Date: November 27, 2013

Division of Water Quality C/O DMR Processing Center P.O. Box 100 Sacramento, CA 95812-1000



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:

Plant Manager

Phone Number:

831-624-1249

WDR/NPDES Order Number:

#R3-2008-0007 (NPDES PERMIT – CA0047996)

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

v Dec

Year:

2013

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

Violation(s): If Yes is marked (complete a-g):	_x 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 Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

CARMEL AREA WWD & PEBBLE BEACH

ADDRESS: 26900 STATE ROUTE ONE CARMEL, CA 93922

LOCATION: FACILITY: CARMEL AREA WWTP

26900 STATE ROUTE ONE CARMEL, CA 93922

FROM

0

10/31/2013

MM/DD/YYYY 10/01/2013

MM/DD/YYYY

MONITORING PERIOD

PERMIT NUMBER CA0047996

INF-A

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 93922

(SUBR 03) MAJOR

No Discharge

Influent Structure INFLUENT/MONTHLY

ATTN: James Pinkevich

50050 G 0 Raw Sewage Influent 00530 G 0 Raw Sewage Influent 00310 G 0 Raw Sewage Influent Flow, in conduit or thru treatment plant Solids, total suspended BOD, 5-day, 20 deg. C PARAMETER SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT 1227 Req. Mon. MO AVG VALUE **** ***** QUANTITY OR LOADING からたい Req. Mon. DAILY MX VALUE **** **** STINU MGD **** **** VALUE **** **** **** QUALITY OR CONCENTRATION ととと N2N Req. Mon. MO AVG Req. Mon. MO AVG VALUE **** Req. Mon. DAILY MX 226 Req. Mon. DAILY MX 844 VALUE **** STIND **** mg/L mg/L ΩŞ Once Every 13 Days Once Every 13 Days FREQUENCY OF ANALYSIS Daily SAMPLE TYPE COMP24 COMP24 METER

e-valuate the information submitted. Based on my inquiry of the system, or those persons directly responsible for gathering the to the best of my knowledge and belief, true, accurate, and coupen little for submitting false information, including the possibilities for submitting false information, including the possibilities.	GACBACA GULLEAA GENERAL AANAGEL TYPED OR PRINTED
I certify under penalty of law that this document and all attach supervision in accordance with a system designed to assure the	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

schiments were prepared under my direction or that qualified pressonnel properly gather and if the person or persons who manage the the information, the information submitted is, complete I am aware that there are significant sibility of fine and imprisonment for knowing

SIGNATURE OF PRINCIPAL EX AUTHORIZED / 5. Sinkerne TELEPHONE

MM/DD/YYYY	NUMBER	AREA Code	ECUTIVE OFFICER OR
11/27/2013	1624-1248	(831)	
DATE	TELEPHONE	JET	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-0004 Form Approved

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

ADDRESS: 26900 STATE ROUTE ONE CARMEL, CA 93922 CARMEL AREA WWD & PEBBLE BEACH

FACILITY: CARMEL AREA WWTP

LOCATION: 26900 STATE ROUTE ONE CARMEL, CA 93922

> PERMIT NUMBER MM/DD/YYYY MONITORING PERIOD

FROM

10/01/2013

OT

MM/DD/YYYY 10/31/2013

DISCHARGE NUMBER 001-A

CA0047996

MAJOR DMR Mailing ZIP CODE: 93922

External Outfall DISCHARGE 001/MONTHLY (SUBR 03)

No Discharge

ATTN: James Pinkevich

PARAMETER		QUANT	QUANTITY OR LOADING		۵	QUALITY OR CONCENTRATION	ENTRATION		Ωŏ	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	有有有有有	冷冻等等等	****	****	****	73.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	安安安安安安	等等等等等	*****	**	***	Req. Mon. INST MAX	deg F		5 Days Every Week	GRAB
Turbidity	SAMPLE MEASUREMENT	茶茶茶茶茶	李芬本帝芳芳	* * * * * * * * * * * * * * * * * * * *	2,2	かっち	2,3				
00070 1 0 Effluent Gross	PERMIT	布施普普勒	安安安安安安	香 等等 等等	75 MO AVG	100 HI WK AV	225 DAILY MX	UTN		Once Every 13 Days	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	120,00	955		2.11	27.8	27.8				
00310 1 0 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
рH	SAMPLE MEASUREMENT	安安安安安安	本部本部市	***	7.1	游水 等等等	ンド				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	MINIMUM 6	***	MAXIMUM 9	SU		5 Days Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	16.00	33		5.5	13.8	20,6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	AV MM IH 0811	lb/d	30 MO AVG	45 HI WK AV	DAILY MX	mg/L		5 Days Every Week	COMP24
Solids, settleable	SAMPLE MEASUREMENT	等等等等等	香棉棉布	****	(D) 160~	2,2	4				
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	李爷爷爷	按据书书记录	**	MO AVG	1.5 HI WK AV	DAILY MX	mL/L		Once Every 13 Days	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	180	138		21600	16500	16500				
00610 1 0 Effluent Gross	PERMIT	1800 6 MO MED	DAILY MX	lb/d	73200 6 MO MED	292800 DAILY MX	732000 INST MAX	ug/L		Monthly	GRAB

TYPED OR PRINTED

lectify under penalty of hav 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 similaritied. Based on my inquiry of the person or presons who manage gather and system, or those persons directly resonable for gathering the information, the information astemited is, to the best of my knowledge and better, then accurate, and complete I am aware that there are significant penalties for submitting lakes information, including the possibility of fine and improximent for knowling

