| PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT) NAME: Carmel Area Wastewater Treatme | NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT | | | | | | | FORM APPROVED OMB No.2040-0004 DMR mailing ZIP CODE: 93923 | | | | | |
|---|--|---|------------------------|--|-----------------|--------------------------|------------------|--|-----------|--------------------------|----------------|--|--|
| ADDRESS: 26900 State Route One | | CA00447996 INF-A | | | | | | MAJOR | | | | | |
| Carmel CA 93923 | | PERMIT NUMBER DISCHAR | | | | | | | | | | | |
| FACILITY: CARMEL AREA WWTP | | - | | T ERGINIT TOURE | | DISCHARGE NOMBER | | • | , | ONTHLY | | | |
| LOCATION: 26900 State Route One | | - | | MONITO | | | | Influent S | | | | | |
| Carmel CA 93923 | | | | | | /M/DD/YYYY | | NO DISCH | | | | | |
| ATTN: James Pinkevich | | | FROM | 9/1/2014 | | 9/30/2014 | | no biber | in intol | | | | |
| | | | | | J L | | | | | | | | |
| PARAMETER | | QUANTITY OR | | NG | QUALITY OR CONG | | CENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | |
| | | Value | Value | UNITS | Value | Value | Value | UNITS | | | | | |
| BOD, 5-day, 20 deg. C | SAMPLE | | | | | | | | | | | | |
| | MEASUREMENT | ***** | ***** | ***** | ***** | 323 | 471 | mg/L | 0 | | | | |
| 00310 G 0 | PERMIT | | | | | Req. Mon. | Req. Mon. | | | Once Every | | | |
| Raw Sewage Influent | REQUIREMENT | ***** | ***** | ***** | ***** | MO AVG | DAILY MX | mg/L | | 13 Days | COMP24 | | |
| Solids, total suspended | SAMPLE | | | | | | | | | | | | |
| r | MEASUREMENT | ***** | ***** | ***** | ***** | 470 | 968 | mg/L | 0 | | | | |
| 00530 G 0 | PERMIT | | | | | Req. Mon. | Req. Mon. | | | Once Every | | | |
| Raw Sewage Influent | REQUIREMENT | ***** | ***** | ***** | ***** | MO AVG | DAILY MX | mg/L | | 13 Days | COMP24 | | |
| Flow, in conduit or thru treatment plant | SAMPLE | | | | | | | Ũ | | | | | |
| r low, in conduit of thru treatment plant | | 1.2 | 1.3031 | Mgal/d | ***** | ***** | ***** | | 0 | | | | |
| 50050 G 0 | MEASUREMENT | | | wigai/u | | | | | 0 | | | | |
| | PERMIT | Req. Mon. | Req. Mon. | | | | | | | L | | | |
| Raw Sewage Influent | REQUIREMENT | MO AVG | DAILY MX | Mgal/d | ***** | ***** | ***** | | _ | Daily | METER | | |
| | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | **** | ***** | | | | | | |
| | PERMIT | | | | | | | | | | | | |
| | REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | | | |
| | SAMPLE | | | | | | | | | | | | |
| | MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT | | | | | | | | | | | | |
| | REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | | | |
| | SAMPLE | | | | | | | | | | | | |
| | MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT | | | | | | | | | | | | |
| | REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | | | |
| | SAMPLE | | | | | | | | | | | | |
| | MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT | 1 | | | | | | | | | | | |
| | REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OF | I Certify under penalty | E | TELEPHONE | 3 | DAT | re | | | | | | | |
