

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 **MONITORING** 0011

Oxford, AL36203

POINT:

COUNTY:

FACILITY: Oxford Tull C Allen Wwtp

Monitoring Period : 2020-08-01 To: 2020-08-31

NO DISCHARGE FROM SITE: ()

LOCATION:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
TURBIDITY	Sample Measurement	*****	*****		*****	2.54	4.62	43 NTU	0	5X Weekly	Grab
PARAM CODE: 00070 Stage Code: 1 Final Effluent	Permit Requirement	*****	*****		*****	REPORT Monthly Average	REPORT Maximum Daily				5X Weekly
OXYGEN, DISSOLVED (DO)	Sample Measurement	*****	*****		7.21	*****	*****	19 mg/l	0	3X Weekly test	Grab
PARAM CODE: 00300 Stage Code: 1 Final Effluent	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	*****				3X Weekly test
PH	Sample Measurement	*****	*****		7.17	*****	7.65	12 S.U.	0	3X Weekly test	Grab
PARAM CODE: 00400 Stage Code: 1 Final Effluent	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	9.0 Maximum Daily				3X Weekly test
SOLIDS, TOTAL SUSPENDED	Sample Measurement	4957	8641	26 lbs/day	*****	217	402	19 mg/l	0	3X Weekly test	24-Hr Composite
PARAM CODE: 00530 Stage Code: G Influent	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average			*****	REPORT Monthly Average		REPORT Weekly Average		
SOLIDS, TOTAL SUSPENDED	Sample Measurement	145	169	26 lbs/day	*****	6.6	8.2	19 mg/l	0	3X Weekly test	24-Hr Composite
PARAM CODE: 00530 Stage Code: 1 Final Effluent	Permit Requirement	1125 Monthly Average	1688 Weekly Average			*****	30.0 Monthly Average		45.0 Weekly Average		
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	5.93	11.1	26 lbs/day	*****	0.27	0.50	19 mg/l	0	3X Weekly test	24-Hr Composite
PARAM CODE: 00610 Stage Code: 1 Final Effluent	Permit Requirement	37.5 Monthly Average	56.2 Weekly Average			*****	1.0 Monthly Average		1.5 Weekly Average		
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	34	34	26 lbs/day	*****	2.00	2.00	19 mg/l	0	Monthly	24-Hr Composite
PARAM CODE: 00625 Stage Code: 1 Final Effluent	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average			*****	REPORT Monthly Average		REPORT Weekly Average		
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
LOCATION:

COUNTY:

Monitoring Period : 2020-08-01 To: 2020-08-31

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	118	118	26	****	7.00	7.00	19	0	Monthly	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	mg/l		Monthly	24-Hr Composite
PHOSPHORUS, TOTAL (AS P) PARAM CODE: 00665 Stage Code: 1 Final Effluent	Sample Measurement	17	17	26	****	1.00	1.00	19	0	Monthly	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	mg/l		Monthly	24-Hr Composite
SILVER TOTAL RECOVERABLE PARAM CODE: 01079 Stage Code: 1 Final Effluent	Sample Measurement	****	****		****	*B	*B	28	0	Monthly	Grab
	Permit Requirement	****	****		****	REPORT Monthly Average	REPORT Maximum Daily	ug/l		Monthly	Grab
COLOR (ADMI UNITS) PARAM CODE: 01290 Stage Code: 1 Final Effluent	Sample Measurement	****	****		****	****	74	1E	0	5X Weekly	Grab
	Permit Requirement	****	****		****	****	80 Maximum Daily	ADMI		5X Weekly	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT PARAM CODE: 50050 Stage Code: 1 Final Effluent	Sample Measurement	2.63	4.59	03	****	****	****		0	Daily	Continuous
	Permit Requirement	REPORT Monthly Average	REPORT Maximum Daily	MGD	****	****	****			Daily	Continuous
CHLORINE, TOTAL RESIDUAL PARAM CODE: 50060 Stage Code: 1 Final Effluent	Sample Measurement	****	****		****	*9	*9	19	0	3X Weekly test	Grab
	Permit Requirement	****	****		****	0.066 Monthly Average	0.115 Maximum Daily	mg/l		3X Weekly test	Grab
E.COLI PARAM CODE: 51040 Stage Code: 1 Final Effluent	Sample Measurement	****	****		****	43	268	13	0	5X Weekly	Grab
	Permit Requirement	****	****		****	126 Monthly Average	298 Maximum Daily	col/100mL		5X Weekly	Grab
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LOCATION:

COUNTY:

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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	*****	*****		*****	*****	0.21	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	1659	2016	26 lbs/day	*****	74	84	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	72	91	26 lbs/day	*****	3.3	3.8	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	*****	*****		96	*****	*****	23 %	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****				Monthly
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LOCATION:

COUNTY:

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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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