

**Alabama Department of Environmental Management Discharge Monitoring Report (DMR)**

**PERMITTEE NAME:** Water Works & Sewer Board of the City of Oxford  
**MAILING ADDRESS:** Post Office Box 3663  
 Oxford, AL36203  
**FACILITY:** Oxford Tull C Allen Wwtp  
**LOCATION:**

**PERMIT NUMBER:** AL0058408

**MONITORING POINT:** 0011

**COUNTY:**

**Monitoring Period :** 2021-09-01 To: 2021-09-30

**NO DISCHARGE FROM SITE:** ( )

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
TURBIDITY PARAM CODE: 00070 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	1.75	4.10	43 NTU	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	REPORT Monthly Average	REPORT Maximum Daily				5X Weekly
OXYGEN, DISSOLVED (DO) PARAM CODE: 00300 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		8.34	*****	*****	19 mg/l	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	*****				3X Weekly test
PH PARAM CODE: 00400 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		7.21	*****	7.58	12 S.U.	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	9.0 Maximum Daily				3X Weekly test
SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: G Influent	Sample Measurement	6352	8274	26 lbs/day	*****	257	341	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	141	212	26 lbs/day	*****	5.8	9.3	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	*B	2.91	26 lbs/day	*****	*B	0.11	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
NITROGEN, KJELDAHL TOTAL (AS N) PARAM CODE: 00625 Stage Code: 1 Final Effluent	Sample Measurement	22	22	26 lbs/day	*****	1.15	1.15	19 mg/l	0	Monthly	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		*****	REPORT Monthly Average	REPORT Weekly Average				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 <small>(Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months to 5 years.)</small>						<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:** Water Works & Sewer Board of the  
City of Oxford  
**MAILING ADDRESS:** Post Office Box 3663  
Oxford, AL36203  
**FACILITY:** Oxford Tull C Allen Wwtp  
**LOCATION:**

**PERMIT NUMBER:** AL0058408

**MONITORING POINT:** 0011

**COUNTY:**

**Monitoring Period :** 2021-09-01 To: 2021-09-30

**NO DISCHARGE FROM SITE:** ( )

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)  PARAM CODE: 00630 Stage Code: 1 Final Effluent	Sample Measurement	61	61	26 lbs/day	*****	3.18	3.18	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
PHOSPHORUS, TOTAL (AS P)  PARAM CODE: 00665 Stage Code: 1 Final Effluent	Sample Measurement	12	12	26 lbs/day	*****	0.63	0.63	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
SILVER TOTAL RECOVERABLE  PARAM CODE: 01079 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*B	*B	28 ug/l	0	Monthly	Grab
	Permit Requirement	*****	*****		*****	REPORT Monthly Average	REPORT Maximum Daily			Monthly	Grab
COLOR (ADMI UNITS)  PARAM CODE: 01290 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*****	52	1E ADMI	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	*****	80 Maximum Daily			5X Weekly	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT  PARAM CODE: 50050 Stage Code: 1 Final Effluent	Sample Measurement	2.89	4.71	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	*****	*****		*****	0.066 Monthly Average	0.115 Maximum Daily			3X Weekly test	Grab
E.COLI  PARAM CODE: 51040 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	6	33	13 col/100mL	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	126 Monthly Average	298 Maximum Daily			5X Weekly	Grab
<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:** Water Works & Sewer Board of the City of Oxford  
**MAILING ADDRESS:** Post Office Box 3663 Oxford, AL36203  
**FACILITY:** Oxford Tull C Allen Wwtp  
**LOCATION:**

**PERMIT NUMBER:** AL0058408  
**MONITORING POINT:** 0011  
**Monitoring Period :** 2021-09-01 To: 2021-09-30

**COUNTY:**  
**NO DISCHARGE FROM SITE:** ( )

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CYANIDE, FREE AVAILABLE PARAM CODE: 51173 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*B	*B	28 ug/l	0	Monthly	Grab
	Permit Requirement	*****	*****		*****	31.4 Monthly Average	70.5 Maximum Daily				
PERACETIC ACID PARAM CODE: 51674 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*****	0.21	19 mg/l	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	*****	1.0 Maximum Daily				
BOD, CARBONACEOUS 05 DAY, 20C PARAM CODE: 80082 Stage Code: G Influent	Sample Measurement	2142	2275	26 lbs/day	*****	86	95	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	76	120	26 lbs/day	*****	3.2	4.0	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				
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	*****	*****				
SOLIDS, SUSPENDED PERCENT REMOVAL PARAM CODE: 81011 Stage Code: K Percent Removal	Sample Measurement	*****	*****		97	*****	*****	23 %	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****				
<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)