

Alabama Department of Environmental Management Discharge Monitoring Report (DMR)

PERMITTEE NAME: Oxford Waterworks & Sewer Board
MAILING ADDRESS: Post Office Box 3663
 Oxford, AL36203
FACILITY: Oxford Tull C Allen Wwtp
LOCATION:

PERMIT NUMBER: AL0058408
MONITORING POINT: 0011

COUNTY:

Monitoring Period : 2020-04-01 To: 2020-04-30

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 | ***** | ***** | | 6.59 | ***** | ***** | 19 mg/l | 0 | 3X Weekly test | Grab |
| | Permit Requirement | ***** | ***** | | Minimum Daily | ***** | ***** | | | | 3X Weekly test |
| PH PARAM CODE: 00400 Stage Code: 1 Final Effluent | Sample Measurement | ***** | ***** | | 6.87 | ***** | 7.66 | 12 S.U. | 0 | 3X Weekly test | Grab |
| | Permit Requirement | ***** | ***** | | Minimum Daily | ***** | Maximum Daily | | 9.0 | | 3X Weekly test |
| SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: G Influent | Sample Measurement | 4249 | 5874 | 26 lbs/day | ***** | 84 | 118 | 19 mg/l | 0 | 3X Weekly test | 24-Hr Composite |
| | Permit Requirement | REPORT Monthly Average | REPORT Weekly Average | | ***** | REPORT Monthly Average | REPORT Weekly Average | | | | 3X Weekly test |
| SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: 1 Final Effluent | Sample Measurement | 325 | 534 | 26 lbs/day | ***** | 6.6 | 9.5 | 19 mg/l | 0 | 3X Weekly test | 24-Hr Composite |
| | Permit Requirement | 1125 Monthly Average | 1688 Weekly Average | | ***** | 30.0 Monthly Average | 45.0 Weekly Average | | | | 3X Weekly test |
| NITROGEN, AMMONIA TOTAL (AS N) PARAM CODE: 00610 Stage Code: 1 Final Effluent | Sample Measurement | 13.35 | 45.6 | 26 lbs/day | ***** | 0.27 | 1.08 | 19 mg/l | 0 | 3X Weekly test | 24-Hr Composite |
| | Permit Requirement | 750 Monthly Average | 1125 Weekly Average | | ***** | 20.0 Monthly Average | 30.0 Weekly Average | | | | 3X Weekly test |
| NITROGEN, KJELDAHL TOTAL (AS N) PARAM CODE: 00625 Stage Code: 1 Final Effluent | Sample Measurement | 51 | 51 | 26 lbs/day | ***** | 0.88 | 0.88 | 19 mg/l | 0 | Monthly | 24-Hr Composite |
| | Permit Requirement | REPORT Monthly Average | REPORT Weekly Average | | ***** | REPORT Monthly Average | REPORT Weekly Average | | | | Monthly |
| NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) PARAM CODE: 00630 Stage Code: 1 Final Effluent | Sample Measurement | 231 | 231 | 26 lbs/day | ***** | 4.00 | 4.00 | 19 mg/l | 0 | Monthly | 24-Hr Composite |
| | Permit Requirement | REPORT Monthly Average | REPORT Weekly Average | | ***** | REPORT Monthly Average | REPORT Weekly Average | | | | Monthly |
| 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) | | |

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

Alabama Department of Environmental Management Discharge Monitoring Report (DMR)

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

MAILING ADDRESS: Post Office Box 3663 **MONITORING POINT:** 0011

Oxford, AL36203
Oxford Tull C Allen Wwtp

COUNTY:

FACILITY:
LOCATION:

Monitoring Period : 2020-04-01 To: 2020-04-30

NO DISCHARGE FROM SITE: ()

