### PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IS DIFFERENT)

# NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT

FORM APPROVED OMB No.2040-0004

ACILITI	MANIE/LOC	ATION	II. DILT	EKENI)	

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

	MONITO	RING PE	RIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	7/1/2015	TO	7/31/2015

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

PARAMETER		C	QUANTITY OR LOADI	NG		QUALITY OR CONCEN	TRATION	NO. EX		FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS	1		
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	425	497	mg/L	0		
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Every 13 Days	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	494	744	mg/L	0	•	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Every 13 Days	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.22	1.337	Mgal/d	*****	*****	*****		0		
50050 G 0 Raw Sewage Influent	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 OFF	ICER	prepared under my dir to assure that qualified submitted. Based on m or those persons direct	of law that this docume ection or supervision in I personnel properly gath ny inquiry of the person of the responsible for gather st of my knowledge and	accordance with a syste ner and evaluate the info or persons who manage ring the information, the	m designed rmation the system, information			TELEPHONE		DAT	ÏΕ
TYPED OR PRINTED			are significant penalties to ty of fine and imprisonm			SIGNATURE OF PRIN		AREA CODE	NUMBER	<u> </u>	MM/DD/YYYY

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

# NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT

FORM APPROVED OMB No.2040-0004

ACILII I	NAME/LOCATI	ON IT DIFFEREN	N1)	

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-A
DISCHARGE NUMBER

	MONITORING PERIOD										
	MM/DD/YYYY MM/DD/YYYY										
FROM	7/1/2015	TO	7/31/2015								

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

PARAMETER		Q	UANTITY OR LOADI	NG		QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS	EX		
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	76.9	deg F	0		
00011 10	PERMIT						Req. Mon.			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	INST MAX	deg F		Week	GRAB
Turbidity	SAMPLE										
•	MEASUREMENT	*****	*****	*****	1.36	2.42	3.1	NTU	0		
00070 1 0	PERMIT				75	100	225			Once Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	MO AVG	HI WK AV	DAILY MX	NTU		13 Days	GRAB
BOD, 5-day, 20 deg. C	SAMPLE										
	MEASUREMENT	13	18	lb/d	6	8	8	mg/L	0		
00310 1 0	PERMIT	750	1130		30	45	90			Once Every	
Effluent Gross	REQUIREMENT	MO AVG	HI WK AV	lb/d	MO AVG	HI WK AV	DAILY MX	mg/L		13 Days	COMP24
рН	SAMPLE			*******							
F	MEASUREMENT	*****	*****	*****	6.9	*****	7.5	SU	0		
00400 1 0	PERMIT				6		9			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		Week	GRAB
Solids, total suspended	SAMPLE										
_	MEASUREMENT	22	30	lb/d	10	13	19.6	mg/L	0		
00530 1 0	PERMIT	750	1130		30	45	90			Every	
Effluent Gross	REQUIREMENT	MO AVG	HI WK AV	lb/d	MO AVG	HI WK AV	DAILY MX	mg/L		Week	COMP24
Solids, settleable	SAMPLE	*****	*****	*****	0.1	0.12	0.2	7	0		
00545 10	MEASUREMENT				0.1	1.5	0.2	mL/L			
	PERMIT	****	*****	*****	-		1	T /T		Once Every	CDAD
Effluent Gross	REQUIREMENT	*****	*****	*****	MO AVG	HI WK AV	DAILY MX	mL/L		13 Days	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.04	0.04	lb/d	19.6	17.6	17.6	ug/L	0		
00610 1 0	PERMIT	1800	7300	16/ 4	73000	290000	730000	ug/L			
Effluent Gross	REQUIREMENT	6 MO MED	DAILY MX	lb/d	6 MO MED	DAILY MX	INST MAX	ug/L		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE O	- Procession Contraction Contr			111111		DAILT WA	I INDI MIAX	TELEPHONE	7	DA	
MAINE TITLE FRINCII AL EAECUTIVE 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						TEEETHONE			
			-	her and evaluate the info	-						
		_		or persons who manage							
		or those persons direct	tly responsible for gathe	ring the information, the	information						
		· ·		belief, true, accurate, an	•			1			
				for submitting false info							
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TYPED OR PRINTED						OFFICER OR AUTI	HORIZED AGENT	CODE			

