## ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT WATER DIVISION – INDUSTRIAL AND MUNICIPAL SECTIONS NONCOMPLIANCE NOTIFICATION FORM

PERMITTEE NAME:	Oxford Water Works & Sewer Board	_PERMIT NO:	AL000058408
FACILITY LOCATION:	Oxford Tull C. Allen WWTP, 2975 Silver Run Road, Oxfo	ord, AL 36203	
DMR REPORTING PERIOD:	April 2019 (monitoring period of 4/1/2019-4/30/2019)		

1. DESCRIPTION OF DISCHARGE: (Include outfall number (s))

Outfall 001 - Discharge from wastewater treatment facility.

## 2. DESCRIPTION OF NON-COMPLIANCE: (Attach additional pages if necessary):

LIST EFFLUENT VIOLATIONS (If applicable)				
Outfall Number (s)	NONCOMPLIANCE PARAMETER(S)	Result Reported (Include units)	Permit Limit (Include units)	
001	Cyanide, Monthly Avg. Effluent Concentration	88 ug/L	38.8 ug/L	
LIST MONITORING / REPORTING VIOLATIONS (If applicable)				
Outfall Number (s)	NONCOMPLIANCE PARAMETER(S)	Monitoring / Reporting Violation (Provide description)		

## CAUSE OF NON-COMPLIANCE (Attach additional pages if necessary):

The Oxford Tull C. Allen WWTP was hit with a spike of Cyanide. The excursion was lower than the acceptable daily maximum but above the monthly average.

April 2019

WWTP personnel are actively looking for the source of this cyanide spike, focusing on industries with possible cyanide discharges.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Wayne Livingston, General Manager

NAME AND TITLE OF RESPONSIBLE OFFICIAL (type or print) 05/28/2019 n SIGNATURE OF RESPONSIBLE OFFICIAL / DATE SIGNED

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PERIOD OF NONCOMPLIANCE: (Include exact date(s) and time(s) or, if not corrected, the anticipated time the noncompliance is expected to continue):

DESCRIPTION OF STEPS TAKEN AND/OR BEING TAKEN TO REDUCE OR ELIMINATE THE NONCOMPLYING DISCHARGE AND TO PREVENT ITS RECURRENCE (attach additional pages if necessary):