Alabama Department of Environmental Management Discharge Monitoring Report (DMR)

PERMITTEE NAME: Oxford Waterworks & Sewer Board PERMIT NUMBER: AL0058408

0011

MAILING ADDRESS: Post Office Box 3663

MONITORING POINT:

COUNTY:

Oxford, AL36203

FACILITY: Oxford Tull C Allen Wwtp LOCATION:

NO DISCHARGE FROM SITE: **Monitoring Period:** 2019-11-01 To: 2019-11-30

Parameter		Quantity or Loading			Quality or Concentration			Units	s No. Ex.	Frequency of Analysis	Sample Type
OXYGEN, DISSOLVED (DO)	Sample Measurement	****	****		8.13	****	****	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	****	****		7.07	****	7.62	1.0	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	3087	5067		****	123	199		0	3X Weekly test	24-Hr Composite
PARAM CODE: 00530 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 test	24-Hr Composite
SOLIDS, TOTAL SUSPENDED	Sample Measurement	145	230	26	****	5.6	9.5	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	t 24-Hr Composite
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	20.15	37.2		****	0.78	1.44		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	26 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	24	24		****	0.96	0.96		0	Monthly	24-Hr Composite
PARAM CODE: 00625 Stage Code: 1 Final Effluent	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	26 lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	19 mg/l		Monthly	24-Hr Composite
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	Sample Measurement	28	28		****	1.10	1.10		0	Monthly	24-Hr Composite
PARAM CODE: 00630 Stage Code: 1 Final Effluent	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	26 lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	19 mg/l		Monthly	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent 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.								Telephone No I		Date (MM/DD/YY)	
SI (F	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.) (OMMENT AND EXPLANATION OF ANY VIOLATIONS (Page page all attechments here)									Paga	

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NO DISCHARGE FROM SITE:

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Parameter		Quantity o	Quantity or Loading Units Quality or C			Quality or Conc	oncentration Units			Frequency of Analysis	f Sample Type
PHOSPHORUS, TOTAL (AS P)	Sample Measurement	*B	*B	26	*****	*B	*B	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	*B	28	0	Monthly	Grab
PARAM CODE: 01113 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	4.8 Monthly Average	25.4 Maximum Daily	ug/l		Monthly	Grab
LEAD TOTAL RECOVERABLE	Sample Measurement	****	****		*****	*B	*B	28	0	Monthly	Grab
PARAM CODE: 01114 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	18.7 Monthly Average	377.3 Maximum Daily	ug/l		Monthly	Grab
COLOR (ADMI UNITS)	Sample Measurement	****	****		****	****	77	1E	0	3X Weekly tes	t Grab
PARAM CODE: 01290 Stage Code: > INCREASE (NOT END OF PIPE)	Permit Requirement	****	****		****	****	80 Maximum Daily	ADMI		3X Weekly tes	t Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	3.08	5.13	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	****	****		****	*9	*9	19	0	3X Weekly tes	t Grab
PARAM CODE: 50060 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	0.08 Monthly Average	0.14 Maximum Daily	mg/l		3X Weekly tes	t Grab
E.COLI	Sample Measurement	****	****		****	20	72	13	0	3X Weekly tes	t Grab
PARAM CODE: 51040 Stage Code: 1 Final Effluent	Permit Requirement	****	****		****	548 Monthly Average	2507 Maximum Daily	col/100mL		3X Weekly tes	t Grab
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 USUMITTED 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.)								To	elephone No	Date (MM/DD/YY)	

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Sample Type Parameter **Quantity or Loading** Units **Quality or Concentration** Jnits No. Frequency of Ex. Analysis CYANIDE, TOTAL **** **** **** *BMonthly Sample 0 Grab RECOVERABLE Measurement 28 Permit Requirement **** **** **** 38.8 128.6 Monthly Grab PARAM CODE: 78248 ug/l Maximum Monthly Stage Code: 1 Average Daily Final Effluent BOD, CARBONACEOUS 05 DAY, **** Sample 2896 3511 115 134 3X Weekly test 24-Hr Composite Measurement 26 Permit Requirement REPORT REPORT **** REPORT REPORT 3X Weekly test 24-Hr PARAM CODE: 80082 lbs/day mg/l Monthly Average Weekly Average Monthly Weekly Composite Stage Code: G Average Average Influent BOD, CARBONACEOUS 05 DAY, **** 24-Hr Sample 119 169 4.6 3X Weekly test 6.9 20C Measurement Composite 26 19 **** 300 12.0 3X Weekly test 24-Hr Permit Requirement 450 8.0 PARAM CODE: 80082 lbs/day mg/l Weekly Composite Monthly Average Weekly Average Monthly Stage Code: 1 Average Average Final Effluent **** **** **** **** BOD, CARB-5 DAY, 20 DEG C, Monthly Sample 96 Calculated PERCENT REMVL Measurement 23 **** **** 85.0 **** **** Calculated Permit Requirement Monthly PARAM CODE: 80091 % Monthly Average Stage Code: K Minimum Percent Removal **** SOLIDS, SUSPENDED PERCENT Sample **** **** 94 **** 0 Monthly Calculated REMOVAL Measurement 23 **** **** **** **** Permit Requiremen 85.0 Monthly Calculated PARAM CODE: 81011 % Monthly Average Stage Code: K Minimum Percent Removal Name/Title of Principal Executive CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION Signature of Principal Executive Date (MM/DD/YY) Telephone No UBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE 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 ILS C 8 1001 AND 33 ILS C 81319 Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months to 5 years.)