

Date: June 1, 2015



California Regional Water Quality Control Board
Central Coast Division
Attn: **Monitoring and Reporting Review Section**
Submit to: centralcoast@waterboards.ca.gov

Dear Mr. Harris,

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 Months*):
Jan Feb March Apr May Jun
Jul Aug Sept Oct Nov Dec

Year: 2015

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

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

CARMEL AREA WASTEWATER DISTRICT
CARMEL AREA WASTEWATER DISTRICT WATER POLLUTION CONTROL PLANT
P.O. BOX 21438
CARMEL, CA 95021

01/20/14 313 27010100101A M

| TRANS CODE | FACILITY ID | 3-270101001 | 15084 | 150401 | 04/29/15 | STATE CODE 46 | INDUS PERMIT NUMBER C-001779 |
|---|--------------|----------------|-------|---|----------|-------------------------------|------------------------------|
| STATION DESCRIPTION | | TERTIARY | | REPORT PERIOD BEG. | | REPORT PERIOD END | |
| CONSTITUENT NAME | | TOT DIS SOLIDS | | 150401 | | 04/29/15 | |
| UNITS | | MG/L | | 150401 | | 04/29/15 | |
| SAMPLE TYPE | | 24 HOUR COMP | | 150401 | | 04/29/15 | |
| FREQUENCY | | QUARTERLY | | 150401 | | 04/29/15 | |
| MONTH | DAY | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | 00 | | | | | | |
| 1 | 00 | | | | | | |
| 1 | 00 | | | | | | |
| 4 | 01 | | | | | | |
| 4 | 02 | | | | | | |
| 4 | 03 | | | | | | |
| 4 | 04 | | | | | | |
| 4 | 05 | | | | | | |
| 4 | 06 | | | | | | |
| 4 | 07 | | | | | | |
| 4 | 08 | | | | | | |
| 4 | 09 | | | | | | |
| 4 | 10 | | | | | | |
| 4 | 11 | | | | | | |
| 4 | 12 | | | | | | |
| 4 | 13 | | | | | | |
| 4 | 14 | | | | | | |
| 4 | 15 | | | | | | |
| 4 | 16 | | | | | | |
| 4 | 17 | | | | | | |
| 4 | 18 | | | | | | |
| 4 | 19 | | | | | | |
| 4 | 20 | | | | | | |
| 4 | 21 | | | | | | |
| 4 | 22 | | | | | | |
| 4 | 23 | | | | | | |
| 4 | 24 | | | | | | |
| 4 | 25 | | | | | | |
| 4 | 26 | | | | | | |
| 4 | 27 | | | | | | |
| 4 | 28 | | | | | | |
| 4 | 29 | | | | | | |
| 4 | 30 | | | | | | |
| 1 | 00 | | | | | | |
| 1 | 00 | | | | | | |
| 1 | 00 | | | | | | |
| MONTHLY AVERAGE | | 256 | | | | | |
| MONTHLY HIGH | | 256 | | | | | |
| MONTHLY LOW | | 256 | | | | | |
| TOTAL RECORDS | | 1 | | | | | |
| REQUIREMENT #1 | MAXIMUM 1500 | | | | | | |
| TIMES EXCEEDED | (0) | | | | | | |
| REQUIREMENT #2 | | | | | | | |
| TIMES EXCEEDED | | | | | | | |
| REQUIREMENT #3 | | | | | | | |
| TIMES EXCEEDED | | | | | | | |
| TYPE NAME OF PRINCIPAL EXECUTIVE OFFICER | | JAMES PENNEY | | DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND ACCURATE, AND THAT THE SAMPLING PROCEDURE AND ANALYSIS USED FOR THE COLLASMS CONSTITUENTS WAS SPECIFIED | | SIGNATURE OF AUTHORIZED AGENT | |
| NS - NO SAMPLE DUE TO AFTER HOURS START / T | | | | | | 6/17/015 | |
| LS - NO TEST IN DUE TO INSUFFICIENT SAMPLE | | | | | | PAGE 1 | |