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

CA00447996 PERMIT NUMBER

INF-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/31/2014 FROM 10/1/2014 TO

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

| PARAMETER | | QUANTITY OR LOADING | | | | NO. EX | | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | |
|--|-----------------------|--|--|---|---------------------------------------|---------------------|-----------------------|--------------------------|----------------|-----------------------|------------|
| | | Value | Value | UNITS | Value | Value | Value | UNITS | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 335 | 428 | mg/L | 0 | | |
| 00310 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | ***** | ***** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Once Every 13 Days | COMP24 |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 298 | 496 | mg/L | 0 | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Once Every 13 Days | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 1.17 | 1.4848 | Mgal/d | ***** | ***** | ***** | | 0 | | |
| 50050 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. 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 OFFICER | | | of law that this docume ection or supervision in | | | TELEPHONE | | DAT | Œ | | |
| | | to assure that qualified submitted. Based on m or those persons direct | I personnel properly gath ny inquiry of the person tly responsible for gathe | her and evaluate the info or persons who manage ring the information, the belief, true, accurate, an | rmation the system, information | | | | | | |
| TYPED OR PRINTED | | | | for submitting false informent for knowing violation | | SIGNATURE OF PRIN | | AREA CODE | NUMBEI | R 1 | MM/DD/YYYY |

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PERMITTEE NAME/ADDRESS (INCLUDE

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT

FORM APPROVED OMB No.2040-0004

| 'ACILII Y | NAME/LOCA | HON IF DIF | FERENI) | |
|-----------|-----------|------------|---------|--|
| | | | | |

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

CA00447996 PERMIT NUMBER 001-A
DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 FROM
 10/1/2014
 TO
 10/31/2014

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

| PARAMETER | | Q | UANTITY OR LOADIN | IG | | QUALITY OR CONCENTRATION | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--|--------------------------|-----------------------------|---------------------------------------|---------------|--------------------------|---------------|--------|-------|--------------------------|----------------|
| | | Value | Value | UNITS | Value | Value | Value | UNITS | 1 | | |
| Temperature, water deg. fahrenheit | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 71.3 | deg F | 0 | | |
| 00011 10 | PERMIT | | | | | | Req. Mon. | | | Every | |
| Effluent Gross | REQUIREMENT | ***** | ***** | ***** | ***** | ***** | INST MAX | deg F | | Week | GRAB |
| Turbidity | SAMPLE | | | | | | | | | | |
| | MEASUREMENT | ***** | ***** | ***** | 1 | 1 | 1 | NTU | 0 | | |
| 00070 1 0 | PERMIT | | | | 75 | 100 | 225 | | | Once Every | |
| Effluent Gross | REQUIREMENT | ***** | ***** | ***** | MO AVG | HI WK AV | DAILY MX | NTU | | 13 Days | GRAB |
| BOD, 5-day, 20 deg. C | SAMPLE | | | | | | | | | | |
| | MEASUREMENT | 23 | 23 | lb/d | 11 | 10 | 11 | mg/L | 0 | | |
| 00310 1 0 | PERMIT | 750 | 1130 | | 30 | 45 | 90 | | | Once Every | |
| Effluent Gross | REQUIREMENT | MO AVG | HI WK AV | lb/d | MO AVG | HI WK AV | DAILY MX | mg/L | | 13 Days | COMP24 |
| рН | SAMPLE | | | | | | | | | | |
| | MEASUREMENT | ***** | ***** | ***** | 7.4 | ***** | 7.9 | SU | 0 | | |
| 00400 1 0 | PERMIT | | | | 6 | | 9 | | | Every | |
| Effluent Gross | REQUIREMENT | ***** | ***** | ***** | MINIMUM | ***** | MAXIMUM | SU | | Week | GRAB |
| Solids, total suspended | SAMPLE | | | | | | | _ | | | |
| 00520 1.0 | MEASUREMENT | 14 | 19 | lb/d | 7 | 10 | 20 | mg/L | 0 | - | |
| 00530 1 0 | PERMIT | 750 | 1130 | | 30 | 45 | 90 | | | Every | |
| Effluent Gross | REQUIREMENT | MO AVG | HI WK AV | lb/d | MO AVG | HI WK AV | DAILY MX | mg/L | | Week | COMP24 |
| Solids, settleable | SAMPLE | ***** | ***** | ***** | NODI/D) | NODI/D) | NODI(D) | T /T | | | |
| 00545 1 0 | MEASUREMENT | ***** | ***** | ***** | NODI(B) | NODI(B) 1.5 | NODI(B) | mL/L | 0 | | |
| Effluent Gross | PERMIT | ***** | ***** | ***** | MOANG | | | 7.7 | | Once Every | CDAD |
| | REQUIREMENT | ***** | ***** | ***** | MO AVG | HI WK AV | DAILY MX | mL/L | | 13 Days | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | 0.04 | 0.02 | lb/d | 19.6 | 16.5 | 16.5 | mg/L | 0 | | |
| 00610 1 0 | PERMIT | 1800 | 7300 | 10/4 | 73.2 | 292.8 | 732 | IIIg/L | | | |
| Effluent Gross | REQUIREMENT | 6 MO MED | DAILY MX | lb/d | 6 MO MED | DAILY MX | INST MAX | mg/L | | Monthly | GRAB |
| NAME/TITLE PRINCIPAL EXECUTIVE O | - Procession Contraction Contr | | of law that this documen | Dimini mix | HADI MILES | TELEPHONE | | DAT | | | |
| TVIALE TITLE TREVELLE ELLECTIVE OF TREEK | | | ection or supervision in a | | | | · | | _ | | |
| | | | personnel properly gathe | · · · · · · · · · · · · · · · · · · · | - | | | | | | |
| | | _ | y inquiry of the person o | | | | | | | | |
| | | or those persons direct | ly responsible for gatheri | ing the information, th | e information | | | | | | |
| | | | st of my knowledge and b | | - | | | 4 | | | |
| | | | re significant penalties fo | | | | | | | | |
| TYPED OF PRINTED | | including the possibilit | ty of fine and imprisonme | ent for knowing violati | ons. | SIGNATURE OF PRIN | | AREA | NUMBE | R ! | MM/DD/YYYY |
| TYPED OR PRINTED | | | | | | OFFICER OR AUTH | HORIZED AGENT | CODE | | | |

