

**Alabama Department of Environmental Management Discharge Monitoring Report (DMR)**

**PERMITTEE NAME:** Oxford Waterworks & Sewer Board **PERMIT NUMBER:** AL0058408

**MAILING ADDRESS:** Post Office Box 3663 **MONITORING** 0011

Oxford, AL36203  
Oxford Tull C Allen Wwtp

**COUNTY:**

**FACILITY:**  
**LOCATION:**

**POINT:**

**Monitoring Period :** 2019-01-01 To: 2019-01-31

**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	****	****		7.41	****	****	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	****	****		6.70	****	7.06	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	7384	8288	26 lbs/day	****	130	150	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average			****	REPORT Monthly Average		REPORT Weekly Average		
SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: 1 Final Effluent	Sample Measurement	905	1047	26 lbs/day	****	16.1	17.3	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		
NITROGEN, AMMONIA TOTAL (AS N) PARAM CODE: 00610 Stage Code: 1 Final Effluent	Sample Measurement	101	140	26 lbs/day	****	1.80	2.41	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	750 Monthly Average	1125 Weekly Average			****	20.0 Monthly Average		30.0 Weekly Average		
NITROGEN, KJELDAHL TOTAL (AS N) PARAM CODE: 00625 Stage Code: 1 Final Effluent	Sample Measurement	200	200	26 lbs/day	****	3.18	3.18	19 mg/l	0	Monthly	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average			****	REPORT Monthly Average		REPORT Weekly Average		
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) PARAM CODE: 00630 Stage Code: 1 Final Effluent	Sample Measurement	25	25	26 lbs/day	****	0.4	0.4	19 mg/l	0	Monthly	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average			****	REPORT Monthly Average		REPORT Weekly Average		
<b>Name/Title of Principal Executive Officer Or Authorized Agent</b>	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.)					<b>Signature of Principal Executive Officer Or Authorized Agent</b>		<b>Telephone No</b>	<b>Date (MM/DD/YY)</b>		

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

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**LOCATION:**

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	11.3	11.3	26 lbs/day	*****	0.2	0.2	19 mg/l	0	Monthly	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		*****	REPORT Monthly Average	REPORT Weekly Average				Monthly
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
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
COLOR (ADMI UNITS) PARAM CODE: 01290 Stage Code: > INCREASE (NOT END OF PIPE)	Sample Measurement	*****	*****		*****	*****	58	1E ADMI	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		*****	*****	80 Maximum Daily				3X Weekly test
FLOW, IN CONDUIT OR THRU TREATMENT PLANT PARAM CODE: 50050 Stage Code: 1 Final Effluent	Sample Measurement	6.75	8.04	03 MGD	*****	*****	*****		0	Daily	Continuous
	Permit Requirement	REPORT Monthly Average	REPORT Maximum Daily		*****	*****	*****				Daily
CHLORINE, TOTAL RESIDUAL PARAM CODE: 50060 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	0.03	0.06	19 mg/l	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		*****	0.08 Monthly Average	0.14 Maximum Daily				3X Weekly test
E.COLI PARAM CODE: 51040 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	70	261	13 col/100mL	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		*****	548 Monthly Average	2507 Maximum Daily				3X Weekly test
<b>Name/Title of Principal Executive Officer Or Authorized Agent</b>	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.)					<b>Signature of Principal Executive Officer Or Authorized Agent</b>		<b>Telephone No</b>	<b>Date (MM/DD/YY)</b>		

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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	4091	4188	26 lbs/day	****	73	78	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	196	254	26 lbs/day	****	3.5	4.2	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	938 Monthly Average	1407 Weekly Average		****	25.0 Monthly Average	37.5 Weekly Average				3X Weekly test
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL PARAM CODE: 80091 Stage Code: K Percent Removal	Sample Measurement	****	****		95	****	****	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	****	****		86	****	****	23 %	0	Monthly	Calculated
	Permit Requirement	****	****		85.0 Monthly Average Minimum	****	****				Monthly
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