FORM APPROVED PERMITTEE NAME/ADDRESS (INCLUDE NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) OMB No.2040-0004 FACILITY NAME/LOCATION IF DIFFERENT) DISCHARGE MONITORING REPORT Carmel Area Wastewater Treatment Plant DMR mailing ZIP CODE: 93923 NAME: CA00447996 INF-A ADDRESS: 26900 State Route One MAJOR Carmel CA 93923 PERMIT NUMBER DISCHARGE NUMBER (SUBR 03) FACILITY: CARMEL AREA WWTP INFLUENT/MONTHLY MONITORING PERIOD LOCATION: 26900 State Route One Influent Structure Carmel CA 93923 NO DISCHARGE MM/DD/YYYY MM/DD/YYYY ATTN: James Pinkevich FROM 11/1/2015 то 11/30/2015 PARAMETER QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. SAMPLE FREQUENCY ΕX TYPE OF ANALYSIS UNITS Value UNITS Value Value Value Value BOD, 5-day, 20 deg. C SAMPLE ***** ***** ***** ***** 0 353 463 mg/L MEASUREMENT 00310 G 0 Req. Mon. PERMIT Req. Mon. Once Every ***** ***** ***** ***** Raw Sewage Influent MOAVG DAILY MX 13 Days COMP24 REQUIREMENT mg/L Solids, total suspended SAMPLE ***** ***** ***** ***** 608 0 542 ma/L MEASUREMENT 00530 G 0 Rea. Mon. Rea. Mon. PERMIT Once Every ***** ***** ***** ***** Raw Sewage Influent MOAVG DAILY MX 13 Days COMP24 REQUIREMENT ma/L Flow, in conduit or thru treatment plant SAMPLE ***** ***** ***** 0 MEASUREMENT 1.19 1.719 Mgal/d 50050 G 0 PERMIT Reg. Mon. Reg. Mon. ***** ***** ***** Raw Sewage Influent MOAVG DAILY MX Mgal/d Daily METER REQUIREMENT SAMPLE ***** ***** ***** ***** ***** ***** MEASUREMENT PERMIT ***** ***** ***** ***** ***** ***** REQUIREMENT SAMPLE ***** ***** ***** ***** ***** ***** MEASUREMENT PERMIT ***** ***** ***** ***** ***** ***** REQUIREMENT SAMPLE ***** ***** ***** ***** ***** ***** MEASUREMENT PERMIT ***** ***** ***** ***** ***** ***** REQUIREMENT SAMPLE ***** ***** ***** ***** ***** ***** MEASUREMENT PERMIT ***** ***** ***** ***** ***** ***** REQUIREMENT DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Certify under penalty of law that this document and all attachments were TELEPHONE 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, ncluding the possibility of fine and imprisonment for knowing violations. AREA NUMBER MM/DD/YYYY SIGNATURE OF PRINCIPAL EXECUTIVE TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT CODE 1 PAGE

