

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

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

**PERMIT NUMBER:** OK0040053

**MONITORING POINT:** 001A

**COUNTY:**

Tulsa

**Monitoring Period:** 2021-02-01 To: 2021-02-28

**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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 529.50                    | *****                   | 26<br>lbs/day | *****                    | 11.70                   | 17.80                                                        | 19<br>mg/l      | 0            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****                     | *****                   |               | 7.0                      | *****                   | 7.4                                                          | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 286.83                    | *****                   | 26<br>lbs/day | *****                    | 6.45                    | 10.20                                                        | 19<br>mg/l      | 0            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5.436                     | 6.637                   | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****                     | *****                   |               | *****                    | *****                   | 1.38                                                         | 19<br>mg/l      | 1            | Daily                 | GRAB        |
| PARAM CODE: 50060<br>Stage Code: A<br>Disinfection, Process Complete | Permit Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****                     | *****                   |               | *****                    | *****                   | 0.099<br>Instantaneous<br>Maximum                            |                 |              | Daily                 | GRAB        |
| E.COLI                                                               | Sample Measurement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****                     | *****                   |               | *****                    | 150.6                   | 921.0                                                        | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 26129                     | *****                   | 26<br>lbs/day | *****                    | 564                     | 564                                                          | 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        | 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 |                       |             |
| WWTP Mgr.                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                         |               |                          |                         | David Handy                                                  |                 | 539-367-5873 |                       |             |

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



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|---------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------|--------------------------|--------------------------|--------------------------------------------------------------|------------|--------------|-----------------------|-------------|
|                                                               |                    | Average                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Maximum |               | Minimum                  | Average                  | Maximum                                                      |            |              |                       |             |
| MERCURY, TOTAL (AS HG)                                        | Sample Measurement | 0.0023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | *****   | 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      |
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**GENERAL REPORT COMMENT:**

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02-28-21 Sodium bisulfite tank fittings froze. Switched over to drums due to lead time on getting new fittings. Pump lost prime during refilling of drum. Sodium bisulfite tank has since been repaired and chemical pumping is back to normal.