Alabama Department of Environmental Management Discharge Monitoring Report (DMR)

PERMIT NUMBER: AL0058408

PERMITTEE NAME: Water Works & Sewer Board of the City of Oxford

MAILING ADDRESS: Post Office Box 3663

Oxford, AL36203

MONITORING POINT: 0011 **COUNTY:**

FACILITY: Oxford Tull C Allen Wwtp

LOCATION: **Monitoring Period :** 2021-01-01 To: 2021-01-31 () NO DISCHARGE FROM SITE:

Parameter		Quantity o	r Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
TURBIDITY	Sample Measurement	****	****		****	2.19	5.92	12	0	5X Weekly	Grab
PARAM CODE: 00070 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	REPORT Monthly Average	REPORT Maximum Daily	- 43 NTU		5X Weekly	Grab
DXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		9.03	****	****	1.	0	3X Weekly test	Grab
PARAM CODE: 00300 Stage Code: 1 Final Effluent	Permit Requirement	****	****		6.0 Minimum Daily	****	****	19 mg/l		3X Weekly test	Grab
PH	Sample Measurement	****	****		7.39	****	7.58	12	0	3X Weekly test	Grab
PARAM CODE: 00400 Stage Code: 1 Final Effluent	Permit Requirement	****	****		6.0 Minimum Daily	****	9.0 Maximum Daily	- 12 S.U.		3X Weekly test	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	2940	4106	26	****	122	142	10	0	3X Weekly test	24-Hr Composite
PARAM CODE: 00530 Stage Code: G Influent	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	19 mg/l		3X Weekly test	24-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	148	246	26	****	6.0	8.0	19	0	3X Weekly test	24-Hr Composite
PARAM CODE: 00530 Stage Code: 1 Final Effluent	Permit Requirement	1125 Monthly Average	1688 Weekly Average	lbs/day	****	30.0 Monthly Average	45.0 Weekly Average	mg/l		3X Weekly test	24-Hr Composite
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	0.51	2.2		****	*B	*B		0	3X Weekly test	24-Hr Composite
PARAM CODE: 00610 Stage Code: 1 Final Effluent	Permit Requirement	750 Monthly Average	1125 Weekly Average	- 26 lbs/day	****	20.0 Monthly Average	30.0 Weekly Average	mg/l		3X Weekly test	24-Hr Composite
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	25	25		****	1.10	1.10		0	Monthly	24-Hr Composite
PARAM CODE: 00625 Stage Code: 1 Final Effluent	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	26 lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	mg/l		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						HE Officer	Signature of Principal Executive Officer Or Authorized Agent			elephone No	Date (MM/DD/YY)
s	EE 18 U.S.C. § 1001 AND 33 U.	SUBMITTING FALSE INFORMATI S.C. §1319 include fines up to \$10,000 and or ma	,			ENT.					

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMIT NUMBER: AL0058408

(Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months to 5 years.)

MAILING ADDRESS: Post Office Box 3663

MONITORING POINT:

0011

Oxford, AL36203 FACILITY:

Oxford Tull C Allen Wwtp LOCATION:

Monitoring Period: 2021-01-01To: 2021-01-31

NO DISCHARGE FROM SITE:

COUNTY:

