# PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

# NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT

FORM APPROVED OMB No.2040-0004

NAME: Carmel Area Wastewater Treatment Plant

ADDRESS: 26900 State Route One Carmel CA 93923

FACILITY: CARMEL AREA WWTP LOCATION: 26900 State Route One

Carmel CA 93923

ATTN: James Pinkevich

CA 00447996 PERMIT NUMBER INF-A
DISCHARGE NUMBER

	MONITORING PERIOD									
	MM/DD/YYYY		MM/DD/YYYY							
FROM	12/1/2015	TO	12/31/2015							

DMR mailing ZIP CODE: 93923
MAJOR
(SUBR 03)
INFLUENT/MONTHLY
Influent Structure
NO DISCHARGE

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCE	NTRATION	N E		FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS	1		
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	307	484	mg/L	0		
00310 G 0	PERMIT					Req. Mon.	Req. Mon.			Once Every	
Raw Sewage Influent	REQUIREMENT	*****	*****	*****	*****	MOAVG	DAILY MX	mg/L		13 Days	COMP24
Solids, total suspended	SAMPLE	*****	*****	****	****	000	4070	,,			
00530 G 0	MEASUREMENT					808	1672	mg/L	0		
	PERMIT	*****	*****	****	*****	Req. Mon.	Req. Mon.			Once Every	0011001
Raw Sewage Influent	REQUIREMENT	*****	*****	*****	*****	MOAVG	DAILY MX	mg/L		13 Days	COMP24
Flow, in conduit or thru treatment plant	SAMPLE										
	MEASUREMENT	1.29	2.01	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 REQUIREMENT	****	*****	****	*****	*****	*****				
	SAMPLE MEASUREMENT	****	****	****	****	****	****	***			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
	SAMPLE MEASUREMENT	****	*****	****	****	****	****				
	PERMIT REQUIREMENT	****	*****	****	****	*****	*****				
	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	****				
	PERMIT REQUIREMENT	*****	****	****	****	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE OFF		I Certify under penalty	of law that this docume	ent and all attachments v	vere		·*************************************	TELEPHONE	p.222128331838	DAT	E
		1 ' '	ection or supervision in								
			d personnel properly gatl								
		submitted. Based on n	ny inquiry of the person								
			tly responsible for gathe								
			st of my knowledge and		•			_			
			are significant penalties	•		0.000	NOIDAL EVEC	1054			
TYPEN OR DRINITEN		including the possibili	ty of fine and imprisonn	nentior knowing violati	UI IS.		NCIPAL EXECUTIVE	AREA	NUMBER	c 1	MM/DD/YYYY
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FORM APPROVED OMB No.2040-0004

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ADDRESS: 26900 State Route One

Carmel CA 93923

FACILITY: CARMEL AREA WWTP LOCATION: 26900 State Route One

Carmel CA 93923

ATTN: James Pinkevich

CA 00447996 PERMIT NUMBER 001-A
DISCHARGE NUMBER

	MONITORING PERIOD										
	MM/DD/YYYY		MM/DD/YYYY								
FROM	12/1/2015	TO	12/31/2015								

DMR mailing ZIP CODE: 93923
MAJOR
(SUBR 03)
DISCHARGE 001/MONTHLY
External Outfall
NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS	EX		
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	****	*****	****	67.3	deg F	0		
00011 10	PERMIT						Req. Mon.			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	INST MAX	deg F		Week	GRAB
Turbidity	SAMPLE										
,	MEASUREMENT	*****	*****	*****	1.46	1.54	4.2	NTU	0		
00070 1 0	PERMIT				75	100	225			Once Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	MOAVG	HI WK AV	DAILY MX	NTU		13 Days	GRAB
BOD, 5-day, 20 deg. C	SAMPLE										
	MEASUREMENT	20	26	lb/d	9	13	13	mg/L	0		
00310 1 0	PERMIT	750	1130		30	45	90			Once Every	
Effluent Gross	REQUIREMENT	MOAVG	HI WK AV	lb/d	MOAVG	HI WK AV	DAILY MX	mg/L		13 Days	COMP24
Н	SAMPLE			*******						•	
•	MEASUREMENT	*****	*****	*****	6.9	*****	7.5	SU	0	J Days	
00400 1 0	PERMIT				6		9			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	16	23	lb/d	6	10	19.2	mg/L	0		
00530 1 0	PERMIT	750	1130		30	45	90			Every	
Effluent Gross	REQUIREMENT	MOAVG	HI WK AV	lb/d	MOAVG	HI WK AV	DAILY MX	mg/L		Week	COMP24
Solids, settleable	SAMPLE MEASUREMENT	****	****	****	0.1	0.1	0.1	mL/L	0		
00545 1 0	PERMIT				1	1.5	3			Once Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	MOAVG	HI WK AV	DAILY MX	mL/L		13 Days	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.04	0.01	lb/d	17.6	6.6	6.6	ug/L	0		
00610 1 0	PERMIT	1800	7300		73000	290000	730000				
Effluent Gross	REQUIREMENT	6 MO MED	DAILY MX	lb/d	6 MO MED	DAILY MX	INST MAX	ug/L		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE C			of law that this docume			TELEPHONE		DAT			
		prepared under my dire to assure that qualified submitted. Based on m or those persons direct	ection or supervision in personnel properly gat ny inquiry of the person ly responsible for gathe	accordance with a syste her and evaluate the infor or persons who manage ering the information, the belief, true, accurate, ar	em designed ormation the system, e information						
TYPED OR PRINTED			re significant penalties by of fine and imprisonn	SIGNATURE OF PRINCIPAL EXECUTIVE AREA OFFICER OR AUTHORIZED AGENT CODE			NUMBE	R !	MM/DD/YYYY		

