



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

YOUR REPORTING PERIOD IS MONTHLY AND YOUR REPORTS MUST BE SUBMITTED BY 28 DAYS FOLLOWING THIS DATE.

09/05/14 313 27910100101A M

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD DISCHARGE/SELF MONITORING REPORT  
 CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD CENTRAL COAST REGION  
 41 HIGGERS STREET, SUITE 200 SAN LUIS OBISPO, CA 93401-5414

CARMEI AREA WASTEWATER DISTRICT WATER POLLUTION CONTROL PLANT  
 P.O. BOX 21448 CARMEI, CA 93912

TRANS CODES		FACILITY ID		3-279101001		YES MONTHLY FOR REPORT		1506		REPORT PERIOD BEG.		1506001		REPORT PERIOD END		1506030		STATE CODE		NPDES PERMIT NUMBER	
STATION DESCRIPTION		TERTIARY DAILY FLOW		TERTIARY CBOD 5-DAY		TERTIARY TSS RESIDUE		TERTIARY TURBIDITY		TERTIARY GL RESIDUAL		TERTIARY PH		TERTIARY TOT. COLIFORMS		TERTIARY		STATE CODE		NPDES PERMIT NUMBER	
UNITS		MGD		MG/L		MG/L		NTU		MG/L		UNITS		MPN/100 ML		M/L		STATE CODE		NPDES PERMIT NUMBER	
SAMPLE TYPE		DAILY		24 HOUR COMP.		24 HOUR COMP.		CONTINUOUS		CONTINUOUS		DAILY		DAILY		DAILY		STATE CODE		NPDES PERMIT NUMBER	
FREQUENCY		DAILY		DAILY		DAILY		CONTINUOUS		CONTINUOUS		DAILY		DAILY		DAILY		STATE CODE		NPDES PERMIT NUMBER	
MONTH	DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
6	01	0.854	1.0	0.6	0.01	0.01	11.08	7.70	11.08	7.70	6.8	7.3	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	02	0.772	1.0	0.2	0.01	0.01	9.90	7.92	9.90	6.8	6.8	6.8	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	03	0.784	1.0	1.2	0.01	0.01	4.66	8.61	4.66	8.61	6.9	6.9	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	04	0.746	1.0	0.01	0.01	0.01	7.68	9.85	7.68	9.85	7.1	7.1	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	05	0.841	1.0	0.01	0.01	0.01	5.57	9.93	5.57	9.93	6.9	6.9	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	06	0.828	1.0	0.01	0.01	0.01	7.70	11.09	7.70	11.09	7.1	7.1	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	07	0.818	1.0	0.01	0.01	0.01	5.40	10.19	5.40	10.19	7.2	7.2	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	08	0.893	1.0	0.01	0.01	0.01	9.00	11.01	9.00	11.01	7.2	7.2	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	09	0.779	1.0	0.01	0.01	0.01	6.17	10.87	6.17	10.87	7.2	7.2	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	10	0.798	1.0	0.01	0.01	0.01	7.81	8.40	7.81	8.40	7.0	7.0	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	11	0.778	1.0	0.01	0.01	0.01	7.92	9.26	7.92	9.26	7.0	7.0	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	12	0.782	1.0	0.01	0.01	0.01	5.21	8.71	5.21	8.71	7.1	7.1	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	13	0.746	1.0	1.2	0.02	0.02	7.70	8.88	7.70	8.88	7.2	7.2	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	14	1.057	1.0	0.01	0.01	0.01	7.81	8.99	7.81	8.99	7.2	7.2	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	15	0.781	1.0	0.02	0.02	0.02	8.01	8.91	8.01	8.91	7.2	7.2	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	16	0.842	1.0	0.02	0.02	0.02	8.11	8.91	8.11	8.91	6.9	6.9	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	17	0.815	1.0	2.2	0.02	0.02	8.21	8.89	8.21	8.89	6.9	6.9	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	18	0.815	1.0	0.02	0.02	0.02	8.30	9.97	8.30	9.97	6.9	6.9	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	19	0.832	1.0	0.02	0.02	0.02	8.51	9.21	8.51	9.21	6.8	6.8	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	20	0.807	1.0	1.0	0.02	0.02	8.49	10.18	8.49	10.18	7.0	7.0	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	21	0.820	1.0	0.8	0.02	0.02	8.60	9.38	8.60	9.38	7.0	7.0	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	22	0.820	1.0	0.02	0.02	0.02	8.60	9.38	8.60	9.38	7.0	7.0	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	23	0.776	1.0	1.2	0.02	0.02	8.31	9.51	8.31	9.51	6.9	6.9	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	24	0.867	1.0	0.02	0.02	0.02	8.18	9.61	8.18	9.61	7.0	7.0	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	25	0.873	1.0	0.02	0.02	0.02	8.11	9.19	8.11	9.19	7.2	7.2	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	26	0.850	1.0	0.02	0.02	0.02	8.40	9.29	8.40	9.29	6.9	6.9	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	27	0.830	1.0	0.02	0.02	0.02	8.49	9.33	8.49	9.33	7.0	7.0	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	28	0.837	1.0	0.02	0.02	0.02	8.60	10.52	8.60	10.52	7.1	7.1	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	29	0.904	1.0	1.0	0.03	0.03	8.99	10.84	8.99	10.84	7.0	7.0	ND	ND	ND	ND	ND	ND	ND	ND	ND
6	30	0.877	1.0	1.2	0.03	0.03	9.00	10.35	9.00	10.35	7.1	7.1	ND	ND	ND	ND	ND	ND	ND	ND	ND
MONTHLY AVERAGE		0.829	1.3	0.6	0.02	0.03	7.17	9.59	7.17	9.59	7.0	7.0	ND	ND	ND	ND	ND	ND	ND	ND	ND
MONTHLY HIGH		1.057	3.0	2.2	0.03	0.12	8.99	11.99	8.99	11.99	7.3	7.3	ND	ND	ND	ND	ND	ND	ND	ND	ND
MONTHLY LOW		0.746	1.0	0.2	0.01	0.01	6.00	8.40	6.00	8.40	6.8	6.8	ND	ND	ND	ND	ND	ND	ND	ND	ND
TOTAL RECORDINGS		30	30	30	30	30	30	30	30	30	30	30	0	0	0	0	0	0	0	0	0
REQUIREMENT #1	MONTHLY AVG 1.2	(0)	MONTHLY AVG 10.0	MONTHLY AVG 10.0	MONTHLY AVG 0.2	NO CHECK	NO CHECK	NO CHECK	NO CHECK	NO CHECK	MINIMUM 6.5	MINIMUM 6.5	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1
TIMES EXCEEDED	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
REQUIREMENT #2	MONTHLY AVG 1.2	(0)	MONTHLY AVG 10.0	MONTHLY AVG 10.0	MONTHLY AVG 0.2	NO CHECK	NO CHECK	NO CHECK	NO CHECK	NO CHECK	MINIMUM 6.5	MINIMUM 6.5	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1
TIMES EXCEEDED	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
REQUIREMENT #3	MONTHLY AVG 1.2	(0)	MONTHLY AVG 10.0	MONTHLY AVG 10.0	MONTHLY AVG 0.2	NO CHECK	NO CHECK	NO CHECK	NO CHECK	NO CHECK	MINIMUM 6.5	MINIMUM 6.5	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1	MINIMUM 0.1
TIMES EXCEEDED	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)

