

Date: May 30, 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: #R3-2008-0007 (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: 2014

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):  
On January 17<sup>th</sup> we were calibrating our flow meters and logged an erroneous high flow of 9.9mg. After reviewing our data for the day we determined the actual high flow to be 5.89mg.

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  
Superintendent

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

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 93922

MAJOR (SUBR 03)

DISCHARGE 001/QUARTERLY  
External Outfall

No Discharge

CA0047996	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	06/30/2014

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

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

FACILITY: CARMEL AREA WWTP

LOCATION: 26900 STATE ROUTE ONE  
CARMEL, CA 93922

ATTN: James Pinkevich

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Zinc, total recoverable	01094 1 0 Effluent Gross	0.55	lb/d	242	130	130				
Copper, total recoverable	PERMIT REQUIREMENT	37 6 MO MED	DAILY MX	1470 6 MO MED	8790 DAILY MX	23430 INST MAX		Quarterly	GRAB	
	SAMPLE MEASUREMENT	0.09	lb/d	58	14	14				
	PERMIT REQUIREMENT	31 6 MO MED	DAILY MX	120 6 MO MED	1220 DAILY MX	3420 INST MAX		Quarterly	GRAB	
DDT/DDD/DDE, sum of p,p' & o,p' isomers	SAMPLE MEASUREMENT	ND (LB)	lb/d	ND (LB)	ND (LB)	ND (LB)				
	PERMIT REQUIREMENT	.00052 30DA AVG	lb/d	.02074 30DA AVG	.02074 30DA AVG	.02074 30DA AVG		Quarterly	GRAB	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
Solids, total dissolved	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Quarterly	GRAB	
70295 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Quarterly	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Dulcema Baresaca</i> GENERAL MANAGER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
TYPED OR PRINTED		AREA Code	NUMBER
		831 624-1248	05/19/2014

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