### PERMITTEE NAME/ADDRESS (INCLUDE

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

FORM APPROVED

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

CA00447996 PERMIT NUMBER

INF-A DISCHARGE NUMBER

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

OMB No.2040-0004 DMR mailing ZIP CODE: 93923 MAJOR

(SUBR 03) INFLUENT/MONTHLY

Influent Structure NO DISCHARGE

PARAMETER		C	QUANTITY OR LOADII	NG		TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		Value	Value	UNITS	Value	Value	Value	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	309	473	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 MEASUREMENT	*****	*****	*****	*****	405	596	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	1.34	1.747	Mgal/d	*****	****	*****		0		
50050 G 0	MEASUREMENT	Req. Mon.	Req. Mon.	Ivigai/u					U		
Raw Sewage Influent	PERMIT	MO AVG	DAILY MX	Mool/d	*****	****	*****			Deily	METER
Naw Sewage Illiuent	REQUIREMENT SAMPLE MEASUREMENT	*****	*****	Mgal/d *****	*****	*****	*****			Daily	METER
	PERMIT REQUIREMENT	*****	*****	*****	*****	****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		333333333333		
	PERMIT REQUIREMENT	*****	****	*****	****	****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	****	****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	****	*****	*****	****	****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE OFF	I Certify under penalty	I Certify under penalty of law that this document and all attachments were					TELEPHONE	3	DAT	Œ	
		prepared under my dir	ection or supervision in	accordance with a syste	m designed						
		-	l personnel properly gath								
			ny inquiry of the person of		•						
		*	tly responsible for gather								
			st of my knowledge and		-			+			
	I am aware that there are significant penalties for submitting false informatio including the possibility of fine and imprisonment for knowing violations.					SIGNATURE OF PRIN	ICIPAL EXECUTIVE	AREA	NUMBE	R	MM/DD/YYYY
TYPED OR PRINTED				J.1.0.1	OFFICER OR AUTI		CODE	NUMBER			
COMMENT AND EXPLANATION OF ANY V	IOLATIONS (	Reference all attac	chments here)		00004/0	31016-1522		PAGE		1 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	THE LOC	211101	III DIIIL	acerti)	

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
 1/1/2015
 TO
 1/31/2015

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

PARAMETER		Q	UANTITY OR LOADI	ING	QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS	EX		
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	66.9	deg F	0		
00011 10	PERMIT						Req. Mon.			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	INST MAX	deg F		Week	GRAB
Turbidity	SAMPLE										
•	MEASUREMENT	*****	*****	*****	1.82	3.34	5.9	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	26	39	lb/d	9	11	11	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		13 Days	COMP24
рН	SAMPLE									•	
F	MEASUREMENT	*****	*****	*****	6.6	*****	7.2	SU	0		
00400 1 0	PERMIT				6		9			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		Week	GRAB
Solids, total suspended	SAMPLE										
_	MEASUREMENT	16	45	lb/d	6	9	24.3	mg/L	0		
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	de de de de de de	de de de de de de	at at at at at at	0.4	0.1	0.1				
00545 1.0	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	0.05	0.05	lb/d	19.2	15.7	16	ug/L	0		
00610 1 0	MEASUREMENT	1800	7300	10/4	73000	290000	730000	ug/L	U		
Effluent Gross	PERMIT			lb/d	6 MO MED			/T		M 41-1	CDAD
NAME/TITLE PRINCIPAL EXECUTIVE O	REQUIREMENT	6 MO MED	DAILY MX	DAILY MX	INST MAX	ug/L TELEPHONE		Monthly DAT	GRAB		
NAME/TITLE PRINCIPAL EXECUTIVE O	FFICER	I Certify under penalty of law that this document and all attachments were						TELEPHONE	<i>i</i>	DAI	LE
		prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information									
		-		or persons who manage							
				ering the information, the	-						
		*		belief, true, accurate, an							
		I am aware that there a	re significant penalties								
		including the possibilit	y of fine and imprison	nent for knowing violation	ons.	SIGNATURE OF PRIN	ICIPAL EXECUTIVE	AREA	NUMBER	1	MM/DD/YYYY
TYPED OR PRINTED						OFFICER OR AUTI	HORIZED AGENT	CODE			

