

Date: March 18, 2015



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

Dear Mr. Briggs:

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

*Annual Reports (circle the first month of the reporting period)

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 20 DAYS FOLLOWING THIS DATE.

09/01/14 311 2701010001A 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 95061-5414


CARMEL AREA WASTEWATER DISTRICT WATER POLLUTION CONTROL PLANT
P.O. BOX 21428
CARMEL, CA 93922

TRANS CODE	FACILITY ID	3-270101001	1502	1502/01	1502/28	STATE CODE: 06	NPDES PERMIT NUMBER: CA00479		
STATION DESCRIPTION	TERTIARY DAILY FLOW MGD	TERTIARY CROD 5-DAY MGD	TERTIARY T-N RESIDUE MGL	TERTIARY TURBIDITY NTC	TERTIARY CHL RESIDUAL MGL	TERTIARY PH UNITS	TERTIARY TOT. COLIFORMS MPN/100 ML	TERTIARY SETT SOLIDS M/L	
CONSTITUENT NAME	METERED	24 HOUR COMP. DAILY	24 HOUR COMP. DAILY	METERED CONTINUOUS	METERED CONTINUOUS	GRAB DAILY	GRAB DAILY	GRAB DAILY	
SAMPLE TYPE	DAILY	DAILY	DAILY	CONTINUOUS	CONTINUOUS	DAILY	DAILY	DAILY	
FREQUENCY	DAILY	DAILY	DAILY	CONTINUOUS	CONTINUOUS	DAILY	DAILY	DAILY	
MONTH	DAY	2	3	MEAN	MAX	6	7	8	
2	01	1.00	2	0.02	0.02	7.47	9.89	7.1	ND
2	02	0.906	3	0.02	0.02	5.33	8.45	7.0	ND
2	03	0.870	2	0.02	0.01	7.46	10.50	7.2	ND
2	04	0.838	1.4	0.02	0.02	7.51	8.33	7.2	ND
2	05	0.731	1.2	0.02	0.02	7.11	8.22	7.3	ND
2	06	0.883	1.0	0.02	0.02	5.97	8.31	7.1	ND
2	07	0.828	1.2	0.02	0.02	5.24	8.20	7.2	ND
2	08	0.996	1.0	0.02	0.02	7.16	8.69	7.4	ND
2	09	1.088	1.0	0.02	0.02	6.63	8.20	7.2	ND
2	10	1.087	1.6	0.02	0.02	7.59	10.33	6.8	ND
2	11	1.038	2	0.02	0.02	7.74	8.43	6.8	ND
2	12	0.948	2	0.02	0.02	7.11	8.41	7.6	ND
2	13	1.034	1.0	0.02	0.02	6.85	8.03	7.3	ND
2	14	1.088	2	0.02	0.02	7.58	8.21	7.2	ND
2	15	1.089	3.0	0.02	0.02	7.40	10.11	7.3	ND
2	16	1.062	1.8	0.02	0.02	7.41	9.09	7.4	ND
2	17	1.181	1.0	0.02	0.02	7.02	9.11	7.3	ND
2	18	1.473	3.0	0.02	0.03	7.11	7.92	7.3	ND
2	19	1.345	4.0	0.02	0.04	6.81	7.21	7.2	ND
2	20	1.078	1.4	0.02	0.02	6.92	7.62	7.1	ND
2	21	1.287	3.0	0.02	0.02	7.11	7.42	7.4	ND
2	22	1.216	3.0	0.02	0.02	6.92	7.62	7.3	ND
2	23	1.167	3.0	0.02	0.02	7.11	7.42	7.2	ND
2	24	1.051	3.0	0.02	0.02	6.92	8.19	7.0	ND
2	25	1.064	2.0	0.02	0.02	6.72	7.53	7.0	ND
2	26	1.080	3.0	0.02	0.02	6.61	7.03	7.0	ND
2	27	1.010	3.0	0.02	0.02	6.61	7.22	7.2	ND
2	28	1.301	2.0	0.02	0.02	6.62	7.62	7.1	ND
MONTHLY AVERAGE		1.066	0.8	0.02	0.02	6.92	8.42	7.2	#DIV/0!
MONTHLY HIGH		1.473	1.8	0.02	0.02	7.74	10.50	7.4	0.00
MONTHLY LOW		0.731	0.2	0.02	0.02	5.24	7.03	6.8	0.00
TOTAL RECORDINGS		28	28	28	28	28	28	28	0

REQUIREMENT #1	REQUIREMENT #2	REQUIREMENT #3	REQUIREMENT #4	REQUIREMENT #5
TIMES EXCEEDED	TIMES EXCEEDED	TIMES EXCEEDED	TIMES EXCEEDED	TIMES EXCEEDED
MONTHLY AVG. 1.8 (0)	MONTHLY AVG. 10.0 (0)	MONTHLY AVG. 0.2 (0)	MONTHLY AVG. 6.8 (0)	7 SAMPLE MED-2.2 #AVERAGE (0)
MAXIMUM 25.0 (0)	MAXIMUM 25.0 (0)	MAXIMUM 0.5 (0)	MAXIMUM 8.4 (0)	MAXIMUM 21.0 (0)
NO TEST RAN DUE TO INSUFFICIENT SAMPLE	NO TEST RAN DUE TO INSUFFICIENT SAMPLE	NO TEST RAN DUE TO INSUFFICIENT SAMPLE	NO TEST RAN DUE TO INSUFFICIENT SAMPLE	NO TEST RAN 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 FOREGOING CONSTITUENTS WAS SPECIFIED

TYPED NAME OF PRINCIPAL EXECUTIVE OFFICER: PINKNEY, JAMES

SIGNATURE OF AUTHORIZED AGENT: 

DATE: 09/01/14

PAGE 1