Alabama Department of Environmental Management Discharge Monitoring Report (DMR)

COUNTY:

PERMIT NUMBER: AL0058408

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

MAILING ADDRESS: Post Office Box 3663

MONITORING POINT: 0011 Oxford, AL36203

FACILITY: Oxford Tull C Allen Wwtp

LOCATION: **Monitoring Period:** 2020-12-01To: 2020-12-31 () NO DISCHARGE FROM SITE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
TURBIDITY	Sample Measurement	****	****		****	1.67	2.41	12	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	****	****		9.10	****	****	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	****	****		7.41	****	7.74	10	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	2412	2640	26	****	102	122	10	0	3X Weekly test	24-Hr Composite	
PARAM CODE: 00530 Stage Code: G Influent	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	- 26 lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	19 mg/l		3X Weekly test	24-Hr Composite	
SOLIDS, TOTAL SUSPENDED	Sample Measurement	155	233	26	****	6.4	8.7	19	0	3X Weekly test	24-Hr Composite	
PARAM CODE: 00530 Stage Code: 1 Final Effluent	Permit Requirement	1125 Monthly Average	1688 Weekly Average	lbs/day	****	30.0 Monthly Average	45.0 Weekly Average	mg/l		3X Weekly test	24-Hr Composite	
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	1.46	4.9		****	0.06	0.19		0	3X Weekly test	24-Hr Composite	
PARAM CODE: 00610 Stage Code: 1 Final Effluent	Permit Requirement	750 Monthly Average	1125 Weekly Average	- 26 lbs/day	****	20.0 Monthly Average	30.0 Weekly Average	mg/l		3X Weekly test	est 24-Hr Composite	
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	44	44		****	1.70	1.70		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	mg/l		Monthly	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. SEE IS 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.)						HE Officer	Signature of Principal Executive Officer Or Authorized Agent			elephone No	Date (MM/DD/YY)	
						ENT.						

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

Page 1

Alabama Department of Environmental Management Discharge Monitoring Report (DMR)

MAILING ADDRESS: Post Office Box 3663

Oxford, AL36203

MONITORING POINT:

0011

FACILITY:

Oxford Tull C Allen Wwtp

COUNTY:

LOCATION:

Monitoring Period: 2020-12-01To: 2020-12-31

NO DISCHARGE FROM SITE:

()

Parameter		Quantity o	r Loading	Units		Quality or Cor	centration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	52	52	26	****	2.00	2.00	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 Averag	REPORT Weekly Average	mg/l		Monthly	24-Hr Composite
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	5	5	26	*****	0.20	0.20	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 Averag	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 Averag	REPORT Maximum Daily	ug/l		Monthly	Grab
COLOR (ADMI UNITS)	Sample Measurement	****	****		****	****	67	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	2.90	4.28	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 Averag	0.115 Maximum Daily	mg/l		3X Weekly test	Grab
E.COLI	Sample Measurement	****	****		****	12	44	13	0	5X Weekly	Grab
PARAM CODE: 51040 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	548 Monthly Averag	2507 Maximum Daily	col/100mL		5X Weekly	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 SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FUNDORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE, I AM AWA					BLE FOR O	BTAINING THE HAT THERE ARE	Signature of Principal I Officer Or Authorize		Telephone No		Date (MM/DD/YY)
Si	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 2

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

MONITORING 0011

Oxford, AL36203

POINT:

COUNTY:

LOCATION:

FACILITY: Oxford Tull C Allen Wwtp

Monitoring Period: 2020-12-01To: 2020-12-31

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 **** ***** **** **** Sample 0.26 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 2025 2330 **** 84 105 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 75 86 **** 3.1 3.3 3X Weekly test 24-Hr Measurement Composite 26 19 37.5 24-Hr Permit Requirement 938 1407 **** 25.0 3X Weekly test PARAM CODE: 80082 lbs/day mg/l Weekly Monthly Average Weekly 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 93 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)

Page 3