

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

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

FORM APPROVED

OMB No.2040-0004

DISCHARGE MONITORING REPORT

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

INF-A  
 DISCHARGE NUMBER

DMR mailing ZIP CODE: 93923  
 MAJOR (SUBR 03)  
 INFLUENT/MONTHLY  
 Influent Structure  
 NO DISCHARGE

MONITORING PERIOD  
 FROM 7/1/2015 TO 7/31/2015

| PARAMETER                                                                    |                    | QUANTITY OR LOADING |                    |        | QUALITY OR CONCENTRATION |                  |                    |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------------------------------------------|--------------------|---------------------|--------------------|--------|--------------------------|------------------|--------------------|-------|--------|-----------------------|-------------|
|                                                                              |                    | Value               | Value              | UNITS  | Value                    | Value            | Value              | UNITS |        |                       |             |
| BOD, 5-day, 20 deg. C<br>00310 G 0<br>Raw Sewage Influent                    | SAMPLE MEASUREMENT | *****               | *****              | *****  | *****                    | 425              | 497                | mg/L  | 0      |                       |             |
|                                                                              | PERMIT REQUIREMENT | *****               | *****              | *****  | *****                    | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L  |        | Once Every 13 Days    | COMP24      |
| Solids, total suspended<br>00530 G 0<br>Raw Sewage Influent                  | SAMPLE MEASUREMENT | *****               | *****              | *****  | *****                    | 494              | 744                | mg/L  | 0      |                       |             |
|                                                                              | PERMIT REQUIREMENT | *****               | *****              | *****  | *****                    | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L  |        | Once Every 13 Days    | COMP24      |
| Flow, in conduit or thru treatment plant<br>50050 G 0<br>Raw Sewage Influent | SAMPLE MEASUREMENT | 1.22                | 1.337              | Mgal/d | *****                    | *****            | *****              |       | 0      |                       |             |
|                                                                              | 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 | *****               | *****              | *****  | *****                    | *****            | *****              |       |        |                       |             |
|                                                                              | SAMPLE MEASUREMENT | *****               | *****              | *****  | *****                    | *****            | *****              |       |        |                       |             |
|                                                                              | PERMIT REQUIREMENT | *****               | *****              | *****  | *****                    | *****            | *****              |       |        |                       |             |

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                              |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I Certify under penalty of law that this document and all attachments were 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. | TELEPHONE | DATE                                                         |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |

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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

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

MONITORING PERIOD  
FROM 7/1/2015 TO 7/31/2015

| PARAMETER                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QUANTITY OR LOADING |               |       | QUALITY OR CONCENTRATION |                 |                    |                                                              | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|-------|--------------------------|-----------------|--------------------|--------------------------------------------------------------|--------|-----------------------|-------------|
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Value               | Value         | UNITS | Value                    | Value           | Value              | UNITS                                                        |        |                       |             |
| Temperature, water deg. fahrenheit<br>00011 10<br>Effluent Gross | SAMPLE MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | *****         | ***** | *****                    | *****           | 76.9               | deg F                                                        | 0      |                       |             |
|                                                                  | PERMIT REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | *****         | ***** | *****                    | *****           | Req. Mon. INST MAX | deg F                                                        |        | Every Week            | GRAB        |
| Turbidity<br>00070 10<br>Effluent Gross                          | SAMPLE MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | *****         | ***** | 1.36                     | 2.42            | 3.1                | NTU                                                          | 0      |                       |             |
|                                                                  | PERMIT REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | *****         | ***** | 75 MO AVG                | 100 HI WK AV    | 225 DAILY MX       | NTU                                                          |        | Once Every 13 Days    | GRAB        |
| BOD, 5-day, 20 deg. C<br>00310 10<br>Effluent Gross              | SAMPLE MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 13                  | 18            | lb/d  | 6                        | 8               | 8                  | mg/L                                                         | 0      |                       |             |
|                                                                  | PERMIT REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 750 MO AVG          | 1130 HI WK AV | lb/d  | 30 MO AVG                | 45 HI WK AV     | 90 DAILY MX        | mg/L                                                         |        | Once Every 13 Days    | COMP24      |
| pH<br>00400 10<br>Effluent Gross                                 | SAMPLE MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | *****         | ***** | 6.9                      | *****           | 7.5                | SU                                                           | 0      |                       |             |
|                                                                  | PERMIT REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | *****         | ***** | 6 MINIMUM                | *****           | 9 MAXIMUM          | SU                                                           |        | Every Week            | GRAB        |
| Solids, total suspended<br>00530 10<br>Effluent Gross            | SAMPLE MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 22                  | 30            | lb/d  | 10                       | 13              | 19.6               | mg/L                                                         | 0      |                       |             |
|                                                                  | PERMIT REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 750 MO AVG          | 1130 HI WK AV | lb/d  | 30 MO AVG                | 45 HI WK AV     | 90 DAILY MX        | mg/L                                                         |        | Every Week            | COMP24      |
| Solids, settleable<br>00545 10<br>Effluent Gross                 | SAMPLE MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | *****         | ***** | 0.1                      | 0.12            | 0.2                | mL/L                                                         | 0      |                       |             |
|                                                                  | PERMIT REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | *****         | ***** | 1 MO AVG                 | 1.5 HI WK AV    | 3 DAILY MX         | mL/L                                                         |        | Once Every 13 Days    | GRAB        |
| Nitrogen, ammonia total (as N)<br>00610 10<br>Effluent Gross     | SAMPLE MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0.04                | 0.04          | lb/d  | 19.6                     | 17.6            | 17.6               | ug/L                                                         | 0      |                       |             |
|                                                                  | PERMIT REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1800 6 MO MED       | 7300 DAILY MX | lb/d  | 73000 6 MO MED           | 290000 DAILY MX | 730000 INST MAX    | ug/L                                                         |        | Monthly               | GRAB        |
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| TYPED OR PRINTED                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |               |       |                          |                 |                    | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |        | AREA NUMBER           |             |