1

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

ADDRESS: 26900 State Route One

NAME:

FACILITY:

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

#### DISCHARGE MONITORING REPORT

CA00447996 PERMIT NUMBER

001-A DISCHARGE NUMBER

(SUBR 03) **DISCHARGE 001/MONTHLY** External Outfall NO DISCHARGE

MAJOR

DMR mailing ZIP CODE:

FORM APPROVED

OMB No.2040-0004

93923

LOCATION: 26900 State Route One

CARMEL AREA WWTP

Carmel CA 93923

Carmel Area Wastewater Treatment Plant

Carmel CA 93923

ATTN: James Pinkevich

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 1/1/2015 TO 1/31/2015 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 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 50.7 0 MEASUREMENT mg/L 00620 1.0 Req. Mon. PERMIT Effluent Gross \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* DAILY MX mg/L Monthly GRAB REQUIREMENT Silica, total (as SiO2) SAMPLE \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* 0 MEASUREMENT mg/L 00956 1.0 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 40 75 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 0.328 0.533 Mgal/d MEASUREMENT 50050 1.0 Req. Mon. Req. Mon. PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Effluent Gross MO AVG DAILY MX REQUIREMENT Mgal/d Daily METER Chlorine, total residual SAMPLE NODI(B) 0.03 lb/d NODI(B) 9.95 9.95 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 REQUIREMENT Enterococci SAMPLE \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* 0 9.5 MPN/100m MEASUREMENT 61211 1 0 4300 13000 PERMIT Every Effluent Gross \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Week MO AVG INST MAX MPN/100m **GRAB** REQUIREMENT Urea SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 48 mg/L 0 MEASUREMENT 71800 1.0 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. 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 OFFICER OR AUTHORIZED AGENT CODE 2 3

00004/031016-1522

PAGE

OF

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

#### FACILITY NAME/LOCATION IF DIFFERENT)

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

NAME:

#### DISCHARGE MONITORING REPORT

CA00447996 PERMIT NUMBER

001-A DISCHARGE NUMBER

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

OMB No.2040-0004 DMR mailing ZIP CODE: **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	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	8	MPN/100mI	0		
74055 1 0	PERMIT					24000	49000			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	MO AVG	INST MAX	MPN/100mI		Week	GRAB
Coliform, total general	SAMPLE										
_	MEASUREMENT	*****	*****	*****	*****	3	8	MPN/100mI	0		
74056 1 0	PERMIT					230	10000			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	MO AVG	INST MAX	MPN/100mI		Week	GRAB
BOD, 5-day, percent removal	SAMPLE										
• • • • • • • • • • • • • • • • • • • •	MEASUREMENT	*****	*****	*****	97	*****	*****	%	0		
81010 K 0	PERMIT				85						
Percent Removal	REQUIREMENT	*****	*****	*****	MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE										
percent removal	MEASUREMENT	*****	*****	*****	99	*****	*****	%	0		
81011 K 0	PERMIT				85						
Percent Removal	REQUIREMENT	*****	*****	*****	MO AV MN	*****	*****	%		Monthly	CALCTD
	SAMPLE										
	MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT										
	REQUIREMENT	*****	*****	*****	*****	****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT										
	REQUIREMENT	*****	*****	*****	*****	*****	*****				
	SAMPLE										
	MEASUREMENT	*****	*****	*****	*****	*****	*****	****			
	PERMIT										
	REQUIREMENT	*****	*****	*****	*****	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE O	FFICER	I Certify under penalt	y of law that this docum	nent and all attachments w			TELEPHONE		DA	ГЕ	
		prepared under my direction or supervision in accordance with a system designed									
		to assure that qualifie	d personnel properly ga	ther and evaluate the info	rmation						
				or persons who manage							
		-		ering the information, the							
				d belief, true, accurate, an	-			+			
				s for submitting false info ment for knowing violation		SIGNATURE OF PRIN	CIDAL EVECUTIVE	AREA	NUMBE	D	MM/DD/YYYY
TYPED OR PRINTED		mending the possibil	ny or time and imprison	ment for knowing violatio	J115.	OFFICER OR AUTH		CODE	NUMBE	N.	IVIIVI/DD/IIII

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