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

ADDRESS: 26900 State Route One

FACILITY: CARMEL AREA WWTP

Carmel CA 93923

NAME:

### NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

FORM APPROVED OMB No.2040-0004

93923

DISCHARGE MONITORING REPORT

CA00447996 PERMIT NUMBER

INF-A DISCHARGE NUMBER

**MAJOR** (SUBR 03) INFLUENT/MONTHLY Influent Structure NO DISCHARGE

DMR mailing ZIP CODE:

LOCATION: 26900 State Route One Carmel CA 93923 ATTN: James Pinkevich

Carmel Area Wastewater Treatment Plant

	MONITORING PERIOD									
	MM/DD/YYYY MM/DD/YYYY									
FROM	8/1/2015	TO	8/31/2015							
		· I								

PARAMETER		(	QUANTITY OR LOADI	NG		QUALITY OR CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS	1		
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	317	462	mg/L	0		
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Every	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	390	616	mg/L	0		
00530 G 0 Raw Sewage Influent	PERMIT	*****	*****	****	*****	Req. Mon.	Req. Mon. DAILY MX			Once Every	COMPA
Flow, in conduit or thru treatment plant	REQUIREMENT		*******	7.0.4.0.0		MO AVG	DAILI MA	mg/L		15 Days	COMP24
liow, in conduit of the freatment plant	MEASUREMENT	1.26	1.429	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	*****	*****	*****	****	*****	*****			Once Every 13 Days  Once Every 13 Days  Daily  DAT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER	I Certify under penalty	of law that this docume	ent and all attachments v	vere			TELEPHONE	E	DAT	Έ
		to assure that qualified submitted. Based on n or those persons direc submitted is, to the be	ection or supervision in d personnel properly gath ny inquiry of the person tly responsible for gathe st of my knowledge and	ner and evaluate the info or persons who manage ring the information, the belief, true, accurate, an	ormation the system, e information nd complete.						
TYPED OR PRINTED			are significant penalties ity of fine and imprisonn	=			INCIPAL EXECUTIVE	AREA	NUMBE	l I	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY V	IOI ATIONS (	Deference of office	hmanta hara)		00004/03	31016-1522	THORIZED AGENT	PAGE		OF	1

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

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

FORM APPROVED OMB No.2040-0004

ACILII I	NAME/LOCATION	IF DIFFERENT)	

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	8/1/2015	TO	8/31/2015								

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

PARAMETER		Ç	UANTITY OR LOADI	NG		QUALITY OR CONCEN	TRATION		NO. EX	Every Week  Once Every 13 Days  Once Every 13 Days  Every Week  Once Every 13 Days  Every Week  Once Every 13 Days	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			1112
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	75.1	deg F	0		
00011 10	PERMIT						Req. Mon.			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	INST MAX	deg F			GRAB
Turbidity	SAMPLE							-			
,	MEASUREMENT	*****	*****	*****	1.55	1.55	2.2	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	5	12	lb/d	5	5	5	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			COMP24
рН	SAMPLE			3333							
F	MEASUREMENT	*****	*****	*****	7	*****	7.2	SU	0		
00400 1 0	PERMIT				6		9			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU			GRAB
Solids, total suspended	SAMPLE										
•	MEASUREMENT	5	23	lb/d	3	12	5	mg/L	0	224,3	
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 MEASUREMENT	****	*****	*****	0.1	0.1	0.1	mL/L	0		
00545 1 0	PERMIT				1	1.5	3			Once Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	MO AVG	HI WK AV	DAILY MX	mL/L		13 Days	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.04	0.04	lb/d	18	18	18	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 O	OFFICER	I Certify under penalty	of law that this docume	ent and all attachments v	/ere		·····•	TELEPHONE	·	DAT	Έ
		to assure that qualified submitted. Based on m or those persons direct	ection or supervision in l personnel properly gath ny inquiry of the person dly responsible for gather st of my knowledge and	ner and evaluate the info or persons who manage ring the information, the	rmation the system, information						
			are significant penalties								
		including the possibili	ty of fine and imprisonm	nent for knowing violation	ons.	SIGNATURE OF PRIN		AREA	NUMBE	R !	MM/DD/YYYY
TYPED OR PRINTED						OFFICER OR AUT	HORIZED AGENT	CODE			

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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

CA00447996 PERMIT NUMBER

001-A

DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 FROM
 8/1/2015
 TO
 8/31/2015

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

PARAMETER		Q	UANTITY OR LOADIN	IG		QUALITY OR CONCEN	TRATION		NO. EX	Monthly  Monthly  Once Every 13 Days  Daily  Daily  Every Week  Monthly  DATE	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			1112
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	77	mg/L	0		
00620 1 0	PERMIT						Req. Mon.				
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX	mg/L		Monthly	GRAB
Silica, total (as SiO2)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	52	mg/L	0		
00956 1 0	PERMIT						Req. Mon.	Ĭ			
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE			223							
	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	0.027	0.274	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)	0.01	lb/d	NODI(B)	9.95	9.95	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	*****	*****	*****	*****	1	9.2	MPN/100mI	0		
61211 1 0	PERMIT					4300	13000			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	MO AVG	INST MAX	MPN/100mI			GRAB
Urea	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	85	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 documer	nt and all attachments v	vere		•	TELEPHONE		DAT	Έ
		to assure that qualified submitted. Based on m or those persons direct	ection or supervision in a personnel properly gathe y inquiry of the person o ly responsible for gatheri t of my knowledge and b	er and evaluate the information, the	ormation the system, e information						
TYPED OR PRINTED			re significant penalties for y of fine and imprisonme			SIGNATURE OF PRIN OFFICER OR AUTE		AREA CODE	NUMBEI	R N	MM/DD/YYYY

OF

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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

CA00447996 PERMIT NUMBER

001-A DISCHARGE NUMBER

	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
FROM	8/1/2015	TO	8/31/2015				

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

PARAMETER		•	QUANTITY OR LOAD	DING		QUALITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	4.1	MPN/100mI	0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	24000 MO AVG	49000 INST MAX	MPN/100mI		Every Week	GRAB
Coliform, total general	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	4.1	MPN/100mI	0		
74056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	230 MO AVG	10000 INST MAX	MPN/100mI		Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE							333		Heek	GRID
	MEASUREMENT	*****	*****	*****	98	*****	*****	%	0		
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%	0		
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	2223			
	PERMIT REQUIREMENT	*****	****	****	*****	****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE O		I Certify under penalt	y of law that this docun	nent and all attachments v	ere			TELEPHONE		DA	! ГЕ
		prepared under my di to assure that qualifie submitted. Based on a or those persons direct submitted is, to the be	rection or supervision i d personnel properly ga my inquiry of the person tily responsible for gath est of my knowledge and	n accordance with a syste ther and evaluate the info n or persons who manage ering the information, the d belief, true, accurate, an	m designed rmation the system, information d complete.						
TYPED OR PRINTED				s for submitting false info ment for knowing violation		SIGNATURE OF PRIN		AREA CODE	NUMBE	R	MM/DD/YYYY

OF