INF LOADING		EFF Concentration		EFF LOADING		EFF	EFF Conc
		MO. INF	WKLY	MO.	WKLY	MO. EFF	WKLY	MO.	WKLY		
BOD		TSS	TSS	TSS	TSS	TSS	TSS	TSS	TSS	Chlorine	Fecal
10.3	***	84	77	193	183	6	7	14	16.5	0.00	2
20.3	6.62	115	114	280	264	9	10	26	29	0.01	
5.7	6.15	49	50	136	137	4	4	10	11.8	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
	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		84		70		0.425		1.18		
			93		88		1.30		3.58		
1		0.00		89		79		0.86		2.38	
			93		93		0.854		2.33		
	0.0000		97		90		0.060		0.17		
1		0.00		95		91		0.46		1.25	
	0.9868		98		95		0.0200		0.04		
			99		95		0.0400		0.10		
10		0.99		98		95		0.03		0.07	
	0.0000		97		92		0.195		0.37		
			97		93		0.070		0.15		
1		0.00		97		93		0.13		0.26	
			98		94		0.040		0.07		
											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
	0.3289	0.2467	97	95	93	90	0.32	0.37	0.85	0.99	0.00
10	0.9868	0.9868	95	98	92	95	1.30	0.86	3.58	2.38	0.00
	0.0000		97	89	93	79	0.02	0.03	0.04	0.07	0.00
			85		85		17.4		62.7		
							26.1		78.3		