

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

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

FORM APPROVED

OMB No.2040-0004

DISCHARGE MONITORING REPORT

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

INF-A
 DISCHARGE NUMBER

DMR mailing ZIP CODE: 93923

MAJOR (SUBR 03)

INFLUENT/MONTHLY

Influent Structure

NO DISCHARGE

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
BOD, 5-day, 20 deg. C 00310 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	411	452	mg/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Every 13 Days	COMP24
Solids, total suspended 00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	431	504	mg/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Every 13 Days	COMP24
Flow, in conduit or thru treatment plant 50050 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	1.31	1.572	Mgal/d	*****	*****	*****		0		
	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 OFFICER	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 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, including the possibility of fine and imprisonment for knowing violations.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE AREA NUMBER		DATE MM/DD/YYYY
TYPED OR PRINTED											

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

00004/031016-1522

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

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ATTN: James Pinkevich

CA00447996
PERMIT NUMBER

001-A
DISCHARGE NUMBER

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

MONITORING PERIOD
FROM 2/1/2015 TO 2/28/2015

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
Temperature, water deg. fahrenheit 00011 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	69.9	deg F	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	deg F		Every Week	GRAB
Turbidity 00070 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0.97	1.3	1.7	NTU	0		
	PERMIT REQUIREMENT	*****	*****	*****	75 MO AVG	100 HI WK AV	225 DAILY MX	NTU		Once Every 13 Days	GRAB
BOD, 5-day, 20 deg. C 00310 10 Effluent Gross	SAMPLE MEASUREMENT	9	10	lb/d	4	4	4	mg/L	0		
	PERMIT REQUIREMENT	750 MO AVG	1130 HI WK AV	lb/d	30 MO AVG	45 HI WK AV	90 DAILY MX	mg/L		Once Every 13 Days	COMP24
pH 00400 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.4	SU	0		
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Every Week	GRAB
Solids, total suspended 00530 10 Effluent Gross	SAMPLE MEASUREMENT	11	15	lb/d	4	5	7.2	mg/L	0		
	PERMIT REQUIREMENT	750 MO AVG	1130 HI WK AV	lb/d	30 MO AVG	45 HI WK AV	90 DAILY MX	mg/L		Every Week	COMP24
Solids, settleable 00545 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0.1	0.1	0.1	mL/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	1.5 HI WK AV	3 DAILY MX	mL/L		Once Every 13 Days	GRAB
Nitrogen, ammonia total (as N) 00610 10 Effluent Gross	SAMPLE MEASUREMENT	*****	0.06	lb/d	19.2	21.4	23.1	ug/L	0		
	PERMIT REQUIREMENT	1800 6 MO MED	7300 DAILY MX	lb/d	73000 6 MO MED	290000 DAILY MX	730000 INST MAX	ug/L		Monthly	GRAB
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DMR mailing ZIP CODE: 93923
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 DISCHARGE 001/MONTHLY
 External Outfall
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MONITORING PERIOD
 FROM MM/DD/YYYY TO MM/DD/YYYY
 2/1/2015 TO 2/28/2015

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
Nitrogen, nitrate total (as N) 00620 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	88.1	mg/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Silica, total (as SiO2) 00956 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	75	mg/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil and grease 03582 10 Effluent Gross	SAMPLE MEASUREMENT	NODI(B)	NODI(B)	lb/d	NODI(B)	NODI(B)	NODI(B)	mg/L	0		
	PERMIT REQUIREMENT	630 MO AVG	1000 HI WK AV	lb/d	25 MO AVG	40 HI WK AV	75 DAILY MX	mg/L		Once Every 13 Days	GRAB
Flow, in conduit or thru treatment plant 50050 10 Effluent Gross	SAMPLE MEASUREMENT	0.188	0.395	Mgal/d	*****	*****	*****		0		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Daily	METER
Chlorine, total residual 50060 10 Effluent Gross	SAMPLE MEASUREMENT	NODI(B)	0.03	lb/d	NODI(B)	10.7	10.7	ug/L	0		
	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 61211 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	19.7	MPN/100ml	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	4300 MO AVG	13000 INST MAX	MPN/100ml		Every Week	GRAB
Urea 71800 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	97	mg/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
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MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
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OMB No.2040-0004

DMR mailing ZIP CODE: 93923

MAJOR (SUBR 03)
DISCHARGE 001/MONTHLY

External Outfall
NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	NODI(B)	MPN/100ml	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	24000 MO AVG	49000 INST MAX	MPN/100ml		Every Week	GRAB
Coliform, total general 74056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	NODI(B)	MPN/100ml	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	230 MO AVG	10000 INST MAX	MPN/100ml		Every Week	GRAB
BOD, 5-day, percent removal 81010 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%	0		
	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal 81011 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%	0		
	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
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