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

ADDRESS: 26900 State Route One

FACILITY: CARMEL AREA WWTP

LOCATION: 26900 State Route One

ATTN: James Pinkevich

Carmel CA 93923

Carmel CA 93923

Carmel Area Wastewater Treatment Plant

NAME:

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

MM/DD/YYYY 10/1/2014

FROM

| CA00447996 |
|---------------|
| PERMIT NUMBER |

MONITORING PERIOD

TO

001-A DISCHARGE NUMBER

| • | _ |
|------------|---|
| | |
| MM/DD/YYYY | |
| 10/31/2014 | ĺ |

FORM APPROVED OMB No.2040-0004

DMR mailing ZIP CODE: 93923

MAJOR (SUBR 03)

DISCHARGE 001/MONTHLY External Outfall

| External Outlan | |
|-----------------|--|
| NO DISCHARGE | |

| PARAMETER | | Q | UANTITY OR LOADI | NG | QUALITY OR CONCENTRATION | | | | NO. EX | | SAMPLE TYPE |
|--|-----------------------|--------------------------|--------------------------|----------------------------|--------------------------|---|--|-----------|-----------|------------|----------------|
| | | Value | Value | UNITS | Value | Value | Value | UNITS | | | |
| Nitrogen, nitrate total (as N) | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 75.2 | mg/L | 0 | | |
| 00620 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | **** | ***** | Req. Mon. DAILY MX | mg/L | | Monthly | GRAB |
| Silica, dissolved (as SiO2) | SAMPLE | | | | | | | | | Ivionimy | UKAD |
| 00056 10 | MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 77 | mg/L | 0 | | |
| 00956 10 | PERMIT | | | | | | Req. Mon. | | | | |
| Effluent Gross | REQUIREMENT | ***** | ***** | ***** | ***** | ***** | DAILY MX | mg/L | | Monthly | GRAB |
| Oil and grease | SAMPLE | | | | | | | | | | |
| | MEASUREMENT | NODI(B) | NODI(B) | lb/d | NODI(B) | NODI(B) | NODI(B) | mg/L | 0 | | |
| 03582 1 0 | PERMIT | 630 | 1000 | | 25 | 40 | 75 | | | Once Every | |
| Effluent Gross | REQUIREMENT | MO AVG | HI WK AV | lb/d | MO AVG | HI WK AV | DAILY MX | mg/L | | 13 Days | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.089 | 0.322 | Mgal/d | ***** | ***** | ***** | | 0 | | |
| 50050 1 0 | PERMIT | Req. Mon. | Req. Mon. | | | | | | | | |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | Mgal/d | ***** | ***** | ***** | | | Daily | METER |
| Chlorine, total residual | SAMPLE | | | | | | | **** | | * | |
| , | MEASUREMENT | NODI(B) | 0.0 | lb/d | NODI(B) | 0.41 | 0.41 | 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 | ***** | ***** | ***** | ***** | 0 | 2 | MPN/100mI | 0 | | |
| 61211 10 | PERMIT | | | | | 4300 | 13000 | | | Every | |
| Effluent Gross | REQUIREMENT | ***** | ***** | ***** | ***** | MO AVG | INST MAX | MPN/100mI | | Week | GRAB |
| Urea | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 93 | 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 | /ere | *************************************** | •••••••••••••••••••••••••••••••••••••• | TELEPHONE | | DA | Έ |
| | | prepared under my dire | ection or supervision in | accordance with a syste | m designed | | | | | | |
| | | to assure that qualified | personnel properly gath | her and evaluate the info | rmation | | | | | | |
| | | submitted. Based on m | y inquiry of the person | or persons who manage | the system, | | | | | | |
| | | - | | ring the information, the | | | | | | | |
| | | | | belief, true, accurate, an | • | | | 4 | | | |
| | | | | for submitting false info | | aray arms or | CIDAL EVECTORY | ADEA | MINTE | | 010047777 |
| TYPED OR PRINTED | | including the possibilit | y of tine and imprisonn | nent for knowing violation | DIIS. | SIGNATURE OF PRIN | | AREA | NUMBEI | | MM/DD/YYYY |
| COMMENT AND EXPLANATION OF ANY V | TOLATIONS | Deference -11 -4' | hmanta ha | | 00004/02 | OFFICER OR AUTI 1016-1522 | HURIZED AGENT | PAGE | 2 | 2 OF | 3 |

