

# DISCHARGE MONITORING REPORT (DMR)

Digitally signed by:  
AEPACS  
Date: 2025.12.27 18:56:12 -06:00  
Reason: Copy Of Record  
Location: State of Alabama

**Permittee Name:** Water Works & Sewer Board of the City of Oxford  
**Facility Name:** Oxford Tull C. Allen WWTP  
**Location:** 2975 Silver Run Road  
Oxford, AL 36203  
**County:** Talladega

<b>Permit No:</b> AL0058408	
<b>Monitoring Period</b>	
<b>From:</b> 11/1/2025	<b>To:</b> 11/30/2025

## Outfall: 001-1

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Sample Freq	Sample Type
Turbidity (00070) EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	0.93	1.12	NTU	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	REPORT Monthly Average	REPORT Maximum Daily			5X Weekly	Grab
Oxygen, Dissolved (DO) (00300) EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	7.83	*****	*****	mg/l	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	*****			3X Weekly test	Grab
pH (00400) EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	7.29	*****	7.53	S.U.	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	9.0 Maximum Daily			3X Weekly test	Grab
Solids, Total Suspended (00530) EFFLUENT GROSS VALUE	Sample Measurement	201	415	lbs/day	*****	10.9	18.3	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

NAME OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 person or 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE
Meredith Holzer		Electronically Signed via AEPACS	(256) 831-5618	12/27/2025

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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Sample Freq	Sample Type
Solids, Total Suspended (00530) RAW SEW/INFLUENT	Sample Measurement	2584	5214	lbs/day	*****	131	204	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
Nitrogen, Ammonia Total (As N) (00610) EFFLUENT GROSS VALUE	Sample Measurement	15.7	22.88	lbs/day	*****	0.80	1.37	mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	37.5 Monthly Average	56.2 Weekly Average		*****	1.0 Monthly Average	1.5 Weekly Average			3X Weekly test	24-Hr Composite
Nitrogen, Kjeldahl Total (As N) (00625) EFFLUENT GROSS VALUE	Sample Measurement	213	213	lbs/day	*****	13.00	13.00	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) (00630) EFFLUENT GROSS VALUE	Sample Measurement	13	13	lbs/day	*****	0.78	0.78	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

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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Sample Freq	Sample Type
Phosphorus, Total (As P) (00665) EFFLUENT GROSS VALUE	Sample Measurement	43	43	lbs/day	*****	2.60	2.60	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
Silver Total Recoverable (01079) EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*B	*B	ug/l	0	Monthly	Grab
	Permit Requirement	*****	*****		*****	REPORT Monthly Average	REPORT Maximum Daily			Monthly	Grab
Color (ADMI Units) (01290) EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	74	ADMI	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	*****	80 Maximum Daily			5X Weekly	Grab
Flow, In Conduit or Thru Treatment Plant (50050) EFFLUENT GROSS VALUE	Sample Measurement	2.21	3.59	MGD	*****	*****	*****	*****	0	Daily	Continuous
	Permit Requirement	REPORT Monthly Average	REPORT Maximum Daily		*****	*****	*****			Daily	Continuous

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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Sample Freq	Sample Type
Chlorine, Total Residual (50060) EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*9	*9	mg/l	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		*****	0.066 Monthly Average	0.115 Maximum Daily			3X Weekly test	Grab
E. Coli (51040) EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	13	28	col/100mL	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	548 Monthly Average	2507 Maximum Daily			5X Weekly	Grab
Cyanide, Free Available (51173) EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*B	*B	ug/l	0	Monthly	Grab
	Permit Requirement	*****	*****		*****	31.4 Monthly Average	70.5 Maximum Daily			Monthly	Grab
Peracetic Acid (51674) EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	0.96	mg/l	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	*****	1.0 Maximum Daily			5X Weekly	Grab

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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Sample Freq	Sample Type
BOD, Carbonaceous 05 Day, 20C (80082) EFFLUENT GROSS VALUE	Sample Measurement	66	75	lbs/day	*****	3.6	3.9	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	24-Hr Composite
BOD, Carbonaceous 05 Day, 20C (80082) RAW SEW/INFLUENT	Sample Measurement	1345	1831	lbs/day	*****	71	74	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
BOD, Carb-5 Day, 20 Deg C, Percent Remvl (80091) Percent Removal	Sample Measurement	*****	*****	*****	95	*****	*****	%	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****			Monthly	Calculated
Solids, Suspended Percent Removal (81011) Percent Removal	Sample Measurement	*****	*****	*****	92	*****	*****	%	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****			Monthly	Calculated

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### Outfall: 001-T

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Sample Freq	Sample Type
Toxicity, Ceriodaphnia Chronic (61426) EFFLUENT GROSS VALUE	Sample Measurement	*****	*9	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 (61428) EFFLUENT GROSS VALUE	Sample Measurement	*****	*9	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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END OF REPORT

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**Submission Identifier:** DMR-AL0058408-20251130-1

**Submission Signature Hash:** GPfHdwb72rDg4xLW6AYAfFkVpTbQRd55Xcnxj7HoNB4=

**Submitter Name:** Meredith Holzer

**Submitter Email:** mholzer@oxfordwater.com

**Submitted Date/Time:** 12/27/2025 6:56:12 PM