

**Alabama Department of Environmental Management Discharge Monitoring Report (DMR)**

**PERMITTEE NAME:** Oxford Waterworks & Sewer Board **PERMIT NUMBER:** AL0058408

**MAILING ADDRESS:** Post Office Box 3663 **MONITORING POINT:** 0011

Oxford, AL36203  
Oxford Tull C Allen Wwtp

**COUNTY:**

**FACILITY:**  
**LOCATION:**

**Monitoring Period :** 2019-12-01 To: 2019-12-31

**NO DISCHARGE FROM SITE:** ( )

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
OXYGEN, DISSOLVED (DO) PARAM CODE: 00300 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		6.55	*****	*****	19 mg/l	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	*****			3X Weekly test	Grab
PH PARAM CODE: 00400 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		6.70	*****	7.70	12 S.U.	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	9.0 Maximum Daily			3X Weekly test	Grab
SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: G Influent	Sample Measurement	4135	7315	26 lbs/day	*****	119	145	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		*****	REPORT Monthly Average	REPORT Weekly Average			3X Weekly test	24-Hr Composite
SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: 1 Final Effluent	Sample Measurement	234	499	26 lbs/day	*****	7.5	10.0	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	1125 Monthly Average	1688 Weekly Average		*****	30.0 Monthly Average	45.0 Weekly Average			3X Weekly test	24-Hr Composite
NITROGEN, AMMONIA TOTAL (AS N) PARAM CODE: 00610 Stage Code: 1 Final Effluent	Sample Measurement	64.58	144.5	26 lbs/day	*****	2.05	6.09	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	750 Monthly Average	1125 Weekly Average		*****	20.0 Monthly Average	30.0 Weekly Average			3X Weekly test	24-Hr Composite
NITROGEN, KJELDAHL TOTAL (AS N) PARAM CODE: 00625 Stage Code: 1 Final Effluent	Sample Measurement	143	143	26 lbs/day	*****	6.70	6.70	19 mg/l	0	Monthly	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		*****	REPORT Monthly Average	REPORT Weekly Average			Monthly	24-Hr Composite
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) PARAM CODE: 00630 Stage Code: 1 Final Effluent	Sample Measurement	43	43	26 lbs/day	*****	2.00	2.00	19 mg/l	0	Monthly	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		*****	REPORT Monthly Average	REPORT Weekly Average			Monthly	24-Hr Composite
<b>Name/Title of Principal Executive Officer Or Authorized Agent</b>	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. §1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months to 5 years.)					<b>Signature of Principal Executive Officer Or Authorized Agent</b>		<b>Telephone No</b>	<b>Date (MM/DD/YY)</b>		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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PHOSPHORUS, TOTAL (AS P) PARAM CODE: 00665 Stage Code: 1 Final Effluent	Sample Measurement	11	11	26 lbs/day	*****	0.52	0.52	19 mg/l	0	Monthly	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		*****	REPORT Monthly Average	REPORT Weekly Average			Monthly	24-Hr Composite
CADMIUM TOTAL RECOVERABLE PARAM CODE: 01113 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*B	*B	28 ug/l	0	Monthly	Grab
	Permit Requirement	*****	*****		*****	4.8 Monthly Average	25.4 Maximum Daily			Monthly	Grab
LEAD TOTAL RECOVERABLE PARAM CODE: 01114 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*B	*B	28 ug/l	0	Monthly	Grab
	Permit Requirement	*****	*****		*****	18.7 Monthly Average	377.3 Maximum Daily			Monthly	Grab
COLOR (ADMI UNITS) PARAM CODE: 01290 Stage Code: > INCREASE (NOT END OF PIPE)	Sample Measurement	*****	*****		*****	*****	72	1E ADMI	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		*****	*****	80 Maximum Daily			3X Weekly test	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT PARAM CODE: 50050 Stage Code: 1 Final Effluent	Sample Measurement	3.77	8.64	03 MGD	*****	*****	*****		0	Daily	Continuous
	Permit Requirement	REPORT Monthly Average	REPORT Maximum Daily		*****	*****	*****			Daily	Continuous
CHLORINE, TOTAL RESIDUAL PARAM CODE: 50060 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*9	*9	19 mg/l	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		*****	0.08 Monthly Average	0.14 Maximum Daily			3X Weekly test	Grab
E.COLI PARAM CODE: 51040 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	105	439	13 col/100mL	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		*****	548 Monthly Average	2507 Maximum Daily			3X Weekly test	Grab
Name/Title of Principal Executive Officer Or Authorized Agent	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. §1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months to 5 years.)					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		

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**Monitoring Period :** 2019-12-01 To: 2019-12-31

