

Alabama Department of Environmental Management Discharge Monitoring Report (DMR)

PERMITTEE NAME: Water Works & Sewer Board of the City of Oxford

PERMIT NUMBER: AL0058408

MAILING ADDRESS: Post Office Box 3663
Oxford, AL36203

MONITORING POINT: 0011

COUNTY:

FACILITY: Oxford Tull C Allen Wwtp

Monitoring Period : 2020-05-01 To: 2020-05-31

NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
TURBIDITY PARAM CODE: 00070 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	2.13	6.17	43 NTU	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	REPORT Monthly Average	REPORT Maximum Daily				
OXYGEN, DISSOLVED (DO) PARAM CODE: 00300 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		8.47	*****	*****	19 mg/l	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	*****				
PH PARAM CODE: 00400 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		6.84	*****	8.12	12 S.U.	0	3X Weekly test	Grab
	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	9.0 Maximum Daily				
SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: G Influent	Sample Measurement	4340	5687	26 lbs/day	*****	111	134	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		*****	REPORT Monthly Average	REPORT Weekly Average				
SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: 1 Final Effluent	Sample Measurement	181	249	26 lbs/day	*****	4.5	7.3	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	1125 Monthly Average	1688 Weekly Average		*****	30.0 Monthly Average	45.0 Weekly Average				
NITROGEN, AMMONIA TOTAL (AS N) PARAM CODE: 00610 Stage Code: 1 Final Effluent	Sample Measurement	6.13	15.1	26 lbs/day	*****	0.15	0.29	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	37.5 Monthly Average	56.2 Weekly Average		*****	1.0 Monthly Average	1.5 Weekly Average				
NITROGEN, KJELDAHL TOTAL (AS N) PARAM CODE: 00625 Stage Code: 1 Final Effluent	Sample Measurement	40	40	26 lbs/day	*****	1.30	1.30	19 mg/l	0	Monthly	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		*****	REPORT Monthly Average	REPORT Weekly Average				
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. 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.)						Signature of Principal Executive Officer Or Authorized Agent		Telephone No		Date (MM/DD/YY)

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

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MAILING ADDRESS: Post Office Box 3663 Oxford, AL36203 **MONITORING POINT:** 0011

FACILITY: Oxford Tull C Allen Wwtp
LOCATION:

COUNTY:

Monitoring Period : 2020-05-01 To: 2020-05-31

NO DISCHARGE FROM SITE: ()

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type					
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) PARAM CODE: 00630 Stage Code: 1 Final Effluent	Sample Measurement	92	92	26	****	3.00	3.00	19	0	Monthly	24-Hr Composite	
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	mg/l		Monthly	24-Hr Composite	
PHOSPHORUS, TOTAL (AS P) PARAM CODE: 00665 Stage Code: 1 Final Effluent	Sample Measurement	9	9	26	****	0.31	0.31	19	0	Monthly	24-Hr Composite	
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	mg/l		Monthly	24-Hr Composite	
SILVER TOTAL RECOVERABLE PARAM CODE: 01079 Stage Code: 1 Final Effluent	Sample Measurement	****	****		****	*B	*B	28	0	Monthly	Grab	
	Permit Requirement	****	****		****	REPORT Monthly Average	REPORT Maximum Daily	ug/l		Monthly	Grab	
COLOR (ADMI UNITS) PARAM CODE: 01290 Stage Code: 1 Final Effluent	Sample Measurement	****	****		****	****	48	1E	0	5X Weekly	Grab	
	Permit Requirement	****	****		****	****	80 Maximum Daily	ADMI		5X Weekly	Grab	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT PARAM CODE: 50050 Stage Code: 1 Final Effluent	Sample Measurement	4.79	7.82	03	****	****	****		0	Daily	Continuous	
	Permit Requirement	REPORT Monthly Average	REPORT Maximum Daily	MGD	****	****	****			Daily	Continuous	
CHLORINE, TOTAL RESIDUAL PARAM CODE: 50060 Stage Code: 1 Final Effluent	Sample Measurement	****	****		****	*9	*9	19	0	3X Weekly test	Grab	
	Permit Requirement	****	****		****	0.066 Monthly Average	0.115 Maximum Daily	mg/l		3X Weekly test	Grab	
E.COLI PARAM CODE: 51040 Stage Code: 1 Final Effluent	Sample Measurement	****	****		****	44	133	13	0	5X Weekly	Grab	
	Permit Requirement	****	****		****	126 Monthly Average	298 Maximum Daily	col/100mL		5X Weekly	Grab	
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MONITORING POINT: 0011

FACILITY: Oxford Tull C Allen Wwtp
LOCATION:

COUNTY:

Monitoring Period : 2020-05-01 To: 2020-05-31

NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CYANIDE, FREE AVAILABLE PARAM CODE: 51173 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*B	*B	28 ug/l	0	Monthly	Grab
	Permit Requirement	*****	*****		*****	31.4 Monthly Average	70.5 Maximum Daily				Monthly
PERACETIC ACID PARAM CODE: 51674 Stage Code: 1 Final Effluent	Sample Measurement	*****	*****		*****	*****	0.47	19 mg/l	0	5X Weekly	Grab
	Permit Requirement	*****	*****		*****	*****	1.0 Maximum Daily				5X Weekly
BOD, CARBONACEOUS 05 DAY, 20C PARAM CODE: 80082 Stage Code: G Influent	Sample Measurement	3055	4758	26 lbs/day	*****	73	93	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		*****	REPORT Monthly Average	REPORT Weekly Average				3X Weekly test
BOD, CARBONACEOUS 05 DAY, 20C PARAM CODE: 80082 Stage Code: 1 Final Effluent	Sample Measurement	141	223	26 lbs/day	*****	3.5	4.0	19 mg/l	0	3X Weekly test	24-Hr Composite
	Permit Requirement	300 Monthly Average	450 Weekly Average		*****	8.0 Monthly Average	12.0 Weekly Average				3X Weekly test
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL PARAM CODE: 80091 Stage Code: K Percent Removal	Sample Measurement	*****	*****		95	*****	*****	23 %	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****				Monthly
SOLIDS, SUSPENDED PERCENT REMOVAL PARAM CODE: 81011 Stage Code: K Percent Removal	Sample Measurement	*****	*****		95	*****	*****	23 %	0	Monthly	Calculated
	Permit Requirement	*****	*****		85.0 Monthly Average Minimum	*****	*****				Monthly
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FACILITY: Oxford Tull C Allen Wwtp

LOCATION: **Monitoring Period :** 2020-05-01 To: 2020-05-31

COUNTY: **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		*****	0		*****	*****	*****				
TOXICITY, CERIODAPHNIA CHRONIC PARAM CODE: 61426 Stage Code: 1 Final Effluent	Sample Measurement	*****	0	9A pass(0)/fail(1)	*****	*****	*****		0	See Permit Requirements	24-Hr Composite
	Permit Requirement	*****	0 Single Sample		*****	*****	*****			See Permit Requirements	24-Hr Composite
TOXICITY, PIMEPHALES CHRONIC PARAM CODE: 61428 Stage Code: 1 Final Effluent	Sample Measurement	*****	0	9A pass(0)/fail(1)	*****	*****	*****		0	See Permit Requirements	24-Hr Composite
	Permit Requirement	*****	0 Single Sample		*****	*****	*****			See Permit Requirements	24-Hr Composite
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