

Date: August 22, 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    Jan    Feb    March    Apr    May    Jun

Months\*):  Jul    Aug    Sept    Oct    Nov    Dec

\*Annual Reports (circle the first month of the reporting period)

Year: 2014

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

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

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

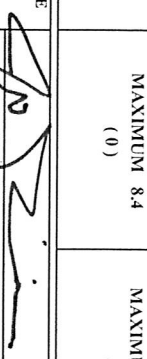
07/0714 313 27010100101A M

TRANS CODE	FACILITY ID	YR/MONTH FOR REPORT	REPORT PERIOD BEG.	REPORT PERIOD END	STATE CODE	NPDES PERMIT NUMBER					
	3-270101001	14/07	14/07/01	14/07/01	06	CA00479					
STATION DESCRIPTION	CONSTITUENT NAME	UNITS	TERTIARY DAILY FLOW MGD	TERTIARY CBOD 5-DAY MGD	TERTIARY T.NF RESIDUE MGD	TERTIARY TURBIDITY NTU	TERTIARY CL2 RESIDUAL MGD	TERTIARY PH UNITS	TERTIARY TOT. COLIFORMS MPN/100 ML GRAB	TERTIARY SETT SOLIDS M/L GRAB	
			METERED DAILY	24 HOUR COMP. DAILY	24 HOUR COMP. DAILY	METERED CONTINUOUS	METERED CONTINUOUS	DAILY	DAILY	DAILY	
MONTH	DAY	1	2	3	MEAN	MAX	MIN	MAX	6	7	8
7	1	0.981	3.0	2.8	0.02	0.07	7.99	9.40	7.2	ND	ND
7	2	0.935	2.0	2.2	0.02	0.03	8.68	9.86	6.9	ND	ND
7	3	0.638	3.0	1.6	0.02	0.03	9.07	10.05	7.1	ND	ND
7	4	0.855	3.0	2.0	0.02	0.02	8.79	9.76	7.0	ND	ND
7	5	1.117	3.0	1.2	0.02	0.03	6.85	9.47	7.0	ND	ND
7	6	1.285	1.0	1.8	0.02	0.02	6.21	7.01	7.7	ND	ND
7	7	1.250	2.0	1.8	0.02	0.02	6.01	6.81	7.7	ND	ND
7	8	1.127	1.0	1.4	0.02	0.03	6.40	6.90	7.3	ND	ND
7	9	1.140	3.0	2.4	0.02	0.03	5.49	12.05	7.4	ND	ND
7	10	1.130	2.0	2.6	0.02	0.02	6.80	9.15	7.5	ND	ND
7	11	1.200	2.0	3.0	0.02	0.02	7.19	8.20	7.5	ND	ND
7	12	1.175	2.0	1.6	0.02	0.03	5.45	10.27	7.5	ND	ND
7	13	1.172	4.0	0.8	0.02	0.04	7.28	9.09	7.3	ND	ND
7	14	1.221	1.0	0.2	0.02	0.02	7.00	10.63	7.3	ND	ND
7	15	1.117	1.0	0.2	0.02	0.03	6.95	8.00	7.4	ND	ND
7	16	1.178	2.0	0.2	0.02	0.02	6.39	7.69	7.5	ND	ND
7	17	1.075	1.0	0.6	0.02	0.02	6.49	6.89	7.5	ND	ND
7	18	1.255	2.0	0.6	0.02	0.03	5.69	7.29	7.4	ND	ND
7	19	1.083	2.0	0.2	0.02	0.02	5.90	6.99	7.7	ND	ND
7	20	1.173	3.0	0.2	0.02	0.03	6.69	7.97	7.5	ND	ND
7	21	1.207	1.0	0.2	0.02	0.02	7.18	7.97	7.6	ND	ND
7	22	1.179	2.0	0.2	0.02	0.03	6.88	7.94	7.4	ND	ND
7	23	1.107	3.0	0.4	0.02	0.02	6.88	7.78	7.5	ND	ND
7	24	1.080	3.0	1.6	0.02	0.02	6.87	7.59	7.4	ND	ND
7	25	1.243	4.0	1.2	0.02	0.02	6.80	7.69	7.4	ND	ND
7	26	1.224	4.0	2.6	0.02	0.02	6.80	7.59	7.4	ND	ND
7	27	1.247	4.0	2.8	0.02	0.02	6.99	7.70	7.6	ND	ND
7	28	1.170	4.0	4.6	0.02	0.02	6.80	7.68	7.6	ND	ND
7	29	1.248	5.0	4.2	0.02	0.02	6.80	7.65	7.5	ND	ND
7	30	1.172	6.0	4.2	0.02	0.02	6.64	7.59	7.5	ND	ND
7	31	1.142	3.0	5.2	0.02	0.12	6.19	7.98	7.4	ND	ND
MONTHLY AVERAGE		1.133	2.6	1.8	0.02	0.03	6.84	8.34	7.4	0.0	0.00
MONTHLY HIGH		1.285	6.0	5.2	0.02	0.12	9.07	12.05	7.7	0.0	0.00
MONTHLY LOW		0.638	1.0	0.2	0.02	0.02	5.45	6.81	6.9	0.0	0.00
TOTAL RECORDINGS		31	31	31	31	31	31	31	31	31	31
REQUIREMENT #1	TIMES EXCEEDED	MONTHLY AVG	MONTHLY AVG	MONTHLY AVG	MONTHLY AVG	NO CHECK	MINIMUM	MAXIMUM	7 SAMPLE MED.	MAXIMUM	
REQUIREMENT #2	(0)	1.8	10.0	10.0	0.2		6.5	8.4	2.2	0.1	
REQUIREMENT #3	(0)	MAXIMUM 25.0	MAXIMUM 25.0	MAXIMUM 0.5			8.4	23.0			
TIMES EXCEEDED		(0)	(0)	(0)	(0)		(0)	(0)		(0)	
TIMES EXCEEDED		(0)	(0)	(0)	(0)		(0)	(0)		(0)	