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

OF 1

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT) NAME: Carmel Area Wastewater Treatment Plant		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		CA 00447996 00				001-A	MAJOR				
Carmel CA 93923						DISCHARGE NUMBER	-	(SUBR 03	5)		
FACILITY: CARMEL AREA WWTP		-								001/MON	THLY
LOCATION: 26900 State Route One		-		MONITO	RING PERIOD			External C			
Carmel CA 93923		-		MM/DD/YYYY		M/DD/YYYY		NO DISCH	IARGE		
ATTN: James Pinkevich			FROM	11/1/2015	то 1	1/30/2015					
DADAMETED					1	QUALITY OR CONCEN	7547401			1	
PARAMETER		QUANTITY OR LOADING				TRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		Value	Value	UNITS	Value	Value	Value	UNITS		OF ANALI DID	
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	71.1	deg F	0		
00011 10	PERMIT						Req. Mon.			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	INST MAX	deg F		Week	GRAB
Turbidity	SAMPLE		22212281222812228122281222812228122281			01100 01100000000000000000000000000000	****				
	MEASUREMENT	* * * * *	* * * * * *	* * * * *	1.65	2.2	4.2	NTU	0		
00070 10	PERMIT				75	100	225			Once Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	MOAVG	HI WK AV	DAILY MX	NTU		13 Days	GRAB
BOD, 5-day, 20 deg. C	SAMPLE										
	MEASUREMENT	14	18	lb/d	6	9	9	mg/L	0		
00310 1 0	PERMIT	750	1130		30	45	90	U		Once Every	
Effluent Gross	REQUIREMENT	MOAVG	HI WK AV	lb/d	MOAVG	HI WK AV	DAILY MX	mg/L		13 Days	COMP24
pH	SAMPLE			, a							
P	MEASUREMENT	*****	*****	* * * * * *	6.9	*****	7.5	SU	0		
00400 1 0	PERMIT				6		9			Every	
Effluent Gross	REQUIREMENT	*****	*****	* * * * *	MINIMUM	*****	MAXIMUM	SU		Week	GRAB
Solids, total suspended	SAMPLE										
	MEASUREMENT	20	25	lb/d	9	11	25.5	mg/L	0		
00530 1 0	PERMIT	750	1130		30	45	90			Every	
Effluent Gross	REQUIREMENT	MOAVG	HI WK AV	lb/d	MOAVG	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	*****	*****	*****	MOAVG	HI WK AV	DAILY MX	mL/L		13 Days	GRAB
Nitrogen, ammonia total (as N)	SAMPLE	0.04	0.02	lb/d	17.6	12.6	12.6		0		
00610 1 0	MEASUREMENT	0.04	0.03	lb/d	17.6	13.6	13.6	ug/L	0		
	PERMIT	1800	7300		73000	290000	730000				0040
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 C	JFFICER	prepared under my dire to assure that qualified submitted. Based on m or those persons directl submitted is, to the bes	ection or supervision i personnel properly ga y inquiry of the person ly responsible for gath t of my knowledge an	nent and all attachments w n accordance with a syste ather and evaluate the infor n or persons who manage nering the information, the d belief, true, accurate, ar s for submitting false info	m designed ormation the system, e information nd complete.				-	DAT	<u> </u>
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL & OFFICER OR AUTHORIZED						CODE				
COMMENT AND EXPLANATION OF ANY	VIOLATIONS ((Reference all attach	hments here)		00004/03	1016-1522		PAGE	1	OF	3

PERMITTEE NAME/ADDRESS (INCLUDE		NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)							FORM APPROVED OMB No.2040-0004					
FACILITY NAME/LOCATION IF DIFFERENT)			DISC	HARGE MONITORIN	G REPORT									
NAME: Carmel Area Wastewater Treatment Plant						001-A	001.0			DMR mailing ZIP CODE: 93923				
ADDRESS: 26900 State Route One Carmel CA 93923		CA 00447996 PERMIT NUMBER				DISCHARGE NUMBER		MAJOR (SUBR 03)						
FACILITY: CARMEL AREA WWTP		-				DISCHARGE NUMBER		· ,		001/MON	ТНІ У			
LOCATION: 26900 State Route One		-		MONITO	RING PERIOD			External O						
Carmel CA 93923		MM/DD/YYYY				MM/DD/YYYY			ARGE					
ATTN: James Pinkevich			FROM	11/1/2015	то	11/30/2015								
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			N		FREQUENCY				
		Value	Value	Value UNITS		Value Value		UNITS	EX	OF ANALYSIS	TYPE			
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	Value 114	mg/L	0					
00620 1 0	PERMIT						Reg. Mon.		<u> </u>					
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX	mg/L		Monthly	GRAB			
Silica, total (as SiO2)	SAMPLE									ivientiny				
	MEASUREMENT	*****	*****	*****	*****	*****	78	mg/L	0					
00956 10	PERMIT						Req. Mon.							
Effluent Gross	REQUIREMENT	*****	*****	*****	* * * * * *	*****	DAILY MX	mg/L		Monthly	GRAB			
Oil and grease	SAMPLE													
	MEASUREMENT	NODI(B)	NODI(B)	lb/d	NODI(B)	NODI(B)	NODI(B)	mg/L	0					
03582 10	PERMIT	630	1000		25	40	75		-	Once Every				
Effluent Gross	REQUIREMENT	MOAVG	HI WK AV	lb/d	MOAVG	HI WK AV	DAILY MX	mg/L		13 Days	GRAB			
Flow, in conduit or thru treatment plant	SAMPLE			16/4				iiig/E		10 Days				
	MEASUREMENT	0.28	0.392	Mgal/d	*****	* * * * *	* * * * * *		0					
50050 1 0	PERMIT	Req. Mon.	Req. Mon.											
Effluent Gross	REQUIREMENT	MOAVG	DAILY MX	Mgal/d	*****	*****	*****			Daily	METER			
Chlorine, total residual	SAMPLE													
	MEASUREMENT	NODI(B)	NODI(B)	lb/d	NODI(B)	NODI(B)	NODI(B)	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	* * * * *	* * * * *	* * * * * *	* * * * *				•					
01011 1.0	MEASUREMENT			*****		3	21.3	MPN/100ml	0	y				
61211 10	PERMIT	*****	*****	*****	*****	4300	13000			Every				
Effluent Gross	REQUIREMENT	*****	*****	* * * * *		MOAVG	INST MAX	MPN/100ml		Week	GRAB			
Urea	SAMPLE MEASUREMENT	*****	*****	* * * * * *	*****	*****	88	mg/L	0					
71800 10	PERMIT						Req. Mon.	mgr∟						
Effluent Gross		*****	*****	*****	*****	*****	DAILY MX	ma/l		Monthly	GRAB			
NAME/TITLE PRINCIPAL EXECUTIVE OFF	REQUIREMENT		of law that this docum					mg/L TELEPHONE		Monthly DA				
	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								DA					
	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,												
TYPED OR PRINTED		including the possibility of fine and imprisonment for knowing violations.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			ξ	MM/DD/YYYY			
COMMENT AND EXPLANATION OF ANY VIOLATIONS		(Reference all attac	hments here)		00004	/031016-1522		CODE	2	. OF	3			
					0000-1/	CO. C. O TOLL			-		•			