FACILITY NAME/LOCATION IF DIFFERENT)

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

NAME:

DISCHARGE MONITORING REPORT

CA00447996 PERMIT NUMBER

001-A DISCHARGE NUMBER

| | MONITORING PERIOD | | | | | | | | | |
|------|-------------------|----|------------|--|--|--|--|--|--|--|
| | MM/DD/YYYY | | MM/DD/YYYY | | | | | | | |
| FROM | 10/1/2014 | TO | 10/31/2014 | | | | | | | |

OMB No.2040-0004 DMR mailing ZIP CODE: 93923 **MAJOR** (SUBR 03) DISCHARGE 001/MONTHLY External Outfall NO DISCHARGE

| PARAMETER | | (| QUANTITY OR LOAD | DING | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------------|-----------------------|--------------------------|---------------------------|---|--------------------------|-------------------|---------------|-----------|-----------|--------------------------|----------------|
| | | Value | Value | UNITS | Value | Value | Value | UNITS | | | |
| Coliform, fecal general | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0 | NODI(B) | MPN/100mI | 0 | | |
| 74055 1 0 | PERMIT | | | | | 24000 | 49000 | | | Every | |
| Effluent Gross | REQUIREMENT | ***** | ***** | ***** | ***** | MO AVG | INST MAX | MPN/100mI | | Week | GRAB |
| Coliform, total general | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI(B) | NODI(B) | MPN/100mI | 0 | | |
| 74056 1 0 | PERMIT | | | | | 230 | 10000 | | | Every | |
| Effluent Gross | REQUIREMENT | ***** | ***** | ***** | ***** | MO AVG | INST MAX | MPN/100mI | | Week | 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 MEASUREMENT | ***** | ***** | ***** | 98 | ***** | ***** | % | 0 | | |
| 81011 K 0 | PERMIT | | | | 85 | | | | | | |
| Percent Removal | REQUIREMENT | ***** | ***** | ***** | MO AV MN | ***** | ***** | % | | Monthly | CALCTD |
| T OTOMA TOMA (III | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | |
| | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | **** | **** | ***** | | | | |
| | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | **** | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE (| OFFICER | I Certify under penalt | y of law that this docun | nent and all attachments w | | • | TELEPHONE | | DA | ГЕ | |
| | | prepared under my dir | rection or supervision is | n accordance with a syste | | | | | | | |
| | | to assure that qualified | d personnel properly ga | ther and evaluate the info | rmation | | | | | | |
| | | | | or persons who manage | • | | | | | | |
| | | * | | ering the information, the | | | | | | | |
| | | | | d belief, true, accurate, an | • | | | + | | | |
| | | | | s for submitting false info ment for knowing violation | | SIGNATURE OF PRIN | | | NUMBE | R | MM/DD/YYYY |
| TYPED OR PRINTED | | | | | | OFFICER OR AUTH | HORIZED AGENT | CODE | | | |

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