

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

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 93401-5414

CARMEL AREA WASTEWATER DISTRICT
 CARMEL AREA WASTEWATER DISTRICT
 WATER POLLUTION CONTROL PLANT
 P.O. BOX 221428
 CARMEL, CA 93922


YOUR REPORTING PERIOD IS MONTHLY
 AND YOUR REPORTS MUST BE SUBMITTED BY 20
 DAYS FOLLOWING THIS DATE

12 1214 313 27010100101A M

TRANS CODE	FACILITY ID	YR/MONTH FOR REPORT	14/12		14/12/01		14/12/31		STATE NPDES PERMIT NUMBER-CA00479										
			TERTIARY DAILY FLOW MGD METERED	TERTIARY CBOD 5-DAY MG/L 24 HOUR COMP. DAILY	TERTIARY T NF RESIDUE MG/L 24 HOUR COMP. DAILY	TERTIARY TURBIDITY NTU METERED CONTINUOUS	TERTIARY CL2 RESIDUAL MG/L METERED CONTINUOUS	TERTIARY PH UNITS GRAB DAILY		TERTIARY TOT. COLIFORMS MPN / 100 ML GRAB DAILY	TERTIARY SETT SOLIDS ML/L GRAB DAILY								
STATION DESCRIPTION	CONSTITUENT NAME	UNITS	SAMPLE TYPE	FREQUENCY	MONTH	DAY	1	2	3	MEAN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX
12	1	1.0	0.899	1.0	4	0.03	0.03	0.03	8.81	7.1	7	8	ND	ND	ND	ND	ND	ND	ND
12	2	1.0	0.853	1.0	2	0.03	0.03	0.03	9.99	7.0	7	8	ND	ND	ND	ND	ND	ND	ND
12	3	1.0	0.939	1.0	2	0.03	0.03	0.03	5.25	7.1	7	8	ND	ND	ND	ND	ND	ND	ND
12	4	1.0	1.013	1.0	2	0.03	0.03	0.03	5.05	7.2	7	8	ND	ND	ND	ND	ND	ND	ND
12	5	1.0	1.099	1.0	2	0.03	0.03	0.03	6.65	7.3	7	8	ND	ND	ND	ND	ND	ND	ND
12	6	1.0	0.985	1.0	1.2	0.03	0.03	0.03	6.90	7.0	7	8	ND	ND	ND	ND	ND	ND	ND
12	7	1.0	1.018	1.0	1.2	0.03	0.03	0.03	7.21	7.1	7	8	ND	ND	ND	ND	ND	ND	ND
12	8	1.0	1.054	1.0	1.2	0.03	0.03	0.03	11.60	7.1	7	8	ND	ND	ND	ND	ND	ND	ND
12	9	1.0	0.860	1.0	2	0.02	0.02	0.02	10.25	7.1	7	8	ND	ND	ND	ND	ND	ND	ND
12	10	2.0	0.879	2.0	2	0.02	0.02	0.02	7.60	6.8	7	8	ND	ND	ND	ND	ND	ND	ND
12	11	2.0	0.238	2.0	2	0.02	0.02	0.02	13.49	7.3	7	8	ND	ND	ND	ND	ND	ND	ND
12	12	1.0	0.561	1.0	4	0.02	0.02	0.02	7.70	7.4	7	8	ND	ND	ND	ND	ND	ND	ND
12	13	1.0	1.029	1.0	2	0.02	0.02	0.02	13.02	7.3	7	8	ND	ND	ND	ND	ND	ND	ND
12	14	1.0	1.015	1.0	2	0.02	0.02	0.02	18.91	7.4	7	8	ND	ND	ND	ND	ND	ND	ND
12	15	1.0	0.986	1.0	2	0.02	0.02	0.02	5.52	6.9	7	8	ND	ND	ND	ND	ND	ND	ND
12	16	1.0	0.819	1.0	6	0.02	0.02	0.02	7.22	6.9	7	8	ND	ND	ND	ND	ND	ND	ND
12	17	1.0	1.001	1.0	4	0.02	0.02	0.02	8.30	6.9	7	8	ND	ND	ND	ND	ND	ND	ND
12	18	1.0	0.973	1.0	2	0.02	0.02	0.02	9.20	6.9	7	8	ND	ND	ND	ND	ND	ND	ND
