

Date: February 28, 2014

California Regional Water Quality Control Board  
Central Coast Division  
Attn: **Monitoring and Reporting Review Section**  
895 Aerovista Place, Suite 101  
San Luis Obispo, CA 93401



Dear Mr. Briggs:

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):  Jan    Feb    March    Apr    May    Jun

Months\*):                      Jul    Aug    Sept    Oct    Nov    Dec

Year: 2014

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

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD  
 DISCHARGER SELF MONITORING REPORT  
 CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD  
 CENTRAL COAST REGION  
 81 HIGUERA STREET, SUITE 200  
 SAN LUIS OBISPO, CA 93401-5414

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD  
 DISCHARGER SELF MONITORING REPORT  
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 81 HIGUERA STREET, SUITE 200  
 SAN LUIS OBISPO, CA 93401-5414

CARMEL AREA WASTEWATER DISTRICT  
 CARMEL AREA WASTEWATER DISTRICT  
 WATER POLLUTION CONTROL PLANT  
 P.O. BOX 221428  
 CARMEL, CA 93922

01 0114 313 27010100101A M 3-270101001 14/01 14/01/01 14/01/31 NPDES PERMIT NUMBER-CA00479

TRANS CODE	FACILITY ID	YR/MONTH FOR REPORT		REPORT PERIOD BEG.		REPORT PERIOD END		STATE CODE -06	NPDES PERMIT NUMBER-CA00479
		3-270101001	14/01	14/01/01	14/01/31				
STATION DESCRIPTION	TERTIARY DAILY FLOW MGD	TERTIARY CBOD 5-DAY MG/L	TERTIARY T NF RESIDUE MG/L	TERTIARY TURBIDITY NTU	TERTIARY CL2 RESIDUAL MG/L	TERTIARY PH UNITS	TERTIARY TOT. COLIFORMS MPN/100 ML	TERTIARY SETTLED SOLIDS ML/L	
									24 HOUR COMP. DAILY
MONTH	DAY	1	2	3	4	5	6	7	8
1	1	0.940	1.0	.4	0.02	8.72	ND	ND	ND
1	2	0.666	1.0	.4	0.02	9.10	ND	ND	ND
1	3	0.660	1.0	.2	0.02	7.37	9.71	7.6	ND
1	4	0.668	1.0	.2	0.02	7.41	8.52	7.6	ND
1	5	1.007	1.0	.2	0.02	7.73	8.91	7.6	ND
1	6	0.793	1.0	.2	0.02	8.01	8.91	7.6	ND
1	7	0.817	1.0	.2	0.02	5.00	9.28	7.5	ND
1	8	0.772	1.0	.2	0.02	5.03	8.42	7.6	ND
1	9	0.729	1.0	.2	0.02	7.68	8.35	7.5	ND
1	10	0.838	1.0	.2	0.02	7.52	8.85	7.4	ND
1	11	0.799	1.0	.4	0.02	7.62	8.22	7.4	ND
1	12	0.788	1.0	.2	0.02	7.82	8.51	7.3	ND
1	13	0.871	1.0	.2	0.02	8.21	8.70	7.3	ND
1	14	0.698	1.0	.4	0.02	8.00	8.50	7.3	ND
1	15	0.853	1.0	.2	0.02	7.81	8.41	7.4	ND
1	16	0.824	1.0	.2	0.02	7.02	8.12	7.3	ND
1	17	1.003	1.0	.2	0.02	6.32	7.23	7.6	ND
1	18	1.018	2.0	.4	0.02	6.72	7.94	7.6	ND
1	19	1.090	3.0	.2	0.02	7.02	7.73	7.6	ND
1	20	1.281	2.0	.4	0.02	7.13	7.72	7.7	ND
1	21	1.031	2.0	.2	0.02	6.62	7.93	7.8	ND
1	22	0.892	2.0	.4	0.02	6.62	7.42	7.8	ND
1	23	1.255	1.0	.2	0.02	7.23	7.94	7.8	ND
1	24	1.047	1.0	.4	0.02	6.72	7.72	7.6	ND
1	25	0.669	1.0	.8	0.02	6.52	6.93	7.7	ND
1	26	1.141	1.0	1.2	0.02	6.92	7.62	7.5	ND
1	27	1.010	1.0	.6	0.02	6.92	8.50	7.3	ND
1	28	0.715	1.0	.2	0.02	7.21	8.41	7.5	ND
1	29	0.981	1.0	.2	0.02	4.39	7.92	7.5	ND
1	30	0.870	1.0	5.6	0.02	6.02	7.42	7.4	ND
1	31	0.905	1.0	.8	0.01	6.11	6.92	7.5	ND
MONTHLY AVERAGE		0.891	1.2	0.5	0.02	6.96	8.21	7.5	0.00
MONTHLY HIGH		1.281	3.0	5.6	0.13	8.21	9.71	7.8	0.00
MONTHLY LOW		0.660	1.0	0.2	0.01	4.39	6.92	7.3	0.00
TOTAL RECORDINGS		31	31	31	31	31	31	31	0.00
REQUIREMENT #1	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	
TIMES EXCEEDED	(0)	(0)	(0)	(0)		(0)	(0)	(0)	
REQUIREMENT #2	MONTHLY AVG 25.0	MAXIMUM 25.0	MAXIMUM 25.0	MAXIMUM 0.5		MAXIMUM 8.4	MAXIMUM 23.0		
TIMES EXCEEDED	(0)	(0)	(0)	(0)		(0)	(0)		
REQUIREMENT #3	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	
TIMES EXCEEDED	(0)	(0)	(0)	(0)		(0)	(0)	(0)	
HOURS START-UP		TYPED NAME OF PRINCIPAL EXECUTIVE OFFICER		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		SIGNATURE OF AUTHORIZED AGENT		02/14/14	
INSUFFICIENT SAMPLE		BUICKEMA, BARBARA						YR/MO/DAY	
								PAGE 6	