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

Permit No:	AL0058408				
Monitoring Period					
From:	To:				
6/1/2023	6/30/2023				

Digitally signed by:
AEPACS
Date: 2023.07.26 12:45:02 -05:00
Reason: Copy Of Record
Location: State of Alabama

#### **Outfall: 001-1**

Parameter		Quantity or Loading		Units	Units Quality or Concentration		Units	No. Ex.	Sample Freq	Sample Type	
Turbidity (00070)	Sample Measurement	****	****	****	****	2.82	6.34	- 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	****	****	****	7.38 ***** ****	m c /l		3X Weekly test	Grab		
EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	6.0 Minimum Daily	****	****	mg/l	0	3X Weekly test	Grab
pH (00400)	Sample Measurement	****	****	****	7.04		S.U.	0	3X Weekly test	Grab	
EFFLUENT GROSS VALUE	Permit Requirement	****	****	*****	6.0 Minimum Daily	****	9.0 Maximum Daily	5.0.	0	3X Weekly test	Grab
Solids, Total Suspended	Sample Measurement	193	309		****	6.6	9.3	- mg/l	0	3X Weekly test	24-Hr Composite
(00530) EFFLUENT GROSS VALUE	Permit Requirement	1125 Monthly Average	1688 Weekly Average	lbs/day	****	30.0 Monthly Average	45.0 Weekly Average			3X Weekly test	24-Hr Composite

NAME OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

Max Gaskins

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE		
Electronically Signed via AEPACS	(256) 405-6821	07/26/2023		

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Oxford, AL 36203

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<b>From:</b> 6/1/2023	<b>To:</b> 6/30/2023				

Parameter		Quantity (	or Loading	Units	Qual	lity or Concentr	ation	Units	No. Ex.	Sample Freq	Sample Type
Solids, Total Suspended (00530)	Sample Measurement	5543	7859	lbs/day -	****	181	236	- mg/l		3X Weekly test	24-Hr Composite
RAW SEW/INFLUENT	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		****	REPORT Monthly Average	REPORT Weekly Average		0	3X Weekly test	24-Hr Composite
Nitrogen, Ammonia Total (As N) (00610)	Sample Measurement	22.83	40.54	lbs/day	****	0.78	1.42	mg/l		3X Weekly test 0 3X Weekly test	24-Hr Composite
EFFLUENT GROSS VALUE	Permit Requirement	37.5 Monthly Average	56.2 Weekly Average	ios/day	****	1.0 Monthly Average	1.5 Weekly Average	mg/i	U	3X Weekly test	24-Hr Composite
Nitrogen, Kjeldahl Total (As N) (00625)	Sample Measurement	59	59	lho/day:	****	2.3	2.3	- mg/l	0	Monthly	24-Hr Composite
EFFLUENT GROSS VALUE	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	lbs/day	****	REPORT Monthly Average	REPORT Weekly Average		U	Monthly	24-Hr Composite
Nitrite Plus Nitrate Total 1 Det. (As N) (00630) EFFLUENT GROSS VALUE	Sample Measurement	169	169		****	6.6	6.6		0	Monthly	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	mg/l	0	Monthly	24-Hr Composite

NAME OF PRINCIPAL EXECUTIVE	I certify under penalty of law that this document and all attachments were prepared under my direction or
OFFICER OR AUTHORIZED AGENT	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,

evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, 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.

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Parameter		Quantity (	or Loading	Units	Qual	lity or Concentr	ation	Units	No. Ex.	Sample Freq	Sample Type
Phosphorus, Total (As P)	Sample Measurement	25	25	lbs/day -	****	0.99	0.99	- mg/l	0	Monthly	24-Hr Composite
(00665) EFFLUENT GROSS VALUE	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		****	REPORT Monthly Average	REPORT Weekly Average			Monthly	24-Hr Composite
Silver Total Recoverable (01079)	Sample Measurement	****	****	****	****	*B	*B	ug/l	0	Monthly	Grab
EFFLUENT GROSS VALUE	Permit Requirement	****	****	*****	****	REPORT Monthly Average	REPORT Maximum Daily	ug/l	U	Monthly	Grab
Color (ADMI Units) (01290)	Sample Measurement	****	****	****	****	****	59	- ADMI		5X Weekly	Grab
EFFLUENT GROSS VALUE	Permit Requirement	****	****	*****	****	****	80 Maximum Daily		0	5X Weekly	Grab
Flow, In Conduit or Thru	Sample Measurement	3.51	4.34		****	****	****		0	Daily	Continuous
Treatment Plant (50050) EFFLUENT GROSS VALUE	Permit Requirement	REPORT Monthly Average	REPORT Maximum Daily	MGD	****	****	****			Daily	Continuous

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Parameter		Quantity o	r Loading	Units	Units Quality or Concentration		Units	No. Ex.	Sample Freq	Sample Type	
Chlorine, Total Residual (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	****	****	****	****	27	89	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	ug/l	0	Monthly	Grab
(51173) EFFLUENT GROSS VALUE	Permit Requirement	****	****	*****	****	31.4 Monthly Average	70.5 Maximum Daily			Monthly	Grab
Peracetic Acid (51674)	Sample Measurement	****	****	****	****	****	0.28	ma/1	0	5X Weekly	Grab
EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	****	1.0 Maximum Daily	mg/l	U	5X Weekly	Grab

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	AUTHORIZED AGENT	TELEPHONE NO.	DATE
Max Gaskins	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) 405-6821	07/26/2023

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Parameter		Quantity (	or Loading	Units	Qual	ity or Concentr	ation	Units	No. Ex.	Sample Freq	Sample Type
BOD, Carbonaceous 05 Day, 20C (80082)	Sample Measurement 108 130	,,,,	****	3.7	3.9	a		3X Weekly test	24-Hr Composite		
EFFLUENT GROSS VALUE	Permit Requirement	300 Monthly Average	450 Weekly Average	lbs/day	****	8.0 Monthly Average	12.0 Weekly Average	mg/l	0	3X Weekly test	24-Hr Composite
BOD, Carbonaceous 05 Day, 20C (80082)	Sample Measurement	2243	2601	lbg/day	****	76	80	ma/l	0	3X Weekly test	24-Hr Composite
RAW SEW/INFLUENT	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	mg/l		3X Weekly test	24-Hr Composite
BOD, Carb-5 Day, 20 Deg C,	Sample Measurement	****	****	****	95	****	****	%		Monthly	Calculated
Percent Remvl (80091) Percent Removal	Permit Requirement	****	****	*****	85.0 Monthly Average Minimum	****	****		0	Monthly	Calculated
Solids, Suspended Percent	Sample Measurement	****	****	****	96	****	****	%		Monthly	Calculated
Removal (81011) Percent Removal	Permit Requirement	****	****	49-49-49-49-	85.0 Monthly Average Minimum	****	****		0	Monthly	Calculated

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END OF REPORT

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**Submission Identifier:** DMR-AL0058408-20230630-1

 $\textbf{Submission Signature Hash:} \ CZuXOneZumklvvqhg8lCzl4KFHpRQa7mPlJg3DTvMUM=\\$ 

**Submitter Name:** Max Gaskins

**Submitter Email:** mgaskins@oxfordwater.com

**Submitted Date/Time:** 7/26/2023 12:45:02 PM