| 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 | 27 | 27 | 26 lbs/day | ***** | 0.47 | 0.47 | 19 mg/l | 0 | Monthly | 24-Hr Composite |
| | Permit Requirement | REPORT Monthly Average | REPORT Weekly Average | | ***** | REPORT Monthly Average | REPORT Weekly Average | | | Monthly | 24-Hr Composite |
| CADMIUM TOTAL RECOVERABLE PARAM CODE: 01113 Stage Code: 1 Final Effluent | Sample Measurement | ***** | ***** | | ***** | *B | *B | 28 ug/l | 0 | Monthly | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 4.8 Monthly Average | 25.4 Maximum Daily | | | Monthly | Grab |
| LEAD TOTAL RECOVERABLE PARAM CODE: 01114 Stage Code: 1 Final Effluent | Sample Measurement | ***** | ***** | | ***** | *B | *B | 28 ug/l | 0 | Monthly | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 18.7 Monthly Average | 377.3 Maximum Daily | | | Monthly | Grab |
| COLOR (ADMI UNITS) PARAM CODE: 01290 Stage Code: > INCREASE (NOT END OF PIPE) | Sample Measurement | ***** | ***** | | ***** | ***** | 74 | 1E ADMI | 0 | 3X Weekly test | Grab |
| | Permit Requirement | ***** | ***** | | ***** | ***** | 80 Maximum Daily | | | 3X Weekly test | Grab |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT PARAM CODE: 50050 Stage Code: 1 Final Effluent | Sample Measurement | 5.91 | 8.54 | 03 MGD | ***** | ***** | ***** | | 0 | Daily | Continuous |
| | Permit Requirement | REPORT Monthly Average | REPORT Maximum Daily | | ***** | ***** | ***** | | | Daily | Continuous |
| CHLORINE, TOTAL RESIDUAL PARAM CODE: 50060 Stage Code: 1 Final Effluent | Sample Measurement | ***** | ***** | | ***** | *Q | *Q | 19 mg/l | 0 | 3X Weekly test | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 0.08 Monthly Average | 0.14 Maximum Daily | | | 3X Weekly test | Grab |
| E.COLI PARAM CODE: 51040 Stage Code: 1 Final Effluent | Sample Measurement | ***** | ***** | | ***** | 37 | 127 | 13 col/100mL | 0 | 3X Weekly test | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 548 Monthly Average | 2507 Maximum Daily | | | 3X Weekly test | 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) |
| | | | | |

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

Alabama Department of Environmental Management Discharge Monitoring Report (DMR)

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

MAILING ADDRESS: Post Office Box 3663 **MONITORING POINT:** 0011

Oxford, AL36203
Oxford Tull C Allen Wwtp

COUNTY:

FACILITY:
LOCATION:

Monitoring Period : 2020-04-01 To: 2020-04-30

NO DISCHARGE FROM SITE: ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|------------------------|-----------------------|------------|------------------------------|---|-----------------------|---------------------|------------------------|-----------------------|-----------------|
| | | | | | | | | | | | |
| CYANIDE, TOTAL RECOVERABLE PARAM CODE: 78248 Stage Code: 1 Final Effluent | Sample Measurement | ***** | ***** | | ***** | *B | *B | 28 ug/l | 0 | Monthly | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 38.8 Monthly Average | 128.6 Maximum Daily | | | | |
| BOD, CARBONACEOUS 05 DAY, 20C PARAM CODE: 80082 Stage Code: G Influent | Sample Measurement | 3638 | 5106 | 26 lbs/day | ***** | 70 | 82 | 19 mg/l | 0 | 3X Weekly test | 24-Hr Composite |
| | Permit Requirement | REPORT Monthly Average | REPORT Weekly Average | | ***** | REPORT Monthly Average | REPORT Weekly Average | | | | |
| BOD, CARBONACEOUS 05 DAY, 20C PARAM CODE: 80082 Stage Code: 1 Final Effluent | Sample Measurement | 177 | 273 | 26 lbs/day | ***** | 3.6 | 4.4 | 19 mg/l | 0 | 3X Weekly test | 24-Hr Composite |
| | Permit Requirement | 938 Monthly Average | 1407 Weekly Average | | ***** | 25.0 Monthly Average | 37.5 Weekly Average | | | | |
| BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL PARAM CODE: 80091 Stage Code: K Percent Removal | Sample Measurement | ***** | ***** | | 95 | ***** | ***** | 23 % | 0 | Monthly | Calculated |
| | Permit Requirement | ***** | ***** | | 85.0 Monthly Average Minimum | ***** | ***** | | | | |
| SOLIDS, SUSPENDED PERCENT REMOVAL PARAM CODE: 81011 Stage Code: K Percent Removal | Sample Measurement | ***** | ***** | | 91 | ***** | ***** | 23 % | 0 | Monthly | Calculated |
| | Permit Requirement | ***** | ***** | | 85.0 Monthly Average Minimum | ***** | ***** | | | | |
| 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) | | |
| | | | | | | | | | | | |

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