

Alabama Department of Environmental Management Discharge Monitoring Report (DMR)

PERMITTEE NAME: Oxford Waterworks & Sewer Board **PERMIT NUMBER:** AL0058408

MAILING ADDRESS: Post Office Box 3663
Oxford, AL36203

MONITORING POINT: 001S

COUNTY:

FACILITY: Oxford Tull C Allen Wwtp
LOCATION:

Monitoring Period : 2019-01-01 To: 2019-12-31

NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
OXYGEN, DISSOLVED (DO) PARAM CODE: 00300 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		8.43	*****	*****	19 mg/l	0	Annually	Grab
	Permit Requirement	*****	*****		REPORT Minimum Daily	*****	*****			Annually	Grab
PH PARAM CODE: 00400 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		7.19	*****	7.19	12 S.U.	0	Annually	Grab
	Permit Requirement	*****	*****		REPORT Minimum Daily	*****	REPORT Maximum Daily			Annually	Grab
SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*****	15.0	19 mg/l	0	Annually	Grab
	Permit Requirement	*****	*****		*****	*****	REPORT Maximum Daily			Annually	Grab
OIL & GREASE PARAM CODE: 00556 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*****	*B	19 mg/l	0	Annually	Grab
	Permit Requirement	*****	*****		*****	*****	15 Maximum Daily			Annually	Grab
NITROGEN, AMMONIA TOTAL (AS N) PARAM CODE: 00610 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*****	0.11	19 mg/l	0	Annually	Grab
	Permit Requirement	*****	*****		*****	*****	REPORT Maximum Daily			Annually	Grab
NITROGEN, KJELDAHL TOTAL (AS N) PARAM CODE: 00625 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*****	1.2	19 mg/l	0	Annually	Grab
	Permit Requirement	*****	*****		*****	*****	REPORT Maximum Daily			Annually	Grab
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) PARAM CODE: 00630 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*****	0.42	19 mg/l	0	Annually	Grab
	Permit Requirement	*****	*****		*****	*****	REPORT Maximum Daily			Annually	Grab
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 <small>(Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months to 5 years.)</small>					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
PHOSPHORUS, TOTAL (AS P) PARAM CODE: 00665 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*****	0.65	19 mg/l	0	Annually	Grab
	Permit Requirement	*****	*****		*****	*****	REPORT Maximum Daily			Annually	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT PARAM CODE: 50050 Stage Code: 1 Final Effluent	Sample Measurement	*****	.000840	03 MGD	*****	*****	*****		0	Annually	Grab
	Permit Requirement	*****	REPORT Maximum Daily		*****	*****	*****			Annually	Grab
CHLORINE, TOTAL RESIDUAL PARAM CODE: 50060 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*****	*B	19 mg/l	0	Annually	Grab
	Permit Requirement	*****	*****		*****	*****	REPORT Maximum Daily			Annually	Grab
E.COLI PARAM CODE: 51040 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*****	30.5	13 col/100mL	0	Annually	Grab
	Permit Requirement	*****	*****		*****	*****	REPORT Maximum Daily			Annually	Grab
BOD, CARBONACEOUS 05 DAY, 20C PARAM CODE: 80082 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*****	3.1	19 mg/l	0	Annually	Grab
	Permit Requirement	*****	*****		*****	*****	REPORT Maximum Daily			Annually	Grab
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)		

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