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: NAME: Carmel Area Wastewater Treatment Plant 93923 CA00447996 001-A MAJOR ADDRESS: 26900 State Route One PERMIT NUMBER Carmel CA 93923 (SUBR 03) DISCHARGE NUMBER FACILITY: CARMEL AREA WWTP **DISCHARGE 001/MONTHLY** LOCATION: 26900 State Route One MONITORING PERIOD External Outfall Carmel CA 93923 MM/DD/YYYY MM/DD/YYYY NO DISCHARGE ATTN: James Pinkevich 11/1/2015 11/30/2015 FROM то PARAMETER QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE ΕX TYPE OF ANALYSIS UNITS UNITS Value Value Value Value Value Coliform, fecal general SAMPLE ***** ***** ***** ***** 4.1 /IPN/100mL 0 1 MEASUREMENT 74055 10 49000 24000 PERMIT Every ***** ***** ***** ***** Effluent Gross Week GRAB MOAVG INST MAX MPN/100m REQUIREMENT Coliform, total general SAMPLE ***** ***** ***** ***** 0 1 4.1 MPN/100m MEASUREMENT 74056 10 230 10000 PERMIT Every Effluent Gross ***** ***** ***** ***** MOAVG INST MAX MPN/100m Week GRAB REQUIREMENT BOD, 5-day, percent removal SAMPLE ***** ***** ***** ***** ***** 98 % 0 MEASUREMENT 81010 K 0 85 PERMIT ***** Percent Removal ***** ***** ***** ***** CALCTD MO AV MN % Monthly REQUIREMENT Solids, suspended percent removal SAMPLE ***** ***** ***** ***** ***** % 0 98 MEASUREMENT 81011 K 0 85 PERMIT ***** Percent Removal ***** ***** MO AV MN ***** ***** % CALCTD Monthly REQUIREMENT SAMPLE ***** ***** ***** ***** ***** ***** MEASUREMENT PERMIT ***** ***** ***** ***** ***** ***** REQUIREMENT SAMPLE ***** ***** ***** ***** ***** ***** MEASUREMENT PERMIT ***** ***** ***** ***** ***** ***** REQUIREMENT SAMPLE ***** ***** ***** ***** ***** ***** MEASUREMENT PERMIT ***** ***** ***** ***** ***** * * * * * * REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE 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, ncluding 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 3 PAGE

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