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

00004/031016-1522

PAGE 1 OF 3

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

CA00447996  
 PERMIT NUMBER

001-A  
 DISCHARGE NUMBER

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

FACILITY: CARMEL AREA WWTP  
 LOCATION: 26900 State Route One  
 Carmel CA 93923  
 ATTN: James Pinkevich

MONITORING PERIOD  
 FROM MM/DD/YYYY TO MM/DD/YYYY  
 7/1/2015 TO 7/31/2015

| PARAMETER                                                              |                    | QUANTITY OR LOADING |                    |        | QUALITY OR CONCENTRATION |              |                    |           | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------------------------------------|--------------------|---------------------|--------------------|--------|--------------------------|--------------|--------------------|-----------|--------|-----------------------|-------------|
|                                                                        |                    | Value               | Value              | UNITS  | Value                    | Value        | Value              | UNITS     |        |                       |             |
| Nitrogen, nitrate total (as N)<br>00620 10<br>Effluent Gross           | SAMPLE MEASUREMENT | *****               | *****              | *****  | *****                    | *****        | 77.7               | mg/L      | 0      |                       |             |
|                                                                        | PERMIT REQUIREMENT | *****               | *****              | *****  | *****                    | *****        | Req. Mon. DAILY MX | mg/L      |        | Monthly               | GRAB        |
| Silica, total (as SiO2)<br>00956 10<br>Effluent Gross                  | SAMPLE MEASUREMENT | *****               | *****              | *****  | *****                    | *****        | 84                 | mg/L      | 0      |                       |             |
|                                                                        | PERMIT REQUIREMENT | *****               | *****              | *****  | *****                    | *****        | Req. Mon. DAILY MX | mg/L      |        | Monthly               | GRAB        |
| Oil and grease<br>03582 10<br>Effluent Gross                           | SAMPLE MEASUREMENT | NODI(B)             | NODI(B)            | lb/d   | NODI(B)                  | NODI(B)      | NODI(B)            | mg/L      | 0      |                       |             |
|                                                                        | PERMIT REQUIREMENT | 630 MO AVG          | 1000 HI WK AV      | lb/d   | 25 MO AVG                | 40 HI WK AV  | 75 DAILY MX        | mg/L      |        | Once Every 13 Days    | GRAB        |
| Flow, in conduit or thru treatment plant<br>50050 10<br>Effluent Gross | SAMPLE MEASUREMENT | 0.274               | 0.328              | Mgal/d | *****                    | *****        | *****              |           | 0      |                       |             |
|                                                                        | PERMIT REQUIREMENT | Req. Mon. MO AVG    | Req. Mon. DAILY MX | Mgal/d | *****                    | *****        | *****              |           |        | Daily                 | METER       |
| Chlorine, total residual<br>50060 10<br>Effluent Gross                 | SAMPLE MEASUREMENT | NODI(B)             | 0.01               | lb/d   | NODI(B)                  | 6.6          | 6.6                | ug/L      | 0      |                       |             |
|                                                                        | PERMIT REQUIREMENT | 6.1 6 MO MED        | 24 DAILY MX        | lb/d   | 240 6 MO MED             | 980 DAILY MX | 7320 INST MAX      | ug/L      |        | Daily                 | CONTIN      |
| Enterococci<br>61211 10<br>Effluent Gross                              | SAMPLE MEASUREMENT | *****               | *****              | *****  | *****                    | 0            | 3.1                | MPN/100ml | 0      |                       |             |
|                                                                        | PERMIT REQUIREMENT | *****               | *****              | *****  | *****                    | 4300 MO AVG  | 13000 INST MAX     | MPN/100ml |        | Every Week            | GRAB        |
| Urea<br>71800 10<br>Effluent Gross                                     | SAMPLE MEASUREMENT | *****               | *****              | *****  | *****                    | *****        | 105                | mg/L      | 0      |                       |             |
|                                                                        | PERMIT REQUIREMENT | *****               | *****              | *****  | *****                    | *****        | Req. Mon. DAILY MX | mg/L      |        | Monthly               | GRAB        |