NO SAMPLE DUE TO AFTER HOURS START-UP  
 IS - NO TEST RAN DUE TO INSUFFICIENT SAMPLE

TYPED NAME OF PRINCIPAL EXECUTIVE OFFICER  
 JAMES PENNEY

SIGNATURE OF AUTHORIZED AGENT

DATE

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YOUR REPORTING PERIOD IS MONTHLY  
AND YOUR REPORTS MUST BE SUBMITTED BY 10 DAYS FOLLOWING THIS  
DATE

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD DISCHARGER SELF MONITORING REPORT  
CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD CENTRAL COAST REGION  
811 HIGHER STREET, SUITE 200  
SAN LUIS OBISPO, CA 94601-5414

CARMEL AREA WASTEWATER DISTRICT WATER POLLUTION CONTROL PLANT  
P.O. BOX 211428  
CARMEL, CA 93927

10/14/14 13 27001001001A N

TRANS CODE	FACILITY ID	3-27010001	MONTHS FOR REPORT	15/06	REPORT PERIOD BEG.	15/06/01	REPORT PERIOD END	10/03/15	STATE CODE	46	NPDES PERMIT NUMBER	C00479
STATION DESCRIPTION	TERTIARY											
CONSTITUENT NAME	TOT DIS SOLIDS											
UNITS	MGL											
SAMPLE TYPE	24 HOUR COMP											
FREQUENCY	QUARTERLY											
MONTH	DAY	1	2	3	6	7	8					
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MONTHLY AVERAGE	268											
MONTHLY HIGH	268											
MONTHLY LOW	268											
TOTAL RECORDINGS	1											
REQUIREMENT #1	MAXIMUM 1200											
REQUIREMENT #2	(0)											
REQUIREMENT #3												
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