12	19	2.0	0.992	2.0	4	0.02	0.02	0.02	7.10	7.2	7	8	ND	ND	ND	ND	ND	ND	ND
12	20	1.0	0.990	1.0	4	0.02	0.02	0.02	10.16	7.0	7	8	ND	ND	ND	ND	ND	ND	ND
12	21	1.0	0.992	1.0	2	0.02	0.02	0.02	8.50	6.6	7	8	ND	ND	ND	ND	ND	ND	ND
12	22	1.0	0.921	1.0	2	0.02	0.02	0.02	9.67	7.0	7	8	ND	ND	ND	ND	ND	ND	ND
12	23	1.0	0.983	1.0	1.0	0.02	0.02	0.02	6.40	6.8	7	8	ND	ND	ND	ND	ND	ND	ND
12	24	1.0	0.976	1.0	1.4	0.02	0.02	0.02	7.50	7.5	7	8	ND	ND	ND	ND	ND	ND	ND
12	25	1.0	0.996	1.0	2	0.02	0.02	0.02	6.31	7.2	7	8	ND	ND	ND	ND	ND	ND	ND
12	26	1.0	0.979	1.0	2	0.02	0.02	0.02	4.47	7.0	7	8	ND	ND	ND	ND	ND	ND	ND
12	27	1.0	0.989	1.0	2	0.02	0.02	0.02	8.31	7.2	7	8	ND	ND	ND	ND	ND	ND	ND
12	28	1.0	0.985	1.0	2	0.02	0.02	0.02	7.41	7.2	7	8	ND	ND	ND	ND	ND	ND	ND
12	29	2.0	0.946	2.0	2	0.02	0.02	0.02	6.68	6.8	7	8	ND	ND	ND	ND	ND	ND	ND
12	30	2.0	0.918	2.0	2	0.02	0.02	0.02	8.51	7.3	7	8	ND	ND	ND	ND	ND	ND	ND
12	31	1.0	1.023	1.0	2	0.02	0.02	0.02	9.48	7.2	7	8	ND	ND	ND	ND	ND	ND	ND
MONTHLY AVERAGE		1.2	0.930	1.2	0.5	0.02	0.03	0.03	10.06	7.1	7	8	ND	ND	ND	ND	ND	ND	ND
MONTHLY HIGH		2.0	1.099	2.0	1.4	0.03	0.04	0.04	18.91	7.5	7	8	ND	ND	ND	ND	ND	ND	ND
MONTHLY LOW		1.0	0.238	1.0	0.2	0.02	0.02	0.02	4.19	6.6	7	8	ND	ND	ND	ND	ND	ND	ND
TOTAL RECORDINGS		31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31
REQUIREMENT #1 TIMES EXCEEDED		MONTHLY AVG 10.0	MONTHLY AVG 10.0	MONTHLY AVG 10.0	MONTHLY AVG 0.2	NO CHECK	NO CHECK	NO CHECK	7 SAMPLE MED--2.2	MINIMUM 6.5	MAXIMUM 23.0	MAXIMUM 0.1	MAXIMUM 0.1	MAXIMUM 0.1	MAXIMUM 0.1	MAXIMUM 0.1	MAXIMUM 0.1	MAXIMUM 0.1	MAXIMUM 0.1
REQUIREMENT #2 TIMES EXCEEDED		MAXIMUM 25.0	MAXIMUM 25.0	MAXIMUM 25.0	MAXIMUM 0.5	MAXIMUM 0.5	MAXIMUM 0.5	MAXIMUM 0.5	MAXIMUM 8.4	MAXIMUM 8.4	MAXIMUM 23.0	MAXIMUM 23.0	MAXIMUM 23.0	MAXIMUM 23.0	MAXIMUM 23.0	MAXIMUM 23.0	MAXIMUM 23.0	MAXIMUM 23.0	MAXIMUM 23.0
REQUIREMENT #3 TIMES EXCEEDED		MONTHLY AVG 1.8	MONTHLY AVG 1.8	MONTHLY AVG 1.8	MONTHLY AVG 0.2	MONTHLY AVG 0.2	MONTHLY AVG 0.2	MONTHLY AVG 0.2	MINIMUM 6.5	MAXIMUM 8.4	MAXIMUM 23.0	MAXIMUM 23.0	MAXIMUM 23.0	MAXIMUM 23.0	MAXIMUM 23.0	MAXIMUM 23.0	MAXIMUM 23.0	MAXIMUM 23.0	MAXIMUM 23.0

I 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

TYPED NAME OF PRINCIPAL EXECUTIVE OFFICER
 BUIKEMA, BARBARA

SIGNATURE OF AUTHORIZED AGENT

 02/02/15
 YR/MO/DAY
 PAGE 6