

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT

FORM APPROVED OMB No.2040-0004

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-Z3
DISCHARGE NUMBER

DMR mailing ZIP CODE: 93923

MAJOR (SUBR 03)

DISCHARGE 001/THREE TIMES PER PERMIT

External Outfall
NO DISCHARGE

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
1/1/2015 TO 12/31/2015

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
Bromoform 32104 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.5	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Acenaphthylene 34200 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Acenaphthene 34205 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Anthracene 34220 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Benzo(b)fluoranthene 34230 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0044	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Benzo(k)fluoranthene 34242 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Benzo(a)pyrene 34247 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00004/031016-1522

PAGE 1 OF 6

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NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)

FORM APPROVED

FACILITY NAME/LOCATION IF DIFFERENT)

DISCHARGE MONITORING REPORT

OMB No.2040-0004

NAME: Carmel Area Wastewater Treatment Plant

DMR mailing ZIP CODE: 93923

ADDRESS: 26900 State Route One

CA00447996
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DISCHARGE NUMBER

MAJOR (SUBR 03)

FACILITY: CARMEL AREA WWTP

DISCHARGE 001/THREE TIMES PER PERMIT

LOCATION: 26900 State Route One

External Outfall

Carmel CA 93923

NO DISCHARGE

ATTN: James Pinkevich

MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
1/1/2015		12/31/2015

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
Butyl benzyl phthalate 34292 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Chrysene 34320 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Fluorene 34381 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Indeno(1,2,3-cd)pyrene 34403 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Methyl bromide (Bromomethane) 34413 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Methyl chloride (Chloromethane) 34418 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Phenanthrene 34461 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.4	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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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
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DMR mailing ZIP CODE: 93923
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 External Outfall
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MONITORING PERIOD
 FROM MM/DD/YYYY TO MM/DD/YYYY
 1/1/2015 TO 12/31/2015

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
Pyrene 34469 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.6	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
1,1-Dichloroethane 34496 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Benzo(ghi)perylene 34521 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0032	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Benzo(a)anthracene 34526 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
1,2-Dichloropropane 34541 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
trans-1,2-Dichloroethylene 34546 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.47	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
1,2,4-Trichlorobenzene 34551 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24

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TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	CODE			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) 00004/031016-1522 PAGE 3 OF 6

ADDRESS: 26900 State Route One
 Carmel CA 93923
 FACILITY: CARMEL AREA WWTP
 LOCATION: 26900 State Route One
 Carmel CA 93923
 ATTN: James Pinkevich

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		Value	Value	UNITS	Value	Value	Value	UNITS			
Dibenzo(a,h)anthracene 34556 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
2-Chloroethyl vinyl ether, (mivar) 34576 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
2-Chloronaphthalene 34581 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
2-Chlorophenol 34586 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
2-Nitrophenol 34591 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Di-n-octyl phthalate 34596 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
2,4-Dichlorophenol 34601 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) 00004/031016-1522 PAGE 4 OF 6

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)
 NAME: Carmel Area Wastewater Treatment Plant

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT

FORM APPROVED
 OMB No.2040-0004
 DMR mailing ZIP CODE: 93923

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 Carmel CA 93923
 FACILITY: CARMEL AREA WWTP
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 FROM MM/DD/YYYY TO MM/DD/YYYY
 1/1/2015 TO 12/31/2015

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
2,4-Dimethylphenol 34606 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
2,6-Dinitrotoluene 34626 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
4-Bromophenyl phenyl ether 34636 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
4-Chlorophenyl phenyl ether 34641 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
4-Nitrophenol 34646 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Phenol 34694 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Naphthalene 34696 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2015	12/31/2015

DISCHARGE 001/THREE TIMES PER PERMIT

External Outfall

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Value	Value	UNITS	Value	Value	Value	UNITS			
Pentachlorophenol 39032 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
4-Chloro-3-methylphenol 70012 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
Chloroethane 85811 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI(B)	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MAX	ug/L		Three Per Prt Period	COMP24
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
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PAGE 6 OF 6