ADDRESS 2000 State Round Ore Carried CA 98323 INF-A (SUBR 03) MADACR (SUBR 03) FACILITY: CARMEL AREA WWTP: Carried CA 98323 INF-A (SUBR 03) MADACR (SUBR 03) MADACR (SUBR 03) TAIL::::::::::::::::::::::::::::::::::::	PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT) NAME: Carmel Area Wastewater Treatmer	I		ON DISCHARGE EL	IMINATION SYSTEM (NPD NG REPORT	ES)		DMR mai	lina 71P	FORM APP OMB No.20	-		
Carmal CA 93923 PERMIT NUMBER Locaruma (9URR 03) INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INFLUENTMONTHLY INF			-		CA 0044790	96	INF-A	T		-	OODL.	00020	
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SOUSD G 0 Maxameter 1.15 1.201 Mga/d 1.000 0 0 Raw Sewage Influent Sewit Moi, Mga/d Mga/d Sevier Moi, Mg	Flow, in conduit or thru treatment plant	SAMPLE											
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MEASUREMENT	Raw Sewage Influent	REQUIREMENT	MOAVG	DAILY MX	Mgal/d	*** ***	*****	* *** *** *			Daily	METER	
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I Certify under penalty of law that this document and all attachments were TELEPHONE DATE 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, 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 AREA NUMBER MM/DD/YYYY TYPED OR PRINTED TYPED OR PRINTED MM/DD/YYYY OFFICER OR AUTHORIZED AGENT CODE MM/DD/YYY			* * * * *	*****	* * * * *	* * * * *	* * * * *	* * * * * *					
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) 00004/031016-1522 PAGE 1 OF 1													

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)			ION DISCHARGE EL	IMINATION SYSTEM (NP NG REPORT	DES)		DMD mai	lin er 710	FORM APF OMB No.20	40-0004		
NAME: Carmel Area Wastewater Treatm	nent Plant			01 00 1 170	20	001.4	Т	DMR mai	-	CODE:	93923	
ADDRESS: 26900 State Route One			CA0044799		001-A	4	MAJOR					
Carmel CA 93923				PERMIT NUME	BER	DISCHARGE NUMBER	1	(SUBR 03	,		.	
FACILITY: CARMEL AREA WWTP										001/MON	THLY	
LOCATION: 26900 State Route One					ORING PERIOD			External C		<u> </u>		
Carmel CA 93923				MM/DD/YYYY		M/DD/YYYY		NO DISCH	HARGE			
ATTN: James Pinkevich			FROM	6/1/2015	то	6/30/2015						
PARAMETER		QUANTITY OR LC		NG	QUALITY (ITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		Value	Value	UNITS	Value	Value	Value	UNITS				
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	72.7	deg F	0			
00011 10	PERMIT						Req. Mon.		1000	Every	4 4 4	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	INST MAX	deg F		Week	GRAB	
Turbidity	SAMPLE			· 0.5-				3.		<u></u>		
	MEASUREMENT	* * * * *	* * * * *	* * * * * *	1.67	2	5.5	NTU	0			
00070 1 0	PERMIT				75	100	225			Once Every	1: 1: 1:	
Effluent Gross	REQUIREMENT	*****	*****	*****	MOAVG	HI WK AV	DAILY MX	NTU		13 Days	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE								2.0	100040		
BOD, 3-day, 20 deg. C		0	44	lb/d	1	F	F		0			
00040 4.0	MEASUREMENT	8	11	lb/d	4	5	5	mg/L	0			
00310 10	PERMIT	750	1130:		30	45	90			Once Every		
Effluent Gross	REQUIREMENT	MOAVG	HI WK AV	lb/d	MOAVG	HI WK AV	DAILY MX	mg/L		13 Days	COMP24	
рН	SAMPLE	*****	* * * * * *	* * * * * *		* * * * *						
	MEASUREMENT				6.8		7.4	SU	0			
00400 10	PERMIT				6		, , , , , , , , , , , , , , , , , , ,			Every		
Effluent Gross	REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU	1999	Week	GRAB	