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# PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

# NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT

FORM APPROVED OMB No.2040-0004

NAME: Carmel Area Wastewater Treatment Plant

ADDRESS: 26900 State Route One

Carmel CA 93923

FACILITY: CARMEL AREA WWTP LOCATION: 26900 State Route One

Carmel CA 93923

ATTN: James Pinkevich

CA 00447996 PERMIT NUMBER 001-A
DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 FROM
 12/1/2015
 TO
 12/31/2015

DMR mailing ZIP CODE: 93923
MAJOR
(SUBR 03)
DISCHARGE 001/MONTHLY
External Outfall
NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS		OF ANALYSIS	
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	****	****	****	*****	*****	103	mg/L	0		
00620 1 0	PERMIT						Req. Mon.				
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX	mg/L		Monthly	GRAB
Silica, total (as SiO2)	SAMPLE MEASUREMENT	****	****	****	*****	****	80	mg/L	0		
00956 10	PERMIT						Req. Mon.				
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE			5550							***************************************
	MEASUREMENT	NODI(B)	NODI(B)	lb/d	NODI(B)	NODI(B)	NODI(B)	mg/L	0		
03582 10	PERMIT	630	1000		25	40	75			Once Every	
Effluent Gross	REQUIREMENT	MOAVG	HI WK AV	lb/d	MOAVG	HI WK AV	DAILY MX	mg/L		13 Days	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.295	0.576	Mgal/d	****	****	****		0	•	
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.								
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	*****	*****	*****			Daily	METER
Chlorine, total residual	SAMPLE MEASUREMENT	NODI(B)	NODI(B)	lb/d	NODI(B)	NODI(B)	NODI(B)	ug/L	0		
50060 1 0	PERMIT	6.1	24		240	980	7320				
Effluent Gross	REQUIREMENT	6 MO MED	DAILY MX	lb/d	6 MO MED	DAILY MX	INST MAX	ug/L		Daily	CONTIN
Enterococci	SAMPLE MEASUREMENT	*****	****	****	*****	2	5.2	MPN/100ml	0		
61211 10	PERMIT					4300	13000			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	MOAVG	INST MAX	MPN/100ml		Week	GRAB
Urea	SAMPLE MEASUREMENT	****	****	****	*****	*****	119	mg/L	0		
71800 1 0	PERMIT						Req. Mon.				
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX	mg/L		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER	I Certify under penalty	of law that this docume	ent and all attachments w			TELEPHONE		DAT	Έ	
		prepared under my dire	ection or supervision in	accordance with a syste	m designed						
		· ·		her and evaluate the info							
				or persons who manage	•						
		· ·		ring the information, the belief, true, accurate, an							
		*		for submitting false info	•			1			
				nent for knowing violation		SIGNATURE OF PRIN	AREA	NUMBER	. N	MM/DD/YYYY	
TYPED OR PRINTED						OFFICER OR AUTH	HORIZED AGENT	CODE			

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### NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

CA00447996

PERMIT NUMBER

FORM APPROVED OMB No.2040-0004

DISCHARGE MONITORING REPORT

DMR mailing ZIP CODE: 93923

MAJOR (SUBR 03)

**DISCHARGE 001/MONTHLY** 

External Outfall NO DISCHARGE

NAME: Carmel Area Wastewater Treatment Plant ADDRESS: 26900 State Route One Carmel CA 93923 FACILITY: CARMEL AREA WWTP LOCATION: 26900 State Route One

Carmel CA 93923

ATTN: James Pinkevich

	MONITORING PERIOD										
	MM/DD/YYYY		MM/DD/YYYY								
FROM	12/1/2015	TO	12/31/2015								

001-A

DISCHARGE NUMBER

PARAMETER		C	QUANTITY OR LOAD	ING		QUALITY OR CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	****	****	1	4.1	MPN/100ml	0		
74055 1 0	PERMIT					24000	49000			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	MOAVG	INST MAX	MPN/100ml			GRAB
Coliform, total general	SAMPLE MEASUREMENT	****	*****	****	*****	2	4.1	MPN/100ml	0		
74056 1 0	PERMIT					230	10000			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	MOAVG	INST MAX	MPN/100ml			GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	****	%	0		
81010 K 0	PERMIT				85			,,			
Percent Removal	REQUIREMENT	*****	*****	*****	MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE				WICAV WIN			/0		ivioriting	CALCID
Sorras, suspended percent removal	MEASUREMENT	*****	*****	*****	99	*****	*****	%	0		
81011 K 0	PERMIT				85						
Percent Removal	REQUIREMENT	*****	*****	*****	MO AV MN	*****	*****	%		Monthly	CALCTD
	SAMPLE MEASUREMENT	****	****	****	****	****	****				
	PERMIT REQUIREMENT	****	*****	****	*****	****	*****				
	SAMPLE MEASUREMENT	****	****	****	*****	****	****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
	SAMPLE MEASUREMENT	****	****	****	*****	****	****	***************************************			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE (	OFFICER	I Certify under penalty	of law that this docum	nent and all attachments v			TELEPHONE		DAT	Έ	
		prepared under my dire to assure that qualified	ection or supervision in d personnel properly ga	n accordance with a syste ther and evaluate the info	em designed ormation						
		or those persons direct	tly responsible for gath	n or persons who manage ering the information, the d belief, true, accurate, ar	einformation						
		I am aware that there a	are significant penalties	s for submitting false info ment for knowing violati	rmation,	SIGNATURE OF PRII	NCIPAL EXECUTIVE	AREA	NUMBE	₹ 1	MM/DD/YYYY
TYPED OR PRINTED		<u> </u>	<u> </u>			OFFICER OR AUT	CODE				
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