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

PERMITTEE NAME: Broken Arrow, City of
MAILING ADDRESS: NESESES11T17NR14EIM Broken Arrow, OK 74013
FACILITY: Broken Arrow WWT
LOCATION: NESESES11T17NR14EIM Broken Arrow, OK 74013
PERMIT NUMBER: *OK0040053*
MONITORING POINT: 001A
COUNTY: Tulsa
Monitoring Period : 2018-06-01 To: 2018-06-30
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) PARAM CODE: 00310 Stage Code: 1 Effluent Gross	Sample Measurement	192.78	*****	26 lbs/day	*****	8.30	10.00	19 mg/l	0	Five Per Week	COMP12
	Permit Requirement	2001.6 Monthly Average	*****		*****	30 Monthly Average	45 Weekly Average			Five Per Week	COMP12
PH PARAM CODE: 00400 Stage Code: 1 Effluent Gross	Sample Measurement	*****	*****		7.2	*****	7.6	12 S.U.	0	Daily	GRAB
	Permit Requirement	*****	*****		6.5 Minimum	*****	9.0 Maximum			Daily	GRAB
SOLIDS, TOTAL SUSPENDED PARAM CODE: 00530 Stage Code: 1 Effluent Gross	Sample Measurement	65.61	*****	26 lbs/day	*****	2.80	3.4	19 mg/l	0	Five Per Week	COMP12
	Permit Requirement	2001.6 Monthly Average	*****		*****	30 Monthly Average	45 Weekly Average			Five Per Week	COMP12
FLOW, IN CONDUIT OR THRU TREATMENT PLANT PARAM CODE: 50050 Stage Code: 1 Effluent Gross	Sample Measurement	2.825	3.794	03 MGD	*****	*****	*****		0	Daily	TOTALZ
	Permit Requirement	Report Monthly Average	Report Maximum Daily		*****	*****	*****			Daily	TOTALZ
CHLORINE, TOTAL RESIDUAL PARAM CODE: 50060 Stage Code: A Disinfection, Process Complete	Sample Measurement	*****	*****		*****	*****	< 0.03	19 mg/l	0	Daily	GRAB
	Permit Requirement	*****	*****		*****	*****	0.099 Instantaneous Maximum			Daily	GRAB
E.COLI PARAM CODE: 51040 Stage Code: 1 Effluent Gross	Sample Measurement	*****	*****		*****	1.2	2.0	30 MPN/100mL	0	Twice Every Week	GRAB
	Permit Requirement	*****	*****		*****	126 Geometric Mean	406 Maximum Daily			Twice Every Week	GRAB
SOLIDS, TOTAL DISSOLVED-180 DEG.C PARAM CODE: 70300 Stage Code: 1 Effluent Gross	Sample Measurement	11880	*****	26 lbs/day	*****	489	489	19 mg/l	0	Monthly	COMP12
	Permit Requirement	77929 Monthly Average	*****		*****	1168 Monthly Average	1168 Maximum Daily			Monthly	COMP12

Name/Title of Principal Executive Officer Or Authorized Agent	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 PERSON 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	Date (MM/DD/YY)
WWTP Mgr.		David Handy	918-455-4762	2018-07-13

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

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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				
MERCURY, TOTAL (AS HG) PARAM CODE: 71900 Stage Code: 1 Effluent Gross	Sample Measurement	0.0012	*****	26 lbs/day	*****	< 0.05	< 0.05	28 ug/l	0	Monthly	COMP12
	Permit Requirement	0.0635 Monthly Average	*****		*****	0.952 Monthly Average	1.9 Maximum Daily			Monthly	COMP12

Name/Title of Principal Executive Officer Or Authorized Agent	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 PERSON 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	Date (MM/DD/YY)
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