PERMITTEE NAME/ADDRESS (INCLUDE FACIL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT

FORM APPROVED OMB No.2040-0004

FACILITY NAM	ME/LOCATION IF DIFFERENT)
NAME:	Carmel Area Wastewater Treatment Plant

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 12/31/2014 FROM 12/1/2014 TO

DMR mailing ZIP CODE: 93923 MAJOR (SUBR 03) INFLUENT/MONTHLY Influent Structure

NO DISCHARGE

PARAMETER			QUANTITY OR LOADI	NG		QUALITY OR CONCEN	TRATION		NO. FREQUENCY EX OF ANALYSIS		SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS	1		
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	213	292	mg/L	0		
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Every 13 Days	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	422	720	mg/L	0	•	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Every 13 Days	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.23	4.866	Mgal/d	*****	*****	*****		0		
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	****	*****	*****			Daily	METER
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	****	*****	*****	*****	****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				3
	PERMIT REQUIREMENT	*****	*****	*****	*****	****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	****	*****	*****	*****	****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER	prepared under my dir to assure that qualified submitted. Based on n or those persons direct	of law that this docume rection or supervision in it personnel properly gath ny inquiry of the person of the person sible for gather st of my knowledge and	accordance with a syste ner and evaluate the info or persons who manage ring the information, the	m designed rmation the system, information			TELEPHONE		DAT	Έ
TYPED OR PRINTED			are significant penalties to ty of fine and imprisonm			SIGNATURE OF PRIN		AREA CODE	NUMBER	<u> </u>	MM/DD/YYYY

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	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

001-A
DISCHARGE NUMBER

	MONITORING PERIOD									
	MM/DD/YYYY MM/DD/YYYY									
FROM	12/1/2014	TO	12/31/2014							

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

PARAMETER		Q	UANTITY OR LOADIN	NG		QUALITY OR CONCEN		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		Value	Value	UNITS	Value	Value	Value	UNITS	1		
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	68.6	deg F	0		
00011 10	PERMIT						Req. Mon.			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	INST MAX	deg F		Week	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	2.22	2.46	5.3	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									***************************************	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
, ,,	MEASUREMENT	60	143	lb/d	5	8	8	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 MEASUREMENT	*****	****	****	6.6	*****	7.5	SU	0	*	
00400 1 0	PERMIT				6		9			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	60	93	lb/d	6	9	26.8	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 MEASUREMENT	*****	*****	*****	0.1	0.1	0.1	mL/L	0		200000000000000000000000000000000000000
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 MEASUREMENT	0.04	0.08	lb/d	19.2	19.2	19.2	mg/L	0		
00610 1 0	PERMIT	1800	7300		73.2	292.8	732				
Effluent Gross	REQUIREMENT	6 MO MED	DAILY MX	lb/d	6 MO MED	DAILY MX	INST MAX	mg/L		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I Certify under penalty	of law that this documen	nt and all attachments w	/ere			TELEPHONE	3	DAT	E
		prepared under my dire	ection or supervision in a	accordance with a syste	m designed						
		-	personnel properly gath								
			y inquiry of the person of		•						
		*	ly responsible for gather t of my knowledge and b								
			t of my knowledge and t re significant penalties f		•			+			
			y of fine and imprisonme			SIGNATURE OF PRIN	NCIPAL EXECUTIVE	AREA	NUMBEI	R 1	MM/DD/YYYY
TYPED OR PRINTED						OFFICER OR AUTHORIZED AGENT CODE					

1

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

ADDRESS: 26900 State Route One

ATTN: James Pinkevich

FACILITY: CARMEL AREA WWTP LOCATION: 26900 State Route One

Carmel CA 93923

Carmel CA 93923

NAME:

Carmel Area Wastewater Treatment Plant

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT

CA00447996 PERMIT NUMBER

001-A
DISCHARGE NUMBER

MAJOR (SUBR 03) DISCHAR FORM APPROVED OMB No.2040-0004

DMR mailing ZIP CODE: 93923 MAJOR

DISCHARGE 001/MONTHLY External Outfall NO DISCHARGE

| MONITORING PERIOD | MM/DD/YYYY | MM/DD/YYYY | FROM | 12/1/2014 | TO | 12/31/2014 |

PARAMETER		Q	UANTITY OR LOADII	NG		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	92.8	mg/L	0		
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Silica, total (as SiO2)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	34	mg/L	0		GIV ID
00956 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE	NODYD	NODVD	11 / 1	NODI(B)	NODIA				Hiominy	GRI ID
03582 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	NODI(B) 630 MO AVG	NODI(B) 1000 HI WK AV	lb/d	25 MO AVG	NODI(B) 40 HI WK AV	NODI(B) 75 DAILY MX	mg/L	0	Once Every 13 Days	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.033	4.276	Mgal/d	*****	*****	*****	5	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Daily	METER
Chlorine, total residual	SAMPLE MEASUREMENT	NODI(B)	0.04	lb/d	NODI(B)	2.5	2.5	ug/L	0		
50060 1 0 Effluent Gross	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	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	5.1	MPN/100mI	0	-	
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	4300 MO AVG	13000 INST MAX	MPN/100mI		Every Week	GRAB
Urea	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	40	mg/L	0		
71800 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I Certify under penalty of law that this document and all attachments were						TELEPHONE		DAT	Έ
		prepared under my dire to assure that qualified submitted. Based on m or those persons direct	ction or supervision in personnel properly gath y inquiry of the person of y responsible for gather	accordance with a systemer and evaluate the info or persons who manage ring the information, the belief, true, accurate, an	m designed rmation the system, information						
		I am aware that there as	re significant penalties f	for submitting false informent for knowing violation	mation,	SIGNATURE OF PRI	NCIPAL EXECUTIVE	AREA	NUMBER	R M	IM/DD/YYYY

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

00004/031016-1522

OFFICER OR AUTHORIZED AGENT

PAGE

CODE

2

OF

TYPED OR PRINTED

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									
	MM/DD/YYYY		MM/DD/YYYY							
FROM	12/1/2014	TO	12/31/2014							

OMB No.2040-0004 DMR mailing ZIP CODE: 93923 **MAJOR** (SUBR 03) DISCHARGE 001/MONTHLY External Outfall

NO DISCHARGE

PARAMETER		(QUANTITY OR LOAD	DING		QUALITY OR CONCENT	TRATION		NO. FREQUENCY EX OF ANALYSIS		
		Value	Value	UNITS	Value	Value	Value	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	49	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	49	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	*****	*****	*****	98	*****	*****	%	0		
81010 K 0	PERMIT				85						
Percent Removal	REQUIREMENT	*****	*****	*****	MO AV MN	*****	*****	%		Monthly	CALCTE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%	0		
81011 K 0	PERMIT				85						
Percent Removal	REQUIREMENT	****	*****	*****	MO AV MN	*****	*****	%		Monthly	CALCTE
	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						TELEPHONE		DA'	TE
		prepared under my di	rection or supervision is	n accordance with a syste	m designed					_	
		to assure that qualifie	d personnel properly ga	ther and evaluate the info	rmation						
		submitted. Based on 1	my inquiry of the person	n or persons who manage	the system,						
		*		ering the information, the							
			-	d belief, true, accurate, an	-			_			
				s for submitting false info		CION ATTITLE OF PROPE	CIDAL EVECTORISE	ADEA	NII D 400	<u> </u>	MM/DD/22/22
TYPED OR PRINTED		mending the possibil	ity of time and imprison	ment for knowing violation	ль.	SIGNATURE OF PRING OFFICER OR AUTH		AREA CODE	NUMBE	ĸ	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY	V VIOLATIONS (Deference all atta	ahmanta hara)		00004/02	1016-1522	ORLLD AGENT	PAGE		3 OF	3