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

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

FORM APPROVED OMB No.2040-0004

ACILII I	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

CA00447996 PERMIT NUMBER

INF-A
DISCHARGE NUMBER

	MONITO	RING PE	RIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	2/1/2015	TO	2/28/2015

DMR mailing ZIP CODE: 93923
MAJOR
(SUBR 03)
INFLUENT/MONTHLY
Influent Structure
NO DISCHARGE

PARAMETER		C	QUANTITY OR LOADII	NG			NO. EX	FREQUENCY OF ANALYSIS			
		Value	Value	UNITS	Value	Value	Value	UNITS	1		
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	411	452	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	*****	*****	*****	*****	431	504	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	1.31	1.572	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	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER	prepared under my dir to assure that qualified submitted. Based on m or those persons direct	of law that this docume ection or supervision in I personnel properly gath ny inquiry of the person of the responsible 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	TE .
TYPED OR PRINTED			are significant penalties f ty of fine and imprisonm			SIGNATURE OF PRIN		AREA CODE	NUMBER	<b>R</b> 1	MM/DD/YYYY

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

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

FORM APPROVED OMB No.2040-0004

ACILITY	NAME/LC	CATION IF	DIFFEREN	1)	

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								
ROM	2/1/2015	TO	2/28/2015								

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

PARAMETER		Q	UANTITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	69.9	deg F	0		
00011 10	PERMIT						Req. Mon.			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	INST MAX	deg F		Week	GRAB
Turbidity	SAMPLE										
	MEASUREMENT	*****	*****	*****	0.97	1.3	1.7	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	9	10	lb/d	4	4	4	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										
P11	MEASUREMENT	*****	*****	*****	6.7	*****	7.4	SU	0		
00400 1 0	PERMIT				6		9			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		Week	GRAB
Solids, total suspended	SAMPLE			*******				80			
1	MEASUREMENT	11	15	lb/d	4	5	7.2	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		
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	*****	0.06	lb/d	19.2	21.4	23.1	ug/L	0		
00610 1 0	PERMIT	1800	7300		73000	290000	730000				
Effluent Gross	REOUIREMENT	6 MO MED	DAILY MX	lb/d	6 MO MED	DAILY MX	INST MAX	ug/L		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE O				ent and all attachments v				TELEPHONE	3	DAT	
			ection or supervision in								
				her and evaluate the info							
		submitted. Based on m	y inquiry of the person	or persons who manage	the system,						
		or those persons direct	ly responsible for gathe	ring the information, the	information						
				belief, true, accurate, an	•			1			
				for submitting false info							
TWEED OR DESIGNATION		including the possibilit	ty of fine and imprisonn	nent for knowing violation	ons.	SIGNATURE OF PRIN		AREA	NUMBE	R 1	MM/DD/YYYY
TYPED OR PRINTED		1				OFFICER OR AUTI	HORIZED AGENT	CODE			

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

### NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE	MONITORING	REPORT

CA00447996

PERMIT NUMBER

DMR mailing ZIP CODE:

001-A

DISCHARGE NUMBER

FORM APPROVED
OMB No.2040-0004

93923

**MAJOR** (SUBR 03)

**DISCHARGE 001/MONTHLY** 

External Outfall NO DISCHARGE

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

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 2/28/2015 2/1/2015 FROM TO

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS	EX		
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	88.1	mg/L	0		
00620 1 0	PERMIT						Reg. Mon.	Ŭ			
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX	mg/L		Monthly	GRAB
Silica, total (as SiO2)	SAMPLE			***							
Since, total (as S102)	MEASUREMENT	*****	*****	*****	*****	*****	75	mg/L	0		
00956 1 0	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	MO AVG	HI WK AV	lb/d	MO AVG	HI WK AV	DAILY MX	mg/L		13 Days	GRAB
Flow, in conduit or thru treatment plant	SAMPLE			10, 0		() (		111.67.2			~ · · · ·
riow, in conduit or thre treatment plant	MEASUREMENT	0.188	0.395	Mgal/d	*****	*****	*****		0		
50050 1 0	PERMIT	Req. Mon.	Req. Mon.								
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	*****	*****	*****			Daily	METER
Chlorine, total residual	SAMPLE			8				333		,	
emornie, total residual	MEASUREMENT	NODI(B)	0.03	lb/d	NODI(B)	10.7	10.7	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 MEASUREMENT	*****	*****	*****	*****	4	19.7	MPN/100mI	0		
61211 10	PERMIT					4300	13000			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	MO AVG	INST MAX	MPN/100mI		Week	GRAB
Urea	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	97	mg/L	0		
71800 1 0	PERMIT						Req. Mon.				
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX	mg/L		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER	I Certify under penalty	of law that this documen	t and all attachments v	were		•	TELEPHONE		DAT	Έ
		prepared under my dire	ection or supervision in a	ccordance with a syste	em designed						
		to assure that qualified	personnel properly gathe	er and evaluate the info	ormation						
		submitted. Based on m	ny inquiry of the person or	r persons who manage	the system,						
		•	ly responsible for gatheri								
			st of my knowledge and b		•			4			
			re significant penalties for								
TYPED OR PRINTED		including the possibilit	ty of fine and imprisonme	ent for knowing violati	ons.	SIGNATURE OF PRIN			NUMBEI	R 1	MM/DD/YYYY
COMMENT AND EXPLANATION OF ANY V	IOI ATIONS	Doforma11 -44	hmanta ha		00004/031	OFFICER OR AUTI	HURIZED AGENT	PAGE	2	2 OF	3

PAGE

PERMITTEE NAME/ADDRESS (INCLUDE

#### 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	2/1/2015	TO	2/28/2015								

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

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING		DING		QUALITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	NODI(B)	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	*****	*****	*****	*****	2	NODI(B)	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	*****	*****	*****	99	*****	*****	%	0		
81010 K 0	PERMIT				85			,,	Ů		
Percent Removal	REQUIREMENT	*****	*****	*****	MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE										CIDCID
	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	*****	*****	****	*****	*****	*****				
NAME STITLE DRIVING AT EVECTORIES	REQUIREMENT					*****	*****	TELEBRIONE		DA'	PE
NAME/TITLE PRINCIPAL EXECUTIVE O	FFICER			nent and all attachments we n accordance with a syste				TELEPHONE		DA	I E
			•	ther and evaluate the info	•						
		-		or persons who manage							
		or those persons direc	tly responsible for gath	ering the information, the	information						
				d belief, true, accurate, an	•			_			
				s for submitting false info		CICNIA TRUDE OF TOWN	CIDAL EVECUTIVE	ADEA	NII MESS		1010033337
TYPED OR PRINTED		including the possibili	ity of fine and imprison	ment for knowing violation	ons.	SIGNATURE OF PRIN OFFICER OR AUTH		AREA CODE	NUMBE	К	MM/DD/YYYY

OF