()

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: 2021-03-01To: 2021-03-31

NO DISCHARGE FROM SITE:

Parameter Quantity or Loading Units **Quality or Concentration** Units No. Frequency of Sample Type Analysis Ex. **** **** **** TURBIDITY Sample 2.30 3.27 0 5X Weekly Grab Measurement 43 PARAM CODE: 00070 Permit Requirement ***** **** **** REPORT REPORT 5X Weekly Grab NTU Stage Code: 1 Monthly Maximum Final Effluent Average Daily OXYGEN, DISSOLVED (DO) **** **** **** **** 0 3X Weekly test Sample 8.80 Grab Measurement 19 PARAM CODE: 00300 **** **** **** **** Permit Requirement 6.0 3X Weekly test Grab mg/l Stage Code: 1 Minimum Final Effluent Daily **** **** **** PH 7.33 7.55 3X Weekly test Sample 0 Grab Measurement 12 PARAM CODE: 00400 **** **** **** 6.0 9.0 Permit Requirement 3X Weekly test Grab S.U. Stage Code: 1 Minimum Maximum Final Effluent Daily Daily SOLIDS, TOTAL SUSPENDED Sample 3994 5689 **** 110 148 0 3X Weekly test 24-Hr Composite Measurement 26 19 PARAM CODE: 00530 Permit Requirement REPORT REPORT **** REPORT REPORT 3X Weekly test 24-Hr mg/l bs/day Stage Code: G Monthly Average Weekly Average Monthly Weekly Composite Influent Average Average 347 **** SOLIDS, TOTAL SUSPENDED Sample 582 9.3 15.0 3X Weekly test 24-Hr Composite Measurement 26 19 PARAM CODE: 00530 1125 **** 30.0 45.0 Permit Requirement 1688 3X Weekly test 24-Hr lbs/day mg/l Stage Code: 1 Monthly Weekly Monthly Average Weekly Average Composite Final Effluent Average Average **** NITROGEN, AMMONIA TOTAL 4.12 9.9 0.11 3X Weekly test 24-Hr Sample 0.26 0 (AS N) Measurement Composite 26 19 **** 24-Hr 750 1125 20.0 30.0 Permit Requirement 3X Weekly test PARAM CODE: 00610 bs/day mg/l Monthly Average Weekly Average Monthly Weekly Composite Stage Code: 1 Average Average Final Effluent 43 43 **** NITROGEN, KJELDAHL TOTAL Sample 1.40 1.40 0 Monthly 24-Hr (AS N) Measurement Composite 26 19 Permit Requirement REPORT REPORT **** REPORT REPORT 24-Hr Monthly PARAM CODE: 00625 mg/l bs/day Weekly Monthly Average Weekly Average Monthly Composite Stage Code: 1 Average Average Final Effluent Name/Title of Principal Executive I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION Signature of Principal Executive Telephone No Date (MM/DD/YY) SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE Officer Or Authorized Agent Officer Or Authorized Agent NFORMATION. 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.)

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

Page 1

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 0011 POINT:

FACILITY:

Oxford Tull C Allen Wwtp

COUNTY:

LOCATION: **Monitoring Period :** <u>2021-03-01</u>To: <u>2021-03-31</u> NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading				Quality or Conc	entration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	217	217	26	****	7.00	7.00	19	0	Monthly	24-Hr Composite
PARAM CODE: 00630 Stage Code: 1 Final Effluent	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)	Sample Measurement	5	5	26	****	0.15	0.15	19	0	Monthly	24-Hr Composite
PARAM CODE: 00665 Stage Code: 1 Final Effluent	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	Sample Measurement	****	****		****	*B	*B	28	0	Monthly	Grab
PARAM CODE: 01079 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	REPORT Monthly Average	REPORT Maximum Daily	ug/l		Monthly	Grab
COLOR (ADMI UNITS)	Sample Measurement	****	****		****	****	62	1E	0	5X Weekly	Grab
PARAM CODE: 01290 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	****	80 Maximum Daily	ADMI		5X Weekly	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	4.47	7.12	03	****	****	****		0	Daily	Continuous
PARAM CODE: 50050 Stage Code: 1 Final Effluent	Permit Requirement	REPORT Monthly Average	REPORT Maximum Daily	MGD	****	****	****			Daily	Continuous
CHLORINE, TOTAL RESIDUAL	Sample Measurement	****	****		****	*9	*9	19	0	3X Weekly test	Grab
PARAM CODE: 50060 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	0.066 Monthly Average	0.115 Maximum Daily	mg/l		3X Weekly test	Grab
E.COLI	Sample Measurement	****	****		****	6	33	13	0	5X Weekly	Grab
PARAM CODE: 51040 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	548 Monthly Average	2507 Maximum Daily	col/100mL		5X Weekly	Grab
Officer Or Authorized Agent S	UBMITTED HEREIN AND BA: NFORMATION. I BELIEVE TH IGNIFICANT PENALTIES FOR EE 18 U.S.C. § 1001 AND 33 U.	OF LAW THAT I HAVE PERSONAL SED ON MY INQUIRY OF THOSE E SUBMITTED INFORMATION IS SUBMITTING FALSE INFORMAT S.C. §1319 include fines up to \$10,000 and or me	INDIVIDUALS IMMEDIATELY I TRUE, ACCURATE AND COMP TON, INCLUDING THE POSSIBI	RESPONSIE LETE. I AM ILITY OF F	BLE FOR O AWARE T INE AND I	BTAINING THE HAT THERE ARE	gnature of Principal Officer Or Authorize		To	elephone No 1	Date (MM/DD/YY)
COMMENT AND EXPLANATION OF AN	IV VIOLATIONS (D.f	11 -44h								Dogo 2	

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

Page 2

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:

LOCATION:

Oxford Tull C Allen Wwtp FACILITY:

Monitoring Period : <u>2021-03-01</u>To: <u>2021-03-31</u>

NO DISCHARGE FROM SITE:

COUNTY:

()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	s No. Ex.	Frequency of Analysis	Sample Type
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****		****	*B	*B	20	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	3229	3524		****	90	109		0	3X Weekly test	24-Hr Composite
PARAM CODE: 80082 Stage Code: G Influent	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	19 mg/l		3X Weekly test	24-Hr Composite
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	183	217		****	4.9	5.7		0	3X Weekly test	24-Hr Composite
PARAM CODE: 80082 Stage Code: 1 Final Effluent	Permit Requirement	938 Monthly Average	1407 Weekly Average	lbs/day	****	25.0 Monthly Average	37.5 Weekly Average	19 mg/l		3X Weekly test	24-Hr Composite
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	Sample Measurement	****	****		94	****	****		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	****	****		87	****	****		0	Monthly	Calculated
PARAM CODE: 81011 Stage Code: K Percent Removal	Permit Requirement	****	****		85.0 Monthly Average Minimum	****	****	23 %		Monthly	Calculated
Name/Title of Principal Executive Officer Or Authorized Agent 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. IS LELIEVE THE SUBMITTED HERE 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 AN			or maximum imprisonment of be	etween 6 montl	ns to 5 years.)					Dage	,

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

Page 3