

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 : 2019-08-01 To: 2019-08-31

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	*****	*****		7.60	*****	*****	19 mg/l	0	3X Weekly test	Grab
	Permit Requirement	*****	*****	Minimum Daily	6.0	*****	*****			3X Weekly test	Grab
PH PARAM CODE: 00400 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		7.10	*****	7.78	12 S.U.	0	3X Weekly test	Grab
	Permit Requirement	*****	*****	Minimum Daily	6.0	*****	9.0 Maximum Daily			3X Weekly test	Grab
SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: G Influent	Sample Measurement	4458	5139		*****	215	241	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	26 lbs/day	*****	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	69	100		*****	3.4	5.2	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	1125 Monthly Average	1688 Weekly Average	26 lbs/day	*****	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	7	14		*****	0.35	0.65	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	37.5 Monthly Average	56.2 Weekly Average	26 lbs/day	*****	1.0 Monthly Average	1.5 Weekly Average			3X Weekly test	24-Hr Composite
NITROGEN, KJELDAHL TOTAL (AS N) PARAM CODE: 00625 Stage Code: 1 Final Effluent	Sample Measurement	12	12		*****	0.62	0.62	19 mg/l	0	Monthly	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	26 lbs/day	*****	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	80	80		*****	4	4	19 mg/l	0	Monthly	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	26 lbs/day	*****	REPORT Monthly Average	REPORT Weekly Average			Monthly	24-Hr Composite
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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FACILITY: Oxford Tull C Allen Wwtp

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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	17.9	17.9	26 lbs/day	****	1.0	1.0	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	****	****		****	****	76	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	2.42	3.06	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	****	****		****	0.04	0.07	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	****	****		****	61	244	13 col/100mL	0	3X Weekly test	Grab
	Permit Requirement	****	****		****	126 Monthly Average	487 Maximum Daily			3X Weekly test	Grab
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Oxford Tull C Allen Wwtp

COUNTY:

FACILITY:
LOCATION:

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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				Monthly
BOD, CARBONACEOUS 05 DAY, 20C PARAM CODE: 80082 Stage Code: G Influent	Sample Measurement	2548	3145	26 lbs/day	*****	122	143	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	79	101	26 lbs/day	*****	3.9	4.9	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	300 Monthly Average	450 Weekly Average		*****	8.0 Monthly Average	12.0 Weekly Average				3X Weekly test
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL PARAM CODE: 80091 Stage Code: K Percent Removal	Sample Measurement	*****	*****		97	*****	*****	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	*****	*****		98	*****	*****	23 %	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****				Monthly
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		*****	0		*****	*****	*****				
TOXICITY, CERIODAPHNIA CHRONIC PARAM CODE: 61426 Stage Code: 1 Final Effluent	Sample Measurement	*****	0	9A pass(0)/fail(1)	*****	*****	*****		0	See Permit Requirements	24-Hr Composite
	Permit Requirement	*****	0 Single Sample		*****	*****	*****			See Permit Requirements	24-Hr Composite
TOXICITY, PIMEPHALES CHRONIC PARAM CODE: 61428 Stage Code: 1 Final Effluent	Sample Measurement	*****	0	9A pass(0)/fail(1)	*****	*****	*****		0	See Permit Requirements	24-Hr Composite
	Permit Requirement	*****	0 Single Sample		*****	*****	*****			See Permit Requirements	24-Hr Composite
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