

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

PERMITTEE NAME: Broken Arrow, City of
MAILING ADDRESS: NESESES11T17NR14E1M
Broken Arrow, OK 74013
FACILITY: Broken Arrow WWTP
LOCATION: NESESES11T17NR14E1M
Broken Arrow, OK 74013

PERMIT NUMBER: OK0040053
MONITORING POINT: 001A

COUNTY:

Tulsa

Monitoring Period: 2018-04-01 To: 2018-04-30
NO DISCHARGE FROM SITE:

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
BOD, 5-DAY (20 DEG. C)	Sample Measurement	223.31	*****	26	*****	7.55	8.00	0	Five Per Week	COMP12
PARAM CODE: 00310	Permit Requirement	2001.6	*****	lbs/day	*****	30	45	19	Five Per Week	COMP12
Effluent Gross	Sample Measurement	*****	*****		7.1	*****	7.5	12	Daily	GRAB
PARAM CODE: 00400	Permit Requirement	*****	*****		6.5	*****	9.0	S.U.	Daily	GRAB
Effluent Gross	Sample Measurement	78.72	*****	26	*****	2.64	3.40	0	Five Per Week	COMP12
PARAM CODE: 00530	Permit Requirement	2001.6	*****	lbs/day	*****	30	45	19	Five Per Week	COMP12
Effluent Gross	Sample Measurement	3.403	6.164	03	*****	*****	*****		Daily	TOTALZ
FLOW IN CONDUIT OR THRU TREATMENT PLANT	Permit Requirement	*****	*****		*****	*****	*****		Daily	TOTALZ
PARAM CODE: 50050	Permit Requirement	*****	*****		*****	*****	*****		Daily	TOTALZ
Effluent Gross	Sample Measurement	*****	*****		*****	*****	< 0.03	19	Daily	GRAB
CHLORINE, TOTAL RESIDUAL	Permit Requirement	*****	*****		*****	*****	0.099	mg/l	Daily	GRAB
PARAM CODE: 50060	Permit Requirement	*****	*****		*****	*****	Instantaneous Maximum		Daily	GRAB
Disinfection, Process Complete	Sample Measurement	*****	*****		*****	2.0	4.0	0	Weekly	GRAB
E. COLI	Permit Requirement	*****	*****		*****	630	2030	30	Weekly	GRAB
PARAM CODE: 51040	Permit Requirement	*****	*****		*****	Geometric Mean	Maximum Daily		Monthly	COMP12
Effluent Gross	Sample Measurement	26732	*****	26	*****	520	520	19	Monthly	COMP12
SOLIDS, TOTAL DISSOLVED-180 DEG.C	Permit Requirement	77929	*****	lbs/day	*****	1168	1168	mg/l	Monthly	COMP12
PARAM CODE: 70300	Permit Requirement	*****	*****		*****	*****	*****		Monthly	COMP12
Effluent Gross	Permit Requirement	*****	*****		*****	*****	*****		Monthly	COMP12

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: WWTP Mgr.

Signature of Principal Executive Officer or Authorized Agent: David Handy

Telephone No: 918-455-4762

Date (MM/DD/YY): 2018-05-15

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LOCATION: NESESES11T17NR14E1M
 Broken Arrow, OK 74013

PERMIT NUMBER: OK0040053
MONITORING POINT: 001A

COUNTY:

Tulsa

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NO DISCHARGE FROM SITE:

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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)	Sample Measurement	0.0026	*****	26	*****	< 0.05	< 0.05	0	Monthly	COMP12
PARAM CODE: 71900	Permit Requirement	0.0635	*****	lbs/day	*****	0.952	1.9	Monthly	Monthly	COMP12
Stage Code: 1	Effluent Gross									
I CERTIFY UNDER PENALTY OF LAW THAT THE DOCUMENT AND ALL ATTACHEMENTS WERE PREPARED UNDER MY SUPERVISION OR DIRECT SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS WHO REPORT INFORMATION TO THE STATE DEPARTMENT OF ENVIRONMENTAL QUALITY ARE TRAINED AND QUALIFIED TO DO SO AND THAT THE INFORMATION REPORTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.										
Name/Title of Principal Executive Officer Or Authorized Agent							Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)
WWTP Mgr.							David Hardy		918-455-4762	2018-05-15

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