

Alabama Department of Environmental Management Discharge Monitoring Report (DMR)

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

PERMIT NUMBER: AL0058408

MAILING ADDRESS: Post Office Box 3663
Oxford, AL36203

MONITORING POINT: 0011

COUNTY:

FACILITY: Oxford Tull C Allen Wwtp

Monitoring Period : 2020-09-01 To: 2020-09-30

NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
TURBIDITY PARAM CODE: 00070 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	2.43	4.30	43 NTU	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	REPORT Monthly Average	REPORT Maximum Daily				5X Weekly
OXYGEN, DISSOLVED (DO) PARAM CODE: 00300 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		7.11	*****	*****	19 mg/l	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	*****				3X Weekly test
PH PARAM CODE: 00400 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		6.99	*****	7.70	12 S.U.	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	9.0 Maximum Daily				3X Weekly test
SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: G Influent	Sample Measurement	2941	3438	26 lbs/day	*****	137	156	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	87	136	26 lbs/day	*****	4.0	5.7	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	1.63	4.7	26 lbs/day	*****	0.08	0.33	19 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
NITROGEN, KJELDAHL TOTAL (AS N) PARAM CODE: 00625 Stage Code: 1 Final Effluent	Sample Measurement	27	27	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
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)

Alabama Department of Environmental Management Discharge Monitoring Report (DMR)

PERMITTEE NAME: Water Works & Sewer Board of the City of Oxford **PERMIT NUMBER:** AL0058408

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

FACILITY: Oxford Tull C Allen Wwtp

COUNTY:

LOCATION:

Monitoring Period : 2020-09-01 To: 2020-09-30

NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) PARAM CODE: 00630 Stage Code: 1 Final Effluent	Sample Measurement	81	81	26 lbs/day	*****	4.20	4.20	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
PHOSPHORUS, TOTAL (AS P) PARAM CODE: 00665 Stage Code: 1 Final Effluent	Sample Measurement	12	12	26 lbs/day	*****	0.64	0.64	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
SILVER TOTAL RECOVERABLE PARAM CODE: 01079 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*B	*B	28 ug/l	0	Monthly	Grab
	Permit Requirement	*****	*****		*****	REPORT Monthly Average	REPORT Maximum Daily			Monthly	Grab
COLOR (ADMI UNITS) PARAM CODE: 01290 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*****	70	1E ADMI	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	*****	80 Maximum Daily			5X Weekly	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT PARAM CODE: 50050 Stage Code: 1 Final Effluent	Sample Measurement	2.58	3.30	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	*****	*****		*****	0.066 Monthly Average	0.115 Maximum Daily			3X Weekly test	Grab
E.COLI PARAM CODE: 51040 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	22	144	13 col/100mL	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	126 Monthly Average	298 Maximum Daily			5X Weekly	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)		

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

Alabama Department of Environmental Management Discharge Monitoring Report (DMR)

PERMITTEE NAME: Water Works & Sewer Board of the City of Oxford **PERMIT NUMBER:** AL0058408

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

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

LOCATION: **Monitoring Period :** 2020-09-01 To: 2020-09-30 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CYANIDE, FREE AVAILABLE PARAM CODE: 51173 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*B	*B	28 ug/l	0	Monthly	Grab
	Permit Requirement	*****	*****		*****	31.4 Monthly Average	70.5 Maximum Daily				Monthly
PERACETIC ACID PARAM CODE: 51674 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*****	0.84	19 mg/l	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	*****	1.0 Maximum Daily				5X Weekly
BOD, CARBONACEOUS 05 DAY, 20C PARAM CODE: 80082 Stage Code: G Influent	Sample Measurement	1627	2015	26 lbs/day	*****	75	91	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	69	83	26 lbs/day	*****	3.2	3.5	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				
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL PARAM CODE: 80091 Stage Code: K Percent Removal	Sample Measurement	*****	*****		96	*****	*****	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	*****	*****		97	*****	*****	23 %	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****				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)