

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 10/1/2014 TO 12/31/2014

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	*****	0.00173	*****	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	*****	*****	*****	*****	*****	*****				
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