PERMIT NUMBER: AL0058408

0011

PERMITTEE NAME: Water Works & Sewer Board of the City of Oxford

MAILING ADDRESS: Post Office Box 3663

MONITORING POINT: Oxford, AL36203

Oxford Tull C Allen Wwtp

FACILITY: LOCATION:

() **Monitoring Period:** 2020-11-01 To: 2020-11-30 NO DISCHARGE FROM SITE:

COUNTY:

Parameter		Quantity or Loading			Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
TURBIDITY	Sample Measurement	****	****		****	2.21	4.71		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	****	****		8.49	****	****	10	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	****	****		7.43	****	7.68	1.0	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	3277	4331	26	****	158	185	10	0	3X Weekly test	24-Hr Composite
PARAM CODE: 00530 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
SOLIDS, TOTAL SUSPENDED	Sample Measurement	131	164	26	****	6.4	8.8	10	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	19 mg/l		3X Weekly test	24-Hr Composite
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	1.66	5.6		****	0.08	0.26		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	1.5 Weekly Average	mg/l		3X Weekly test	24-Hr Composite
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	67	67		****	3.20	3.20		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
Officer Or Authorized Agent S S S	ERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION BMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE FORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM WARE THAT THERE ARE GNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. E 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 malties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months to 5 years.)								T	elephone No	Date (MM/DD/YY)

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

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PERMITTEE NAME: Water Works & Sewer Board of the City of Oxford

PERMIT NUMBER: AL0058408

MAILING ADDRESS: Post Office Box 3663

MONITORING 0011

Oxford, AL36203

Oxford Tull C Allen Wwtp

LOCATION:

FACILITY:

POINT: **COUNTY:**

Monitoring Period: <u>2020-11-01</u>To: <u>2020-11-30</u> NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading Units Quality or Concentration					entration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	40	40	26	****	1.90	1.90	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	6	6	26	****	0.27	0.27	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	****	****		*****	****	73	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	2.47	3.38	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	****	****		*****	27	89	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 S S	UBMITTED HEREIN AND BAS NFORMATION. I BELIEVE THE IGNIFICANT PENALTIES FOR EE 18 U.S.C. § 1001 AND 33 U.:	F LAW THAT I HAVE PERSONAL EED ON MY INQUIRY OF THOSE 5 SUBMITTED INFORMATION IS SUBMITTING FALSE INFORMAI 5.C. §1319 include fines up to \$10,000 and or n	INDIVIDUALS IMMEDIATELY TRUE, ACCURATE AND COMP TION, INCLUDING THE POSSIB	RESPONSIE LETE. I AM ILITY OF FI	BLE FOR OF AWARE TO INE AND IN	BTAINING THE HAT THERE ARE	gnature of Principal Officer Or Authorize		Te	lephone No	Date (MM/DD/YY)

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

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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:

COUNTY:

LOCATION:

Oxford Tull C Allen Wwtp

FACILITY:

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

NO DISCHARGE FROM SITE:

()

Units No. **Parameter Quantity or Loading** Units **Quality or Concentration** Frequency of Sample Type Analysis Ex. **** **** **** CYANIDE, FREE AVAILABLE Sample *B*B0 Monthly Grab Measurement 28 PARAM CODE: 51173 **** **** **** 31.4 70.5 Permit Requirement Monthly Grab ug/l Stage Code: 1 Monthly Maximum Final Effluent Average Daily PERACETIC ACID **** ***** **** **** 5X Weekly Sample 0.46 0 Grab Measurement 19 PARAM CODE: 51674 **** Permit Requirement **** **** **** 1.0 5X Weekly Grab mg/l Stage Code: 1 Maximum Final Effluent Daily BOD, CARBONACEOUS 05 DAY, Sample 1525 1704 **** 75 83 3X Weekly test 24-Hr 0 Measurement Composite 26 19 Permit Requirement REPORT REPORT REPORT REPORT 3X Weekly test 24-Hr PARAM CODE: 80082 lbs/day mg/l Monthly Average Weekly Average Monthly Weekly Composite Stage Code: G Average Average Influent BOD, CARBONACEOUS 05 DAY, Sample 66 79 **** 3.2 3.5 3X Weekly test 24-Hr Measurement Composite 26 19 24-Hr Permit Requirement 300 450 **** 8.0 12.0 3X Weekly test PARAM CODE: 80082 lbs/day mg/l Weekly Average Weekly Monthly Average Monthly Composite Stage Code: 1 Average Average Final Effluent **** **** **** BOD, CARB-5 DAY, 20 DEG C, Sample 96 ***** 0 Monthly Calculated PERCENT REMVL Measurement 23 **** **** **** **** Permit Requirement 85.0 Monthly Calculated PARAM CODE: 80091 % Monthly Average Stage Code: K Minimum Percent Removal **** **** **** **** SOLIDS, SUSPENDED PERCENT Sample 95 0 Monthly Calculated REMOVAL Measurement 23 **** **** 85.0 **** **** Permit Requirement Monthly Calculated PARAM CODE: 81011 % Monthly Average Stage Code: K Minimum Percent Removal Name/Title of Principal Executive 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)

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PERMITTEE NAME: Water Works & Sewer Board of the City of Oxford PERMIT NUMBER: AL0058408

MAILING ADDRESS: Post Office Box 3663 MONITORING 001T

POINT:

Oxford, AL36203

COUNTY:

FACILITY: LOCATION: Oxford Tull C Allen Wwtp

Monitoring Period: <u>2020-11-01</u>To: <u>2020-11-30</u>

NO DISCHARGE FROM SITE:

()

Parameter		Quantity or Loading		Units	Qualit	ty or Concent	Units	No. Ex.	Frequency of Analysi	Sample Type	
TOXICITY, CERIODAPHNIA CHRONIC	Sample Measurement	****	0	9A	****	****	****		0	See Permit Requirements	24-Hr Composite
PARAM CODE: 61426 Stage Code: 1 Final Effluent	Permit Requirement	****	0 Single Sample	pass(0)/fail(1)	****	****	****			See Permit Requirements	24-Hr Composite
TOXICITY, PIMEPHALES CHRONIC	Sample Measurement	****	0	9A	****	****	****		0	See Permit Requirements	24-Hr Composite
PARAM CODE: 61428 Stage Code: 1 Final Effluent	Permit Requirement	****	0 Single Sample	pass(0)/fail(1)	****	****	****			See Permit Requirements	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.					Officer O	Signature of Principal Executive Officer Or Authorized Agent			Telephone No E	ate (MM/DD/YY)
	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)

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