

Date: August 30, 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

001-A
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2013 TO 07/31/2013

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

FROM

TO

ATTN: James Pinkewich

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. fahrenheit	*****	*****	*****	*****	*****	*****			
00011 1 0 Effluent Gross	*****	*****	*****	*****	Req. Mon. INST MAX	deg F	5 Days Every Week	GRAB	
Turbidity	*****	*****	*****	*****					
00070 1 0 Effluent Gross	*****	*****	75 MO AVG	100 HI WK AV	225 DAILY MX	NTU	Once Every 13 Days	COMP24	
BOD, 5-day, 20 deg. C	*****	*****	*****	*****					
00310 1 0 Effluent Gross	750 MO AVG	lb/d	1130 HI WK AV	45 HI WK AV	90 DAILY MX	mg/L	Once Every 13 Days	COMP24	
pH	*****	*****	*****	*****					
00400 1 0 Effluent Gross	*****	*****	*****	*****	9 MAXIMUM	SU	5 Days Every Week	GRAB	
Solids, total suspended	*****	*****	*****	*****					
00530 1 0 Effluent Gross	750 MO AVG	lb/d	1130 HI WK AV	45 HI WK AV	90 DAILY MX	mg/L	5 Days Every Week	COMP24	
Solids, settleable	*****	*****	*****	*****					
00545 1 0 Effluent Gross	*****	*****	*****	*****	3 DAILY MX	mL/L	Once Every 13 Days	GRAB	
Nitrogen, ammonia total (as N)	*****	*****	*****	*****					
00610 1 0 Effluent Gross	1800 6 MO MED	lb/d	7300 DAILY MX	292800 DAILY MX	732000 INST MAX	ug/L	Monthly	GRAB	

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 ensure 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 knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
James Pinkewich
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
James Pinkewich

TELEPHONE
0831024-1249

DATE
08/23/2013

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
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 93922

MAJOR

(SUBR 03)
DISCHARGE 001/MONTHLY
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2013 TO 07/31/2013

ATTN: James Pinkevich

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Silica, dissolved (as SiO2)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
03582 1 0 Effluent Gross	SAMPLE MEASUREMENT	630 MO AVG	1000 DAILY MX	25 MO AVG	40 HI WK AV	75 DAILY MX	mg/L	Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	6.1 MO MED	24 DAILY MX	980 DAILY MX	7320 INST MAX	*****	mg/L	Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Urea	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
71800 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Coliform, total general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
74056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
BUREN BACISARA
General Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

TELEPHONE
(831) 624-1249
DATE
08/23/2013

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

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

ATTN: James Pinkevich

CA0047996
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 93922
MAJOR

(SUBR 03)

DISCHARGE 001/MONTHLY
External Outfall

FROM

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2013 TO 07/31/2013

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****			
81010 K O Percent Removal	*****	*****	85 MO AV MIN	*****	*****	*****	Monthly	CALCTD	
Solids, suspended percent removal	*****	*****	*****	*****	*****	*****			
81011 K O Percent Removal	*****	*****	85 MO AV MIN	*****	*****	*****	Monthly	CALCTD	

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
B. WIKEMA, DARRYL
GENERAL MANAGER
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

TELEPHONE NUMBER
(831) 624-1249
DATE
05/23/2013
AREA Code NUMBER
MM/DD/YYYY

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

YOUR REPORTING PERIOD IS MONTHLY
AND YOUR REPORTS MUST BE SUBMITTED BY 20
DAYS FOLLOWING THIS DATE

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD
DISCHARGER SELF MONITORING REPORT
CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
CENTRAL COAST REGION
81 HIGUERA STREET, SUITE 200
SAN LUIS OBISPO, CA 95401-5414

CARMEL AREA WASTEWATER DISTRICT
CARMEL AREA WASTEWATER DISTRICT
WATER POLLUTION CONTROL PLANT
P.O. BOX 221428
CARMEL, CA 95922

07 0107 313 27010100101A M

TRANS CODE	FACILITY ID	3-270101001	YR/MONTH FOR REPORT	13/07	REPORT PERIOD BEG.	13/07/01	REPORT PERIOD END	07/31/13	STATE CODE -06	NPDES PERMIT NUMBER-CA00479
STATION DESCRIPTION	TERTIARY	TOT DIS. SOLIDS								
CONSTITUENT NAME		MG/L								
UNITS		24 HOUR COMP								
SAMPLE TYPE		QUARTERLY								
FREQUENCY										
MONTH	DAY	1	2	3	6	7	8			
7	1									
7	2	796								
7	3									
7	4									
7	5									
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7	8									
7	9									
7	10									
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7	30									
7	31									
MONTHLY AVERAGE		796								
MONTHLY HIGH		796								
MONTHLY LOW		796								
TOTAL RECORDINGS		1								
REQUIREMENT #1		MAXIMUM 1200								
TIMES EXCEEDED		(0)								
REQUIREMENT #2										
TIMES EXCEEDED										
REQUIREMENT #3										
TIMES EXCEEDED										

N/S= NO SAMPLE DUE TO AFTER HOURS START-UP
I.S.= NO TEST RAN DUE TO INSUFFICIENT SAMPLE

TYPED NAME OF PRINCIPAL EXECUTIVE OFFICER
BUIKEMA, BARBARA

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND ACCURATE, AND THAT THE SAMPLING PROCEDURE AND ANALYSIS USED FOR THE COLUMN CONSTITUENTS WAS SPECIFIED

SIGNATURE OF AUTHORIZED AGENT

8/23/2013
YR/MO/DAY
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