

Date: March 5, 2015



California Regional Water Quality Control Board
Central Coast Division
Attn: **Monitoring and Reporting Review Section**
Submit to: centralcoast@waterboards.ca.gov

Dear Mr. Harris,

Facility Name: Carmel Area Wastewater District

Address (mailing): P.O. Box 221428, Carmel, CA 93922

Address (shipping): Highway One & Carmel River, Carmel, CA 93923

Contact Person: James Pinkevich

Job Title: Superintendent

Phone Number: 831-624-1249

WDR/NPDES Order Number: #93-72 (RECLAMATION PERMIT)

WDID Number: 3 270101001

Type of Report (circle one): Monthly Quarterly Semi-Annual Annual

Month(s) (circle applicable Jan Feb March Apr May Jun

Months*): Jul Aug Sept Oct Nov Dec

Year: 2015

Violation(s): No (there are no violations to report) Yes

If Yes is marked (complete a-g):

- a) Parameter(s) in Violation: n/a
- b) Section(s) of WDR/NPDES Violated: n/a
- c) Reported Value(s): n/a
- d) WDR/NPDES Limit Condition: n/a
- e) Dates of Violation(s): n/a
(reference page of report/data sheet)
- f) Explanation of Cause(s): n/a
(attach additional information as needed)
- g) Corrective Action(s): n/a
(attach additional information as needed)

In accordance with the Standard Provisions and Reporting Requirements, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision following a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person(s) who manage the system or those directly responsible for data gathering, 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.

If you have any questions or require additional information, please contact me at the number provided above.

Sincerely,



James Pinkevich
Superintendent

YOUR REPORTING PERIOD IS MONTHLY
 AND YOUR REPORTS MUST BE SUBMITTED BY 20 DAYS FOLLOWING THIS DATE

10 31 14 311 200100101A M

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD DISCHARGE SELF MONITORING REPORT
 CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
 81 HIGGERS STREET, SUITE 200
 SAN LUIS OBISPO, CA 95051-5414

CARMEL AREA WASTEWATER DISTRICT
 CARMEL AREA WASTEWATER DISTRICT WATER POLLUTION CONTROL PLANT
 P.O. BOX 21148
 CARMEL, CA 95022

TRANS CODE	FACILITY ID	REPORT FOR	1501	REPORT PERIOD BEG.	1501/01	REPORT PERIOD END	01/31/15	STATE CODE: 66	NPDES PERMIT NUMBER: C400479
STATION DESCRIPTION CONSTITUENT NAME		TERTIARY TOT DIS. SOLIDS MG/L							
SAMPLE TYPE FREQUENCY		24 HOUR COMP QUARTERLY							
MONTH	DAY	1	2	3	4	5	6	7	8
1	00								
1	00								
1	00								
1	01								
1	02								
1	03								
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1	30								
1	31								
1	00								
MONTHLY AVERAGE		313							
MONTHLY HIGH		313							
MONTHLY LOW		313							
TOTAL RECOVERIES		1							
REQUIREMENT #1	TOLLS EXCEEDED	MAXIMUM 1500							
REQUIREMENT #2	TOLLS EXCEEDED	(0)							
REQUIREMENT #3	TOLLS EXCEEDED								
NS - NO SAMPLE DUE TO OTHER HOURS STARTUP		TYPED NAME OF PRINCIPAL EXECUTIVE OFFICER		180 LABEL NUMBER RESULT OF PERFORM THE FOREGOING IS TRUE AND ACCURATE, AND THAT THE		SIGNATURE OF AUTHORIZED AGENT		3/5/2015	
NS - NO TEST RUN DUE TO INSUFFICIENT SAMPLE		Phebeba Jones		SAMPLING PROCEDURE AND ANALYSIS USED FOR THE COLUMN CONSTITUENTS WAS SPECIFIED				YANON/AV PAGE 3	

