

**National Pollutant Discharge Elimination System (NPDES)
Oklahoma Department of Environmental Quality Discharge Monitoring Report (DMR)**

PERMITTEE NAME: City of Broken Arrow
 MAILING ADDRESS: P.O. Box 610
 Broken Arrow, OK 74013
 FACILITY: Broken Arrow WWT
 LOCATION: NESESES11T17NR14EEM
 Broken Arrow, OK 74013

PERMIT NUMBER: **OK0040053**
 MONITORING POINT: 001A
 Monitoring Period: 2025-01-01To: 2025-01-31

COUNTY: Tulsa
 NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
BOD, 5-DAY (20 DEG. C)	Sample Measurement	115.54	*****	26 lbs/day	*****	3.15	4.50	19 mg/l	0	Five Per Week	COMP12
PARAM CODE: 00310 Stage Code: 1 Effluent Gross	Permit Requirement	2001.6 Monthly Average	*****		*****	30 Monthly Average	45 Weekly Average				
PH	Sample Measurement	*****	*****	03 MGD	7.1	*****	7.4	12 S.U.	0	Daily	GRAB
PARAM CODE: 00400 Stage Code: 1 Effluent Gross	Permit Requirement	*****	*****		6.5 Minimum	*****	9.0 Maximum				
SOLIDS, TOTAL SUSPENDED	Sample Measurement	72.94	*****	26 lbs/day	*****	2.00	2.00	19 mg/l	0	Five Per Week	COMP12
PARAM CODE: 00530 Stage Code: 1 Effluent Gross	Permit Requirement	2001.6 Monthly Average	*****		*****	30 Monthly Average	45 Weekly Average				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	4.364	6.357	03 MGD	*****	*****	*****		0	Daily	TOTALZ
PARAM CODE: 50050 Stage Code: 1 Effluent Gross	Permit Requirement	Report Monthly Average	Report Maximum Daily		*****	*****	*****				
CHLORINE, TOTAL RESIDUAL	Sample Measurement	*****	*****		*****	*****	< 0.04	19 mg/l	0	Daily	GRAB
PARAM CODE: 50060 Stage Code: A Disinfection, Process Complete	Permit Requirement	*****	*****		*****	*****	0.099 Instantaneous Maximum				
E.COLI	Sample Measurement	*****	*****		*****	7.8	19.7	30 MPN/100mL	0	Weekly	GRAB
PARAM CODE: 51040 Stage Code: 1 Effluent Gross	Permit Requirement	*****	*****		*****	630 Geometric Mean	2030 Maximum Daily				
SOLIDS, TOTAL DISSOLVED-180 DEG.C	Sample Measurement	17239	*****	26 lbs/day	*****	506	506	19 mg/l	0	Monthly	COMP12
PARAM CODE: 70300 Stage Code: 1 Effluent Gross	Permit Requirement	77929 Monthly Average	*****		*****	1168 Monthly Average	1168 Maximum Daily				

Name/Title of Principal Executive Officer Or Authorized Agent WRF Manager	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR 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 PERSONS 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.	Signature of Principal Executive Officer Or Authorized Agent	Telephone No
		David Handy	539-367-5873

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

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MONITORING POINT: 001A

COUNTY: Tulsa

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NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
MERCURY, TOTAL (AS HG)	Sample Measurement	0.0017	*****	26 lbs/day	*****	< 0.05	< 0.05	28 ug/l	0	Monthly	COMP12
PARAM CODE: 71900 Stage Code: 1 Effluent Gross	Permit Requirement	0.0635 Monthly Average	*****		*****	0.952 Monthly Average	1.9 Maximum Daily				Monthly
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
PH PARAM CODE: 00400 Stage Code: 1 Effluent Gross	Sample Measurement	*****	*****		*9	*****	*9	12 S.U.	0	Monthly	MEASRD
	Permit Requirement	*****	*****		Report Minimum Daily	*****	Report Maximum Daily				
NITROGEN, AMMONIA TOTAL (AS N) PARAM CODE: 00610 Stage Code: 1 Effluent Gross	Sample Measurement	*****	*****		*9	*9	*9	19 mg/l	0	Monthly	COMP24
	Permit Requirement	*****	*****		Report Minimum Daily	Report Monthly Average	Report Maximum Daily				
WHOLE EFFLUENT TOXICITY PARAM CODE: 22414 Stage Code: 1 Effluent Gross	Sample Measurement	*****	*****		*9	*****	*****	23 %	0	Monthly	COMP24
	Permit Requirement	*****	*****		100 48 Hour Minimum	*****	*****				
LCSO STATRE 48HR ACU PIMEPHALES PARAM CODE: TAM6C Stage Code: 1 Effluent Gross	Sample Measurement	*****	*****		*9	*****	*****	23 %	0	Monthly	COMP24
	Permit Requirement	*****	*****		Report 48 Hour Minimum	*****	*****				
LCSO STATRE 48HR ACU P. PROMELAS PARAM CODE: TIM6C Stage Code: 1 Effluent Gross	Sample Measurement	*****	*****		*9	*****	*****	9A pass (0)/fail(1)	0	Monthly	COMP24
	Permit Requirement	*****	*****		Report 48 Hour Minimum	*****	*****				
%MORTALITY 48HR ACUTE P. PROMELAS TEST PARAM CODE: TIM6C Stage Code: 1 Effluent Gross	Sample Measurement	*****	*****		*9	*****	*****	23 %	0	Monthly	COMP24
	Permit Requirement	*****	*****		Report 48 Hour Minimum	*****	*****				

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