Solids, total suspended	SAMPLE	10										
00500 4.0	MEASUREMENT	16	22	lb/d	8	11	23	mg/L	0		2012/2012/20	
00530 10	PERMIT	750	1130		30	45	90		9 G (Every	19 19 19	
Effluent Gross	REQUIREMENT	MOAVG	HI WK AV	lb/d	MOAVG	HI WK AV	DAILY MX	mg/L		Week	COMP24	
Solids, settleable	SAMPLE	* * * * *	* * * * * *	* * * * * *	2.4							
	MEASUREMENT				0.1	0.1	0.1	mL/L	0			
00545 10	PERMIT				1.11	1.5	3			Once Every		
Effluent Gross	REQUIREMENT	*****	*****	*****	MOAVG	HI WK AV	DAILY MX	mL/L	1.0	13 Days	GRAB	
Nitrogen, ammonia total (as N)	SAMPLE	0.05	0.05		40.0		00.4					
00040 4.0	MEASUREMENT	0.05	0.05	lb/d	19.6	22.5	20.4	ug/L	0			
00610 10	PERMIT	1800	7300 DAILY MX	lb/d	73000 6 MO MED	290000	730000		:::			
Effluent Gross		6 MO MED	DAILY MX	INST MAX	ug/L		Monthly	GRAB				
NAME/TITLE PRINCIPAL EXECUTIVE O	FFICER	I Certify under penalty of law that this document and all attachments were						TELEPHONE		DA	IE	
		prepared under my dire										
			personnel properly gat									
			y inquiry of the person									
			ly responsible for gathe									
			t of my knowledge and re significant penalties			-						
		•			AREA	NUMBER	1	MM/DD/YYYY				
TYPED OR PRINTED		morading the possibilit	sibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							CODE		
COMMENT AND EXPLANATION OF ANY		Reference all attac	hments here)		00004/03	1016-1522		PAGE	1	OF	3	

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT) NAME: Carmel Area Wastewater Treatmer	nt Plant			ION DISCHARGE ELI HARGE MONITORI			ES)		DMR maili	na 71P	FORM AP OMB No.2 CODE:	
ADDRESS: 26900 State Route One		CA00447996 001-A							MAJOR	ing Zii	OODL.	00020
ADDRESS: 26900 State Route One Carmel CA 93923		CA00447996 PERMIT NUMBER					DISCHARGE NUMBER	4	(SUBR 03	`		
FACILITY: CARMEL AREA WWTP		_	<u> </u>			_	DISCHARGE NUMBER	1	DISCHA			ты v
LOCATION: 26900 State Route One		-		ΜΟΝΙΤ					External O			
Carmel CA 93923		-		MM/DD/YYYY			DD/YYYY		NO DISCH			
ATTN: James Pinkevich			FROM	6/1/2015	то		30/2015		NO DISCH	ANOL		
PARAMETER		Q	UANTITY OR LOAD	LOADING C		QUALITY OR CONCENT	RATION		NO. EX		SAMPLE TYPE	
		Value	Value	UNITS	Value	9	Value	Value	UNITS		OF ANALYSIS	TTPE
Nitrogen, nitrate total (as N)	SAMPLE					*						
	MEASUREMENT	* * * * *	* * * * *	* * * * * *	*	* * * * *	* * * * *	92.9	mg/L	0		
00620 1 0	PERMIT							Req. Man.				
Effluent Gross	REQUIREMENT	*****	*****	*****	*	****	*****	DAILY MX	mg/L	1999	Monthly	GRAB
Silica, total (as SiO2)	SAMPLE										,	
	MEASUREMENT	* * * * *	*****	* * * * *	*	* * * * *	* * * * *	77	mg/L	0		
00956 10	PERMIT					: ::: ::		Req. Mon.	3	: : :	: : :	13 S S
Effluent Gross	REQUIREMENT	*****	*****	*****	*	****	*****	DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE	· · · · · · · · · ·							ing/L		WORKINY	- OIVID
On and grease		NODI(B)	NODI(B)	lb/d	NC	DDI(B)	NODI(B)	NODI(B)	ma/l	0		
03582 10	MEASUREMENT			10/0		<u> </u>	40	торі(в) 75	mg/L			
	PERMIT	630	1000			25					Once Every	
Effluent Gross	REQUIREMENT	MOAVG	HI WK AV	lb/d	M	OAVG	HI WK AV	DAILY MX	mg/L	1.1.1	13 Days	GRAB
Flow, in conduit or thru treatment plant	SAMPLE	0.000	0.000	Marchiel		* * * * *	* * * * *	* * * * * *		_		
50050 4.0	MEASUREMENT	0.262	0.338	Mgal/d	1.1.1.1.1	a a da da da				0	0.000.000	
50050 10	PERMIT	Req. Mon.	Reg. Mon.									
