

Date: April 29, 2014



California Regional Water Quality Control Board  
Central Coast Region  
Attn: Monitoring & Reporting Review Section  
895 Aerovista Place, Suite 101  
San Luis Obispo, CA 93401

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: 831-624-1248

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 Months\*):  Jan  Feb  March  Apr  May  Jun  
 Jul  Aug  Sept  Oct  Nov  Dec

Year: 2014

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

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD  
 DISCHARGER SELF MONITORING REPORT  
 CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD  
 CENTRAL COAST REGION  
 81 HIGUERA STREET, SUITE 200  
 SAN LUIS OBISPO, CA 93401-5414

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD  
 DISCHARGER SELF MONITORING REPORT  
 CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD  
 CENTRAL COAST REGION  
 81 HIGUERA STREET, SUITE 200  
 SAN LUIS OBISPO, CA 93401-5414

CARMEL AREA WASTEWATER DISTRICT  
 CARMEL AREA WASTEWATER DISTRICT  
 WATER POLLUTION CONTROL PLANT  
 P.O. BOX 221428  
 CARMEL, CA 93922

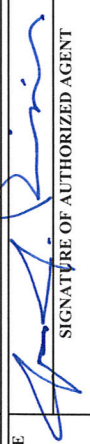
03-0114 313 27010100101A M 3-270101001 14/03 14/03/01 14/03/01 STATE NPDES PERMIT NUMBER-CA00479

TRANS CODE	FACILITY ID	YR/MONTH FOR REPORT	REPORT PERIOD BEG.		REPORT PERIOD END		TERTIARY CL2 RESIDUAL MG/L METERED CONTINUOUS	TERTIARY PH UNITS GRAB DAILY	TERTIARY TOT. COLIFORMS MPN / 100 ML GRAB DAILY	STATE CODE -06	NPDES PERMIT NUMBER-CA00479
			14/03	14/03/01	14/03	14/03/01					
3	1	1.604	3.0	0.02	0.02	8.88	7.2	ND	8		
3	2	1.506	2.0	0.02	0.02	8.59	7.3	ND			
3	3	1.423	3.0	0.02	0.02	10.69	7.3	ND			
3	4	1.296	2.0	0.02	0.02	8.29	7.2	ND			
3	5	1.129	1.0	0.02	0.02	7.91	7.3	ND			
3	6	1.185	2.0	0.02	0.02	7.40	7.3	ND			
3	7	1.111	1.0	0.02	0.02	7.91	7.2	ND			
3	8	1.071	1.0	0.02	0.02	8.28	7.2	ND			
3	9	1.127	1.0	0.02	0.02	8.10	7.2	ND			
3	10	1.065	1.0	0.02	0.02	7.91	7.4	ND			
3	11	1.019	1.0	0.02	0.02	7.31	7.2	ND			
3	12	1.054	1.0	0.02	0.02	7.41	7.3	ND			
3	13	1.103	2.0	0.02	0.02	7.96	7.4	ND			
3	14	0.964	2.0	0.02	0.05	10.82	7.1	ND			
3	15	0.802	1.0	0.02	0.02	10.63	7.2	ND			
3	16	0.918	1.0	0.01	0.02	10.04	7.1	ND			
3	17	1.012	1.0	0.01	0.02	8.78	7.1	ND			
3	18	0.846	3.0	0.01	0.02	10.62	7.1	ND			0.10
3	19	0.770	1.0	0.02	0.02	6.74	7.3	ND			
3	20	0.863	3.0	0.01	0.02	9.93	7.2	ND			
3	21	0.849	2.0	0.02	0.02	6.80	7.2	ND			
3	22	0.838	3.0	0.02	0.02	6.82	7.2	ND			
3	23	0.894	1.0	0.02	0.03	7.01	7.4	ND			
3	24	0.932	2.0	0.02	0.02	8.41	7.2	ND			
3	25	0.919	1.0	0.02	0.02	5.45	7.2	ND			
3	26	0.865	1.0	0.02	0.02	7.93	7.2	ND			
3	27	0.753	1.0	0.02	0.11	7.21	7.1	ND			
3	28	0.905	1.0	0.02	0.02	8.89	7.0	ND			
3	29	0.907	1.0	0.02	0.20	5.34	7.2	ND			
3	30	1.020	1.0	0.02	0.02	5.69	7.2	ND			
3	31	1.144	2.0	0.01	0.02	6.32	7.5	ND			
MONTHLY AVERAGE		1.029	1.6	0.02	0.03	6.80	7.2	0.0	0.0		0.00
MONTHLY HIGH		1.604	3.0	0.02	0.20	8.00	7.5	0.0	0.0		0.10
MONTHLY LOW		0.753	1.0	0.01	0.02	5.17	7.0	0.0	0.0		0.10
TOTAL RECORDINGS		31	31	31	31	31	31	31	31		31

REQUIREMENT #1	REQUIREMENT #2	REQUIREMENT #3	TIMES EXCEEDED	MINIMUM	MAXIMUM	7 SAMPLE MED-2.2	MAXIMUM 0.1
MONTHLY AVERAGE	MONTHLY HIGH	MONTHLY LOW	TOTAL RECORDINGS	7.2	7.5	0.0	0.00
TIMES EXCEEDED	TIMES EXCEEDED	TIMES EXCEEDED	TIMES EXCEEDED	7.0	31	0.0	0.10
				31	31	31	31
				(0)	(0)	(0)	(0)
				MAXIMUM 8.4	MAXIMUM 23.0	MAXIMUM 23.0	(0)
				(0)	(0)	(0)	(0)

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND ACCURATE, AND THAT THE SAMPLING PROCEDURE AND ANALYSIS USED FOR THE COLUMN CONSTITUENTS WAS SPECIFIED

TYPED NAME OF PRINCIPAL EXECUTIVE OFFICER  
 BUIKEMA, BARBARA

SIGNATURE OF AUTHORIZED AGENT  


04/29/14  
 YR/MO/DAY  
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