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:

COUNTY:

Oxford, AL36203

FACILITY: Oxford Tull C Allen Wwtp

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

0011

Parameter		Quantity or Loading				Quality or Concentration			s No. Ex.	Frequency of Analysis	Sample Type
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		7.38	****	****	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	****	****		6.64	****	8.99	12	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	4871	6957		****	84	103		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	339	565	26	****	6.0	12.5	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	t 24-Hr Composite
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	7.51	12.9		****	.11	.12		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	19 mg/l		3X Weekly test	24-Hr Composite
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	59	59		****	1.00	1.00		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
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	70	70		****	1.2	1.2		0	Monthly	24-Hr Composite
PARAM CODE: 00630 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
Name/Title of Principal Executive Officer Or Authorized Agent 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. Signature of Principal Executive Officer Or Authorized Agent INFORMATION. I BELIEVE THE SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.								Telephone No I		Date (MM/DD/YY)	
SI (F	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 (Page page all attechments here)									Paga	

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Parameter		Quantity o	r Loading	Units	s Quality or Concentration			Units	No. Ex.	Frequency of Analysis	of Sample Type
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	11	11	26	****	.18	.18	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 Average	REPORT Weekly Average	mg/l		Monthly	24-Hr Composite
CADMIUM TOTAL RECOVERABLE	Sample Measurement	****	****		****	*B	*B	28	0	Monthly	Grab
PARAM CODE: 01113 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	4.8 Monthly Average	25.4 Maximum Daily	ug/l		Monthly	Grab
LEAD TOTAL RECOVERABLE	Sample Measurement	****	****		****	*B	*B	28	0	Monthly	Grab
PARAM CODE: 01114 Stage Code: 1 Final Effluent	Permit Requirement	****	****	1	****	18.7 Monthly Average	377.3 Maximum Daily	ug/l		Monthly	Grab
COLOR (ADMI UNITS)	Sample Measurement	****	****		****	****	55	1E	0	3X Weekly te	st Grab
PARAM CODE: 01290 Stage Code: > INCREASE (NOT END OF PIPE)	Permit Requirement	****	****	1	****	****	80 Maximum Daily	ADMI		3X Weekly te	st Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	6.78	9.22	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 te	st Grab
PARAM CODE: 50060 Stage Code: 1 Final Effluent	Permit Requirement	****	****	1	****	0.08 Monthly Average	0.14 Maximum Daily	mg/l		3X Weekly te	st Grab
E.COLI	Sample Measurement	****	****		****	59	150	13	0	3X Weekly te	st Grab
PARAM CODE: 51040 Stage Code: 1 Final Effluent	Permit Requirement	*****	****		****	548 Monthly Average	2507 Maximum Daily	col/100mL		3X Weekly te	st Grab
Name/Title of Principal Executive Officer Or Authorized Agent 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 IN SILE LIVE 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.)							To	elephone No	Date (MM/DD/YY)		

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Sample Type Parameter **Quantity or Loading** Units **Quality or Concentration** Jnits No. Frequency of Ex. Analysis CYANIDE, TOTAL **** **** *BMonthly Sample 0 Grab RECOVERABLE Measurement 28 Permit Requirement **** **** **** 38.8 128.6 Monthly Grab PARAM CODE: 78248 ug/l Maximum Monthly Stage Code: 1 Average Daily Final Effluent BOD, CARBONACEOUS 05 DAY, **** Sample 4127 4584 71 75 3X Weekly test 24-Hr Composite Measurement 26 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, **** 24-Hr Sample 171 208 3.0 3X Weekly test 3.7 20C Measurement Composite 26 19 **** 938 1407 25.0 37.5 3X Weekly test 24-Hr Permit Requirement PARAM CODE: 80082 lbs/day mg/l Weekly Composite Monthly Average Weekly Average Monthly Stage Code: 1 Average Average Final Effluent **** **** **** **** BOD, CARB-5 DAY, 20 DEG C, Monthly Sample 96 Calculated PERCENT REMVL Measurement 23 **** **** 85.0 **** **** Calculated Permit Requirement Monthly PARAM CODE: 80091 % Monthly Average Stage Code: K Minimum Percent Removal SOLIDS, SUSPENDED PERCENT Sample **** **** 92 **** **** 0 Monthly Calculated REMOVAL Measurement 23 **** **** **** **** Permit Requiremen 85.0 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 Date (MM/DD/YY) 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 ILS C 8 1001 AND 33 ILS C 81319 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)