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT S. Buikeme

(831)624-1248 AREA Code TELEPHONE NUMBER 11/27/2013 MM/DD/YYYY DATE

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CARMEL AREA WWD & PEBBLE BEACH

FACILITY: ADDRESS: CARMEL AREA WWTP 26900 STATE ROUTE ONE CARMEL, CA 93922

LOCATION: 26900 STATE ROUTE ONE CARMEL, CA 93922

ATTN: James Pinkevich

PERMIT NUMBER CA0047996

DISCHARGE NUMBER 001-A

б MM/DD/YYYY 10/31/2013

MM/DD/YYYY 10/01/2013

MONITORING PERIOD

FROM

DMR Mailing ZIP CODE: 93922

OMB No. 2040-0004 Form Approved

(SUBR 03) MAJOR

External Outfall **DISCHARGE 001/MONTHLY**

No Discharge

74056 1 0 Effluent Gross	Coliform, total general	71800 1 0 Effluent Gross	Urea	50060 1 0 Effluent Gross	Chlorine, total residual	50050 1 0 Effluent Gross	Flow, in conduit or thru treatment plant	03582 1 0 Effluent Gross	Oil and grease	00955 1 0 Effluent Gross	Silica, dissolved (as SiO2)	00620 1 0 Effluent Gross	Nitrogen, nitrate total (as N)		PARAMETER
PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT へつの((は)	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		
****	***	****	**************************************	6.1 6 MO MED	NOO((B)	Req. Mon. MO AVG	Ø.33/	MO AVG	~001 (B)	****	安安安安安安	****	****	VALUE	QUAN
****	· 李安孝等	安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安	*****	DAILY MX	2001 (8)	Req. Mon. DAILY MX	415,3	DAILY MX	~00) (B)	*************************************	等者者需要	****	等等等等等	VALUE	QUANTITY OR LOADING
安年安年	等等等等等	*****	*****	lb/d		MGD		lb/d		等等等等	安安安安安	* * * * *	******	UNITS	
海 蒂洛洛 洛洛 洛	等等法法法	事务学者等	安安安安安安	240 6 MO MED	NOO! (B)	安安安安安	****	MO AVG	100 (B)	等要率等等等	安安安安安安	*****	*****	VALUE	۵
230 30DA GM	1	安 安安安 安安 安安	***	DAILY MX	~001 (B)	安安安安 安安	安安安安安安	HI WK AV	2091 (B)	****	安安安安安	等方字子子	安安安安安安	VALUE	QUALITY OR CONCENTRATION
10000 INST MAX	6	Req. Mon. DAILY MX	Ø. (7320 INST MAX	~091 (B)	安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安安	****	DAILY MX	(B) 1000	Req. Mon. DAILY MX	54	Req. Mon. DAILY MX	2,58	VALUE	ENTRATION
MPN/100m L		mg/L		ug/L		*****	******	mg/L		mg/L		mg/L		UNITS	
															EŅ.
5 Days Every Week		Monthly		Daily		Daily		Once Every 13 Days		Monthly		Monthly			FREQUENCY OF ANALYSIS
GRAB		GRAB		CONTIN		METER		GRAB		GRAB		GRAB			SAMPLE TYPE

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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

TYPED OR PRINTED

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BULLEMA

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 galber and evaluate the information attended. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for galbering the information, the information abmitted is, to the best of my knowledge and belief, three accurate, and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code

NUMBER

(831) 624-1248

11/27/2413 MM/DD/YYYY

TELEPHONE

DATE

mulema

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004 Form Approved

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CARMEL AREA WWD & PEBBLE BEACH

FACILITY: ADDRESS: 26900 STATE ROUTE ONE CARMEL, CA 93922 CARMEL AREA WWTP

LOCATION: 26900 STATE ROUTE ONE CARMEL, CA 93922

ATTN: James Pinkevich

PARAMETER

PERMIT NUMBER CA0047996

DISCHARGE NUMBER 001-A

(SUBR 03) MAJOR

DMR Mailing ZIP CODE: 93922

DISCHARGE 001/MONTHLY External Outfall

No Discharge

FROM MM/DD/YYYY 11/01/2013 0 MM/DD/YYYY 11/30/2013

MONITORING PERIOD

Solids, suspended percent removal BOD, 5-day, percent removal SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT VALUE ***** **** QUANTITY OR LOADING VALUE **** **** STINU ***** **** MO AV MN MO AV MN 27.40 5.56 VALUE QUALITY OR CONCENTRATION VALUE **** **** VALUE **** ***** STINU % % ΩÕ FREQUENCY OF ANALYSIS Monthly Monthly SAMPLE TYPE CALCTD CALCTD

81011 K 0 Percent Removal

81010 K 0 Percent Removal

NAME, III CE L'AMON AE EXEGOLIAE OL LOCK

TYPED OR PRINTED

certify under penalty of law that this document and all attachments were pregred under my direction or supervision in accordance with a system doctagned to assure that qualified personnel properly gather and variance the information attentioned Based on my impury of the person or persons who imange lighter and variance the information attention of Based on my impury of the person or persons who imange the system, or those persons directly responsible for guidancing the information, the information attention is system, or those persons directly responsible for guidance, and complete. I am aware that there are significant to the less of any knowledge and belief, true, accurate, and complete. I am aware that there are significant to the less of submitting is like information, including the possibility of the near dispersonment for knowing penalties for attentioning is like information, including the possibility of the near dispersonment for knowing penalties for attentioning takes in the contraction of the person of

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICE AUTHORIZED AGENT muleuns

ER OR		
AREA Code	(158)	150
NUMBER	624-1248	ELEPHONE
MM/DD/YYYY	(831) 624-1248 11/27/2×13	מאור