Date: September 18, 2014

#### 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:

R3-2014-0012 (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 Dec

Year:

2014

<sup>\*</sup>Annual Reports (circle the first month of the reporting period)

Violation(s):x_ If Yes is marked (complete a-g):	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

4n 2.

#### DISCHARGE MONITORING REPORT (DMR)

NAME: ADDRESS: PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) 26900 STATE ROUTE ONE CARMEL AREA WWD & PEBBLE BEACH

CARMEL, CA 93922

LOCATION: 26900 STATE ROUTE ONE FACILITY: CARMEL AREA WWTP

PERMIT NUMBER CA0047996 MM/DD/YYYY MONITORING PERIOD **DISCHARGE NUMBER** 

DMR Mailing ZIP CODE:

INF-A

93922

OMB No. 2040-0004 Form Approved

MAJOR INFLUENT/MONTHLY Influent Structure (SUBR 03)

No Discharge

08/01/2014 MW/DD/YYYY 08/31/2014

ATTN: James Pinkevich

CARMEL, CA 93922

		QUA	QUANTITY OR LOADING			QUALITY OR CONCENTRATION	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE	****	*****	****	*****						
	MEASUREMENT					3/3	285				
00310 G 0	PERMIT	********	****	****	*****	Req. Mon.	Req. Mon.	mg/L		Once Every 13 COMP24	COMP24
Raw Sewage Influent	REQUIREMENT					MO AVG	DAILY MX			Days	
Solids, total suspended	SAMPLE	****	*****	****	****						
	MEASUREMENT					727	248				
00530 G 0	PERMIT	***	***	****	*****	Req. Mon.	Reg. Mon.	mg/L		Once Every 13 COMP24	COMP24
Raw Sewage Influent	REQUIREMENT					MO AVG	DAILY MX			Days	
Flow, in conduit or thru treatment plant	SAMPLE				*****	*****	****	****			
	MEASUREMENT	1,282	5.0000								
S0050 G 0  Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon.	Req. Mon.	MGD	***	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	*****		Daily	METER

	( E & &	342	NAME/	-
TYPED O	esc 1	3404	TITLE PRINCIPA	
TYPED OR PRINTED	GENERAL MANAGER	Bresser Bulkens	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	
outwing violations.	to ute best or 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 the state of the st	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,	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	

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

MM/DD/YYYY	NUMBER	AREA Code
1/03/8/20	7-1249	(824) (2
DATE	HONE	TELEPHONE

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

DISCHARGE MONITORING REPORT (DMR)

LOCATION: FACILITY: ADDRESS: 26900 STATE ROUTE ONE CARMEL AREA WWTP CARMEL, CA 93922 26900 STATE ROUTE ONE PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

CARMEL AREA WWD & PEBBLE BEACH

MM/DD/YYYY 08/01/2014 MONITORING PERIOD MM/DD/YYYY 08/31/2014

PERMIT NUMBER CA0047996

**DISCHARGE NUMBER** 

001-A

DMR Mailing ZIP CODE:

93922

OMB No. 2040-0004 Form Approved

(SUBR 03) MAJOR

External Outfall **DISCHARGE 001/MONTHLY** 

No Discharge

ATTN: James Pinkevich

CARMEL, CA 93922

100	AREA Code NILLIDED 'M'CO	AREA Code	+-	AUTHORIZED AGENT		000		g of positive y	knowing violations.	knowing violations.	TYPED OR PRINTED
100	0	3		EVECUTIVE OFFICES			that there are	urate, and complete. I am aware	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 imprison	to the best of significant per	
			<b>√</b>		7		who manage the formation submitted is	y inquiry of the person or persons gathering the information, the inf	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.	system, or the	BARBARA BUILERA
DATE	TELEPHONE	TELE		,			ed under my direction or nel properly gather and	and all attachments were prepare	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		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GRAB	Monthly		ug/L	732000 INST MAX	292800 DAILY MX	73200 6 MO MED	lb/d	7300 DAILY MX	1800 6 MO MED	PERMIT REQUIREMENT	Effluent Gross
	,			19,000	19,000	16500		21.7	35,2	SAMPLE MEASUREMENT	Nitrogen, ammonia total [as N]
GRAB	Once Every 13 Days		mL/L	3 DAILY MX	1.5 HI WK AV	MO AVG	***************************************	***************************************	:	PERMIT REQUIREMENT	00545 1 0 Effluent Gross
				~000 (K)	~001(b)	2) 100c	**************************************	****	****	SAMPLE MEASUREMENT	Solids, settleable
COMP24	5 Days Every Week		mg/L	90 DAILY MX	45 HI WK AV	30 MO AVG	lb/d	1130 HI WK AV	750 MO AVG	PERMIT REQUIREMENT	00530 1 0 Effluent Gross
				15	7.3	4.3		12,2	12,2	SAMPLE MEASUREMENT	Solids, total suspended
GRAB	5 Days Every Week		SU	9 MAXIMUM	*****	MINIMUM 6	******	*******	**	PERMIT REQUIREMENT	Effluent Gross
				7.5	***	2,5	****	安安安安安	***************************************	MEASUREMENT	P
COMP24	Once Every 13 Days		mg/L	90 DAILY MX	45 HI WK AV	30 MO AVG	lb/d	1130 HI WK AV	750 MO AVG	PERMIT REQUIREMENT	00310 1 0 Effluent Gross
				6	6	6		75.7	15.7	SAMPLE MEASUREMENT	BOD, 5-day, 20 deg. C
COMP24	Once Every 13 Days		NTO	225 DAILY MX	100 HI WK AV	75 MO AVG	****	女女女女女女	*******	PERMIT REQUIREMENT	00070 1 0 Effluent Gross
				N. G.	2,0	2,6	女法法法法法	* * * * *	**************************************	SAMPLE MEASUREMENT	Turbidity
GRAB	5 Days Every Week		deg F	Req. Mon. INST MAX	***	****	****	***	***	PERMIT REQUIREMENT	00011 1 0 Effluent Gross
				73.7	*******	*****	*****	* * * * * *	**************************************	SAMPLE MEASUREMENT	Temperature, water deg. fahrenheit
TYPE	OF ANALYSIS	。 页	STINU	VALUE	VALUE	VALUE	STINU	VALUE	VALUE		PARAMETER
SAMPLE	FREQUENCY	NO.		ICENTRATION	QUALITY OR CONCENTRATION		3	QUANTITY OR LOADING	QUA		

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

12/20/20 MM/DD/YYYY

NUMBER

DISCHARGE MONITORING REPORT (DMR)

ADDRESS: PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) 26900 STATE ROUTE ONE CARMEL AREA WWD & PEBBLE BEACH

LOCATION: FACILITY: CARMEL AREA WWTP CARMEL, CA 93922

26900 STATE ROUTE ONE CARMEL, CA 93922

MM/DD/YYYY 08/01/2014

08/31/2014

PERMIT NUMBER CA0047996 MONITORING PERIOD DISCHARGE NUMBER MM/DD/YYYY 001-A

DMR Mailing ZIP CODE:

93922

OMB No. 2040-0004 Form Approved

DISCHARGE 001/MONTHLY

External Outfall

(SUBR 03) MAJOR

No Discharge

ATTN: James Pinkevich

1) order	(831) 624-1249	831)6		EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	SIGNA	hat there are and imprisonment for	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 writing violations.	my knowledge and belief, true, accitations for submitting false informations.	to the best of my kr significant penalties knowing violations.	È .
			_		3	\	who manage the rmation submitted is,	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,	nformation submitted. Based on m se persons directly responsible for	system, or tho	BARBARA BOIREA
DATE	TELEPHONE	TELE			)		under my direction or el properly gather and	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	penalty of law that this document accordance with a system design		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	AAGGN		-	11001100							
GRAB	5 Days Every		MPN/Toom	INST MAX	30DA GM					REQUIREMENT	Effluent Gross
	1	1	MENIADO	10000	220	****	*****	*****	****	PERMIT	74056 1 0
				9	7,5	**	*****	******	**************************************	SAMPLE MEASUREMENT	Colliorm, total general
GRAB	Monthly		mg/L	Req. Mon. DAILY MX	*****	***************************************	38 38 38 38 38	X X X X X X X X X X X X X X X X X X X		REQUIREMENT	Effluent Gross
				8:15	H H H H H H H H	3 3 3 3 3				MEASUREMENT	71.000
CONTIN	Daily		ug/L	INST MAX	DAILY MX	6 MO MED	ō	DAILY MX	6 MO MED	REQUIREMENT	Effluent Gross
				(6)	10000	240	7	700	81	PERMIT	50060 1 0
				Nod1 (%)	JOS/ ( # )	233		(4) mon	80,08	SAMPLE MEASUREMENT	Chlorine, total residual
METER	Daily		* * * * * * * * * * * * * * * * * * * *	***************************************	****	*****	MGD	Req. Mon. DAILY MX	Req. Mon. MO AVG	PERMIT REQUIREMENT	50050 1 0 Effluent Gross
			***	* * * * * * * * * * * * * * * * * * *	******	* * * * * *		\$,327	8.228	MEASUREMENT	riow, in conduit or thru treatment plant
GRAB	Once Every 13 Days		mg/L	75 DAILY MX	40 HI WK AV	25 MO AVG	lb/d	1000 DAILY MX	630 MO AVG	PERMIT	03582 1 0 Effluent Gross
				(B) 1600	2001 (B)	~001 (B)		NOW! (B)	Nowi (18)	SAMPLE MEASUREMENT	Oil and grease
GRAB	Monthly		mg/L	Req. Mon. DAILY MX	***************************************	香 安 香 香 香 香 香 香 香 香	*****	****	*****	REQUIREMENT	Effluent Gross
				66.8	***************************************	74 74 74 74 74 74	:	*****	****	SAMPLE MEASUREMENT	Silica, dissolved [as SiO2]
GRAB	Monthly		mg/L	Req. Mon. DAILY MX	***	******	***************************************	**************************************	***************************************	REQUIREMENT	00620 1 0 Effluent Gross
				8:59	*************************************	**************************************	# # # # #	****	*****	SAMPLE MEASUREMENT	Nitrogen, nitrate total [as N]
TYPE	OF ANALYSIS		STINU	VALUE	VALUE	VALUE	UNITS	VALUE	VALUE		PARAMETER
SAMPLE	FREQUENCY	NO.		CENTRATION	QUALITY OR CONCENTRATION			QUANTITY OR LOADING	QUA		

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

13 gags MM/DD/YYYY

AREA Code

NUMBER

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

Page 2

DISCHARGE MONITORING REPORT (DMR)

ADDRESS: PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) CARMEL AREA WWD & PEBBLE BEACH 26900 STATE ROUTE ONE

FACILITY: CARMEL AREA WWTP CARMEL, CA 93922

LOCATION: 26900 STATE ROUTE ONE CARMEL, CA 93922

PERMIT NUMBER CA0047996 MM/DD/YYYY MONITORING PERIOD

DISCHARGE NUMBER

001-A

MM/DD/YYYY 08/31/2014

08/01/2014

DMR Mailing ZIP CODE:

93922

OMB No. 2040-0004 Form Approved

MAJOR

External Outfall DISCHARGE 001/MONTHLY (SUBR 03)

No Discharge

ATTN: James Pinkevich

		QUAI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION	ENTRATION		NO.	FREQUENCY SAMPLE	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	STINU	EX	EX OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE	*****	****	****		*****	****				
	MEASUREMENT				2,66				-		
81010 K O	PERMIT	***	****	****	85	****	***	%		Monthly	CALCTD
Percent Removal	REQUIREMENT				MO AV MN						
Solids, suspended percent removal	SAMPLE	****	*****	****		****	****				
	MEASUREMENT				59,2						W. Decke States
81011 K 0	PERMIT	****	***	****	85	*****	****	%		Monthly	CALCTD
Percent Removal	REQUIREMENT				MO AV MN				OD STATE OF		

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	KINIE	1775 CT 77 A 77 C-CZ		223		EXECUTIVE
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		significant periatives for submitting raise information, including the possibility of fine and imprisonment for knowing violations.	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are	revaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for pathering the information the information.	supervision in accordance with a system designed to assure that qualified personnel properly gather and	NAME/IIIE TRINCIPAL EXECUTIVE OFFICER I ceruly under penalty of law that this document and all attachments were prepared under my direction or
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		SIGNATURE		?	/	7
	ACITOR	OF PRINCIP	1,	_	)	
	(IZED AGEN)	URE OF PRINCIPAL EXECUTIVE OFFICER OR		)		
-	AREA Code	(831)6			TELE	
	NUMBER	124-1249			ELEPHONE	
	MW/DD/YYYY	11261	00//		DATE	
-	-		-	_		-

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