

Date: October 31, 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
Superintendent

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-Q
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 93922

MAJOR

(SUBR 03)

DISCHARGE 001/QUARTERLY
External Outfall

ATTN: James Pinkevich

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2013 TO 09/30/2013

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				
Zinc, total recoverable		2.31	2.18	lb/d	2.22	2.61	2.61	ug/L		Quarterly	GRAB
01094 1 0 Effluent Gross		6 MO MED	DAILY MX	lb/d	6 MO MED	8790 DAILY MX	23430 INST MAX	ug/L		Quarterly	GRAB
Copper, total recoverable		0.1	0.34	lb/d	1.20	4.1	4.1	ug/L		Quarterly	GRAB
01119 1 0 Effluent Gross		6 MO MED	DAILY MX	lb/d	6 MO MED	1220 DAILY MX	3420 INST MAX	ug/L		Quarterly	GRAB
DDT/DDD/DE, sum of p,p' & o,p' isomers		0.001 (R)		lb/d		0.001 (R)		ug/L		Quarterly	GRAB
39379 1 0 Effluent Gross		.00052 30DA AVG		lb/d		.02074 30DA AVG		ug/L		Quarterly	GRAB
Solids, total dissolved							2906	mg/L		Quarterly	GRAB
70295 1 0 Effluent Gross							Reg. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law, that the document and all attachments were prepared under my direction or supervision in accordance with a system of controls that provides reasonable assurance that the information submitted herein is 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.	
Barbara Sullivan Barbara Sullivan	[Signature]	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NUMBER
		531 622-1248
		DATE
		10/30/2013
		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)

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	INF-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 93922

MAJOR

(SUBR 03)

INFLUENT/MONTHLY

Influent Structure

FACILITY: CARMEL AREA WWTP

LOCATION: 26900 STATE ROUTE ONE
CARMEL, CA 93922

ATTN: James Pinkevich

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2013	TO 09/30/2013

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	526	mg/L	Once Every 13 Days	COMP24	
00530 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****	*****	*****	*****	*****	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	1.286	5.168	MGD	*****	*****	*****	Daily	METER	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BARBARA BULKERT General Manager	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 am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 831 624-1244	DATE 10/30/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 831	NUMBER 624-1244

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

CA0047996
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 93922

MAJOR

(SUBR 03)

DISCHARGE 001/MONTHLY
External Outfall

ATTN: James Pinkevich

MONITORING PERIOD
MM/DD/YYYY
09/01/2013 TO 09/30/2013

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		*****	*****	*****	*****	*****	*****	deg F		5 Days Every Week	GRAB
00011 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****	deg F		5 Days Every Week	GRAB
Turbidity		*****	*****	*****	*****	*****	*****	NTU		Once Every 13 Days	COMP24
00070 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****	NTU		Once Every 13 Days	COMP24
BOD, 5-day, 20 deg. C		96	225	lb/d	11.5	220	22.0	mg/L		Once Every 13 Days	COMP24
00310 1 0 Effluent Gross		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
pH		*****	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****	SU		5 Days Every Week	GRAB
Solids, total suspended		133	225	lb/d	16	33	22.8	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	90 DAILY MX	mg/L		5 Days Every Week	COMP24
Solids, settleable		*****	*****	*****	*****	*****	*****				
00545 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****	m/L		Once Every 13 Days	GRAB
Nitrogen, ammonia total (as N)		*****	*****	*****	*****	*****	*****				
00610 1 0 Effluent Gross		256	359	lb/d	30700	43000	43000	ug/l		Monthly	GRAB
		1800 6 MO MED	7300 DAILY MX	lb/d	73200 6 MO MED	292800 DAILY MX	732000 INST MAX	ug/l		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Bethel B. Virena</i> <i>General Manager</i>	I certify, under penalty of law that the document and all attachments were prepared under my direction or supervision in accordance with a system designed and implemented to assure that the information submitted is 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TELEPHONE 831 627-1248		DATE 10/30/2013
TYPED OR PRINTED		AREA CODE 831
		NUMBER 627-1248
		MM/DD/YYYY 10/30/2013

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

CA0047996	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013
FROM	TO

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)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
00620 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Silica, dissolved (as SiO2)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
00955 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Oil and grease	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
03382 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
50060 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Urea	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
71800 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Coliform, total general	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
74056 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GAIL BARKER GENERAL MANAGER	I certify under penalty of law that the document and all attachments were prepared under my direction or supervision in accordance with a system of controls that assures that the information reported is true and accurate. I understand that any manipulation or falsification of information is prohibited by law. I declare that the information submitted is true, accurate, and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TELEPHONE	AREA CODE	NUMBER
	831	627-1248
DATE	10/30/2013	

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 WWTD & 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

CA0047996	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013
FROM	TO

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

No Discharge

PARAMETER	SAMPLER MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
BOD, 5-day, percent removal	*****	*****	*****	98.8	*****	*****	*****			
81010 K 0 Percent Removal	*****	*****	*****	85 MO AV MN	*****	*****	*****	%	Monthly	CALCTD
Solids, suspended percent removal	*****	*****	*****	95.6	*****	*****	*****			
81011 K 0 Percent Removal	*****	*****	*****	85 MO AV MN	*****	*****	*****	%	Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BARBARA BOIKEMA GENERAL MANAGER	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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED				830 624-1248	10/30/2013
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				AREA CODE	NUMBER