

Alabama Department of Environmental Management Discharge Monitoring Report (DMR)

PERMITTEE NAME: Water Works & Sewer Board of the City of Oxford
MAILING ADDRESS: Post Office Box 3663 Oxford, AL36203
FACILITY: Oxford Tull C Allen Wwtp
LOCATION:

PERMIT NUMBER: AL0058408

MONITORING POINT: 0011

COUNTY:

Monitoring Period : 2021-08-01 To: 2021-08-31

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	*****	*****		*****	1.89	3.82	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	*****	*****		8.24	*****	*****	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	*****	*****		7.42	*****	7.63	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	3716	10258	26 lbs/day	*****	133	366	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	127	148	26 lbs/day	*****	4.6	4.8	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		
NITROGEN, AMMONIA TOTAL (AS N) PARAM CODE: 00610 Stage Code: 1 Final Effluent	Sample Measurement	*B	2.10	26 lbs/day	*****	*B	0.08	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		
NITROGEN, KJELDAHL TOTAL (AS N) PARAM CODE: 00625 Stage Code: 1 Final Effluent	Sample Measurement	30	30	26 lbs/day	*****	1.20	1.20	19 mg/l	0	Monthly	24-Hr Composite
	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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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	82	82	26 lbs/day	*****	3.30	3.30	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	32	32	26 lbs/day	*****	1.30	1.30	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	*****	*****		*****	*****	52	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	3.33	4.35	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	*****	*****		*****	11	50	13 col/100mL	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	126 Monthly Average	298 Maximum Daily			5X Weekly	Grab

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LOCATION:

PERMIT NUMBER: AL0058408

MONITORING POINT: 0011

COUNTY:

Monitoring Period : 2021-08-01 To: 2021-08-31

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				
PERACETIC ACID PARAM CODE: 51674 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*****	0.19	19 mg/l	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	*****	1.0 Maximum Daily				
BOD, CARBONACEOUS 05 DAY, 20C PARAM CODE: 80082 Stage Code: G Influent	Sample Measurement	2118	2446	26 lbs/day	*****	74	75	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	93	136	26 lbs/day	*****	3.3	4.2	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	*****	*****		95	*****	*****	23 %	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****				
SOLIDS, SUSPENDED PERCENT REMOVAL PARAM CODE: 81011 Stage Code: K Percent Removal	Sample Measurement	*****	*****		90	*****	*****	23 %	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****				
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MONITORING POINT: 001T

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
		****	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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