PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT) NAME: Carmel Area Wastewater Treatmer	nt Plant			ON DISCHARGE ELI ARGE MONITORII	IMINATION SYSTEM (NPD NG REPORT	ES)		DMR mai	ling 71P	FORM APP OMB No.20	
ADDRESS: 26900 State Route One		-		CA0044799	26	INF-A	T	MAJOR	iing zii	OODL.	00020
Carmel CA 93923		-		PERMIT NUME			4	(SUBR 0	2)		
		-		DISCHARGE NUMBER	Ţ						
FACILITY: CARMEL AREA WWTP		-	·	MONIT		1				ONTHLY	
LOCATION: 26900 State Route One		-			ORING PERIOD			Influent S			
Carmel CA 93923				MM/DD/YYYY		/DD/YYYY		NO DISCI	HARGE		
ATTN: James Pinkevich			FROM	4/1/2015	то 4/	30/2015					
PARAMETER		Q	UANTITY OR LOADIN	G		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	****	386	457	mg/L	0		
00310 G 0	PERMIT			1	1 3 3 33 3	Req. Mon	Req. Mon.		1.1	Once Every	3 3 3
Raw Sewage Influent	REQUIREMENT	*****	*****	*****	*****	MOAVG	DAILY MX	mg/L		13 Days	COMP24
Solids, total suspended	SAMPLE			1							
Solius, lotal suspended	MEASUREMENT	*****	* * * * * *	* * * * * *	* * * * * *	720	1784	mg/L	0		
00530 G 0	PERMIT			4		Reg Mon.	Req. Man.		i i i i	Once Every	10.00
Raw Sewage Influent	REQUIREMENT	*****	*****	*****	*** ** *	MOAVG	DAILY MX	mg/L		13 Days	
		**************************************	0-0-0-0-0-0-0-0-0-0	-	0-	MORVO	DAILINIX	ing/∟		15 Days	001011 24
Flow, in conduit or thru treatment plant	SAMPLE	4.00	4 400	Maral /al	* * * * * *	****	* * * * * *		0		
50050 0.0	MEASUREMENT	1.23	1.436	Mgal/d					0		
50050 G 0	PERMIT	Req. Mon.	Req. Mon.								
Raw Sewage Influent	REQUIREMENT	MOAVG	DAILY MX	Mgal/d	*** ** *	*****	* ** *** *			Daily	METER
	SAMPLE MEASUREMENT	* * * * *	* * * * *	* * * * * *	*****	****	* * * * * *				
	PERMIT	*****	*****	*****	*****	******	*.****				
	SAMPLE		· · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		· · · · · ·		1.1	1	
	MEASUREMENT	*****	*****	* * * * * *	*****	*****	* * * * * *				
	PERMIT	****	*****	*****	*****	*****	*** *** ***				
	SAMPLE										
	MEASUREMENT	*****	*****	*****	*****	*****	*****				L
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	******				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*,*'*,* *,*	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE OFF	I Certify under penalty of Iaw that this document and all attachments were					1	TELEPHON	E E E E E E E E E E E E E E E E E E E	DA	TE	
	r Certify under penalty or law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed							-		· <b>-</b>	
			personnel properly gathe	-	-						
	-	y inquiry of the person or									
	-	ly responsible for gatheri									
	-	t of my knowledge and be									
		I am aware that there are significant penalties for submitting false information,									
	including the possibility	y of fine and imprisonme	ent for knowing violat	tions.	SIGNATURE OF PRINC	AREA	NUMBER		MM/DD/YYYY		
TYPED OR PRINTED					OFFICER OR AUTHO	RIZED AGENT	CODE				
COMMENT AND EXPLANATION OF ANY V	IOLATIONS	(Reference all attack	hments here)	_	00004/0310	)16-1522		PAGE	1	OF	1

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)			ON DISCHARGE EL I <b>ARGE MONITORI</b>	IMINATION SYSTEM ( NG REPORT	NPDES)		DMD		FORM APF OMB No.20	40-0004		
