

Date: November 26, 2014



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

Dear Mr. Briggs:

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 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

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

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

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TRANS CODE	FACILITY ID	YR/MONTH FOR REPORT		REPORT PERIOD BEG.		REPORT PERIOD END		STATE CODE -06	NPDES PERMIT NUMBER-CA00479
		3-270101001	14/10	14/10/01	14/10/01	14/10/01	14/10/01		
STATION DESCRIPTION		TERTIARY DAILY FLOW MGD	TERTIARY CBOD 5-DAY MG/L	TERTIARY TNF RESIDUE MG/L	TERTIARY TURBIDITY NTU	TERTIARY CL2 RESIDUAL MG/L	TERTIARY PH UNITS	TERTIARY TOT. COLIFORMS MPN / 100 ML	TERTIARY SETT SOLIDS ML/L
CONSTITUENT NAME		METERED DAILY	24 HOUR COMP. DAILY	24 HOUR COMP. DAILY	METERED CONTINUOUS	METERED CONTINUOUS	GRAB DAILY	GRAB DAILY	GRAB DAILY
SAMPLE TYPE									
FREQUENCY									
MONTH	DAY	1	2	3	MEAN	MAX	MIN	MAX	8
10	1	1,089	2.0	1.8	0.02	0.02	6.00	6.85	ND
10	2	1,017	2.0	2.8	0.02	0.02	5.80	6.98	ND
10	3	1,152	3.0	3.2	0.02	0.02	5.90	6.40	ND
10	4	1,060	3.0	2.0	0.02	0.02	5.80	19.15	ND
10	5	1,148	3.0	.8	0.02	0.02	6.49	7.09	ND
10	6	1,156	2.0	2.4	0.02	0.02	6.50	7.15	ND
10	7	1,181	2.0	1.4	0.01	0.02	6.40	7.81	ND
10	8	1,083	2.0	1.8	0.01	0.01	6.41	7.80	ND
10	9	1,111	2.0	1.0	0.01	0.01	5.55	7.52	ND
10	10	1,156	2.0	1.4	0.01	0.03	6.71	7.51	ND
10	11	1,123	2.0	1.2	0.01	0.02	6.58	7.20	ND
10	12	1,101	2.0	1.6	0.02	0.02	6.70	7.21	ND
10	13	1,041	2.0	2.6	0.02	0.02	6.60	7.50	ND
10	14	1,107	2.0	2.0	0.01	0.02	6.51	7.30	ND
10	15	1,045	2.0	1.2	0.02	0.02	6.50	7.10	ND
10	16	0,997	3.0	3.1	0.02	0.31	6.60	7.31	ND
10	17	1,040	2.0	3.4	0.02	0.02	6.31	7.12	ND
10	18	1,144	1.0	2.4	0.02	0.02	6.42	7.10	ND
10	19	1,108	1.0	2.2	0.02	0.02	6.32	6.90	ND
10	20	1,143	2.0	.4	0.02	0.02	6.31	7.21	ND
10	21	1,046	2.0	.6	0.02	0.02	5.41	7.51	ND
10	22	0,946	2.0	3.2	0.02	0.08	6.02	7.81	ND
10	23	0,790	2.0	3.0	0.02	0.02	6.81	9.08	ND
10	24	0,829	1.0	.4	0.02	0.02	6.51	7.51	ND
10	25	0,775	1.0	1.0	0.02	0.02	6.10	7.30	ND
10	26	0,829	1.0	2.2	0.02	0.02	6.33	7.31	ND
10	27	0,857	1.0	.8	0.02	0.03	6.31	7.22	ND
10	28	0,745	2.0	.2	0.02	0.02	6.11	6.91	ND
10	29	0,800	1.0	.4	0.02	0.03	6.03	6.90	ND
10	30	0,626	1.0	.2	0.02	0.02	5.81	6.82	ND
10	31	0,698	1.0	.2	0.03	0.03	5.92	6.75	ND
MONTHLY AVERAGE		0.998	1.8	1.6	0.02	0.03	6.25	7.66	0.00
MONTHLY HIGH		1.181	3.0	3.4	0.03	0.31	6.81	19.15	0.00
MONTHLY LOW		0.626	1.0	0.2	0.01	0.01	5.41	6.40	0.00
TOTAL RECORDINGS		31	31	31	31	31	31	31	31

MONTHLY AVERAGE	MONTHLY HIGH	MONTHLY LOW	TOTAL RECORDINGS	TERTIARY PH UNITS GRAB DAILY	TERTIARY TOT. COLIFORMS MPN / 100 ML GRAB DAILY	TERTIARY SETT SOLIDS ML/L GRAB DAILY
0.00	0.00	0.00	0.00	7.5	0.0	0.00
0.00	0.00	0.00	0.00	7.9	0.0	0.00
0.00	0.00	0.00	0.00	7.0	0.0	0.00
0.00	0.00	0.00	0.00	31	31	31

REQUIREMENT #1	REQUIREMENT #2	REQUIREMENT #3	TIMES EXCEEDED	MONTHLY AVG	MAXIMUM	MINIMUM	MAXIMUM	7 SAMPLE MED--2.2	MAXIMUM
0	0	0	0	1.8	25.0	0.0	25.0	6.5	0.1
0	0	0	0	10.0	25.0	0.0	25.0	8.4	0.0
0	0	0	0	10.0	25.0	0.0	25.0	8.4	0.0
0	0	0	0	10.0	25.0	0.0	25.0	8.4	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

11/20/14
 YR/MO/DAY
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