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				
<b>From:</b> 11/1/2023	<b>To:</b> 11/30/2023			

Digitally signed by:
AEPACS
Date: 2023.12.26 23:13:14 -06:00
Reason: Copy Of Record
Location: State of Alabama

#### Outfall: 001-1

Parameter		Quantity of	or Loading	Units	Qual	lity or Concentr	ation	Units	No. Ex.	Sample Freq	Sample Type
Turbidity (00070)	Sample Measurement	****	****	****	****	2.52	4.44	- 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	****	****	****	7.19	****	ma/l	0	3X Weekly test	Grab	
EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	6.0 Minimum Daily	****	****	- mg/l	U	3X Weekly test	Grab
pH (00400)	Sample Measurement	****	****	****	6.87	****	7.31		0	3X Weekly test	Grab
EFFLUENT GROSS VALUE	Permit Requirement	****	****		6.0 Minimum Daily	****	9.0 Maximum Daily	S.U.		3X Weekly test	Grab
Solids, Total Suspended	Sample Measurement	228	272	lbs/day	****	13.5	16.3	mg/l	0	3X Weekly test	24-Hr Composite
(00530) EFFLUENT GROSS VALUE	Permit Requirement	1125 Monthly Average	1688 Weekly Average	105/443	****	30.0 Monthly Average	45.0 Weekly Average	- mg/l	0	3X Weekly test	24-Hr Composite

NAME OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

Max Gaskins

r I	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	CUTIVE OFFICER OR TELEPHONE NO.	
t	Electronically Signed via AEPACS	(256) 405-6821	12/26/2023

Permittee Name: Water Works & Sewer Board of the City of Oxford

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Parameter		Quantity (	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Sample Freq	Sample Type	
Solids, Total Suspended (00530)	Sample Measurement	4233	5299	lbs/day –	****	242	305	- mg/l	0	3X Weekly test	24-Hr Composite	
RAW SEW/INFLUENT	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average		****	REPORT Monthly Average	REPORT Weekly Average		U	3X Weekly test	24-Hr Composite	
Nitrogen, Ammonia Total (As	Sample Measurement	7.08	14.57	11/4	****	0.4	0.86	- mg/l			3X Weekly test  3X Weekly test	24-Hr Composite
N) (00610) EFFLUENT GROSS VALUE	Permit Requirement	37.5 Monthly Average	56.2 Weekly Average	lbs/day	****	1.0 Monthly Average	1.5 Weekly Average		0	3X Weekly test	24-Hr Composite	
Nitrogen, Kjeldahl Total (As N)	Sample Measurement	38	38	11 /1	****	3.0	3.0	mg/l		Monthly	24-Hr Composite	
(00625) EFFLUENT GROSS VALUE	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	lbs/day	****	REPORT Monthly Average	REPORT Weekly Average		0	Monthly	24-Hr Composite	
Nitrite Plus Nitrate Total 1 Det.	Sample Measurement	49	49		****	3.8	3.8	- mg/l	0	Monthly	24-Hr Composite	
(As N) (00630) EFFLUENT GROSS VALUE	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	lbs/day	****	REPORT Monthly Average	REPORT Weekly Average			Monthly	24-Hr Composite	

NAME OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	certify under penalty of law that this document and all attachments were prepared under my direction or upervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted. Based on my inquiry of the person or persons who manage the system,	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	12/26/2023

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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	11	11	lha/day	****	0.85	0.85	- mg/l	0	Monthly	24-Hr Composite
(00665) EFFLUENT GROSS VALUE	Permit Requirement	REPORT Monthly Average	REPORT Weekly Average	lbs/day	****	REPORT Monthly Average	REPORT Weekly Average			Monthly	24-Hr Composite
Silver Total Recoverable (01079)	Sample Measurement	****	****	****	****	*B	*B	no/l	0	Monthly	Grab
EFFLUENT GROSS VALUE	Permit Requirement	****	****	****	****	REPORT Monthly Average	REPORT Maximum Daily	ug/l		Monthly	Grab
Color (ADMI Units) (01290)	Sample Measurement	****	****	****	****	****	71	– ADMI	0	5X Weekly	Grab
EFFLUENT GROSS VALUE	Permit Requirement	****	****	*****	****	****	80 Maximum Daily			5X Weekly	Grab
Flow, In Conduit or Thru Treatment Plant (50050) EFFLUENT GROSS VALUE	Sample Measurement	2.02	2.56		****	****	****	- ****	0	Daily	Continuous
	Permit Requirement	REPORT Monthly Average	REPORT Maximum Daily	MGD	****	****	****			Daily	Continuous