| | prepared under my direction or supervision in accordance with a system designed | | | | | | | - | | | | | |
| | | 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, | | | | | | | | | | | | |
| | | | | gathering the information, the information | | | | | | | | | |
| | | | st of my knowledge and | | | | | | | | | | |
| | | I am aware that there are significant penalties for submitting false information, | | | | | | Ī | | | | | |
| | | including the possibility of fine and imprisonment for knowing violations. | | | | SIGNATURE OF PRIN | AREA NUMBER MM/I | | | MM/DD/YYYY | | | |
| TYPED OR PRINTED | OFFIC | | | | | OR AUTHORIZED AGENT CODE | | | | | | | |
| COMMENT AND EXPLANATION OF ANY | (Reference all attac | chments here) | | 00004/03 | 31016-1522 | | PAGE | 1 | OF | 1 | | | |

PERMITTEE NAME/ADDRESS (INCLUDE NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) FORM APPROVED OMB No.2040-0004 FACILITY NAME/LOCATION IF DIFFERENT) DISCHARGE MONITORING REPORT DMR mailing ZIP CODE: 93923 NAME: Carmel Area Wastewater Treatment Plant CA00447996 001-A MAJOR ADDRESS: 26900 State Route One Carmel CA 93923 PERMIT NUMBER (SUBR 03) DISCHARGE NUMBER CARMEL AREA WWTP **DISCHARGE 001/MONTHLY** FACILITY: LOCATION: 26900 State Route One MONITORING PERIOD External Outfall NO DISCHARGE Carmel CA 93923 MM/DD/YYYY MM/DD/YYYY ATTN: James Pinkevich 9/1/2014 9/30/2014 ТО FROM PARAMETER QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. SAMPLE FREQUENCY ΕX OF ANALYSIS TYPE Value Value UNITS Value Value Value UNITS SAMPLE Temperature, water deg. fahrenheit ***** ***** ***** ***** ***** deg F 0 75.4 MEASUREMENT 00011 10 PERMIT Req. Mon. Every Effluent Gross ***** ***** ***** ***** ***** INST MAX deg F Week GRAB REQUIREMENT Turbidity SAMPLE ***** ***** ***** 0 4 25.2 NTU 5.46 MEASUREMENT 00070 1.0 75 100 225 PERMIT Once Every ***** Effluent Gross ***** ***** MO AVG HI WK AV DAILY MX NTU 13 Days GRAB REQUIREMENT BOD, 5-day, 20 deg. C SAMPLE 9 0 22 12 lb/d 12 12 mg/L MEASUREMENT 00310 1.0 30 750 1130 45 90 PERMIT Once Every Effluent Gross MO AVG HI WK AV MO AVG HI WK AV DAILY MX 13 Days COMP24 REQUIREMENT lb/d mg/L рH SAMPLE ***** ***** ***** ***** 7.1 7.2 SU 0 MEASUREMENT 00400 1.0 6 9 PERMIT Every Effluent Gross ***** ***** ***** ***** Week MINIMUM MAXIMUM SU GRAB REQUIREMENT Solids, total suspended SAMPLE 12 lb/d 6 7 17 mg/L 0 MEASUREMENT 16 00530 1.0 750 1130 30 45 90 PERMIT Every Effluent Gross MO AVG HI WK AV MO AVG HI WK AV DAILY MX Week COMP24 REQUIREMENT lb/d mg/L Solids, settleable SAMPLE ***** ***** ***** 0.08 0.12 0.2 mL/L 0 MEASUREMENT 00545 1.0 1 1.5 3 PERMIT Once Every Effluent Gross ***** ***** ***** MO AVG HI WK AV DAILY MX 13 Days GRAB mL/L REQUIREMENT Nitrogen, ammonia total (as N) SAMPLE 0 0.04 0.04 lb/d 19.6 19.6 19.6 mg/L MEASUREMENT 00610 1.0 1800 7300 73.2 292.8 732 PERMIT Effluent Gross 6 MO MED DAILY MX INST MAX Monthly GRAB REOUIREMENT 6 MO MED DAILY MX lb/d mg/L NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I Certify under penalty of law that this document and all attachments were TELEPHONE DATE prepared under my direction or supervision in accordance with a system designed 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 PRINCIPAL EXECUTIVE AREA NUMBER MM/DD/YYYY TYPED OR PRINTED CODE OFFICER OR AUTHORIZED AGENT OF 3 PAGE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00004/031016-1522

