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

Firefox

PERMIT NUMBER: AL0058408 0011

MONITORING POINT:

COUNTY:

Monitoring Period : <u>2021-06-01</u>To: <u>2021-06-30</u>

NO DISCHARGE FROM SITE:

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Parameter		Quantity or Loading			Qua	lity or Concentration			No. Ex.	Frequency of Analysis	Sample Type
TURBIDITY	Sample Measurement	****	****		****	2.04	3.67		0	5X Weekly	Grab
PARAM CODE: 00070 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	REPORT Monthly Average	REPORT Maximum Daily	- 43 NTU		5X Weekly	Grab
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		7.18	****	****	- 19	0	3X Weekly test	Grab
PARAM CODE: 00300 Stage Code: 1 Final Effluent	Permit Requirement	****	****		6.0 Minimum Daily	****	****	19 mg/l		3X Weekly test	Grab
РН	Sample Measurement	****	****		7.30	****	7.55	12	0	3X Weekly test	Grab
PARAM CODE: 00400 Stage Code: 1 Final Effluent	Permit Requirement	****	****		6.0 Minimum Daily	****	9.0 Maximum Daily	- 12 S.U.		3X Weekly test	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	2880	3517	20	****	67	82	19	0	3X Weekly test	24-Hr Composite
PARAM CODE: 00530 Stage Code: G Influent	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	- 26 lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	mg/l		3X Weekly test	24-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	264	456	20	****	6.1	7.7	- 19	0	3X Weekly test	24-Hr Composite
PARAM CODE: 00530 Stage Code: 1 Final Effluent	Permit Requirement	1125 Monthly Average	1688 Weekly Average	- 26 lbs/day	****	30.0 Monthly Average	45.0 Weekly Average	mg/l		3X Weekly test	24-Hr Composite
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	*В	*B		****	*B	*B		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	- 26 lbs/day	****	1.0 Monthly Average	Monthly Weekly	- 19 mg/l		3X Weekly test	24-Hr Composite
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	100	100		****	1.98	1.98		0	Monthly	24-Hr Composite
PARAM CODE: 00625 Stage Code: 1 Final Effluent	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	= 26 lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	— 19 mg/l		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. Signature of Principal Executive Officer Or Authorized Agent COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SUBMITTED INFORMATION, INCLUDING THE POSSIBILITY OF SUBALTY OF SUBALTY Signature of Principal Executive Officer Or Authorized Agent									T	elephone No Page 1	Date (MM/DD/YY)

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

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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 FACILITY: Oxford Tull C Allen Wwtp LOCATION:

MONITORING 0011

POINT:

COUNTY:

Monitoring Period : <u>2021-06-01</u>To: <u>2021-06-30</u>

NO DISCHARGE FROM SITE:

