

**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: NESESES11T17NR14EIM
Broken Arrow, OK 74013

PERMIT NUMBER: OK0040053

MONITORING POINT: 001A

COUNTY: Tulsa

Monitoring Period: 2023-10-01 To: 2023-10-31

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	376.53	*****	26 lbs/day	*****	11.43	20.80	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			Five Per Week	COMP12
PH	Sample Measurement	*****	*****		7.5	*****	7.7	12 S.U.	0	Daily	GRAB
PARAM CODE: 00400 Stage Code: 1 Effluent Gross	Permit Requirement	*****	*****		6.5 Minimum	*****	9.0 Maximum			Daily	GRAB
SOLIDS, TOTAL SUSPENDED	Sample Measurement	271.54	*****	26 lbs/day	*****	8.17	10.16	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			Five Per Week	COMP12
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	3.924	6.229	03 MGD	*****	*****	*****		0	Daily	TOTALZ
PARAM CODE: 50050 Stage Code: 1 Effluent Gross	Permit Requirement	Report Monthly Average	Report Maximum Daily		*****	*****	*****			Daily	TOTALZ
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			Daily	GRAB
E.COLI	Sample Measurement	*****	*****		*****	192.2	2419.6	30 MPN/100mL	1	Weekly	GRAB
PARAM CODE: 51040 Stage Code: 1 Effluent Gross	Permit Requirement	*****	*****		*****	630 Geometric Mean	2030 Maximum Daily			Weekly	GRAB
SOLIDS, TOTAL DISSOLVED-180 DEG.C	Sample Measurement	12851	*****	26 lbs/day	*****	438	438	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			Monthly	COMP12

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 DUTY 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
		David Handy	539-367-5873

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

**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: NESESES11T17NR14EIM
 Broken Arrow, OK 74013

PERMIT NUMBER: OK0040053

MONITORING POINT: 001A

COUNTY: Tulsa

Monitoring Period: 2023-10-01 To: 2023-10-31

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	0.0015	*****	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	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		
WRF Manager							David Handy		539-367-5873		

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

GENERAL REPORT COMMENT:

Lost bio-mass due to chlorination of filamentous and nocardia. Installed aspirator aerator to boost dissolved oxygen levels. Re-seeding with new bacteria.

**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: NESESES11T17NR14EIM
Broken Arrow, OK 74013

PERMIT NUMBER: OK0040053

MONITORING POINT: TX1A

COUNTY:

Tulsa

Monitoring Period: 2023-10-01 To: 2023-10-31

NO DISCHARGE FROM SITE:

(1) P.P. ReTest No. 1

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
PH	Sample Measurement	*****	*****		7.57	*****	7.93	12 S.U.	0	Monthly	MEASRD
PARAM CODE: 00400 Stage Code: 1 Effluent Gross	Permit Requirement	*****	*****		Report Minimum Daily	*****	Report Maximum Daily			Monthly	MEASRD
NITROGEN, AMMONIA TOTAL (AS N)	Sample Measurement	*****	*****		18.60	20.00	24.00	19 mg/l	0	Monthly	COMP24
PARAM CODE: 00610 Stage Code: 1 Effluent Gross	Permit Requirement	*****	*****		Report Minimum Daily	Report Monthly Average	Report Maximum Daily			Monthly	COMP24
WHOLE EFFLUENT TOXICITY	Sample Measurement	*****	*****		100	*****	*****	23 %	0	Monthly	COMP24
PARAM CODE: 22414 Stage Code: 1 Effluent Gross	Permit Requirement	*****	*****		100 48 Hour Minimum	*****	*****			Monthly	COMP24
LC50 STATRE 48HR ACU PIMEPHALES	Sample Measurement	*****	*****		76.2	*****	*****	23 %	0	Monthly	COMP24
PARAM CODE: TAM6C Stage Code: 1 Effluent Gross	Permit Requirement	*****	*****		Report 48 Hour Minimum	*****	*****			Monthly	COMP24
LC50 STATRE 48HR ACU P. PROMELAS	Sample Measurement	*****	*****		1	*****	*****	9A pass (0)/fail(1)	1	Monthly	COMP24
PARAM CODE: TIM6C Stage Code: 1 Effluent Gross	Permit Requirement	*****	*****		Report 48 Hour Minimum	*****	*****			Monthly	COMP24
%MORTALITY 48HR ACUTE P. PROMELAS TEST	Sample Measurement	*****	*****		100	*****	*****	23 %	0	Monthly	COMP24
PARAM CODE: TJM6C Stage Code: 1 Effluent Gross	Permit Requirement	*****	*****		Report 48 Hour Minimum	*****	*****			Monthly	COMP24
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		
WRF Manager							David Handy		539-367-5873		

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