

**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: 2025-05-01 To: 2025-05-31

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	245.31	*****	26 lbs/day	*****	3.63	7.68	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	*****	*****		7.2	*****	7.5	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	864.21	*****	26 lbs/day	*****	10.95	39.60	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	7.016	13.386	03 MGD	*****	*****	*****		0	Daily	TOTALZ
PARAM CODE: 50050 Stage Code: 1 Effluent Gross	Permit Requirement	Report Monthly Average	Report Maximum Daily		*****	*****	*****			Daily	TOTALZ
E. COLI	Sample Measurement	*****	*****		*****	4.9	34.5	30 MPN/100mL	0	Twice Every Week	GRAB
PARAM CODE: 51040 Stage Code: 1 Effluent Gross	Permit Requirement	*****	*****		*****	126 Geometric Mean	406 Maximum Daily			Twice Every Week	GRAB
SOLIDS, TOTAL DISSOLVED-180 DEG. C	Sample Measurement	29877	*****	26 lbs/day	*****	503	503	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
MERCURY, TOTAL (AS HG)	Sample Measurement	0.0021	*****	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 WRF Manager	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 ENQUIRY 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	339-367-5873

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

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COUNTY: Tulsa

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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	Sample Measurement	*****	*****		*9	*****	*9	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	*****	*****		*9	*9	*9	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-P. Promelas	Sample Measurement	*****	*****		*9	*****	*****	23 %	0	Monthly	COMP24
PARAM CODE: 51714 Stage Code: 1 Effluent Gross	Permit Requirement	*****	*****		100 48 Hour Minimum	*****	*****			Monthly	COMP24
LC50 STATRE 48HR ACU PINEPHALES	Sample Measurement	*****	*****		*9	*****	*****	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	*****	*****		*9	*****	*****	9A pass (0) fail (1)	0	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	*****	*****		*9	*****	*****	23 %	0	Monthly	COMP24
PARAM CODE: TIM6C Stage Code: 1 Effluent Gross	Permit Requirement	*****	*****		Report 48 Hour Minimum	*****	*****			Monthly	COMP24
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 ENQUIRY 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 David Handy		Telephone No 539-367-5873	

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COUNTY:

Tulsa

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		Average	Maximum		Minimum	Average	Maximum					
WHOLE EFFLUENT TOXICITY-P. Promelas	Sample Measurement	*****	*****		*9	*****	*****		0	Monthly	COMP24	
PARAM CODE: 51714 Stage Code: 1 Effluent Gross	Permit Requirement	*****	*****		100 48 Hour Minimum	*****	*****	25 %		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

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