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rement REPC Monthly rement REPC Monthly ***	DRT Average	136 REPORT Weekly Average 31 REPORT Weekly Average *****	26 lbs/day 26 lbs/day	***** ***** *****	2.70 REPORT Monthly Average 0.61 REPORT Monthly Average	2.70 REPORT Weekly Average 0.61 REPORT	19 mg/l	0	Monthly Monthly Monthly	24-Hr Composite 24-Hr Composite 24-Hr
rement REPC Monthly	Average DRT Average **	Weekly Average 31 REPORT Weekly Average	26	****	Monthly Average 0.61 REPORT	Weekly Average	19	0	5	Composite 24-Hr
rement REPC Monthly	DRT Average	REPORT Weekly Average			REPORT			0	Monthly	
Monthly ***	Average	Weekly Average		****		REPORT		H		Composite
		****	1		wonting werage	Weekly Average	ing/i		Monthly	24-Hr Composite
rement ***				****	*B	*B	28	0	Monthly	Grab
	**	****		****	REPORT Monthly Average	REPORT Maximum Daily	ug/l		Monthly	Grab
***	**	****		****	****	54	1E	0	5X Weekly	Grab
rement ***	**	****		****	****	80 Maximum Daily	ADMI		5X Weekly	Grab
5.2	20	8.98	03	****	****	****		0	Daily	Continuous
rement REPC Monthly		REPORT Maximum Daily	MGD	****	****	****			Daily	Continuous
	**	****		****	*9	*9	19	0	3X Weekly test	Grab
rement ***	**	****		****	0.066 Monthly Average	0.115 Maximum Daily	mg/l		3X Weekly test	Grab
	**	****		****	16	50	13	0	5X Weekly	Grab
rement ***	**	****	1	****	126 Monthly Average	298 Maximum Daily	col/100mL		5X Weekly	Grab
N AND BASED ON MY INQU LIEVE THE SUBMITTED IN LTIES FOR SUBMITTING FA	JIRY OF THOSE INI IFORMATION IS TRI ALSE INFORMATIO	DIVIDUALS IMMEDIATELY F RUE, ACCURATE AND COMPI N, INCLUDING THE POSSIBI	RESPONSIB LETE. I AM LITY OF FI	LE FOR OF AWARE TH NE AND IN	STAINING THE C			Te	elephone No I	Date (MM/DD/YY)
	rement *** rement *** PENALTY OF LAW THAT I H N AND BASED ON MY INQU LIEVE THE SUBMITTED IN LITIES FOR SUBMITTING F/ AND 33 U.S.C. §1319 statutes may include fince up te	rement ***** rement ***** rement ***** rement ***** PENALTY OF LAW THAT I HAVE PERSONALLY N AND BASED ON MY INQUIRY OF THOSE IN LYTES FOR SUBMITTED INFORMATIC AND 33 U.S.C. §1319 statutes may include fines up to \$10,000 and or max	rement ***** ***** rement ***** PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMII N AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY I LIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMP LITIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBI AND 33 U.S.C. §1319 statutes may include fines up to \$10,000 and or maximum imprisonment of between	rement ***** ***** rement *****	rement ***** ***** ***** ***** rement ***** ***** rement ***** ***** rement ***** ***** PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFOI N AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OF LIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE TH LTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IN AND 33 U.S.C. §1319	rement ***** **** 0.066 Monthly Average ***** 16 rement ***** **** 16 rement ***** **** 126 Monthly Average PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION N AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE ELIEVE THE SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	i i <td>i i<td>i i</td></td>	i i <td>i i</td>	i i

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

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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 Oxford Tull C Allen Wwtp FACILITY: LOCATION:

MONITORING 0011

POINT:

COUNTY:

Monitoring Period : <u>2021-06-01</u>To: <u>2021-06-30</u>

NO DISCHARGE FROM SITE:

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Parameter		Quantity or Loading			Quality o	r Concentratio	Units	No. Ex.	Frequency of Analysis	Sample Type	
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****		****	*B	*B		0	Monthly	Grab
PARAM CODE: 51173 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	31.4 Monthly Average	70.5 Maximum Daily	28 ug/l		Monthly	Grab
PERACETIC ACID	Sample Measurement	****	****		****	****	0.19	10	0	5X Weekly	Grab
PARAM CODE: 51674 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	****	1.0 Maximum Daily	- 19 mg/l		5X Weekly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	3662	5488		****	83	92		0	3X Weekly test	24-Hr Composite
PARAM CODE: 80082 Stage Code: G Influent	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	= 26 lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	- 19 mg/l		3X Weekly test	24-Hr Composite
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	191	285		****	4.4	4.5		0	3X Weekly test	24-Hr Composite
PARAM CODE: 80082 Stage Code: 1 Final Effluent	Permit Requirement	300 Monthly Average	450 Weekly Average	- 26 lbs/day	****	8.0 Monthly Average	12.0 Weekly Average	- 19 mg/l		3X Weekly test	24-Hr Composite
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	Sample Measurement	****	****		95	****	****		0	Monthly	Calculated
PARAM CODE: 80091 Stage Code: K Percent Removal	Permit Requirement	****	****		85.0 Monthly Average Minimum	****	****	- 23 %		Monthly	Calculated
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****		90	****	****		0	Monthly	Calculated
PARAM CODE: 81011 Stage Code: K Percent Removal	Permit Requirement	****	****		85.0 Monthly Average Minimum	****	****	23 %		Monthly	Calculated
Officer Or Authorized Agent S S S	CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION UBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE NFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TUFL, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE IGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. EE 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			Date (MM/DD/YY)	
	charues under mese statutes ma	y menuce mies up to \$10,000 and	or maximum imprisonment of be	ween o mont	us to 5 years.)	1					

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

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