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 0011

6663 MONITORING B POINT: COUNTY:

Oxford, AL36203 FACILITY: Oxford Tull C Allen Wwtp LOCATION:

Monitoring Period : <u>2019-06-01</u>To: <u>2019-06-30</u>

NO DISCHARGE FROM SITE:

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Quantity or Loading Units **Quality or Concentration** Parameter Units No. Frequency of Sample Type Ex. Analysis OXYGEN, DISSOLVED (DO) Sample ***** ***** 7.06 ***** ***** 3X Weekly test 0 Grab Measurement 19 PARAM CODE: 00300 **** ***** ***** **** Permit Requirement 6.0 3X Weekly test Grab mg/l Stage Code: 1 Minimum Final Effluent Dailv **** **** **** PH Sample 7.12 7.89 0 3X Weekly test Grab Measurement 12 PARAM CODE: 00400 **** ***** ***** Permit Requirement 6.0 9.0 3X Weekly test Grab S.U. Stage Code: 1 Minimum Maximum Final Effluent Daily Daily ***** SOLIDS, TOTAL SUSPENDED Sample 5054 6559 193 251 0 3X Weekly test 24-Hr Composite Measurement 26 19 PARAM CODE: 00530 **** REPORT REPORT REPORT REPORT 24-Hr Permit Requirement 3X Weekly test bs/day mg/l Stage Code: G Monthly Average Weekly Average Monthly Weekly Composite Influent Average Average SOLIDS, TOTAL SUSPENDED ***** 153 3X Weekly test 24-Hr Sample 264 6.0 7.8 0 Measurement Composite 26 19 PARAM CODE: 00530 ***** Permit Requirement 1125 1688 45.0 3X Weekly test 24-Hr 30.0 bs/dav mg/l Stage Code: 1 Monthly Average Weekly Average Monthly Weekly Composite Final Effluent Average Average NITROGEN, AMMONIA TOTAL ***** Sample 5 18 0.18 0.46 0 3X Weekly test 24-Hr (AS N) Measurement Composite 26 19 **** Permit Requirement 37.5 56.2 1.0 1.5 3X Weekly test 24-Hr PARAM CODE: 00610 bs/day mg/l Monthly Average Weekly Average Monthly Weekly Composite Stage Code: 1 Average Average Final Effluent ***** NITROGEN, KJELDAHL TOTAL Sample 67 67 2.10 2.10 0 Monthly 24-Hr (AS N) Measurement Composite 26 19 **** REPORT REPORT REPORT REPORT 24-Hr Permit Requirement Monthly PARAM CODE: 00625 bs/day mg/l Monthly Average Weekly Average Monthly Weekly Composite Stage Code: 1 Average Average Final Effluent NITRITE PLUS NITRATE TOTAL ***** 57.1 57.1 1.8 0 Monthly 24-Hr Sample 1.8 1 DET. (AS N) Measurement Composite 26 19 Permit Requirement REPORT REPORT **** REPORT REPORT Monthly 24-Hr PARAM CODE: 00630 bs/day mg/l Monthly Average Weekly Average Monthly Weekly Composite Stage Code: 1 Average Average Final Effluent 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 Name/Title of Principal Executive Signature of Principal Executive **Telephone No** Date (MM/DD/YY) 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.)

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	0011

MAILING ADDRESS: Post Office Box 3663 Oxford, AL36203

MONITORING POINT:

COUNTY:

Oxford Tull C Allen Wwtp FACILITY: LOCATION:

Monitoring Period : <u>2019-06-01</u>To: <u>2019-06-30</u>

NO DISCHARGE FROM SITE:

()

Parameter		Quantity or Loading		Units Quality or Con			entration	Units	No. Ex.	Frequency of Analysis	Sample Type
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	47.6	47.6	26	****	1.5	1.5	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	*В	28	0	Monthly	Grab
PARAM CODE: 01113 Stage Code: 1 Final Effluent	Permit Requirement	****	****	1	****	4.8 Monthly Average	25.4 Maximum Daily	ug/l		Monthly	Grab
LEAD TOTAL RECOVERABLE	Sample Measurement	****	****		****	*B	*В	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	****	****		****	****	96.0	1E	1	3X Weekly test	Grab
PARAM CODE: 01290 Stage Code: > INCREASE (NOT END OF PIPE)	Permit Requirement	****	****	1	****	****	80 Maximum Daily	ADMI		3X Weekly test	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	3.08	4.97	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	****	****		****	*В	0.07	19	0	3X Weekly test	Grab
PARAM CODE: 50060 Stage Code: 1 Final Effluent	Permit Requirement	****	****	1	****	0.08 Monthly Average	0.14 Maximum Daily	mg/l		3X Weekly test	Grab
E.COLI	Sample Measurement	****	****		****	76	450	13	0	3X Weekly test	Grab
PARAM CODE: 51040 Stage Code: 1 Final Effluent	Permit Requirement	****	****	1	****	126 Monthly Average	487 Maximum Daily	col/100mL		3X Weekly test	Grab
Officer Or Authorized Agent	UBMITTED HEREIN AND BAS NFORMATION. I BELIEVE THI IGNIFICANT PENALTIES FOR EE 18 U.S.C. § 1001 AND 33 U.:	F LAW THAT I HAVE PERSONA SED ON MY INQUIRY OF THOSE E SUBMITTED INFORMATION IS SUBMITTING FALSE INFORMA S.C. \$1319 include fines up to \$10,000 and or n	INDIVIDUALS IMMEDIATELY TRUE, ACCURATE AND COM TION, INCLUDING THE POSSII	RESPONSI PLETE. I AI BILITY OF I	IBLE FOR M AWARE FINE AND	OBTAINING THE THAT THERE ARE	gnature of Principal Officer Or Authorize		T	elephone No	Date (MM/DD/YY)

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

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COUNTY:

FACILITY: Oxford Tull LOCATION:							ITE:		()		
Parameter		Quantity o	r Loading	Units	Quality o	r Concentratio	Concentration			Frequency o Analysis	f Sample Type
CYANIDE, TOTAL RECOVERABLE	Sample Measurement	****	****		****	*В	*В		0	Monthly	Grab
PARAM CODE: 78248 Stage Code: 1 Final Effluent	Permit Requirement	***	****		****	38.8 Monthly Average	128.6 Maximum Daily	28 ug/l		Monthly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	2085	2875		****	81	95		0	3X Weekly te	st 24-Hr Composite
PARAM CODE: 80082 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 te	st 24-Hr Composite
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	93	120		****	3.6	4.5		0	3X Weekly tes	st 24-Hr Composite
PARAM CODE: 80082 Stage Code: 1 Final Effluent	Permit Requirement	300 Monthly Average	450 Weekly Average	26 lbs/day	****	8.0 Monthly Average	12.0 Weekly Average	19 mg/l		3X Weekly te	st 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 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.					E Officer Or A	Signature of Principal Executive Officer Or Authorized Agent			phone No	Date (MM/DD/YY)	
SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 131 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months to 5 years.)											2

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

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MONITORING

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