

Alabama Department of Environmental Management Discharge Monitoring Report (DMR)

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

MAILING ADDRESS: Post Office Box 3663
Oxford, AL36203 **MONITORING POINT:** 0011

FACILITY: Oxford Tull C Allen Wwtp **COUNTY:**

LOCATION: **Monitoring Period :** 2020-03-01 To: 2020-03-31 **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	*****	*****		6.97	*****	*****	19 mg/l	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		Minimum Daily	6.0	*****		*****		3X Weekly test
PH PARAM CODE: 00400 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		6.69	*****	7.72	12 S.U.	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		Minimum Daily	6.0	*****		Maximum Daily 9.0		3X Weekly test
SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: G Influent	Sample Measurement	7334	14096	26 lbs/day	*****	111	192	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
SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: 1 Final Effluent	Sample Measurement	425	518	26 lbs/day	*****	6.5	7.0	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
NITROGEN, AMMONIA TOTAL (AS N) PARAM CODE: 00610 Stage Code: 1 Final Effluent	Sample Measurement	45.30	141.0	26 lbs/day	*****	0.69	2.01	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
NITROGEN, KJELDAHL TOTAL (AS N) PARAM CODE: 00625 Stage Code: 1 Final Effluent	Sample Measurement	88	88	26 lbs/day	*****	1.40	1.40	19 mg/l	0	Monthly	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		*****	REPORT Monthly Average	REPORT Weekly Average				Monthly
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) PARAM CODE: 00630 Stage Code: 1 Final Effluent	Sample Measurement	63	63	26 lbs/day	*****	1.00	1.00	19 mg/l	0	Monthly	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		*****	REPORT Monthly Average	REPORT Weekly Average				Monthly
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)		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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Oxford, AL36203

FACILITY: Oxford Tull C Allen Wwtp

LOCATION:

Monitoring Period : 2020-03-01 To: 2020-03-31

COUNTY:

NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
PHOSPHORUS, TOTAL (AS P) PARAM CODE: 00665 Stage Code: 1 Final Effluent	Sample Measurement	9	9	26 lbs/day	*****	0.15	0.15	19 mg/l	0	Monthly	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		*****	REPORT Monthly Average	REPORT Weekly Average				Monthly
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
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
COLOR (ADMI UNITS) PARAM CODE: 01290 Stage Code: > INCREASE (NOT END OF PIPE)	Sample Measurement	*****	*****		*****	*****	63	1E ADMI	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		*****	*****	80 Maximum Daily				3X Weekly test
FLOW, IN CONDUIT OR THRU TREATMENT PLANT PARAM CODE: 50050 Stage Code: 1 Final Effluent	Sample Measurement	7.84	11.99	03 MGD	*****	*****	*****		0	Daily	Continuous
	Permit Requirement	REPORT Monthly Average	REPORT Maximum Daily		*****	*****	*****				Daily
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
E.COLI PARAM CODE: 51040 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	30	189	13 col/100mL	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		*****	548 Monthly Average	2507 Maximum Daily				3X Weekly test
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 <small>(Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months to 5 years.)</small>					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
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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				
BOD, CARBONACEOUS 05 DAY, 20C PARAM CODE: 80082 Stage Code: G Influent	Sample Measurement	4194	4582	26 lbs/day	*****	65	71	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		*****	REPORT Monthly Average	REPORT Weekly Average				
BOD, CARBONACEOUS 05 DAY, 20C PARAM CODE: 80082 Stage Code: 1 Final Effluent	Sample Measurement	240	284	26 lbs/day	*****	3.7	4.3	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				
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL PARAM CODE: 80091 Stage Code: K Percent Removal	Sample Measurement	*****	*****		94	*****	*****	23 %	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****				
SOLIDS, SUSPENDE PERCENT REMOVAL PARAM CODE: 81011 Stage Code: K Percent Removal	Sample Measurement	*****	*****		91	*****	*****	23 %	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****				
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