Permittee Name: Water Works & Sewer Board of the City of Oxford

Facility Name: Oxford Tull C. Allen WWTP
Location: 2975 Silver Run Road

Oxford, AL 36203

County: Talladega

AL0058408			
Monitoring Period			
To:			
7/31/2023			

Digitally signed by:
AEPACS
Date: 2023.08.29 11:23:08 -05:00
Reason: Copy Of Record
Location: State of Alabama

Outfall: 001-1

Parameter		Quantity of	or Loading	Units	Qual	lity or Concentr	ation	Units	No. Ex.	Sample Freq	Sample Type
Turbidity (00070)	Sample Measurement	****	****	****	****	2.75	6.04	NTU		5X Weekly	Grab
EFFLUENT GROSS VALUE	Permit Requirement	****	****	*****	****	REPORT Monthly Average	REPORT Maximum Daily		0	5X Weekly	Grab
Oxygen, Dissolved (DO) (00300)	Sample Measurement	****	****	****	6.54	****	****	mg/l	_	3X Weekly test	Grab
EFFLUENT GROSS VALUE	Permit Requirement	****	****		6.0 Minimum Daily	****	****		0	3X Weekly test	Grab
pH (00400)	Sample Measurement	****	****	****	6.98	****	7.45	s.U.	0	3X Weekly test	Grab
EFFLUENT GROSS VALUE	Permit Requirement	****	****		6.0 Minimum Daily	****	9.0 Maximum Daily		0	3X Weekly test	Grab
Solids, Total Suspended (00530)	Sample Measurement	183	293	lbs/day	****	6.7	12.7		0	3X Weekly test	24-Hr Composite
EFFLUENT GROSS VALUE	Permit Requirement	1125 Monthly Average	1688 Weekly Average	ios/day	****	30.0 Monthly Average	45.0 Weekly Average	mg/l	U	3X Weekly test	24-Hr Composite

NAME OF PRINCIPAL EXECUTIVE	E
OFFICER OR AUTHORIZED AGEN	Т

Meredith Holzer

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE
Electronically Signed via AEPACS	(256) 831-5618	08/29/2023

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Oxford, AL 36203

County: Talladega

Outfall: 001-1

Permit No: AL0058408				
Monitoring Period				
From: 7/1/2023	To: 7/31/2023			

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Sample Freq	Sample Type	
Solids, Total Suspended (00530)	Sample Measurement	7982	24458	lbs/day	****	280	793	- mg/l	0	3X Weekly test	24-Hr Composite	
RAW SEW/INFLUENT	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		****	REPORT Monthly Average	REPORT Weekly Average		U	3X Weekly test	24-Hr Composite	
Nitrogen, Ammonia Total (As	Sample Measurement	15.62	23.05	lbs/day -	****	0.58	0.79	- mg/l		3X Weekly test	24-Hr Composite	
N) (00610) EFFLUENT GROSS VALUE	Permit Requirement	37.5 Monthly Average	56.2 Weekly Average		****	1.0 Monthly Average	1.5 Weekly Average		0	3X Weekly test	24-Hr Composite	
Nitrogen, Kjeldahl Total (As N)	Sample Measurement	25	25	lbs/day -	****	0.82	0.82			Monthly	24-Hr Composite	
(00625) EFFLUENT GROSS VALUE	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		****	REPORT Monthly Average	REPORT Weekly Average	mg/l	0	Monthly	24-Hr Composite	
Nitrite Plus Nitrate Total 1 Det.	Sample Measurement	79	79			****	2.6	2.6		0	Monthly	24-Hr Composite
(As N) (00630) EFFLUENT GROSS VALUE	Permit Requirement	REPORT Monthly Average	REPORT ge Weekly Average	ios/day	****	REPORT Monthly Average	REPORT Weekly Average	mg/l	0	Monthly	24-Hr Composite	

NAME OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system,	TELEPHONE NO.	DATE
Meredith Holzer	or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	(256) 831-5618	08/29/2023

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Permit No: AL0058408					
Monitoring Period					
From:	To:				
7/1/2023	7/31/2023				