**NO DISCHARGE FROM SITE:** ( )

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CYANIDE, TOTAL RECOVERABLE PARAM CODE: 78248 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*B	*B	28 ug/l	0	Monthly	Grab
	Permit Requirement	*****	*****		*****	38.8 Monthly Average	128.6 Maximum Daily				Monthly
BOD, CARBONACEOUS 05 DAY, 20C PARAM CODE: 80082 Stage Code: G Influent	Sample Measurement	3409	4379	26 lbs/day	*****	111	162	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		*****	REPORT Monthly Average	REPORT Weekly Average				3X Weekly test
BOD, CARBONACEOUS 05 DAY, 20C PARAM CODE: 80082 Stage Code: 1 Final Effluent	Sample Measurement	163	196	26 lbs/day	*****	5.2	8.4	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	938 Monthly Average	1407 Weekly Average		*****	25.0 Monthly Average	37.5 Weekly Average				3X Weekly test
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL PARAM CODE: 80091 Stage Code: K Percent Removal	Sample Measurement	*****	*****		95	*****	*****	23 %	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****				Monthly
SOLIDS, SUSPENDED PERCENT REMOVAL PARAM CODE: 81011 Stage Code: K Percent Removal	Sample Measurement	*****	*****		93	*****	*****	23 %	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****				Monthly
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**Split Sample Comparison**

	CBOD5 INF	CBOD5 EFF	TSS INF	TSS EFF	NH3 EFF	e.COLI EFF	e.COLI MH	ADMI EFF	TRC EFF	TRC MH	DO EFF	pH EFF
PACE	164	4.6	100	4	5	12.1	12.0	69.0	**	**	6.55	7.70
OWW	201	11.5	89	4.0	5.56C	38.9	117	52.0	**	**	6.55	7.70

**MDL Comparison**

	CBOD5 INF MDL	CBOD5 EFF MDL	TSS INF MDL	TSS EFF MDL	NH3 EFF MDL	e.COLI EFF MDL	e.COLI MH MDL	ADMI EFF MDL	TRC EFF MDL	TRC MH MDL	DO EFF MDL	pH EFF MDL
PACE	30.0	1.2	8.0	4.0	0.10C	1.0		10.0		**	N/A	N/A
OWW	N/A	N/A	N/A	N/A	0.06C	1.0		1.5		**	N/A	N/A

Some of PACE MDL's may change depending on volume of sample being used. The MDL's that OWW tracks at this time uses the same volume for each sample.

**TERMS:**

ADMI	ADMI COLOR
CBOD5	CARBONACIOUS BIOCHEMICAL OXYGEN DEMAND OVER 5 DAYS
DO	DISSOLVED OXYGEN
e.COLI	ESCHERICHIA COLI (BACTERIA)
EFF	EFFLUENT AT OUTFALL 0011
INF	INFLUENT TO PLANT
MH	CLOSEST MH TO CREEK
ND	BELOW THE DETECTABLE LIMIT
NH3	AMMONIA AS N
TRC	TOTAL RESIDUAL CHLORINE
TSS	TOTAL SUSPENDED SOLIDS

\*\*Chlorine not being used for disinfection

\*OWW does not have a portable CL analyzer. Using benchtop analyzer would cause the sample to be out of the 15 minute holding time.

**PAA 0011 OUTFALL**

12/1/2019 to 12/28/2019

Date	Outfall 0011 PAA - Value
	4629 mg/l
12/1/2019	0.00
12/2/2019	0.00
12/3/2019	0.00
12/4/2019	0.00
12/5/2019	0.21
12/6/2019	0.11
12/7/2019	
12/8/2019	
12/9/2019	0.42
12/10/2019	0.11
12/11/2019	0.21
12/12/2019	0.17
12/13/2019	0.23
12/14/2019	
12/15/2019	0.00
12/16/2019	0.00
12/17/2019	0.00
12/18/2019	0.00
12/19/2019	0.37
12/20/2019	0.52
12/21/2019	
12/22/2019	
12/23/2019	0.41
12/24/2019	0.44
12/25/2019	0.40
12/26/2019	0.30
12/27/2019	0.00
12/28/2019	

Minimum	0.00
Maximum	0.52
Average	0.18

**Turbidity**

12/1/2019 to 12/28/2019

Date	Outfall 0011 Turbidity 4837 NTU
12/1/2019	
12/2/2019	0.7200
12/3/2019	2.3300
12/4/2019	2.0800
12/5/2019	2.0800
12/6/2019	2.3800
12/7/2019	
12/8/2019	
12/9/2019	1.5900
12/10/2019	2.7400
12/11/2019	3.6400
12/12/2019	2.7400
12/13/2019	2.8100
12/14/2019	
12/15/2019	
12/16/2019	1.2200
12/17/2019	1.9900
12/18/2019	2.4100
12/19/2019	2.0400
12/20/2019	1.6400
12/21/2019	
12/22/2019	
12/23/2019	9.5200
12/24/2019	6.7100
12/25/2019	4.8600
12/26/2019	2.9700
12/27/2019	2.8000
12/28/2019	3.1000
Minimum	0.72
Maximum	9.52
Average	2.97