

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

FORM APPROVED

OMB No.2040-0004

DISCHARGE MONITORING REPORT

NAME: Carmel Area Wastewater Treatment Plant
 ADDRESS: 26900 State Route One
 Carmel CA 93923
 FACILITY: CARMEL AREA WWTP
 LOCATION: 26900 State Route One
 Carmel CA 93923
 ATTN: James Pinkevich

CA00447996
 PERMIT NUMBER

001-Q
 DISCHARGE NUMBER

DMR mailing ZIP CODE: 93923
 MAJOR (SUBR 03)
 DISCHARGE 001/QUARTERLY
 External Outfall
 NO DISCHARGE

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 FROM 7/1/2015 TO 9/30/2015

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
DDT/DDD/DDE, sum of p,p' & o,p' isomers 39379 10 Effluent Gross	SAMPLE MEASUREMENT	0	*****	lb/d	*****	0.00094	*****	ug/L	0		
	PERMIT REQUIREMENT	0.00052 30DAY AV	*****	lb/d	*****	0.021 30DAY AV	*****	ug/L		Quarterly	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were 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, 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.					TELEPHONE			DATE		
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA NUMBER	MM/DD/YYYY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) _____

00004/031016-1522