

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
LOCATION:

Monitoring Period : 2020-11-01 To: 2020-11-30

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	*****	*****		*****	2.21	4.71	43 NTU	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	REPORT Monthly Average	REPORT Maximum Daily			5X Weekly	Grab
OXYGEN, DISSOLVED (DO) PARAM CODE: 00300 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		8.49	*****	*****	19 mg/l	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	*****			3X Weekly test	Grab
PH PARAM CODE: 00400 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		7.43	*****	7.68	12 S.U.	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	9.0 Maximum Daily			3X Weekly test	Grab
SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: G Influent	Sample Measurement	3277	4331	26 lbs/day	*****	158	185	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	24-Hr Composite
SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: 1 Final Effluent	Sample Measurement	131	164	26 lbs/day	*****	6.4	8.8	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	24-Hr Composite
NITROGEN, AMMONIA TOTAL (AS N) PARAM CODE: 00610 Stage Code: 1 Final Effluent	Sample Measurement	1.66	5.6	26 lbs/day	*****	0.08	0.26	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	24-Hr Composite
NITROGEN, KJELDAHL TOTAL (AS N) PARAM CODE: 00625 Stage Code: 1 Final Effluent	Sample Measurement	67	67	26 lbs/day	*****	3.20	3.20	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
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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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	40	40	26 lbs/day	*****	1.90	1.90	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	6	6	26 lbs/day	*****	0.27	0.27	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	*****	*****		*****	*****	73	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	2.47	3.38	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	*****	*****		*****	27	89	13 col/100mL	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	548 Monthly Average	2507 Maximum Daily		5X Weekly	Grab	
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FACILITY: Oxford Tull C Allen Wwtp
LOCATION:

COUNTY:

Monitoring Period : 2020-11-01 To: 2020-11-30

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	*****	*****		*****	*****	0.46	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	1525	1704	26 lbs/day	*****	75	83	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	66	79	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				3X Weekly test
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	*****	*****		95	*****	*****	23 %	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****				Monthly
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FACILITY: Oxford Tull C Allen Wwtp
LOCATION:

COUNTY:

Monitoring Period : 2020-11-01To: 2020-11-30

NO DISCHARGE FROM SITE: ()

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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