() **Parameter Quantity or Loading** Units **Quality or Concentration** Units No. Frequency of Sample Type Ex. **Analysis** 204 **** NITRITE PLUS NITRATE TOTAL Sample 204 8.90 8.90 0 Monthly 24-Hr 1 DET. (AS N) Measurement Composite 19 26 **** REPORT PARAM CODE: 00630 REPORT REPORT Permit Requirement lbs/day REPORT mg/l Monthly 24-Hr Stage Code: 1 Weekly Average Monthly Average Weekly Average Monthly Average Composite Final Effluent PHOSPHORUS, TOTAL (AS P) **** *B *B 0.00 Sample 0.00 Monthly 24-Hr Measurement Composite 26 19 PARAM CODE: 00665 **** Permit Requirement REPORT REPORT lbs/dav REPORT REPORT mg/lMonthly 24-Hr Stage Code: 1 Weekly Average Weekly Average Monthly Average Monthly Average Composite Final Effluent **** **** **** SILVER TOTAL RECOVERABLE Sample *B *B Monthly Grab Measurement 28 PARAM CODE: 01079 Permit Requirement **** **** **** REPORT REPORT ug/1 Monthly Grab Stage Code: 1 Monthly Average Maximum Daily Final Effluent **** COLOR (ADMI UNITS) Sample **** **** **** 66 5X Weekly Grab Measurement 1E PARAM CODE: 01290 Permit Requirement **** **** **** **** 80 ADMI 5X Weekly Grab Stage Code: 1 Maximum Daily Final Effluent FLOW, IN CONDUIT OR THRU Sample 2.94 5.25 **** **** **** 0 Daily Continuous TREATMENT PLANT Measurement ***** **** **** PARAM CODE: 50050 REPORT REPORT MGD Permit Requirement Daily Continuous Stage Code: 1 Monthly Average Maximum Daily Final Effluent CHLORINE, TOTAL RESIDUAL **** **** **** *9 *9 3X Weekly test Sample Grab Measurement 19 PARAM CODE: 50060 **** **** ***** 0.115 3X Weekly test Permit Requirement 0.066 mg/lGrab Stage Code: 1 Monthly Average Maximum Daily Final Effluent **** **** **** E.COLI 44 5X Weekly Sample Grab Measurement 13 PARAM CODE: 51040 **** **** **** Permit Requirement 548 2507 col/100mI 5X Weekly Grab Stage Code: 1 Monthly Average Maximum Daily Final Effluent 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 Name/Title of Principal Executive Signature of Principal Executive Telephone No Date (MM/DD/YY) Officer Or Authorized Agent Officer Or Authorized Agent NFORMATION. 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

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Oxford, AL36203

MONITORING

POINT:

0011

FACILITY:

Oxford Tull C Allen Wwtp

LOCATION:

Monitoring Period : <u>2021-01-01</u>To: <u>2021-01-31</u>

COUNTY:

NO DISCHARGE FROM SITE: ()

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****		****	*B	*B	1,0	0	Monthly	Grab
PARAM CODE: 51173 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	31.4 Monthly Average	70.5 Maximum Daily	28 ug/l		Monthly	Grab
PERACETIC ACID	Sample Measurement	****	****		****	****	0.21	10	0	5X Weekly	Grab
ARAM CODE: 51674 Stage Code: 1 Sinal Effluent	Permit Requirement	****	****		****	****	1.0 Maximum Daily	19 mg/l		5X Weekly	Grab
BOD, CARBONACEOUS 05 DAY, 100C	Sample Measurement	2026	2570		****	84	95		0	3X Weekly test	24-Hr Composite
PARAM CODE: 80082 Stage Code: G nfluent	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	19 mg/l		3X Weekly test	24-Hr Composite
BOD, CARBONACEOUS 05 DAY, 100C	Sample Measurement	96	102		****	3.9	4.5		0	3X Weekly test	24-Hr Composite
PARAM CODE: 80082 Stage Code: 1 Sinal Effluent	Permit Requirement	938 Monthly Average	1407 Weekly Average	lbs/day	****	25.0 Monthly Average	37.5 Weekly Average	19 mg/l		3X Weekly test	24-Hr Composite
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	Sample Measurement	****	****		95	****	****		0	Monthly	Calculated
ARAM CODE: 80091 tage Code: K ercent Removal	Permit Requirement	****	****		85.0 Monthly Average Minimum	****	****	23 %		Monthly	Calculated
OLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****		95	****	****		0	Monthly	Calculated
PARAM CODE: 81011 Stage Code: K Percent Removal	Permit Requirement	****	****		85.0 Monthly Average Minimum	****	****	23 %		Monthly	Calculated
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 OMPLETE. 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			Tele	ate (MM/DD/YY)	

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