

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

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT

FORM APPROVED
OMB No.2040-0004

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

INF-A
DISCHARGE NUMBER

DMR mailing ZIP CODE: 93923
MAJOR (SUBR 03)
INFLUENT/MONTHLY
Influent Structure
NO DISCHARGE

MONITORING PERIOD
FROM 9/1/2015 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 | | | |
| BOD, 5-day, 20 deg. C 00310 G 0 Raw Sewage Influent | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 339 | 539 | mg/L | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Once Every 13 Days | COMP24 |
| Solids, total suspended 00530 G 0 Raw Sewage Influent | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 256 | 428 | mg/L | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Once Every 13 Days | COMP24 |
| Flow, in conduit or thru treatment plant 50050 G 0 Raw Sewage Influent | SAMPLE MEASUREMENT | 1.16 | 1.307 | Mgal/d | ***** | ***** | ***** | | 0 | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | | | Daily | METER |
| | 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 CODE | NUMBER | MM/DD/YYYY |

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

00004/031016-1522

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CA00447996
PERMIT NUMBER

001-A
DISCHARGE NUMBER

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

MONITORING PERIOD
FROM 9/1/2015 TO 9/30/2015

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|------------------------------------|--------------------|---------------------|---------------|-------|--------------------------|-----------------|--------------------|-------|--------|-----------------------|-------------|
| | | Value | Value | UNITS | Value | Value | Value | UNITS | | | |
| Temperature, water deg. fahrenheit | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 73.3 | deg F | 0 | Every Week | |
| 00011 10 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | deg F | | Every Week | GRAB |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | 11.2 | 11.2 | 11.2 | NTU | 0 | | |
| 00070 10 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 75 MO AVG | 100 HI WK AV | 225 DAILY MX | NTU | | Once Every 13 Days | GRAB |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | ***** | ***** | lb/d | ***** | ***** | NODI(9) | mg/L | 0 | | |
| 00310 10 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 1130 HI WK AV | lb/d | 30 MO AVG | 45 HI WK AV | 90 DAILY MX | mg/L | | Once Every 13 Days | COMP24 |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.6 | ***** | 6.6 | SU | 0 | | |
| 00400 10 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6 MINIMUM | ***** | 9 MAXIMUM | SU | | Every Week | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 25 | 25 | lb/d | 28 | 28 | 28 | mg/L | 0 | | |
| 00530 10 Effluent Gross | PERMIT REQUIREMENT | 750 MO AVG | 1130 HI WK AV | lb/d | 30 MO AVG | 45 HI WK AV | 90 DAILY MX | mg/L | | Every Week | COMP24 |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | 0.9 | 0.9 | 0.9 | mL/L | 0 | | |
| 00545 10 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 1 MO AVG | 1.5 HI WK AV | 3 DAILY MX | mL/L | | Once Every 13 Days | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | ***** | 0.01 | lb/d | ***** | 6.5 | 6.5 | ug/L | 0 | | |
| 00610 10 Effluent Gross | PERMIT REQUIREMENT | 1800 6 MO MED | 7300 DAILY MX | lb/d | 73000 6 MO MED | 290000 DAILY MX | 730000 INST MAX | ug/L | | Monthly | GRAB |

| | | | |
|--|---|--|-----------------------------|
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ATTN: James Pinkevich

CA00447996
PERMIT NUMBER

001-A
DISCHARGE NUMBER

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

MONITORING PERIOD
FROM 9/1/2015 TO 9/30/2015

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|--|--------------------|---------------------|--------------------|--------|--------------------------|--------------|--------------------|-----------|--------|-----------------------|-------------|
| | | Value | Value | UNITS | Value | Value | Value | UNITS | | | |
| Nitrogen, nitrate total (as N) 00620 10 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 26 | mg/L | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Monthly | GRAB |
| Silica, total (as SiO2) 00956 10 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 28 | mg/L | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Monthly | GRAB |
| Oil and grease 03582 10 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | lb/d | ***** | ***** | NODI(9) | mg/L | 0 | | |
| | PERMIT REQUIREMENT | 630 MO AVG | 1000 HI WK AV | lb/d | 25 MO AVG | 40 HI WK AV | 75 DAILY MX | mg/L | | Once Every 13 Days | GRAB |
| Flow, in conduit or thru treatment plant 50050 10 Effluent Gross | SAMPLE MEASUREMENT | 0.004 | 0.106 | Mgal/d | ***** | ***** | ***** | | 0 | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | | | Daily | METER |
| Chlorine, total residual 50060 10 Effluent Gross | SAMPLE MEASUREMENT | NODI(B) | 0.0 | lb/d | NODI(B) | 6.8 | 6.8 | ug/L | 0 | | |
| | PERMIT REQUIREMENT | 6.1 6 MO MED | 24 DAILY MX | lb/d | 240 6 MO MED | 980 DAILY MX | 7320 INST MAX | ug/L | | Daily | CONTIN |
| Enterococci 61211 10 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2 | 5.2 | MPN/100ml | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 4300 MO AVG | 13000 INST MAX | MPN/100ml | | Every Week | GRAB |
| Urea 71800 10 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI(B) | mg/L | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Monthly | GRAB |

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LOCATION: 26900 State Route One

Carmel CA 93923

ATTN: James Pinkevich

CA00447996
PERMIT NUMBER

001-A
DISCHARGE NUMBER

MAJOR

(SUBR 03)

DISCHARGE 001/MONTHLY

External Outfall

NO DISCHARGE

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

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|--------------|----------------|-----------|--------|-----------------------|-------------|
| | | Value | Value | UNITS | Value | Value | Value | UNITS | | | |
| Coliform, fecal general 74055 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1 | 7.5 | MPN/100ml | 0 | Every Week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 24000 MO AVG | 49000 INST MAX | MPN/100ml | | | |
| Coliform, total general 74056 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1 | 7.5 | MPN/100ml | 0 | Every Week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 230 MO AVG | 10000 INST MAX | MPN/100ml | | | |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 85 | ***** | % | 0 | Monthly | CALCTD |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 85 MO AV MN | ***** | % | | | |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 89 | ***** | % | 0 | Monthly | CALCTD |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 85 MO AV MN | ***** | % | | | |
| | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | |
| | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | |
| | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | |

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