

Date: September 30, 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

09/31/14 318 27010100101A M

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD DISCHARGER SELF-MONITORING REPORT
CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
81 HIGHWAY STREET, SUITE 200
SAN LUIS OBISPO, CA 95401-5414

CARBEL AREA WASTEWATER DISTRICT
CARBEL AREA WASTEWATER DISTRICT POLLUTION CONTROL PLANT
P.O. BOX 2149
CARBEL, CA 95922

TRANS CODE	FACILITY ID	YR/MONTH FOR REPORT	REPORT PERIOD BEG.		REPORT PERIOD END		STATE CODE	WATER POINT NUMBER	
			15/08	15/08/01	15/08/01	15/08/01			
STATION DESCRIPTION	CONSTITUENT NAME	UNITS	TERTIARY DAILY FLOW MGD	TERTIARY TYP RESIDUE MGD	TERTIARY TURBIDITY NTU	TERTIARY CL2 RESIDUAL MGD	TERTIARY PH UNITS	TERTIARY TOT COLIFORMS MPN/100 ML	TERTIARY SETT SOLIDS M/L
SAMPLE TYPE	METHOD	FREQUENCY	24 HOUR COMP. DAILY	24 HOUR COMP. DAILY	CONTINUOUS	CONTINUOUS	GRAV DAILY	GRAB DAILY	GRAB DAILY
MONTH	DAY		1	2	3	4	5	6	7
8	01	1150	1.0	1.0	6	0.06	0.06	4.15	7.70
8	02	1197	1.0	1.0	10	0.05	0.06	6.80	7.96
8	03	1134	1.0	1.0	8	0.05	0.06	5.33	7.79
8	04	1081	1.0	1.0	14	0.05	0.05	6.18	7.90
8	05	1160	1.0	1.0	6	0.05	0.06	7.19	8.60
8	06	1166	1.0	1.0	4	0.05	0.06	7.44	8.11
8	07	1158	1.0	1.0	4	0.05	0.05	6.80	8.49
8	08	1167	1.0	1.0	2	0.05	0.06	6.90	7.80
8	09	1163	1.0	1.0	6	0.06	0.06	7.18	8.83
8	10	1165	1.0	1.0	5	0.06	0.06	5.40	8.30
8	11	1278	1.0	1.0	5	0.06	0.06	7.20	11.11
8	12	1212	1.0	1.0	10	0.06	0.06	7.30	8.38
8	13	1210	2.0	2.0	10	0.06	0.06	8.18	9.27
8	14	1289	2.0	2.0	2	0.06	0.07	8.48	10.65
8	15	1216	2.0	2.0	2	0.06	0.06	7.68	9.84
8	16	1239	1.0	1.0	2	0.07	0.07	6.60	9.58
8	17	1279	1.0	1.0	2	0.07	0.07	6.40	9.58
8	18	1446	1.0	1.0	10	0.07	0.14	8.31	8.51
8	19	1471	1.0	1.0	12	0.07	0.07	7.40	8.20
8	20	1417	1.0	1.0	10	0.07	0.07	6.89	8.19
8	21	1067	1.0	1.0	2	0.07	0.07	7.20	7.70
8	22	1184	1.0	1.0	10	0.07	0.07	8.29	7.61
8	23	1230	1.0	1.0	6	0.07	0.07	7.30	8.49
8	24	0926	1.0	1.0	2	0.07	0.07	7.20	9.07
8	25	0864	1.0	1.0	2	0.04	1.00	7.20	9.07
8	26	0856	1.0	1.0	2	0.01	0.03	5.45	9.37
8	27	0815	1.0	1.0	2	0.01	0.03	7.50	9.46
8	28	1097	1.0	1.0	8	0.01	0.02	3.27	9.42
8	29	1088	1.0	1.0	4	0.01	0.01	7.00	8.29
8	30	1089	1.0	1.0	2	0.01	0.01	6.99	7.89
8	31	1098	1.0	1.0	4	0.01	0.02	6.50	7.36
MONTHLY AVERAGE		1138	1.4	1.4	0.5	0.06	0.09	6.45	8.51
MONTHLY HIGH		1467	3.0	3.0	1.4	0.07	1.00	8.48	11.11
MONTHLY LOW		0815	1.0	1.0	0.2	0.01	0.01	4.15	7.01
TOTAL RECORDINGS		31	31	31	31	31	31	31	31
REQUIREMENT #1	MONTHLY AVG. 18	(0)	MAXIMUM 25.0	(0)	MONTHLY AVG. 10.0	(0)	MAXIMUM 0.5	(0)	NO CHECK
REQUIREMENT #2	MONTHLY HIGH	(0)	MAXIMUM 25.0	(0)	MONTHLY HIGH	(0)	MAXIMUM 1.0	(0)	MINIMUM 4.5
REQUIREMENT #3	MONTHLY LOW	(0)	MAXIMUM 25.0	(0)	MONTHLY LOW	(0)	MAXIMUM 0.5	(0)	MAXIMUM 8.4
REQUIREMENT #4	MONTHLY AVERAGE	(0)	MAXIMUM 25.0	(0)	MONTHLY AVERAGE	(0)	MAXIMUM 0.2	(0)	MINIMUM 7.2
REQUIREMENT #5	MONTHLY HIGH	(0)	MAXIMUM 25.0	(0)	MONTHLY HIGH	(0)	MAXIMUM 1.0	(0)	MAXIMUM 11.11
REQUIREMENT #6	MONTHLY LOW	(0)	MAXIMUM 25.0	(0)	MONTHLY LOW	(0)	MAXIMUM 0.5	(0)	MAXIMUM 7.01
REQUIREMENT #7	MONTHLY AVERAGE	(0)	MAXIMUM 25.0	(0)	MONTHLY AVERAGE	(0)	MAXIMUM 0.2	(0)	MINIMUM 7.2
REQUIREMENT #8	MONTHLY HIGH	(0)	MAXIMUM 25.0	(0)	MONTHLY HIGH	(0)	MAXIMUM 1.0	(0)	MAXIMUM 11.11
REQUIREMENT #9	MONTHLY LOW	(0)	MAXIMUM 25.0	(0)	MONTHLY LOW	(0)	MAXIMUM 0.5	(0)	MAXIMUM 7.01
REQUIREMENT #10	MONTHLY AVERAGE	(0)	MAXIMUM 25.0	(0)	MONTHLY AVERAGE	(0)	MAXIMUM 0.2	(0)	MINIMUM 7.2
REQUIREMENT #11	MONTHLY HIGH	(0)	MAXIMUM 25.0	(0)	MONTHLY HIGH	(0)	MAXIMUM 1.0	(0)	MAXIMUM 11.11
REQUIREMENT #12	MONTHLY LOW	(0)	MAXIMUM 25.0	(0)	MONTHLY LOW	(0)	MAXIMUM 0.5	(0)	MAXIMUM 7.01

NS - NO SAMPLE DUE TO AFTER HOURS SAMPLE
LS - NO TESTABLE DUE TO INSUFFICIENT SAMPLE

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

SIGNATURE OF AUTHORIZED AGENT

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