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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:

COUNTY:

FACILITY: Oxford Tull C Allen Wwtp

LOCATION:

Monitoring Period: 2021-04-01To: 2021-04-30

NO DISCHARGE FROM SITE:

Parameter Quantity or Loading Units **Quality or Concentration** Units No. Frequency of Sample Type Analysis Ex. **** **** **** TURBIDITY Sample 2.00 5.88 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) **** **** **** **** 8.93 0 3X Weekly test Sample Grab Measurement 19 PARAM CODE: 00300 **** **** **** **** Permit Requirement 6.0 3X Weekly test Grab mg/l Stage Code: 1 Minimum Final Effluent Daily **** **** **** PH 7.25 7.51 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 3375 5000 **** 98 143 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 **** SOLIDS, TOTAL SUSPENDED Sample 282 595 8.7 14.5 3X Weekly test 24-Hr Composite Measurement 26 19 PARAM CODE: 00530 1125 **** 30.0 45.0 24-Hr Permit Requirement 1688 3X Weekly test lbs/day mg/l Stage Code: 1 Monthly Weekly Monthly Average Weekly Average Composite Final Effluent Average Average **** NITROGEN, AMMONIA TOTAL 0.16 0.7 *B *B 3X Weekly test 24-Hr Sample 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 NITROGEN, KJELDAHL TOTAL 47 47 **** 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

Frequency of

Sample Type

Grab

Grab

Grab

()

No.

Units

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Oxford, AL36203

MONITORING

POINT:

COUNTY:

Units

FACILITY:

Final Effluent

Stage Code: 1

Final Effluent

E.COLI

CHLORINE, TOTAL RESIDUAL

PARAM CODE: 50060

Oxford Tull C Allen Wwtp

LOCATION:

Parameter

Quantity or Loading

Monitoring Period : 2021-04-01 To: 2021-04-30

0011

NO DISCHARGE FROM SITE:

*9

0.115

Maximum Daily

28

19

mg/l

13

0

Quality or Concentration

Ex. **Analysis** 207 207 **** NITRITE PLUS NITRATE TOTAL Sample 6.20 6.20 0 Monthly 24-Hr 1 DET. (AS N) Measurement Composite 19 26 **** REPORT PARAM CODE: 00630 REPORT lbs/day Permit Requirement REPORT REPORT mg/l Monthly 24-Hr Stage Code: 1 Weekly Average Monthly Average Weekly Average Monthly Average Composite Final Effluent **** PHOSPHORUS, TOTAL (AS P) Sample 40 40 1.20 1.20 Monthly 24-Hr Measurement Composite 19 26 PARAM CODE: 00665 **** Permit Requirement REPORT REPORT lbs/day REPORT REPORT mg/l Monthly 24-Hr Stage Code: 1 Weekly Average Monthly Average Monthly Average Weekly Average Composite Final Effluent **** **** SILVER TOTAL RECOVERABLE **** Sample *B *B Monthly Grab Measurement 28 PARAM CODE: 01079 **** Permit Requirement **** **** REPORT REPORT ug/1 Monthly Grab Stage Code: 1 Monthly Average Maximum Daily Final Effluent **** COLOR (ADMI UNITS) Sample **** **** **** 54 5X Weekly Grab Measurement 1E PARAM CODE: 01290 Permit Requirement **** **** **** **** 80 ADMI 5X Weekly Grab Stage Code: 1 Maximum Daily Final Effluent FLOW, IN CONDUIT OR THRU 3.89 **** **** **** 0 Sample 6.09 Daily Continuous TREATMENT PLANT Measurement **** **** **** PARAM CODE: 50050 REPORT REPORT MGD Permit Requirement Daily Continuous Stage Code: 1 Monthly Average Maximum Daily

PARAM CODE: 51040 **** **** **** Permit Requirement 548 2507 col/100mI 5X Weekly Grab Stage Code: 1 Monthly Average Maximum Daily Final Effluent 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 Date (MM/DD/YY) Telephone No 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.)

0.066

Monthly Average

6

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

Sample

Sample

Measurement

Measurement

Permit Requirement

Page 2

3X Weekly test

3X Weekly test

5X Weekly

()

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Oxford, AL36203

MONITORING 0011

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FACILITY:

Oxford Tull C Allen Wwtp

LOCATION:

Monitoring Period : 2021-04-01 To: 2021-04-30 NO DISCHARGE FROM SITE:

Parameter Quantity or Loading Units **Quality or Concentration** Units No. Frequency of Sample Type Ex. Analysis **** **** **** CYANIDE, FREE AVAILABLE Sample *B *B 0 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 **** **** **** **** Sample 0.19 0 5X Weekly 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 2840 4347 **** 84 105 0 3X Weekly test 24-Hr Composite Measurement 26 19 **** 24-Hr Permit Requirement REPORT REPORT REPORT REPORT 3X Weekly test 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 131 183 **** 4.1 4.9 3X Weekly test 24-Hr Measurement Composite 26 19 1407 **** 37.5 24-Hr Permit Requirement 938 25.0 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 95 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 **** **** **** **** 90 0 Calculated Sample Monthly REMOVAL Measurement 23 **** **** **** **** 85.0 Calculated Permit Requirement Monthly 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.)

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Page 3