NAME OF PL	RINCIPAL	EXEC	CUTIVE
OFFICER OF	AUTHOR	RIZED	AGENT

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Parameter		Quantity (	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Sample Freq	Sample Type
Chlorine, Total Residual	Sample Measurement	****	****	****	****	*9	*9	(1	0	3X Weekly test	Grab
(50060) EFFLUENT GROSS VALUE	Permit Requirement	****	****	*****	****	0.066 Monthly Average	0.115 Maximum Daily	mg/l		3X Weekly test	Grab
E. Coli (51040)	Sample Measurement	****	****	****	****	22	72	col/100mL		5X Weekly	Grab
EFFLUENT GROSS VALUE	Permit Requirement	****	****		****	548 Monthly Average	2507 Maximum Daily	COL/TOOINE	0	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			5X Weekly	Grab
EFFLUENT GROSS VALUE	Permit Requirement	****	****	4.4.4.4.	****	****	1.0 Maximum Daily	mg/l	0	5X Weekly	Grab

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**Outfall: 001-1** 

Permit No: AL0058408					
t					
<b>To:</b> 11/30/2023					

Parameter		Quantity (	or Loading	Units	Qual	lity or Concentr	ation	Units	No. Ex.	Sample Freq	Sample Type
BOD, Carbonaceous 05 Day, 20C (80082)	Sample Measurement	ent 55 65	lbs/day	****	3.3	3.7			3X Weekly test	24-Hr Composite	
EFFLUENT GROSS VALUE	Permit Requirement	300 Monthly Average	450 Weekly Average	ios/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	1350	1551	11 /1	****	78	82			3X Weekly test	24-Hr Composite
RAW SEW/INFLUENT		lbs/day	****	REPORT Monthly Average	REPORT Weekly Average	mg/l	0	3X Weekly test	24-Hr Composite		
BOD, Carb-5 Day, 20 Deg C, Percent Remvl (80091)	Sample Measurement	****	****	****	96	****	****	- %	0	Monthly	Calculated
Percent Removal	Permit Requirement	****	****		85.0 Monthly Average Minimum	****	****			Monthly	Calculated
Solids, Suspended Percent	Sample Measurement	****	****	****	92	****	****			Monthly	Calculated
Removal (81011) Percent Removal	Permit Requirement	****	****	40.40.40.40	85.0 Monthly Average Minimum	****	****	%	0	Monthly	Calculated

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11/1/2023	11/30/2023				

#### Outfall: 001-T

Parameter		Quantity o	or Loading	Units	Qual	ity or Concentr	ation	Units	No. Ex.	Sample Freq	Sample Type
Toxicity, Ceriodaphnia Chronic	Sample Measurement	****		pass=0;fail=1 -	****		See Permit Requirements	24-Hr Composite			
(61426) EFFLUENT GROSS VALUE	Permit Requirement	****	0 Single Sample		****	****	****	******	U	See Permit Requirements	24-Hr Composite
Toxicity, Pimephales Chronic (61428)	Sample Measurement	****	***** *9	- pass=0;fail=1 -	****	****	****	_ ****	0		24-Hr Composite
EFFLUENT GROSS VALUE	Permit Requirement	****	0 Single Sample		****	****	****		0	See Permit Requirements	24-Hr Composite

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END OF REPORT

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Submission Identifier: DMR-AL0058408-20231130-1

**Submission Signature Hash:** eApTh9ZAKVaZrPA5nG9qzWSYr87I7XNYPe0V5VosIBU=

**Submitter Name:** Max Gaskins

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

**Submitted Date/Time:** 12/26/2023 11:13:13 PM