

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

PERMITTEE NAME: Broken Arrow, City of  
 MAILING: NESESES11T17NR14EIM  
 ADDRESS: Broken Arrow, OK 74013  
 FACILITY: Broken Arrow WWT  
 LOCATION: NESESES11T17NR14EIM  
 Broken Arrow, OK 74013

PERMIT NUMBER: OK0040053  
 MONITORING POINT: 001A

COUNTY: Tulsa

Monitoring Period: 2018-12-01 To: 2018-12-31 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 | 337.38                    | *****                   | 26<br>lbs/day | *****                    | 13.50                   | 17.60                          | 19<br>mg/l      | 1       | Five Per Week         | COMP12      |
| PARAM CODE: 00310<br>Stage Code: 1<br>Effluent Gross                 | Permit Requirement | 2001.6<br>Monthly Average | *****                   |               | *****                    | 30<br>Monthly Average   | 45<br>Weekly Average           |                 |         | Five Per Week         | COMP12      |
| PH                                                                   | Sample Measurement | *****                     | *****                   |               | 7.1                      | *****                   | 7.6                            | 12<br>S.U.      | 0       | Daily                 | GRAB        |
| PARAM CODE: 00400<br>Stage Code: 1<br>Effluent Gross                 | Permit Requirement | *****                     | *****                   |               | 6.5<br>Minimum           | *****                   | 9.0<br>Maximum                 |                 |         | Daily                 | GRAB        |
| SOLIDS, TOTAL SUSPENDED                                              | Sample Measurement | 170.77                    | *****                   | 26<br>lbs/day | *****                    | 7.05                    | 18.00                          | 19<br>mg/l      | 1       | Five Per Week         | COMP12      |
| PARAM CODE: 00530<br>Stage Code: 1<br>Effluent Gross                 | Permit Requirement | 2001.6<br>Monthly Average | *****                   |               | *****                    | 30<br>Monthly Average   | 45<br>Weekly Average           |                 |         | Five Per Week         | COMP12      |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT                             | Sample Measurement | 3.128                     | 4.404                   | 03<br>MGD     | *****                    | *****                   | *****                          |                 | 0       | Daily                 | TOTALZ      |
| PARAM CODE: 50050<br>Stage Code: 1<br>Effluent Gross                 | Permit Requirement | Report<br>Monthly Average | Report<br>Maximum Daily |               | *****                    | *****                   | *****                          |                 |         | Daily                 | TOTALZ      |
| CHLORINE, TOTAL RESIDUAL                                             | Sample Measurement | *****                     | *****                   |               | *****                    | *****                   | < 0.03                         | 19<br>mg/l      | 0       | Daily                 | GRAB        |
| PARAM CODE: 50060<br>Stage Code: A<br>Disinfection, Process Complete | Permit Requirement | *****                     | *****                   |               | *****                    | *****                   | 0.099<br>Instantaneous Maximum |                 |         | Daily                 | GRAB        |
| E.COLI                                                               | Sample Measurement | *****                     | *****                   |               | *****                    | 4.6                     | 114                            | 30<br>MPN/100mL | 0       | Weekly                | GRAB        |
| PARAM CODE: 51040<br>Stage Code: 1<br>Effluent Gross                 | Permit Requirement | *****                     | *****                   |               | *****                    | 630<br>Geometric Mean   | 2030<br>Maximum Daily          |                 |         | Weekly                | GRAB        |
| SOLIDS, TOTAL DISSOLVED-180 DEG.C                                    | Sample Measurement | 9978                      | *****                   | 26<br>lbs/day | *****                    | 478                     | 478                            | 19<br>mg/l      | 0       | Monthly               | COMP12      |
| PARAM CODE: 70300<br>Stage Code: 1<br>Effluent Gross                 | Permit Requirement | 77929<br>Monthly Average  | *****                   |               | *****                    | 1168<br>Monthly Average | 1168<br>Maximum Daily          |                 |         | Monthly               | COMP12      |

|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |              |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------|
| Name/Title of Principal Executive Officer Or Authorized Agent<br><br>WRRF Mgr. | 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 |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | David Handy                                                  | 918-455-4762 |

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

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|---------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------|--------------------------|--------------------------|--------------------------------------------------------------|------------|--------------|-----------------------|-------------|
|                                                               |                    | Average                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Maximum |               | Minimum                  | Average                  | Maximum                                                      |            |              |                       |             |
| MERCURY, TOTAL (A& HG)                                        | Sample Measurement | 0.0010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | *****   | 26<br>lbs/day | *****                    | < 0.05                   | < 0.05                                                       | 28<br>ug/l | 0            | Monthly               | COMP12      |
| PARAM CODE: 71900<br>Stage Code: 1<br>Effluent Gross          | Permit Requirement | 0.0635<br>Monthly Average                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | *****   |               | *****                    | 0.952<br>Monthly Average | 1.9<br>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 |                       |             |
| WRRF Mgr.                                                     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |               |                          |                          | David Handy                                                  |            | 918-455-4762 |                       |             |

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GENERAL REPORT COMMENT:

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12/13/18 sample result for Effluent BOD5 = >38 mg/L and Effluent TSS = 76 mg/L. Influent slug on 12/12/18 sample result were 8556 mg/L BOD and 4650 mg/L TSS.