Effluent Gross	REQUIREMENT	MOAVG	DAILY MX	Mgal/d			** * * * *	*****			Daily	METER
Chlorine, total residual	SAMPLE		0.02	lb/d	N		0.04	0.04		0		
50060 1 0	MEASUREMENT	NODI(B)	0.02	lb/d		ODI(B) 240	9.94 980	9.94 7320	ug/L	0		
	PERMIT	6.1						1				
Effluent Gross	REQUIREMENT	6 MO MED	DAILY MX	lb/d	6 N	IO MED :	DAILY MX	INST MAX	ug/L		Daily	CONTIN
Enterococci	SAMPLE	* * * * * *	* * * * * *	* * * * * *	*	* * * * *	2	11	MPN/100ml	0		
61211 10	MEASUREMENT	(A. (A. (A.))			1.000		4300	11				1000000
	PERMIT			*****							Every	0745
Effluent Gross	REQUIREMENT					****	MOAVG	INST MAX	MPN/100ml	1.1	Week	GRAB
Urea	SAMPLE	* * * * *	* * * * * *	* * * * * *	*	* * * * *	* * * * * *	94	mg/L	0		
71800 1 0	MEASUREMENT PERMIT			28	100000			<u></u>			 (2) 	100000000
				*****				Req. Man.				
Effluent Gross	REQUIREMENT	*****			*	****	*****	DAILY MX	mg/L	: : :		GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER			ent and all attachments					TELEPHONE		DA	IE
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			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,									
		submitted. Based on my inquiry or 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 PRINC		AREA NUMBER		I	MM/DD/YYYY		
TYPED OR PRINTED	OFFICER OR AUTHORIZED AGENT							CODE				
COMMENT AND EXPLANATION OF ANY V		I /Defense en ell'etter				00004/0310			PAGE	2	OF	3

NAME: Carmel Area Wastewater Treatment Plant		_		CA0044799			_	DMR maili	ing ZIF	P CODE:	93923	
ADDRESS: 26900 State Route One	_		001-A		MAJOR							
Carmel CA 93923	-		PERMIT NUM	BER	DISCHARGE NUMBER		(SUBR 03					
FACILITY: CARMEL AREA WWTP		-							-	001/MON	IIHLY	
LOCATION: 26900 State Route One Carmel CA 93923		-			ORING PERIOD			External Outfall				
ATTN: James Pinkevich			FROM	MM/DD/YYYY 6/1/2015	то	6/30/2015	/DD/YYYY 30/2015			NO DISCHARGE		
PARAMETER		QUANTITY OR LC		LOADING		QUALITY OR CONCEN	QUALITY OR CONCENTRATION			FREQUENCY	SAMPLE	
		Value	Value	UNITS	Value	Value	Value	UNITS	EX	OF ANALYSIS	5 TYPE	
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	* * * * * *	*****	1	5.2	MPN/100ml	0			
74055 10	PERMIT	6 6 66 6		8	8 8 8 88	24000	49000			Every	120.200	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	MOAVG	INST MAX	MPN/100m		Week	GRAB	
Coliform, total general	SAMPLE					MORIC				WVCCA .		
	MEASUREMENT	*****	* * * * * *	* * * * *	*****	1	5.2	MPN/100ml	0			
74056 10	PERMIT					230	10000			Every		
Effluent Gross	REQUIREMENT	*****	*****	*****	******	MOAVG	INST MAX	MPN/100ml		Week	GRAB	
BOD, 5-day, percent removal	SAMPLE											
	MEASUREMENT	*****	*****	*****	99	*****	*****	%	0			
81010 K 0	PERMIT			3	85				: :		10.000	
Percent Removal	REQUIREMENT	*****	*****	*****	MQAV MN	*****	*****	%		Monthly	CALCT	
Solids, suspended percent removal	SAMPLE											
	MEASUREMENT	*****	*****	*****	98	*****	*****	%	0			
81011 K 0	PERMIT				85				111			
Percent Removal	REQUIREMENT	*****	*****	*****	MOAV MN	*****	* *** *** *	%		Monthly	CALCTE	
	SAMPLE											
	MEASUREMENT	*****	*****	*****	*****	*****	*****					
	PERMIT	*****	*****	*****	*****	*****	* ** *** *					
	SAMPLE									1	1	
	MEASUREMENT	*****	*****	* * * * * *	*****	*****	* * * * * *					
	PERMIT											
	REQUIREMENT	*****	*****	*****	*****	*****	*****		1000			
	SAMPLE											
	MEASUREMENT	*****	*****	*****	*****	*****	*****					
	PERMIT											
	*****	*****	*****	*****	*****	*** * ***		1.11		<u></u>		
NAME/TITLE PRINCIPAL EXECUTIVE (of law that this docum				TELEPHONE		DA	TE			
			ection or supervision in									
			l personnel properly gat ny inquiry of the person									
		ly responsible for gathe										
	-	st of my knowledge and	-									
			are significant penalties									
		including the possibili	ty of fine and imprisonr	ment for knowing viola	SIGNATURE OF PRIN	AREA NUMBER		2	MM/DD/YYYY			
TYPED OR PRINTED					OFFICER OR AUTH	CODE	E					