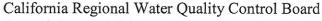
Date: March 5, 2015



Central Coast Division

Attn: Monitoring and Reporting Review Section

Submit to: centralcoast@waterboards.ca.gov

Dear Mr. Harris,

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

Oct

Month(s) (circle applicable

Jan Feb March Apr May Jun

Sept

Months*):

7-

Aug

Nov Dec

Year:

2015

Jul

Violation(s):x_ If Yes is marked (complete a-g):	No (there are no violations to report)	Yes
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): (reference page of report/data sheet)	n/a	
f) Explanation of Cause(s): (attach additional information as needed)	n/a	
g) Corrective Action(s): (attach additional information as needed)	n/a	

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

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CALIFORNIA STATE WATER I

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SAN LUIS OBISPO, CA 93401-5414	81 HIGUERA STREET, SUITE 200	CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD	
		CENTRAL COAST REGION	
		B-SX	

P.O. BOX 221428 CARMEL, CA 93922	CARMEL AREA WASTEWATER DISTRICT WATER POLLUTION CONTROL PLANT	CARMEL AREA WASTEWATER DISTRICT
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Y PAGK 6			PECIFIED	CONSTITUENTS WAS S	THE COLUM	SAMPLING PROCEDURE AND ANALYSIS USED FOR THE COLUMN CONSTITUENTS WAS SPECIFIED	SAMPLING PROCEDUR			13, THE REST BASE DUE TO ESCAPECHAT SAMPLE
3/5/2015 Yranoma	SIGNATURE OF AUTHORIZED AGENT	SIGNATURE OF A	THT TAIL	AND ACCURATE, AND T	ING IS TRUE	RJURY THAT THE FOREGO	I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND ACCURATE, AND THAT THE	I YFED NAME OF FRINCIPAL EXECUTIVE OFFICER Pinkerich, James	PI	· .
		1								N/S= NO SAMPLE DUE TO AFTER HOURS START-
										TIMES EXCEEDED
	(0)	3				-		/W/ //a		REQUIREMENT #3
	MAXIMUM 23.0	MAXIMUM 8.4				MAXIMUM 0.5	(0)	(0)		TIMES EXCEEDED
(0)	#NUM!	(0)				(0)	(0)	MAXIMIN 750		REQUIREMENT #2
MAXIMUM 0.1	7 SAMPLE MED- 2.2	MINIMUM 6.5		NO CHECK	0.2	MONTHLY AVG 0.2	MONTHLY AVG 10.0	MONTHLY AVG 10.0	MONTHLY AVG 1.8	REQUIREMENT #1 TIMES EXCEEDED
0	0	31	29	23	.,					
0.00	0.0	6.8	4.76	20	20.01	79		31	29	TOTAL RECORDINGS
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#DIV/0!	#DIV/0:	7.1	8.70	6.17	0.02	0.02	3. 5	30	1318	MONTHLY HIGH
									100.0	MONTHLY AVERAGE
ND	ND	7.3	9.47	6.83	0.02	0.02	A	2.0	0.878	1 31
N :	NB	7.4	8.87	7.41	0.02	0.02	òo	2.0	0.935	. 1 30
ND	NB :	7.1	8.91	4.60	0.02	0.02	1.2	3.0	0.844	1 29
S è	N i	7.1	10.14	6.91	0.02	0.02	2.2	1.0	0.850	1 28
N &	e e	6.9	10.87	6.72	0.02	0.02	.6	2.0	0.865	1 27
N N	4 i	7.3	7.62	6.91	0.03	0.02	be	1,0	1,062	1 26
2 8	S 6	7.1	8.02	6.92	0.03	0.02	2.0	3.0	1.318	1 25
1 6	š š	70	8.02	6.83	0.04	0.02	6	1.0	0.928	1 24
;	3 8	70			-		12	1.0		1 23
3	1 2	71	11 77	7.02	0.02	0.02	. 6	1.0	0.832	1 22
S		60	10.45	7.17	0.02	0.02	1.4	1.0	0.838	1 21
: E	-	7, 1	2 73	4 16	0.02	0.02	1.0	2,0	0.896	1 20
; ¿	¥ €	77	8.70	4.36	0.02	0.02	1.6	I.o	1.043	1 19
1 8	# E	70	8.62	618	0.03	0.02	, ci	1.0	0.981	1 18
S	; ;	î î	476	1 1	0.01	0.01	À	1.0	0.458	1 17
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	ž č	74	200	6.25	0.02	0.02	ī	2.0	0.794	1 15
i 3	8 8	71	7.72	7.12	0.02	0.02	. 6	1.0	0.931	-
NB	1 2	3 20	765	673	0.02	0.02	1.0	1.0	0.847	1 13
- S	; ;	3 6	8 72	717	0.02	0.02	1.0	1,0	0.937	1 12
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ďN	AB	7.1	;	:			n h	20	1.008	1 10
dN	NB	7.1	10.90	7.51	0.02	0.02	. 5	30	0.302	1 09
ND	Q.	7.3	10.69	4.42	0.02	0.02		30	0.560	08
ND	as a	7.3	10.70	6.49	0.02	0,02	ь	2.0	0.861	
N	N	7.1	6.86	2.04	0.02	0.01	``	2.0	0.436	1 05
dN ::	dN N	7.1	7.65	5.93	0.02	0.02	.2	2.0	1,022	1 04
QN.	ND	7.2	7.86	6.04	0.02	0.02	.6	1.0	1,014	1 03
£ 6	S S	7.2	8.05	4.63	0.02	0.02		1.0	1.012	1 02
ox.		77	874	65.6	0.02	0.02	t.	1.0	0.985	
	3	6	WAY	MIN	XVX	MFAN	3	2	_	MONTH DAY
DAILY	DAILY	DAILY	s	CONTINUOUS	8	CONTINUOUS	DAILY	BAILS	DAIL	and core
GRAB	GRAB	GRAB		METERED		METERED	24 HOUR COMP.	A HOUR COMP.	DAILA	SAME OF THE
ML/I.	MPN / 100 ML	CNITS		MG/L		NIC	MGA.	MG/L	MCD	CALLS
SETT SOLIDS	TOT. COLIFORMS	PII	F	CL2 RESIDUAL		TURBIDITY	T NF RESIDUE	CBOD 5-DAY	DAILY FLOW	CONSTITUENT NAME
TERTIARY	TERTIARY	TERTIARY		TERTIARY		TERTIARY	TERTIARY	TERTIARY	TERTIARY	STATION DESCRIPTION
STATE CODE -06 NUMBER-CA00479	15/01/31	REFORT PERIOD END		Tolland	AUCH BEG.	METONI FEMOD BEA	any a			
NPDES PERMIT				10.00		a recover	1601	YRMONTH FOR REPORT	3-270101001	TRANS CODE FACILITY ID

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