Alabama Department of Environmental Management Discharge Monitoring Report (DMR)

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

PERMIT NUMBER: AL0058408

0011

MAILING ADDRESS: Post Office Box 3663

Oxford, AL36203

COUNTY:

FACILITY: LOCATION:

Oxford Tull C Allen Wwtp

MONITORING POINT:

Monitoring Period : 2020-05-01 To: 2020-05-31 () NO DISCHARGE FROM SITE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	S No. Ex.	Frequency of Analysis	Sample Type
TURBIDITY	Sample Measurement	****	****		****	2.13	6.17	12	0	5X Weekly	Grab
PARAM CODE: 00070 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	REPORT Monthly Average	REPORT Maximum Daily	- 43 NTU		5X Weekly	Grab
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		8.47	****	****	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	****	****		6.84	****	8.12	Ī.,	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	4340	5687	26	****	111	134	19	0	3X Weekly test	24-Hr Composite
PARAM CODE: 00530 Stage Code: G 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
SOLIDS, TOTAL SUSPENDED	Sample Measurement	181	249	26	****	4.5	7.3	10	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	19 mg/l		3X Weekly test	24-Hr Composite
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	6.13	15.1		****	0.15	0.29		0	3X Weekly test	24-Hr Composite
PARAM CODE: 00610 Stage Code: 1 Final Effluent	Permit Requirement	37.5 Monthly Average	56.2 Weekly Average	lbs/day	****	1.0 Monthly Average	1.5 Weekly Average	19 mg/l		3X Weekly test	24-Hr Composite
NITROGEN, KJELDAHL TOTAL (AS N)	Sample Measurement	40	40		****	1.30	1.30		0	Monthly	24-Hr Composite
PARAM CODE: 00625 Stage Code: 1 Final Effluent	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	19 mg/l		Monthly	24-Hr Composite
Officer Or Authorized Agent SI	UBMITTED HEREIN AND BAS NFORMATION. I BELIEVE THE IGNIFICANT PENALTIES FOR EE 18 U.S.C. § 1001 AND 33 U.S	F LAW THAT I HAVE PERSONAL ED ON MY INQUIRY OF THOSE SUBMITTED INFORMATION IS SUBMITTING FALSE INFORMAT S.C. §1319 include fines up to \$10,000 and or m	INDIVIDUALS IMMEDIATELY TRUE, ACCURATE AND COM TION, INCLUDING THE POSSII	RESPONSIB PLETE. I AM BILITY OF FI	LE FOR OBTAINING AWARE THAT THER NE AND IMPRISON	THE Officer (of Principal Exec Or Authorized Ag		Te	elephone No D	ate (MM/DD/YY)

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

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

PERMIT NUMBER: AL0058408

(Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months to 5 years.)

MAILING ADDRESS: Post Office Box 3663

MONITORING POINT:

Oxford, AL36203

0011

FACILITY: LOCATION: Oxford Tull C Allen Wwtp

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

NO DISCHARGE FROM SITE:

COUNTY:

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

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

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 MONITORING 0011

MONITORING POINT:

Oxford, AL36203

COUNTY:

FACILITY: LOCATION:

Oxford Tull C Allen Wwtp

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

NO DISCHARGE FROM SITE:

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Parameter		Quantity o	r Loading	Units	Quality o	r Concentration			No. Ex.	Frequency of Analysis	Sample Type
CYANIDE, FREE AVAILABLE	Sample Measurement	****	****		****	*B	*B	20	0	Monthly	Grab
PARAM CODE: 51173 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	31.4 Monthly Average	70.5 Maximum Daily	28 ug/l		Monthly	Grab
PERACETIC ACID	Sample Measurement	****	****		****	****	0.47	10	0	5X Weekly	Grab
PARAM CODE: 51674 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	****	1.0 Maximum Daily	19 mg/l		5X Weekly	Grab
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	3055	4758		****	73	93	1.0	0	3X Weekly tes	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 tes	st 24-Hr Composite
BOD, CARBONACEOUS 05 DAY, 20C	Sample Measurement	141	223		****	3.5	4.0		0	3X Weekly tes	st 24-Hr Composite
PARAM CODE: 80082 Stage Code: 1 Final Effluent	Permit Requirement	300 Monthly Average	450 Weekly Average	lbs/day	****	8.0 Monthly Average	12.0 Weekly Average	19 mg/l		3X Weekly tes	st 24-Hr Composite
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	Sample Measurement	****	****		95	****	****		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	****	****		95	****	****		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 THI INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE A SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMEN SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319					Officer Or A	rincipal Executiv authorized Agent				Date (MM/DD/YY)	
(Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months to 5 years.) OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										Page	2

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

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MAILING ADDRESS: Post Office Box 3663 MONITORING 001T

Oxford, AL36203

MONITORING POINT:

FACILITY: LOCATION:

Oxford Tull C Allen Wwtp

COUNTY:

Monitoring Period : 2020-05-01 To: 2020-05-31 NO DISCHARGE FROM SITE:

Parameter		Quantity or Loading		Units	Quali	ty or Concent	or Concentration			Frequency of Analys	is Sample Type
TOXICITY, CERIODAPHNIA CHRONIC	Sample Measurement	****	0	0.4	****	****	****		0	See Permit Requirements	24-Hr Composite
PARAM CODE: 61426 Stage Code: 1 Final Effluent	Permit Requirement	****	0 Single Sample	9A pass(0)/fail(1)	****	****	****			See Permit Requirements	24-Hr Composite
TOXICITY, PIMEPHALES CHRONIC	Sample Measurement	****	0	9A	****	****	****		0	See Permit Requirements	24-Hr Composite
PARAM CODE: 61428 Stage Code: 1 Final Effluent	Permit Requirement	****	0 Single Sample	pass(0)/fail(1)	****	****	****			See Permit Requirements	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent							gnature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)	
COMMENT AND EXPLANATION OF A					Page 4						

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