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PERMITTEE NAME/ADDRESS (INCLUDE NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) FORM APPROVED FACILITY NAME/LOCATION IF DIFFERENT) DISCHARGE MONITORING REPORT OMB No.2040-0004 NAME: Carmel Area Wastewater Treatment Plant DMR mailing ZIP CODE: 93923 CA00447996 001-A ADDRESS: 26900 State Route One MAJOR Carmel CA 93923 PERMIT NUMBER (SUBR 03) DISCHARGE NUMBER **DISCHARGE 001/MONTHLY** FACILITY: CARMEL AREA WWTP LOCATION: 26900 State Route One MONITORING PERIOD External Outfall Carmel CA 93923 MM/DD/YYYY MM/DD/YYYY NO DISCHARGE 9/30/2014 ATTN: James Pinkevich 9/1/2014 ТО FROM PARAMETER QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. SAMPLE FREQUENCY EX OF ANALYSIS TYPE Value Value UNITS Value Value Value UNITS Nitrogen, nitrate total (as N) SAMPLE ***** ***** ***** ***** ***** 138 0 MEASUREMENT mg/L 00620 1.0 Req. Mon. PERMIT ***** ***** ***** ***** Effluent Gross ***** DAILY MX mg/L Monthly GRAB REOUIREMENT Silica, dissolved (as SiO2) SAMPLE ***** ***** ***** ***** ***** 0 MEASUREMENT 75 mg/L 00955 10 Req. Mon. PERMIT Effluent Gross ***** ***** ***** ***** ***** DAILY MX mg/L Monthly GRAB REQUIREMENT Oil and grease SAMPLE NODI(B) NODI(B) lb/d NODI(B) NODI(B) NODI(B) 0 mg/L MEASUREMENT 03582 1.0 630 1000 25 75 40 PERMIT Once Every Effluent Gross 13 Days MO AVG HI WK AV lb/d MO AVG HI WK AV DAILY MX GRAB REQUIREMENT mg/L Flow, in conduit or thru treatment plant SAMPLE ***** ***** ***** 0 0.099 0.332 Mgal/d MEASUREMENT 50050 1.0 Req. Mon. Req. Mon. PERMIT ***** ***** ***** Effluent Gross MO AVG REOUIREMENT DAILY MX Mgal/d Daily METER Chlorine, total residual SAMPLE NODI(B) NODI(B) lb/d NODI(B) NODI(B) NODI(B) 0 MEASUREMENT ug/L 50060 1.0 6.1 24 240 980 7320 PERMIT Effluent Gross INST MAX 6 MO MED DAILY MX lb/d 6 MO MED DAILY MX ug/L Daily CONTIN REOUIREMENT Enterococci SAMPLE ***** ***** ***** ***** 0 NODI(B) 10.5 MPN/100m MEASUREMENT 61211 10 4300 13000 PERMIT Everv Effluent Gross ***** ***** ***** ***** Week MO AVG INST MAX MPN/100m GRAB REQUIREMENT Urea SAMPLE ***** ***** ***** ***** ***** 117 mg/L 0 MEASUREMENT 71800 10 Req. Mon. PERMIT Effluent Gross ***** ***** ***** ***** ***** DAILY MX Monthly GRAB mg/L REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I Certify under penalty of law that this document and all attachments were TELEPHONE DATE prepared under my direction or supervision in accordance with a system designed 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. am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE AREA NUMBER MM/DD/YYYY TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT CODE 2 3 PAGE OF

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

| Coliform, total general SAMPLE | ADDRESS: 26900 State Route One | | DISCHARGE MONITORING REPORT | | | | | | | OMB No.2040-0004 | | | | | | |
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