

PERMITTEE NAME/ADDRESS (INCLUDE 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

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT

FORM APPROVED
 OMB No.2040-0004

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

CA00447996
 PERMIT NUMBER

INF-A
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM MM/DD/YYYY TO MM/DD/YYYY
 6/1/2015 TO 6/30/2015

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	368	424	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	*****	*****	*****	*****	471	732	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	1.15	1.251	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 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
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER MM/DD/YYYY CODE
TYPED OR PRINTED			

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

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
6/1/2015 TO 6/30/2015

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		Value	Value	UNITS	Value	Value	Value	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	72.7	deg F	0		
00011 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. INST. MAX	deg F		Every Week	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	1.67	2	5.5	NTU	0		
00070 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	75 MO AVG	100 HI WK AV	225 DAILY MX	NTU		Once Every 13 Days	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8	11	lb/d	4	5	5	mg/L	0		
00310 10 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1130 HI WK AV	lb/d	30 MO AVG	45 HI WK AV	90 DAILY MX	mg/L		Once Every 13 Days	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.4	SU	0		
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	16	22	lb/d	8	11	23	mg/L	0		
00530 10 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1130 HI WK AV	lb/d	30 MO AVG	45 HI WK AV	90 DAILY MX	mg/L		Every Week	COMP24
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	0.1	0.1	0.1	mL/L	0		
00545 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	1.5 HI WK AV	3 DAILY MX	mL/L		Once Every 13 Days	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.05	0.05	lb/d	19.6	22.5	20.4	ug/L	0		
00610 10 Effluent Gross	PERMIT REQUIREMENT	1800 6 MO MED	7300 DAILY MX	lb/d	73000 6 MO MED	290000 DAILY MX	730000 INST. MAX	ug/L		Monthly	GRAB
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) _____

00004/031016-1522

PAGE 1 OF 3

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		Value	Value	UNITS	Value	Value	Value	UNITS			
Nitrogen, nitrate total (as N) 00620 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	92.9	mg/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Silica, total (as SiO2) 00956 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	77	mg/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil and grease 03582 10 Effluent Gross	SAMPLE MEASUREMENT	NODI(B)	NODI(B)	lb/d	NODI(B)	NODI(B)	NODI(B)	mg/L	0		
	PERMIT REQUIREMENT	630 MO AVG	1000 HI:WK:AV	lb/d	25 MO AVG	40 HI:WK:AV	75 DAILY MX	mg/L		Once Every 13 Days	GRAB
Flow, in conduit or thru treatment plant 50050 10 Effluent Gross	SAMPLE MEASUREMENT	0.262	0.338	Mgal/d	*****	*****	*****		0		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Daily	METER
Chlorine, total residual 50060 10 Effluent Gross	SAMPLE MEASUREMENT	NODI(B)	0.02	lb/d	NODI(B)	9.94	9.94	ug/L	0		
	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 61211 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	11	MPN/100mL	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	4300 MO AVG	13000 INST:MAX	MPN/100mL		Every Week	GRAB
Urea 71800 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	94	mg/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	5.2	MPN/100ml	0		
74055 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	24000 MO AVG	49000 INST MAX	MPN/100ml		Every Week	GRAB
Coliform, total general	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	5.2	MPN/100ml	0		
74056 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	230 MO AVG	10000 INST MAX	MPN/100ml		Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%	0		
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV:MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%	0		
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV:MN	*****	*****	%		Monthly	CALCTD
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
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