



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,



Barbara Buikema  
General Manager

YOUR REPORTING PERIOD IS MONTHLY  
 AND YOUR REPORTS MUST BE SUBMITTED IN 30 DAYS FOLLOWING THIS DATE

09/01/14 3:13 2790100101A XI

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD DISCHARGER SELF MONITORING REPORT  
 CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD  
 81 HIGGERS STREET, SUITE 200  
 SAN LEUIS 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	3-2790101001	VERSION FOR REPORT	15/11	REPORT PERIOD BEG.	15/11/01	REPORT PERIOD END	15/11/30	STATE CODE	06	NPDES PERMIT NUMBER	CA0479
STATION DESCRIPTION	CONSTITUENT NAME	UNIT	SAMPLE TYPE	PRECEDENCY	TERTIARY DAILY FLOW MGD	TERTIARY (CROD) SOLID MGD	TERTIARY T-N RESIDUE MGD	TERTIARY TURBIDITY NTU	TERTIARY (T2) RESIDUAL MGD	TERTIARY PH	TERTIARY TOT. COLIFORMS MPN/100ML GRAB	TERTIARY SETTLED SOLIDS M/L GRAB
MONTH	DAY	1	2	3	MEAN	MAX	MIN	MAX	6	7	8	
11	01	0.382	2.0	2.2	0.01	0.27	6.81	7.71	7.1	1	ND	
11	02	1.201	1.0	2.4	0.01	0.01	6.82	7.72	7.3	ND	ND	
11	03	0.929	2.0	3.4	0.01	0.01	6.84	7.83	7.1	ND	ND	
11	04	0.888	2.0	6	0.01	0.01	6.73	7.54	7.1	ND	ND	
11	05	0.818	2.0	1.8	0.01	0.01	6.05	7.44	7.1	ND	ND	
11	06	0.804	2.0	2.2	0.01	0.01	6.74	7.23	7.0	ND	ND	
11	07	0.809	2.0	2.4	0.01	0.01	6.75	7.25	7.1	ND	ND	
11	08	0.829	1.0	1.8	0.01	0.01	6.64	7.33	7.1	ND	ND	
11	09	1.062	1.0	8	0.01	0.01	7.23	8.92	7.1	ND	ND	
11	10	1.064	1.0	2.0	0.01	0.02	7.34	8.92	7.0	ND	ND	
11	11	0.806	1.0	1.4	0.01	0.01	7.04	9.60	7.1	ND	ND	
11	12	0.861	1.0	1.8	0.01	0.01	6.85	8.03	7.1	ND	ND	
11	13	0.756	1.0	1.2	0.01	0.02	7.14	7.90	7.2	ND	ND	
11	14	0.880	1.0	1.2	0.01	0.01	7.32	9.20	7.1	ND	ND	
11	15	0.904	1.0	4	0.01	0.01	8.04	8.73	7.1	ND	ND	
11	16	1.057	1.0	6	0.01	0.11	4.59	8.83	7.1	ND	ND	
11	17	0.605	2.0	1.0	-0.01	0.25	-0.15	19.15	6.8	ND	ND	
11	18	0.925	3.0	1.0	0.01	0.01	7.14	8.93	7.2	ND	ND	
11	19	0.790	2.0	4	0.01	0.01	8.44	9.33	7.1	ND	ND	
11	20	0.792	2.0	2.0	0.01	0.02	8.12	10.03	7.2	ND	ND	
11	21	0.771	1.0	1.4	0.01	0.01	7.84	8.73	7.2	ND	ND	
11	22	0.846	1.0	8	0.01	0.02	7.64	8.38	7.3	ND	ND	
11	23	0.866	1.0	2	0.01	0.01	5.74	8.35	7.3	ND	ND	
11	24	0.834	1.0	8	0.01	0.02	7.37	8.25	7.1	ND	ND	
11	25	0.867	1.0	2	0.01	0.01	5.51	8.54	7.0	ND	ND	
11	26	0.922	2.0	6	0.01	0.01	7.95	8.75	3.7	ND	ND	
11	27	1.029	1.0	4	0.01	0.01	7.86	8.85	7.4	ND	ND	
11	28	0.899	1.0	6	0.01	0.06	7.65	8.96	7.3	ND	ND	
11	29	0.855	2.0	4	0.01	0.01	7.78	8.56	7.3	ND	ND	
11	30	0.779	2.0	1.2	0.01	0.01	7.76	8.75	7.4	ND	ND	
MONTHLY AVERAGE		0.877	1.5	1.2	0.01	0.03	6.84	8.84	7.0	1	1.0	
MONTHLY HIGH		1.201	3.0	3.4	0.01	0.27	8.44	19.15	7.4	1.0	1.0	
MONTHLY LOW		0.605	1.0	0.2	-0.01	0.01	-0.15	7.23	3.7	1.0	0.00	
TOTAL RECORDINGS		30	30	30	30	30	30	30	30	1	0.00	
REQUIREMENT #1	THRESHOLD EXCEEDED	MONTHLY AVG. 1.8	MONTHLY AVG. 10.0	MONTHLY AVG. 10.0	MONTHLY AVG. 0.2	NO CHECK	MINIMUM 6.5	7 SAMPLE MED. 2.2	MAXIMUM 0.1			
REQUIREMENT #2	THRESHOLD EXCEEDED	(0)	(0)	(0)	(0)		MAXIMUM 8.4	MAXIMUM 2.0	(0)			
REQUIREMENT #3	THRESHOLD EXCEEDED	(0)	(0)	(0)	(0)			(0)				
NS - NO SAMPLE DUE TO AFTER HOURS START. LP I.S. - NO TEST RUN DUE TO INSUFFICIENT SAMPLE. I.D.E.C.L.A.R.E. UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND ACCURATE, AND THAT THE SIGNATURE OF AUTHORIZED AGENT I.D.E.C.L.A.R.E. UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND ACCURATE, AND THAT THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER BARBARA BARBARA SIGNATURE OF AUTHORIZED AGENT 12/30/15 PAGE 1												