

Date: April 29, 2014

California Regional Water Quality Control Board
Central Coast Division
Attn: **Monitoring and Reporting Review Section**
895 Aerovista Place, Suite 101
San Luis Obispo, CA 93401



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**

Month(s) (circle applicable): Jan Feb **March** Apr May Jun

Months*): Jul Aug Sept Oct Nov Dec

*Annual Reports (circle the first month of the reporting period)

Year: 2014

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

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

03/01/14 313 27010100101A M

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

TRANS CODE	FACILITY ID	YR/MONTH FOR REPORT	REPORT PERIOD BEG.	REPORT PERIOD END	STATE CODE	NPDES PERMIT NUMBER			
	3-270101001	14/03	14/03/01	14/03/01	06	CA00479			
STATION DESCRIPTION	DAILY FLOW MGD	TERTIARY CBOD 5-DAY MGD	TURBIDITY NTU	C12 RESIDUAL MGD	PH UNITS	TOT. COLIFORMS MPN/100 ML	SETT SOLIDS M/L		
CONSTITUENT NAME	METERED DAILY	24 HOUR COMP. DAILY	24 HOUR COMP. DAILY	METERED CONTINUOUS	METERED CONTINUOUS	GRAB DAILY	GRAB DAILY		
SAMPLE TYPE	FRQUENCY	MONTH	DAY	MEAN	MAX	MIN	MAX		
		1	2	3	4	5	6	7	8
3	1	1.604	3.0	2.4	0.02	7.70	8.88	7.2	ND
3	2	1.506	2.0	2.0	0.02	7.60	8.59	7.3	ND
3	3	1.423	3.0	1.4	0.02	6.00	10.69	7.3	ND
3	4	1.296	2.0	2.6	0.02	7.20	8.29	7.2	ND
3	5	1.129	1.0	1.0	0.02	7.10	7.91	7.3	ND
3	6	1.185	2.0	.8	0.02	6.81	7.40	7.3	ND
3	7	1.111	1.0	1.6	0.02	7.00	7.91	7.2	ND
3	8	1.071	1.0	2.0	0.02	6.90	8.28	7.2	ND
3	9	1.127	1.0	3.6	0.02	7.11	8.10	7.2	ND
3	10	1.065	1.0	5.2	0.02	6.88	7.91	7.4	ND
3	11	1.019	1.0	3.2	0.02	6.70	7.31	7.2	ND
3	12	1.054	1.0	3.0	0.02	6.81	7.41	7.3	ND
3	13	1.103	2.0	1.8	0.02	6.90	7.96	7.4	ND
3	14	0.964	2.0	2.0	0.02	5.17	10.82	7.1	ND
3	15	0.802	1.0	1.0	0.02	5.66	10.63	7.2	ND
3	16	0.918	1.0	1.2	0.01	7.69	10.04	7.1	ND
3	17	1.012	1.0	2.6	0.01	7.91	8.78	7.1	ND
3	18	0.846	3.0	3.2	0.01	7.35	10.62	7.1	ND
3	19	0.770	1.0	1.8	0.02	6.74	11.02	7.3	ND
3	20	0.863	3.0	2.6	0.01	7.01	9.93	7.2	ND
3	21	0.849	2.0	3.2	0.02	6.80	7.75	7.2	ND
3	22	0.838	3.0	2.0	0.02	6.82	7.72	7.2	ND
3	23	0.894	1.0	1.6	0.02	7.01	8.41	7.4	ND
3	24	0.932	2.0	1.0	0.02	5.45	11.06	7.2	ND
3	25	0.919	1.0	.2	0.02	7.01	7.93	7.2	ND
3	26	0.865	1.0	.2	0.02	7.01	11.05	7.2	ND
3	27	0.753	1.0	.2	0.02	7.21	9.89	7.1	ND
3	28	0.905	1.0	.8	0.02	8.00	8.89	7.0	ND
3	29	0.907	1.0	.4	0.02	5.34	10.87	7.2	ND
3	30	1.020	1.0	1.0	0.02	5.69	11.07	7.2	ND
3	31	1.144	2.0	.2	0.01	6.32	7.01	7.5	ND
MONTHLY AVERAGE	1.029	1.6	1.8	0.02	0.03	6.80	9.04	7.2	0.00
MONTHLY HIGH	1.604	3.0	5.2	0.02	0.20	8.00	11.07	7.5	0.10
MONTHLY LOW	0.753	1.0	0.2	0.01	0.02	5.17	7.01	7.0	0.10
TOTAL RECORDINGS	31	31	31	31	31	31	31	31	31
REQUIREMENT #1	MONTHLY AVG 1.8	MONTHLY AVG 10.0	MONTHLY AVG 10.0	MONTHLY AVG 0.2	NO CHECK	MINIMUM 6.5	7 SAMPLE MED--2.2	MAXIMUM 0.1	
TIMES EXCEEDED	(0)	(0)	(0)	(0)		(0)	(0)	(0)	
REQUIREMENT #2	MAXIMUM 25.0	MAXIMUM 25.0	MAXIMUM 25.0	MAXIMUM 0.5		MAXIMUM 8.4	MAXIMUM 23.0		
TIMES EXCEEDED	(0)	(0)	(0)	(0)		(0)	(0)		
REQUIREMENT #3	TIMES EXCEEDED								
TIMES EXCEEDED									
N/S= NO SAMPLE DUE TO AFTER HOURS START-UP		TYPED NAME OF PRINCIPAL EXECUTIVE OFFICER		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		SIGNATURE OF AUTHORIZED AGENT		05/01/14	
IS = NO TEST RAN DUE TO INSUFFICIENT SAMPLE		BUKEMA, BARBARA						YR/MON/DAY PAGE 6	