

Date: August 31, 2015



California Regional Water Quality Control Board  
Central Coast Division  
Attn: **Monitoring and Reporting Review Section**  
Submit to: [centralcoast@waterboards.ca.gov](mailto:centralcoast@waterboards.ca.gov)

Dear Mr. Harris,

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: 2015

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

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

181614 313 270100001A M

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD DISCHARGER SELF MONITORING REPORT  
CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD CENTRAL COAST REGION  
81 HIGLERA STREET, SUITE 208  
SAN LUIS OBISPO, CA 95061-5414

CARMEL AREA WASTEWATER DISTRICT  
CARMEL AREA WASTEWATER DISTRICT WATER POLLUTION CONTROL PLANT  
P.O. BOX 21428  
CARMEL, CA 95022

TRANS CODE	FACILITY ID	3-27010001	VERMONTH FOR REPORT	15/07	REPORT PERIOD BEG.	15/07/01	REPORT PERIOD END	07/31/15	STATE CODE	46	NPDES PERMIT NUMBER	CA00479
STATION DESCRIPTION	TERTIARY											
CONSTITUENT NAME	TOT DIS. SOLIDS											
UNITS	MG/L											
SAMPLE TYPE	24 HOUR COMP											
FREQUENCY	QUARTERLY											
MONTH	DAY	1	2	3	6	7	8					
7	01											
7	02											
7	03											
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7	29											
7	30											
7	31											
MONTHLY AVERAGE		292										
MONTHLY HIGH		292										
MONTHLY LOW		292										
TOTAL RECORDINGS		1										
REQUIREMENT #1		MAXIMUM 1500										
TIMES EXCEEDED		(0)										
REQUIREMENT #2												
TIMES EXCEEDED												
REQUIREMENT #3												
TIMES EXCEEDED												
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 JAMES PENNENTCH DATE 8/31/2015 PAGE 3												