Parameter		Quantity of	or Loading	Units	Qual	lity or Concentr	ation	Units	No. Ex.	Sample Freq	Sample Type		
Phosphorus, Total (As P) (00665)	Sample Measurement	34	34	lbs/day -	****	1.10	1.10			Monthly	24-Hr Composite		
EFFLUENT GROSS VALUE	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		****	REPORT Monthly Average	REPORT Weekly Average	mg/l	0	Monthly	24-Hr Composite		
Silver Total Recoverable (01079)	Sample Measurement	****	****	****	****	*b	*b	ug/l		Monthly	Grab		
EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	REPORT Monthly Average	REPORT Maximum Daily		0	Monthly	Grab		
Color (ADMI Units) (01290)	Sample Measurement	****	****	****	****	****	****	****	56	ADMI	0	5X Weekly	Grab
EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	80 Maximum Daily	ADMI	U	5X Weekly	Grab		
Flow, In Conduit or Thru	Sample Measurement	3.29	6.07		****	****	****	****		Daily	Continuous		
Treatment Plant (50050) EFFLUENT GROSS VALUE	Permit Requirement	REPORT Monthly Average	REPORT Maximum Daily	MGD	****	****	****		0	Daily	Continuous		

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From: 7/1/2023	To: 7/31/2023			

Parameter		Quantity or Loading Units Quality or Concentration		Units	No. Ex.	Sample Freq	Sample Type				
(50060) EFFLUENT GROSS VALUE	Sample Measurement	****	****	****	****	*9	*9	- mg/l	0	3X Weekly test	Grab
	Permit Requirement	****	****		****	0.066 Monthly Average	0.115 Maximum Daily			3X Weekly test	Grab
E. Coli (51040)	Sample Measurement	****	****	*****	****	26	67	col/100mL	0	5X Weekly	Grab
EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	126 Monthly Average	298 Maximum Daily			5X Weekly	Grab
Cyanide, Free Available	Sample Measurement	****	****	*****	****	*b	*b			Monthly	Grab
(51173) EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	31.4 Monthly Average	70.5 Maximum Daily			Monthly	Grab
Peracetic Acid (51674) EFFLUENT GROSS VALUE	Sample Measurement	****	****	****	****	****	0.25	mg/l	0	5X Weekly	Grab
	Permit Requirement	****	****		****	****	1.0 Maximum Daily			5X Weekly	Grab

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Monitoring Period					
To: 7/31/2023					

Parameter		Quantity or Loading Units Quality or Concentration		ation	Units	No. Ex.	Sample Freq	Sample Type			
BOD, Carbonaceous 05 Day,	Sample Measurement	102	124	lbs/day	****	3.7	4.1	- mg/l	0	3X Weekly test	24-Hr Composite
20C (80082) EFFLUENT GROSS VALUE	Permit Requirement	300 Monthly Average	450 Weekly Average		****	8.0 Monthly Average	12.0 Weekly Average		0	3X Weekly test	24-Hr Composite
BOD, Carbonaceous 05 Day, 20C (80082)	Sample Measurement	2195	2630	lbs/day	****	83	86	mg/l	0	3X Weekly test	24-Hr Composite
RAW SEW/INFLUENT	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	ios/day	****	REPORT Monthly Average	REPORT Weekly Average		U	3X Weekly test	24-Hr Composite
BOD, Carb-5 Day, 20 Deg C, Percent Remvl (80091)	Sample Measurement	****	****	****	95	****	****	%	0	Monthly	Calculated
Percent Removal	Permit Requirement	****	****		85.0 Monthly Average Minimum	****	****			Monthly	Calculated
Solids, Suspended Percent Removal (81011) Percent Removal	Sample Measurement	****	****	****	95	****	****	0/	0	Monthly	Calculated
	Permit Requirement	****	****	****	85.0 Monthly Average Minimum	****	****	9%		Monthly	Calculated

DMR Comments: When ADEM went to the new AEPACS system the Influent and Effluent had been transposed from the previously used E2 DMR system. The template that we use did not get changed.

Corrective Action: The template that we use for the DMR will be changed to be identical to the AEPACS system. Also, we will double check all numbers before the final submission of the DMR in the future.

NAME OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE
Meredith Holzer	or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		(256) 831-5618	08/29/2023

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From: To: 7/11/2023 7/31/2023

END OF REPORT

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Submission Identifier: DMR-AL0058408-20230731-1-v2

Submission Signature Hash: CJyKYsbOc/IT1siUo/iYePE3uNv44+JGEJX/rVz2Qok=

Submitter Name: Meredith Holzer

Submitter Email: mholzer@oxfordwater.com

Submitted Date/Time: 8/29/2023 11:23:07 AM