N/S= NO SAMPLE DUE TO AFTER HOURS START-UP  
I.S.= NO TEST RAN DUE TO INSUFFICIENT SAMPLE

TYPED NAME OF PRINCIPAL EXECUTIVE OFFICER  
BUKEMA, BARBARA

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

SIGNATURE OF AUTHORIZED AGENT  


08/20/14  
YR/MO/DAY  
PAGE 6

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

07 0714 313 27010100101A M1

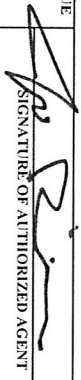
CALIFORNIA STATE WATER RESOURCES CONTROL BOARD  
DISCHARGER SELF MONITORING REPORT  
CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD  
CENTRAL COAST REGION  
81 HIGUERA STREET, SUITE 200  
SAN LUIS OBISPO, CA 93401-5414

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

TRANS CODE	FACILITY ID	YR/MONTH FOR REPORT	REPORT PERIOD BEG.	REPORT PERIOD END	STATE CODE	NPDES PERMIT NUMBER
	3-270101001	14/07	14/07/01	07/01/14	06	CA00479
STATION DESCRIPTION						
CONSTITUENT NAME		TERTIARY TOT DIS. SOLIDS				
UNITS		MG/L				
SAMPLE TYPE		24 HOUR COMP				
FREQUENCY		QUARTERLY				
MONTH	DAY	1	2	3	6	7
7	1					
7	2					
7	3					
7	4					
7	5					
7	6					
7	7					
7	8					
7	9					
7	10					
7	11					
7	12					
7	13					
7	14					
7	15					
7	16					
7	17					
7	18					
7	19					
7	20					
7	21					
7	22					
7	23					
7	24					
7	25					
7	26					
7	27					
7	28					
7	29					
7	30					
7	31					
MONTHLY AVERAGE		288				
MONTHLY HIGH		288				
MONTHLY LOW		288				
TOTAL RECORDINGS		1				

REQUIREMENT #1	MAXIMUM 1200					
TIMES EXCEEDED	( 0 )					
REQUIREMENT #2						
TIMES EXCEEDED						
REQUIREMENT #3						
TIMES EXCEEDED						

N/S = NO SAMPLE DUE TO AFTER HOURS START-UP  
I.S. = NO TEST RAN DUE TO INSUFFICIENT SAMPLE

TYPED NAME OF PRINCIPAL EXECUTIVE OFFICER BUKEMA, BARBARA	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	SIGNATURE OF AUTHORIZED AGENT 	8/20/2014 YR/MON/DAY PAGE 5
--	---	---	-----------------------------------