

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
Months*): Jan Feb March Apr May Jun
 Jul Aug Sept Oct Nov Dec

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

Year: 2013

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
Plant Manager

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
ADDRESS: 26900 STATE ROUTE ONE
CARMEL, CA 93922

CA0047996
PERMIT NUMBER

INF-A
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2013 TO 10/31/2013

DMR Mailing ZIP CODE: 93922
MAJOR (SUBR 03)
INFLUENT/MONTHLY
Influent Structure

ATTN: James Pinkevich

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	323	448	mg/L	Once Every 13 Days	COMP24	
Solids, total suspended	*****	*****	*****	*****	442	576	mg/L	Once Every 13 Days	COMP24	
00530 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****	*****	*****	*****	*****	
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	*****	*****	*****	
50050 G 0 Raw Sewage Influent	*****	1.227	5.294	MGD	*****	*****	*****	Daily	METER	

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 true, accurate, and complete. I understand it is unlawful for anyone to knowingly provide false information, including the possibility of fine and imprisonment for knowing violations.	
Barbara Biviana General Manager	Barbara Biviana	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
	TELEPHONE	DATE
	(831) 624-1248	11/22/2013
	AREA CODE NUMBER	MM/DD/YYYY

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
ADDRESS: 26900 STATE ROUTE ONE
CARMEL, CA 93922

CA0047996	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 10/01/2013	TO 10/31/2013

ATTN: James Pinkevich

DMR Mailing ZIP CODE: 93922
MAJOR (SUBR 03)
DISCHARGE 001/MONTHLY
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Temperature, water deg. fahrenheit		*****	*****	*****	*****	*****	*****				
00011 1 0 Effluent Gross		*****	*****	*****	*****	*****	23.8	deg F		5 Days Every Week	GRAB
Turbidity		*****	*****	*****	*****	*****	9.3	NTU		Once Every 13 Days	COMP24
00070 1 0 Effluent Gross		*****	*****	*****	*****	*****	22.8			Once Every 13 Days	COMP24
BOD, 5-day, 20 deg. C		120.0	229	lb/d	11.5	27.0	22.8	mg/L		Once Every 13 Days	COMP24
00310 1 0 Effluent Gross		750 MO AVG	1130 HI WK AV	lb/d	6 MO AVG	45 HI WK AV	2.4	SU		5 Days Every Week	GRAB
pH		*****	*****	*****	2.1	*****	*****				
00400 1 0 Effluent Gross		*****	*****	*****	MINIMUM	*****	*****				
Solids, total suspended		16.0	33	lb/d	5.9	13.8	20.6	mg/L		5 Days Every Week	COMP24
00530 1 0 Effluent Gross		750 MO AVG	1130 HI WK AV	lb/d	30 MO AVG	45 HI WK AV	0.4	mg/L		Once Every 13 Days	GRAB
Solids, settleable		*****	*****	*****	NOI (B)	0.2	0.4	mL/L		Once Every 13 Days	GRAB
00545 1 0 Effluent Gross		*****	*****	*****	1 MO AVG	1.5 HI WK AV	0.4				
Nitrogen, ammonia total (as N)		1800 PERMIT	7300 DAILY MX	lb/d	73200 6 MO MED	292800 DAILY MX	16500	ug/L		Monthly	GRAB
00610 1 0 Effluent Gross		1800 PERMIT	7300 DAILY MX	lb/d	73200 6 MO MED	292800 DAILY MX	16500				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	1. 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 true and accurate. I am not aware of any other information that there are significant violations for submitting false information, including the possibility of false and intentional falsifications.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
<i>BARBARA BOIKEMA</i>		<i>J. Pinkevich</i>	(831) 627-1278	11/27/2013
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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
ADDRESS: 26900 STATE ROUTE ONE
CARMEL, CA 93922

CA0047996
PERMIT NUMBER
001-A
DISCHARGE NUMBER

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

ATTN: James Pinkevich

MONITORING PERIOD
MM/DD/YYYY
10/01/2013 TO 10/31/2013

DMR Mailing ZIP CODE: 93922
MAJOR (SUBR 03)
DISCHARGE 001/MONTHLY
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Nitrogen, nitrate total (as N)	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00620 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Silica, dissolved (as SiO2)	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
00955 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Oil and grease	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
03582 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	*****	*****	*****	METER
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	CONTIN
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
50060 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Urea	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
71800 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Coliform, total general	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
74056 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
B. Sullivan
GENERAL MANAGER

1 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, and my review of the information submitted, I believe that this document and all attachments contain true and accurate information, and that I am providing this information to the best of my knowledge and belief. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) for knowingly furnishing false information and civil sanctions for negligence in providing false or misleading information.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
B. Sullivan

TELEPHONE
AREA Code NUMBER
(831) 627-1248

DATE
MM/DD/YYYY
11/22/2013

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

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

Form Approved
OMB No. 2040-0004

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

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

CA0047996
PERMIT NUMBER

001-A
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY
11/01/2013 TO 11/30/2013

ATTN: James Pinkewich

DMR Mailing ZIP CODE: 93922
MAJOR (SUBR 03)
DISCHARGE 001/MONTHLY
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
81010 K 0 Percent Removal	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Solids, suspended percent removal	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
81011 K 0 Percent Removal	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>BARBARA BOIKEMA GENERAL MANAGER</i>	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 fines and imprisonment for knowingly violating the law.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>J. Pinkewich</i>	TELEPHONE AREA Code NUMBER <i>(831) 624-1208</i>	DATE MM/DD/YYYY <i>11/27/2013</i>
TYPED OR PRINTED				

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