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |                             |
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|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA NUMBER MM/DD/YYYY CODE |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) \_\_\_\_\_ 00004/031016-1522 PAGE 2 OF 3

FACILITY 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

DISCHARGE MONITORING REPORT

CA00447996  
PERMIT NUMBER

001-A  
DISCHARGE NUMBER

MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
7/1/2015 TO 7/31/2015

OMB No.2040-0004

DMR mailing ZIP CODE: 93923

MAJOR (SUBR 03)  
DISCHARGE 001/MONTHLY

External Outfall  
NO DISCHARGE

| PARAMETER                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |              |                                                              |           | NO. EX    | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------|-------|--------------------------|--------------|--------------------------------------------------------------|-----------|-----------|-----------------------|-------------|
|                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Value               | Value | UNITS | Value                    | Value        | Value                                                        | UNITS     |           |                       |             |
| Coliform, fecal general<br>74055 1 0<br>Effluent Gross            | SAMPLE MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | ***** | ***** | *****                    | 0            | 4.1                                                          | MPN/100ml | 0         |                       |             |
|                                                                   | PERMIT REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | ***** | ***** | *****                    | 24000 MO AVG | 49000 INST MAX                                               | MPN/100ml |           | Every Week            | GRAB        |
| Coliform, total general<br>74056 1 0<br>Effluent Gross            | SAMPLE MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | ***** | ***** | *****                    | 1            | 4.1                                                          | MPN/100ml | 0         |                       |             |
|                                                                   | PERMIT REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | ***** | ***** | *****                    | 230 MO AVG   | 10000 INST MAX                                               | MPN/100ml |           | Every Week            | GRAB        |
| BOD, 5-day, percent removal<br>81010 K 0<br>Percent Removal       | SAMPLE MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | ***** | ***** | 99                       | *****        | *****                                                        | %         | 0         |                       |             |
|                                                                   | PERMIT REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | ***** | ***** | 85 MO AV MN              | *****        | *****                                                        | %         |           | Monthly               | CALCTD      |
| Solids, suspended percent removal<br>81011 K 0<br>Percent Removal | SAMPLE MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | ***** | ***** | 98                       | *****        | *****                                                        | %         | 0         |                       |             |
|                                                                   | PERMIT REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | ***** | ***** | 85 MO AV MN              | *****        | *****                                                        | %         |           | Monthly               | CALCTD      |
|                                                                   | SAMPLE MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | ***** | ***** | *****                    | *****        | *****                                                        |           |           |                       |             |
|                                                                   | PERMIT REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | ***** | ***** | *****                    | *****        | *****                                                        |           |           |                       |             |
|                                                                   | SAMPLE MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | ***** | ***** | *****                    | *****        | *****                                                        |           |           |                       |             |
|                                                                   | PERMIT REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | ***** | ***** | *****                    | *****        | *****                                                        |           |           |                       |             |
|                                                                   | SAMPLE MEASUREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | ***** | ***** | *****                    | *****        | *****                                                        |           |           |                       |             |
|                                                                   | PERMIT REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *****               | ***** | ***** | *****                    | *****        | *****                                                        |           |           |                       |             |
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) \_\_\_\_\_

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