

Date: May 30, 2014

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



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: 831-624-1248

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

f) Explanation of Cause(s): n/a

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 20  
DAYS FOLLOWING THIS DATE

04/04/14 313 27010100101A M

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

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

TRANS CODE	FACILITY ID	3-270101001	YR/MONTH FOR REPORT	14/04	REPORT PERIOD BEG.	14/04/01	REPORT PERIOD END	04/01/14	STATE CODE	NPDES PERMIT NUMBER	
									06	CA00479	
STATION DESCRIPTION	TERTIARY										
CONSTITUENT NAME	TOT DIS. SOLIDS										
UNITS	MG/L										
SAMPLE TYPE	24 HOUR COMP										
FREQUENCY	QUARTERLY										
MONTH	DAY	1	2	3	6	7	8				
4	1										
4	2										
4	3										
4	4										
4	5										
4	6										
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4	29										
4	30										
5	31										
MONTHLY AVERAGE	795										
MONTHLY HIGH	795										
MONTHLY LOW	795										
TOTAL RECORDINGS	1										
REQUIREMENT #1	MAXIMUM 1200										
REQUIREMENT #2	(0)										
REQUIREMENT #3											
TIMES EXCEEDED											

N/S= NO SAMPLE DUE TO AFTER HOURS START-UP  
I.S.= NO TEST RAN DUE TO INSUFFICIENT SAMPLE

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

TYPED NAME OF PRINCIPAL EXECUTIVE OFFICER  
BUIKEMA, BARBARA

SIGNATURE OF AUTHORIZED AGENT

5/30/2014  
YR/MO/DAY  
PAGE 5