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

ADDRESS: 26900 State Route One

#### NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

#### DISCHARGE MONITORING REPORT

CA00447996 PERMIT NUMBER

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

FORM APPROVED

OMB No.2040-0004

Carmel CA 93923 FACILITY: CARMEL AREA WWTP LOCATION: 26900 State Route One

Carmel Area Wastewater Treatment Plant

Carmel CA 93923

ATTN: James Pinkevich

NAME:

MONITORING PERIOD										
	MM/DD/YYYY MM/DD/YYYY									
FROM	7/1/2015	TO	7/31/2015							

PARAMETER		Q	UANTITY OR LOADI	NG		QUALITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS	221	01 111 11111111111111111111111111111111	
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	77.7	mg/L	0		
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Silica, total (as SiO2)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84	mg/L	0		
00956 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	NODI(B)	NODI(B)	lb/d	NODI(B)	NODI(B)	NODI(B)	mg/L	0		
03582 1 0 Effluent Gross	PERMIT  REQUIREMENT	630 MO AVG	1000 HI WK AV	lb/d	25 MO AVG	40 HI WK AV	75 DAILY MX		U	Once Every 13 Days	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.274	0.328	Mgal/d	****	*****	****	mg 2	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Daily	METER
Chlorine, total residual	SAMPLE MEASUREMENT	NODI(B)	0.01	lb/d	NODI(B)	6.6	6.6	ug/L	0	*	
50060 1 0 Effluent Gross	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	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	3.1	MPN/100mI	0		
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	4300 MO AVG	13000 INST MAX			Every Week	GRAB
Urea	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	105	mg/L	0		
71800 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER	1		ent and all attachments w				TELEPHONE		DAT	E
		to assure that qualified submitted. Based on m or those persons direct	personnel properly gath y inquiry of the person ly responsible for gathe	accordance with a syste her and evaluate the info or persons who manage ring the information, the belief, true, accurate, an	ormation the system, information						
TYPED OR PRINTED				for submitting false info nent for knowing violation		SIGNATURE OF PRIN		AREA CODE	NUMBER	R 1	MM/DD/YYYY
TYPED OR PRINTED  COMMENT AND EXPLANATION OF ANY V	IOLATIONS (	Reference all attac	hments here)		00004/03	OFFICER OR AUTI 1016-1522	HORIZED AGENT	PAGE	2	2 OF	

#### FACILITY NAME/LOCATION IF DIFFERENT)

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

#### DISCHARGE MONITORING REPORT

CA00447996 PERMIT NUMBER

001-A DISCHARGE NUMBER

	MONITORING PERIOD										
	MM/DD/YYYY MM/DD/YYYY										
FROM	7/1/2015	TO	7/31/2015								

OMB No.2040-0004 DMR mailing ZIP CODE: 93923 **MAJOR** (SUBR 03) DISCHARGE 001/MONTHLY External Outfall

NO DISCHARGE

PARAMETER		(	QUANTITY OR LOAD	DING		QUALITY OR CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	4.1	MPN/100mI	0		
74055 1 0	PERMIT					24000	49000			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	MO AVG	INST MAX	MPN/100mI		Week	GRAB
Coliform, total general	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	4.1	MPN/100mI	0		
74056 1 0	PERMIT					230	10000			Every	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	MO AVG	INST MAX	MPN/100mI		Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	99	****	****	%	0		
81010 K 0					85			70	U		
Percent Removal	PERMIT	*****	*****	*****	MO AV MN	*****	*****	%		Monthly	CALCTD
	REQUIREMENT SAMPLE			******	MO AV MIN		******	70		Monthly	CALCID
Solids, suspended percent removal	MEASUREMENT	*****	*****	*****	98	*****	*****	%	0		
81011 K 0	PERMIT				85			,,	Ŭ		
Percent Removal	REQUIREMENT	*****	*****	*****	MO AV MN	*****	*****	%		Monthly	CALCTD
	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	*****	, ,		2	
	PERMIT REQUIREMENT	*****	*****	*****	*****	****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	****	****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE O		I Certify under penalt	y of law that this docun	nent and all attachments v	/ere			TELEPHONE		DA	<u>I</u> ΓΕ
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				n or persons who manage	•						
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				d belief, true, accurate, an	•			4			
				s for submitting false info iment for knowing violation		SIGNATURE OF BRI	NCIPAL EXECUTIVE	AREA	NUMBER		MM/DD/YYYY
TYPED OR PRINTED		mending the possibil	ity of time and imprison	mient for knowing violation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		THORIZED AGENT	CODE	HOMBER		VIIVI/DD/1111

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