

**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:** 0011

**COUNTY:**

**FACILITY:** Oxford Tull C Allen Wwtp  
**LOCATION:**

**Monitoring Period :** 2019-10-01 To: 2019-10-31

**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	*****	*****		7.69	*****	*****	19 mg/l	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	*****			3X Weekly test	Grab
PH PARAM CODE: 00400 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		7.20	*****	7.64	12 S.U.	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	9.0 Maximum Daily			3X Weekly test	Grab
SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: G Influent	Sample Measurement	4787	7974	26 lbs/day	*****	276	446	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	24-Hr Composite
SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: 1 Final Effluent	Sample Measurement	72	82	26 lbs/day	*****	4.0	4.8	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	24-Hr Composite
NITROGEN, AMMONIA TOTAL (AS N) PARAM CODE: 00610 Stage Code: 1 Final Effluent	Sample Measurement	0.25	0.6	26 lbs/day	*****	*B	*B	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	37.5 Monthly Average	56.2 Weekly Average		*****	1.0 Monthly Average	1.5 Weekly Average			3X Weekly test	24-Hr Composite
NITROGEN, KJELDAHL TOTAL (AS N) PARAM CODE: 00625 Stage Code: 1 Final Effluent	Sample Measurement	24	24	26 lbs/day	*****	1.40	1.40	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
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) PARAM CODE: 00630 Stage Code: 1 Final Effluent	Sample Measurement	54	54	26 lbs/day	*****	3	3	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
<b>Name/Title of Principal Executive Officer Or Authorized Agent</b>	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.)					<b>Signature of Principal Executive Officer Or Authorized Agent</b>		<b>Telephone No</b>	<b>Date (MM/DD/YY)</b>		
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

**COUNTY:**

**FACILITY:** Oxford Tull C Allen Wwtp

**LOCATION:**

**Monitoring Period :** 2019-10-01 To: 2019-10-31

**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	9.4	9.4	26 lbs/day	*****	0.5	0.5	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	*****	*****		*****	*****	70	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	2.13	3.84	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	*****	*****		*****	*9	*9	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	*****	*****		*****	55	133	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  
Oxford, AL36203

**MONITORING POINT:** 0011

**COUNTY:**

**FACILITY:** Oxford Tull C Allen Wwtp  
**LOCATION:**

**Monitoring Period :** 2019-10-01To: 2019-10-31

**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				Monthly
BOD, CARBONACEOUS 05 DAY, 20C PARAM CODE: 80082 Stage Code: G Influent	Sample Measurement	1663	1846	26 lbs/day	*****	97	108	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
BOD, CARBONACEOUS 05 DAY, 20C PARAM CODE: 80082 Stage Code: 1 Final Effluent	Sample Measurement	61	68	26 lbs/day	*****	3.5	3.7	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	300 Monthly Average	450 Weekly Average		*****	8.0 Monthly Average	12.0 Weekly Average				3X Weekly test
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL PARAM CODE: 80091 Stage Code: K Percent Removal	Sample Measurement	*****	*****		96	*****	*****	23 %	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****				Monthly
SOLIDS, SUSPENDED PERCENT REMOVAL PARAM CODE: 81011 Stage Code: K Percent Removal	Sample Measurement	*****	*****		98	*****	*****	23 %	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****				Monthly
<b>Name/Title of Principal Executive Officer Or Authorized Agent</b>	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.)					<b>Signature of Principal Executive Officer Or Authorized Agent</b>		<b>Telephone No</b>	<b>Date (MM/DD/YY)</b>		

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