Alabama Department of Environmental Management Discharge Monitoring Report (DMR)

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

the PERMIT NUMBER: AL0058408

MONITORING 0011 POINT:

COUNTY:

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

NO DISCHARGE FROM SITE:

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Parameter		Quantity o	Units	. Qua	lity or Concentr	or Concentration Un		No. Ex.	Frequency of Analysis	Sample Type	
TURBIDITY	Sample Measurement	****	****		****	1.75	4.10	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	****	****		8.34	****	****	- 19 -	0	3X Weekly test	Grab
PARAM CODE: 00300 Stage Code: 1 Final Effluent	Permit Requirement	****	****		6.0 Minimum Daily	****	****	mg/l		3X Weekly test	Grab
РН	Sample Measurement	****	****		7.21	****	7.58	- 12 S.U.	0	3X Weekly test	Grab
PARAM CODE: 00400 Stage Code: 1 Final Effluent	Permit Requirement	****	****		6.0 Minimum Daily	****	9.0 Maximum Daily			3X Weekly test	Grab
SOLIDS, TOTAL SUSPENDED	Sample Measurement	6352	8274		****	257	341	– 19 mg/l	0	3X Weekly test	24-Hr Composite
PARAM CODE: 00530 Stage Code: G Influent	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	- 26 Ibs/day	****	REPORT Monthly Average	REPORT Weekly Average			3X Weekly test	24-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	141	212	24	****	5.8	9.3	- 19	0	3X Weekly test	24-Hr Composite
PARAM CODE: 00530 Stage Code: 1 Final Effluent	Permit Requirement	1125 Monthly Average	1688 Weekly Average	- 26 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	*В	2.91		****	*B	0.11	19 mg/l	0	3X Weekly test	24-Hr Composite
PARAM CODE: 00610 Stage Code: 1 Final Effluent	Permit Requirement	37.5 Monthly Average	56.2 Weekly Average	- 26 lbs/day	****	1.0 Monthly Average	1.5 Weekly Average			3X Weekly test	24-Hr Composite
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	22	22		****	1.15	1.15		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	19 mg/l		Monthly	24-Hr Composite
Officer Or Authorized Agent	UBMITTED HEREIN AND BASI NFORMATION. I BELIEVE THE IGNIFICANT PENALTIES FOR EE 18 U.S.C. § 1001 AND 33 U.S	LAW THAT I HAVE PERSONAL ED ON MY INQUIRY OF THOSE I SUBMITTED INFORMATION IS SUBMITTING FALSE INFORMAT C. §1319 include fines up to \$10,000 and or m	INDIVIDUALS IMMEDIATELY TRUE, ACCURATE AND COMP ION, INCLUDING THE POSSIB	RESPONSIBL LETE. I AM A ILITY OF FIN	E FOR OBTAINING 1 WARE THAT THERE E AND IMPRISONMI	ARE Officer	of Principal Exec Or Authorized Ag		Т	elephone No	Date (MM/DD/YY)

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

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

oard of the PERMIT NUMBER: AL0058408

MONITORING 0011 POINT: 0011

COUNTY:

Monitoring Period : 2021-09-01To: 2021-09-30 NO DISCHARGE FROM SITE:

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Sample Type Parameter **Ouality or Concentration** Units No. Frequency of Quantity or Loading Units Ex. Analysis NITRITE PLUS NITRATE TOTAL 61 **** 3.18 3.18 0 Monthly 24-Hr Sample 61 1 DET. (AS N) Composite Measurement 19 26 24-Hr PARAM CODE: 00630 Permit Requirement REPORT REPORT lbs/day **** REPORT REPORT mg/l Monthly Stage Code: 1 Composite Monthly Average Weekly Average Monthly Average Weekly Average Final Effluent PHOSPHORUS, TOTAL (AS P) **** 0.63 0.63 0 Monthly 24-Hr Sample 12 12 Composite Measurement 19 26 PARAM CODE: 00665 lbs/dav ***** REPORT REPORT mg/l Monthly 24-Hr Permit Requirement REPORT REPORT Stage Code: 1 Composite Monthly Average Weekly Average Monthly Average Weekly Average Final Effluent Grab SILVER TOTAL RECOVERABLE Sample **** **** ***** *B *B 0 Monthly Measurement 28 PARAM CODE: 01079 ***** ***** ***** REPORT REPORT ug/l Grab Monthly Permit Requirement Stage Code: 1 Monthly Average Maximum Daily Final Effluent **** COLOR (ADMI UNITS) ***** **** ***** 52 0 5X Weekly Grab Sample Measurement 1E PARAM CODE: 01290 ***** ***** **** ***** 80 ADMI 5X Weekly Grab Permit Requirement Stage Code: 1 Maximum Daily Final Effluent ***** **** ***** 0 Continuous FLOW, IN CONDUIT OR THRU Sample 2.89 4.71 Daily TREATMENT PLANT Measurement 03 PARAM CODE: 50050 REPORT MGD **** ***** **** Daily Continuous Permit Requirement REPORT Stage Code: 1 Maximum Daily Monthly Average Final Effluent **** ***** ***** *9 *9 0 3X Weekly test Grab CHLORINE, TOTAL RESIDUAL Sample Measurement 19 PARAM CODE: 50060 **** 3X Weekly test Grab Permit Requirement ***** **** 0.066 0.115 mg/l Stage Code: 1 Maximum Daily Monthly Average Final Effluent ***** 33 Grab E.COLI Sample **** ***** 6 0 5X Weekly Measurement 13 PARAM CODE: 51040 Permit Requirement ***** ***** ***** 126 298 col/100mL 5X Weekly Grab Stage Code: 1 Maximum Daily Monthly Average Final Effluent Date (MM/DD/YY) 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 UBMITTED 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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City of Oxford MAILING ADDRESS: Post Office Box 3663 Oxford, AL36203 FACILITY: LOCATION: Oxford Tull C Allen Wwtp

MONITORING 0011 POINT:

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

COUNTY:

NO DISCHARGE FROM SITE:

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Parameter		Quantity or Loading			Quality of	r Concentration			No. Ex.	Frequency of Analysis	
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****		****	*В	*B	20	0	Monthly	Grab
PARAM CODE: 51173 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	31.4 Monthly Average	70.5 Maximum Daily	- 28 ug/l		Monthly	Grab
PERACETIC ACID	Sample Measurement	****	****		****	****	0.21	- 19	0	5X Weekly	Grab
PARAM CODE: 51674 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	****	1.0 Maximum Daily	mg/l		5X Weekly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	2142	2275		****	86	95		0	3X Weekly tes	t 24-Hr Composite
PARAM CODE: 80082 Stage Code: G Influent	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	- 26 Ibs/day	***	REPORT Monthly Average	REPORT Weekly Average	- 19 mg/l		3X Weekly tes	t 24-Hr Composite
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	76	120		****	3.2	4.0		0	3X Weekly tes	t 24-Hr Composite
PARAM CODE: 80082 Stage Code: 1 Final Effluent	Permit Requirement	300 Monthly Average	450 Weekly Average		****	8.0 Monthly Average	12.0 Weekly Average	- 19 mg/l		3X Weekly tes	t 24-Hr Composite
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	Sample Measurement	****	****		96	****	****		0	Monthly	Calculated
PARAM CODE: 80091 Stage Code: K Percent Removal	Permit Requirement	****	****		85.0 Monthly Average Minimum	****	****	23 %		Monthly	Calculated
SOLIDS, SUSPENDED PERCENT REMOVAL	Sample Measurement	****	****		97	****	****		0	Monthly	Calculated
PARAM CODE: 81011 Stage Code: K Percent Removal	Permit Requirement	****	****		85.0 Monthly Average Minimum	****	****	23 %		Monthly	Calculated
Name/Title of Principal Executive SI Officer Or Authorized Agent SI SI	JBMITTED HEREIN AND BA IFORMATION. I BELIEVE TH GNIFICANT PENALTIES FOR SE 18 U.S.C. § 1001 AND 33 U.	E SUBMITTED INFORMATION SUBMITTING FALSE INFORM	SE INDIVIDUALS IMMEDIA I IS TRUE, ACCURATE AND MATION, INCLUDING THE P	TELY RESPO COMPLETE. I OSSIBILITY (NSIBLE FOR OBTAINING THE AM AWARE THAT THERE ARE OF FINE AND IMPRISONMENT.		Principal Execution Authorized Agent		Tele	phone No	Date (MM/DD/YY)

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