NAME: Carmel Area Wastewater Treatm	ent Plant	-		0.		004.4	-	DMR mai	-	CODE:	93923	
ADDRESS: 26900 State Route One	_		CA0044799		001-A	_	MAJOR					
Carmel CA 93923	_		PERMIT NUM	BER	DISCHARGE NUMBER	1	(SUBR 03	,				
FACILITY: CARMEL AREA WWTP		_								001/MON	THLY	
LOCATION: 26900 State Route One		MONITORING PERIOD						External Outfall				
Carmel CA 93923				MM/DD/YYYY	_	MM/DD/YYYY		NO DISCH	HARGE			
ATTN: James Pinkevich			FROM	4/1/2015	то	4/30/2015						
									-	1	1	
PARAMETER		Q	UANTITY OR LOADII	NG		QUALITY OR CONCEN	TRATION		NO.	FREQUENCY	SAMPLE	
		) ( =	\/_l	UNITS	Malua	Value	Value	UNITS	EX	OF ANALYSIS	TYPE	
Taran anatura unatar dan fahranhait	SAMPLE	Value	Value	UNITS	Value	value	value	UNITS				
Temperature, water deg. fahrenheit	MEASUREMENT	*****	*****	*****	*****	*****	69.6	deg F	0			
00011 10	PERMIT	444444444	endered dere	:	0.0000000	adaaaadaaa	Req. Mon.	ucyi		2	-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
				*****						Every	0545	
Effluent Gross	REQUIREMENT						INST MAX	deg F		Week	GRAB	
Turbidity	SAMPLE	* * * * * *	* * * * * *	* * * * * *	10	1.05	40					
00070 1.0	MEASUREMENT				1.6	4.95	13	NTU	0	0.000.000		
00070 10	PERMIT				75	100	225	3	1999	Once Every		
Effluent Gross	REQUIREMENT	*****	*****	*****	MOAVG	HI WK AV	DAILY MX	NTU		13 Days	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE											
	MEASUREMENT	7	11	lb/d	4	8	8	mg/L	0			
00310 1 0	PERMIT	750	1130	:	- 30	45	90	, , , , , , , , , , , , , , , , , , ,	: : :	Once Every	1: 1: 1:	
Effluent Gross	REQUIREMENT	MOAVG	HI WK AV	lb/d	MOAVG	HI WK AV	DAILY MX	mg/L	: :	13 Days		
	SAMPLE	WONVO .		: 10/0	NO AVO			iiig/∟		15 Days	. COMI 24	
рН	MEASUREMENT	*****	*****	*****	6.4	*****	7.3	SU	0			
00400 1 0	PERMIT	ie ie iele i		6	6	a la la cala de la cala de la	9	00		H 16 11		
Effluent Gross		******		*****	· · · · · · · · · · · · · · · · · · ·	******	, i i i i i i i i i i i i i i i i i i i	0.1	1999	Every	0040	
	REQUIREMENT	*****	*****		MINIMUM		MAXIMUM	SU		Week	GRAB	
Solids, total suspended	SAMPLE	9	10	lb/d	5	4.4	25.5		0			
00520 1.0	MEASUREMENT	750		1D/U	30	11 45	25.5	mg/L				
00530 10	PERMIT		1130							Every		
Effluent Gross	REQUIREMENT	MOAVG	HI WK AV	: Ib/d	MOAVG	HI WK AV	DAILY MX	mg/L		Week	COMP24	
Solids, settleable	SAMPLE	* * * * * *	* * * * *	* * * * * *								
	MEASUREMENT	*****	******		0.12	0.2	0.5	mL/L	0			
00545 10	PERMIT					1.5	3			Once Every		
Effluent Gross	REQUIREMENT	*****	*****	*****	MOAVG	HI WK AV	DAILY MX	mL/L	100	13 Days	GRAB	
Nitrogen, ammonia total (as N)	SAMPLE											
	MEASUREMENT	0.05	0.04	lb/d	19.2	16.6	16.8	ug/L	0			
00610 1 0	PERMIT	1800	7300		73000	290000	730000					
Effluent Gross	REQUIREMENT	6 MO MED	DAILY MX	: Ib/d	6 MO MED	DAILY MX	INST MAX	ug/L	: : :	Monthly	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OF	FICER	I Certify under penalty of law that this document and all attachments were						TELEPHONE	1	DA	ΓE	
		prepared under my dire	ction or supervision in	accordance with a sys	tem designed							
