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

PERMIT NUMBER: OK0040053 001A

PERMITTE NAME: Broken Arrow, City of MAILING NESSESSITT17NR14EIM

MONITORING

COUNTY:

Tulsa

0

Broken Arrow WWT Broken Arrow, OK 74013 NESESES11T17NR14EIM Period: Monitoring 2018-03-01To: 2018-03-31 NO DISCHARGE FROM SITE:

FACILITY: LOCATION:

ADDRESS:

Broken Arrow, OK 74013

	Daniel I							The same of the sa	To Deference off assertances	WITH TOTAL VILLE	CONTRACTOR AND
2018-04-13		918-455-4762	918-4	David Handy		R SUBMITTING FALSE INFORM	DIALTIES FOI	hat there are significant means sometimes.	belief, True, accurate, and complete I am aware that there are significan Including the possibility of fine and imprisonment for exkowing violations	DELIEF, TRUE, ACCURA	WWTP Mgr.
(AA/QQ/I	Date (ADL/DD/YY)	Telephone No		Signature of Principal Executive Officer Or Authorized Agent	7	I BEST OF MY MANUAL FORE A MESYSTEM OR THOSE PERSON MESYSTEM OR THOSE PERSON	REPARED RECONSTRUCT MANAGE THE	T AND ALL ATTACHMENTS WERE TO ASSURE THAT QUALIFIED PE THE PERSON OR PERSONS WHO	I CERTIFY INDER 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 CHALFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE DYDANASTON SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS THE OTHER REPORTED FOR A ATTERDING THE REPORMATION. THE RESON HAVE MEMBERS TO THE SYSTEM OF MY SHOWLEDGE AND	CERTIFY INDER PENA SUPERVISION IN ACCOU THE INFORMATION SUB	Name/Title of Principal Executive Officer Or Authorized Agent
COMP12	Monthly		mg/l	Maximum Daily	10000 - 100 mg	*****	lbs/day	**	77929 Monthly Average	Permit Requirement	PARAM CODE: 70300 Stage Code: 1 Effluent Gross
COMP12	Monthly	0	19	55	U1 U1 00	*****	26	***************************************	27210	Sample Measurement	1
GRAB	Weekly		MPN/100mL	Daily	630 Geometric Mezn			***	***	Permit Requirement	Stage Code: 1 Effluent Gross
GRAB	Weekly	-	30	> 2419	27.3	**		****	**	Sample Measurement	
GRAB	Daily		mg/l	0.099 Instantaneous Maximum	* * * * *	** **		****	**	Permit Requirement	PARAM CODE: 50060 Stage Code: A Disinfection, Process Complete
GRAB	Daily	0	10	< 0.03	***	***		****	**********	Sample Measurement	CHLORINE, TOTAL RESIDUAL
TOTALZ	Daily			** ** ** **	**	**	MGD	Report Maximum Daily	Report Monthly Average	Permit Requirement	PARAM CODE: 50050 Stage Code: 1 Effluent Gross
TOTALZ	Daily	0		** ** ** **	** ** ** **	***************************************	03	7.320	4.751	Sample Measurement	FLOW, IN CONDUIT OR THRU TREATMENT PLANT
COMP12	Five Per Week		mg/l	45 Weekly Average	30 Monthly Average	***** M	lbs/day	**	2001.6 Monthly Average	Permit Requirement	Stage Code: 1 Effluent Gross
COMP12	Five Per Week	0	19	3.60	2.62	**	26	***	105.20	Sample Measurement	
GRAB			S.U.	9.0 Maximum	**	6.5 Minimum		***	**	Permit Requirement	PARGANI CODE: 00400 Stage Code: 1 Effluent Gross
GRAB	Daily	0	12	7.8	***	7.0		***	**************************************	Sample Measwement	
COMP12	Five Per Week		mg/l	45 Weekly Average	30 Monthly Average	*****	lbs/day	*****	2001.6 Monthly Average	Permit Requirement	Stage Code: 1 Effluent Gross
COMP12	Five Per Week	0	19	8.4	6.76	**	26	****	265.12	Sample Measwement	BOD, 5-DAY (20 DEG. C)
Туре	Analysis	Ex.	COLES	Maximum	Average	Minimum Co	CBIES	Maximum	Average Max		Parameter
2		4	11-1-1						renana :	ow, OK /4015	Broken Arrow, Ok

National Pollutant Discharge Elimination System (NPDES) Oklahoma Department of Environmental Quality Discharge Monitoring Report (DMR) PERMIT NUMBER: OKO040053 MONITORING 001A POINT:

PERMITTEE NAME: Broken Arrow, City of MAÎLING NESESES11T17NR14EIM FACILITY: ADDRESS: Broken Arrow, OK 74013

Broken Arrow WWT NESESES11T17NR14EIM

2018-03-01To: 2018-03-31

Tuisa

LOCATION;	NESESES11T17NR14EIM Broken Arrow, OK 74013	NR14EIM OK 74013	Monitoring Period:	2018-03-01To: 2018-03-31	18-03-3		NO DISCHARGE FROM SITE:	£: C				
Parameter			Quantity or Loading		Units	Quality or C	r Concentration		Units No.	No.	Frequency of	Sample
			Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	Type
MERCURY, TOTAL (AS HG)		Sample	0.0024	***		***	< 0.05	< 0.05		0	Monthly	COMP12
2100		Measurement		<i>J</i>	26				28			
Stage Code: 1 Effluent Gross		Permit Requirement	0.0635 Monthly Average	***	lbs/day	**	0.952 Monthly Average	1.9 Maximum Daily	ng/1		Monthly	COMP12
Name/Title of Principal Executive Officer Or Authorized Agent	"	NEORWALION SCHWILLIA SALESON IN WCCORDAN	THE PROPOSED THE VALUE OF THE STATE OF THE PROPOSED THE PROPOSED THE STATE OF THE PROPOSED THE STATE OF THE PROPOSED THE STATE OF THE S	d all attachments were pr assure that qualified perso the person or persons who m	EDARGE THE MAGE THAN THANKE	PERLY GATHER AND EVALUATION OR STREET WATER AND STATE OF THE STREET OF T		Signature of Principal Executive Officer Or Authorized Agent	Tele	Telephone No	- 1	Date (MM/DD/YY)
WWTP Mgr.		CTLY RESPONSIBLE FO FF, TRUE, ACCURATE, A UDDING THE POSSIBILITY	DERCITY RESPONSELT FOR GATHERING THE DEPOMATION, THE DEFOMATION STEMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELLET, THIE, ACCURATE, AND COMPLETE! I AM AWARE THAT THERE ARE SHOWLED ANY PENALTIES FOR SUBMITTING FALSE REPORMATION DICLIDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR EXNOWING VIOLATIONS.	THE NEORMATION SUBMITTED IT THERE ARE SIGNIFICANT PENAL KNOW ING VIOLATIONS.	LTIES FOR	SEST OF MY KNOW LEDGE AT	×	David Handy	918-	918-455-4762	ļ.	2018-04-13
COMPARNT AND EXPL	ANATION OF AN	VY VIOLATIONS	CONDIENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	e)							Page 2	

GENERAL REPORT COMMENT:

On Tuesday March 27, 2018, the facility experienced a rain event of 1.51 inches. Stormwater ran into sampling stream due to construction project. E. Coli grab sample was pulled during this time.