		to assure that qualified	personnel properly gath	er and evaluate the in	formation							
	submitted. Based on my inquiry of the person or persons who manage the system,											
	or those persons directl	y responsible for gathe										
		t of my knowledge and			1							
			re significant penalties f	•								
	including the possibility	y of fine and imprisonm	ent for knowing viola	tions.	SIGNATURE OF PRINC	SIGNATURE OF PRINCIPAL EXECUTIVE AI				MM/DD/YYYY		
TYPED OR PRINTED		1				OFFICER OR AUTH	ODITED A OFNIT	CODE				

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT) NAME: Carmel Area Wastewater Treatmer	nt Plant			TION DISCHARGE ELI HARGE MONITORII			ES)		DMR maili		FORM API OMB No.2	
ADDRESS: 26900 State Route One		-		CA0044799	96	7	001-A	Т	MAJOR	ng zn	OODL.	00020
Carmel CA 93923		-		PERMIT NUME		_		4	(SUBR 03)	<b>`</b>		
FACILITY: CARMEL AREA WWTP		-	L				DISCHARGE NUMBER	1	DISCHA			TUIV
LOCATION: 26900 State Route One		-		MONIT	ORING PE				External O			
Carmel CA 93923		-							NO DISCH			
ATTN: James Pinkevich			FROM	ММ/DD/YYYY ММ/DD/YY 4/1/2015 то 4/30/201					NO DISCH	ANGL		
			TROM		10	-17	00/2010					
PARAMETER		QUANTITY OR LO		DING C		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		Value	Value	UNITS	Value	e	Value	Value	UNITS			
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	****	****	* * * * *	*	* * * * *	****	96.3	mg/L	0		
00620 1 0	PERMIT					1.22.2		Req. Man.				
Effluent Gross	REQUIREMENT	*****	*****	*****	*	****	*****	DAILY MX	mg/L		Monthly	GRAB
Silica, total (as SiO2)	SAMPLE MEASUREMENT	*****	*****	*****		****	*****	80	mg/L	0		
00956 10	PERMIT	51 51 555 F			1.11	: ::: ::		Req. Mon.		0.00	1999	10 - 10 - 1
Effluent Gross	REQUIREMENT	*****	*****	*****	*	****	*****	DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE							DATE HINK	iiig/L		ivionitiny.	
On and grease			NODI(B)	lb/d	NC	DDI(B)				0		
03582 10	MEASUREMENT	NODI(B)		lb/d		<u> </u>	NODI(B)	NODI(B)	mg/L			
	PERMIT	630	1000		$(1,1) \in \mathbb{R}^{n}$	25					Once Every	
Effluent Gross	REQUIREMENT	MOAVG	HI WK AV	lb/d	M	OAVG	HI WK AV	DAILY MX	mg/L	1.1	13 Days	GRAB
Flow, in conduit or thru treatment plant	SAMPLE	0.050	0.000	N4 mal (al		* * * * *	* * * * *	* * * * * *		_		
F00F0 1 0	MEASUREMENT	0.253	0.396	Mgal/d	1.1.1.1.1			0.0.00.000.00		0		a de la de la d
50050 10	PERMIT	Req. Mon.	Reg. Mon.			9,99,9						
Effluent Gross	REQUIREMENT	MOAVG	DAILY MX	: Mgal/d		*****	** * * * *	*****			Daily	METER
Chlorine, total residual	SAMPLE		0.01	lb/d	NI		6.4	6.4		0		
F0000 1 0	MEASUREMENT	NODI(B)	0.01 24	lb/d		ODI(B)	6.4 980	6.4 7320	ug/L	0		
50060 1 0	PERMIT	6.1				240		1				
Effluent Gross	REQUIREMENT	6 MO MED	DAILY MX	lb/d	6 M	IO MED	DAILY MX	INST MAX	ug/L		Daily	CONTIN
Enterococci	SAMPLE	* * * * * *	* * * * * *	* * * * * *	*	****	2	6.1	MPN/100ml	0		
61211 10	MEASUREMENT	and a second		(a)			4300	6.1 13000		• • • •		
Effluent Gross	PERMIT	*****		*****		+++++					Every	OFAD
	REQUIREMENT			19	1.11		MOAVG	INST MAX	VIPN/100ml	191	Week	GRAB
Urea	SAMPLE	*****	*****	* * * * * *	*	****	*****	66	mg/L	0		
71800 10	MEASUREMENT						19 19 19 19 19	Req. Man.	iiig/L			121212121
		*****		*****		*****	*****					0040
Effluent Gross	REQUIREMENT		<u></u>	· ·				DAILY MX	mg/L			GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER			ent and all attachments					TELEPHONE		DA	
				n accordance with a syst	-							
					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 PRINC	IPAL EXECUTIVE	AREA	NUMBER	I	MM/DD/YYYY	
TYPED OR PRINTED	OFFICER OR AUTHORIZED AGENT							CODE				
COMMENT AND EXPLANATION OF ANY V	IOLATIONS	(Reference all attac	hments here)			00004/0310	16 1522		PAGE	2	OF	3

NAME: Carmel Area Wastewater Treatr	_		CA0044799			-	DMR maili	ing ZIF	CODE:	93923	
ADDRESS: 26900 State Route One	_		001-A		MAJOR						
Carmel CA 93923	-		DISCHARGE NUMBER		(SUBR 03	<i>,</i>					
FACILITY: CARMEL AREA WWTP	-	<b></b>					DISCHA	IHLY			
LOCATION: 26900 State Route One Carmel CA 93923	MONITORING PERIOD						External O		<u> </u>		
ATTN: James Pinkevich			FROM	MM/DD/YYYY 4/1/2015		M/DD/YYYY 4/30/2015		NO DISCHARGE			
PARAMETER		QUANTITY OR LO		DADING G		QUALITY OR CONCEN	QUALITY OR CONCENTRATION			FREQUENCY	SAMPLE
		Value	Value	UNITS	Value	Value	Value	UNITS	EX	OFANALYSIS	S TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	8.6	MPN/100ml	0		
74055 10	PERMIT	0.0000		8		24000	49000			Every	120.200
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	MOAVG	INST MAX	MPN/100ml		Week	GRAB
Coliform, total general	SAMPLE					MOAVO	. NOT WAR			week .	
	MEASUREMENT	* * * * *	* * * * *	* * * * * *	* * * * *	1	8.6	MPN/100ml	0		
74056 10	PERMIT			3		230	10000		::::	Every	3 3 3
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	MOAVG	INST MAX	MPN/100ml		Week	GRAB
BOD, 5-day, percent removal	SAMPLE										1
	MEASUREMENT	*****	*****	*****	99	*****	*****	%	0		
81010 K 0	PERMIT	8 8 88 8		2	85				: :		
Percent Removal	REQUIREMENT	*****	*****	*****	MQAV MN	*****	*****	%		Monthly	CALCT
Solids, suspended percent removal	SAMPLE										1
	MEASUREMENT	*****	*****	* * * * *	99	*****	* * * * * *	%	0		
81011 K 0	PERMIT				85						
Percent Removal	REQUIREMENT	*****	*****	*****	MOAVMN	*****	* * * * * *	%		Monthly	CALCTE
	SAMPLE										
	MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT	*****	*****	*****	*** * * * *	*****	* ** * * *				
	SAMPLE										1
	MEASUREMENT	*****	*****	* * * * *	*****	*****	* * * * * *				
	PERMIT										12 2 3
	REQUIREMENT	*****	*****	*****	* *** * *	*****	* * * * * *		100		
	SAMPLE										
	MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT										
	*****	*****	*****	* * * * *	*****	*** * * ***		1.11		<u></u>	
NAME/TITLE PRINCIPAL EXECUTIVE C		of law that this docume				TELEPHONE		DA	TE		
			ection or supervision in								
		personnel properly gati									
		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									
	-	st of my knowledge and									
		I am aware that there a	are significant penalties	for submitting false inf		]					
		including the possibili	ty of fine and imprisonn	nent for knowing viola	SIGNATURE OF PRIN	AREA NUMBER			MM/DD/YYYY		
TYPED OR PRINTED					OFFICER OR AUTH	CODE					