

Date: May 22, 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):    Jan    Feb    March     Apr    May    Jun

Months\*):    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)

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013
FROM	TO

No Discharge

ATTN: James Pinkewich

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	REQ. MON. MO AVG	VALUE	UNITS	REQ. MON. DAILY MIX			
D, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	430	mg/L	532	mg/L	Once Every 13 Days	COMP24
Solids, total suspended	*****	*****	*****	*****	550	mg/L	840	mg/L	Once Every 13 Days	COMP24
00530 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****	*****	*****	*****	Once Every 13 Days	COMP24
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
50050 G 0 Raw Sewage Influent	*****	1.305	MGD	*****	5.574	MGD	*****	*****	Daily	METER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Guillermo Barbosa</i>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the requirements of the NPDES program. I am a duly qualified person properly gathered and I have reviewed the information submitted and I believe it 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) 624-1249	DATE 5/21/13
TYPED OR PRINTED		AREA CODE NUMBER	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

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

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
04/01/2013 TO 04/30/2013

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

No Discharge

ATTN: James Pinkewich

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
gen, nitrate total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
00620 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Silica, dissolved (as SiO2)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
00955 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
03582 1 0 Effluent Gross	SAMPLE MEASUREMENT	630	1000	lb/d	25	40	mg/L	Once Every 13 Days	GRAB
	PERMIT REQUIREMENT	MO AVG	DAILY MX	lb/d	MO AVG	HI WK AV	DAILY MX		
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8.312	8.475	MGD	*****	*****	*****	Daily	METER
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****		
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Daily	METER
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Daily	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	6.1	24	lb/d	240	960	ug/L	Daily	CONTIN
	PERMIT REQUIREMENT	6 MO MED	DAILY MX	lb/d	6 MO MED	DAILY MX	INST MAX		
71800 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
74056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	1.6	230	MPN/100m L	5 Days Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GM	INST MAX		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Governor Brewster*  
TYPED OR PRINTED

PERMIT UNDER PENALTY OF LAW THAT THIS STATEMENT 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 SEVERAL FEDERAL, STATE, AND LOCAL LAWS AND REGULATIONS THAT APPLY TO THIS DISCHARGE AND THAT I AM RESPONSIBLE FOR ENSURING THAT THE INFORMATION SUBMITTED IS ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SEVERAL FEDERAL, STATE, AND LOCAL LAWS AND REGULATIONS THAT APPLY TO THIS DISCHARGE AND THAT I AM RESPONSIBLE FOR ENSURING THAT THE INFORMATION SUBMITTED IS ACCURATE AND COMPLETE.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (531) 624-1249 NUMBER: 572113 DATE: 5/21/13

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  
04/01/2013 TO 04/30/2013

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

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			
D, 5-day, percent removal	*****	*****	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	*****	*****	*****	92.8	*****	*****	*****	%	Monthly	CALCTD
Solids, suspended percent removal	*****	*****	*****	98.4	*****	*****	*****	%	Monthly	CALCTD
81011 K 0 Percent Removal	*****	*****	*****	85 MO AV MN	*****	*****	*****	%	Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Beverly Oberacker*  
GENERAL MANAGER

TELEPHONE (831) 624-1249 DATE 5/21/13

AREA Code NUMBER MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the requirements of the Act, and that I am a duly sworn and legally qualified person in the State of California, 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 providing false information.

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

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

MONITORING PERIOD  
FROM 04/01/2013 TO 04/30/2013

MAJOR (SUBR 03)  
DISCHARGE 001/MONTHLY  
External Outfall

No Discharge

ATTN: James Plinkevich

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE					
	VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT								
Temperature, water deg. Fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****					
00011 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****					
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****					
00070 1 0 Effluent Gross	SAMPLE MEASUREMENT	65.1	750 MO AVG	27.7	130 HI WK AV	2.9	75 MO AVG	4.2	100 HI WK AV	13.0	225 DAILY MX	deg F	5 Days Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Solids, total suspended	SAMPLE MEASUREMENT	49.2	750 MO AVG	24.7	130 HI WK AV	5.9	30 MO AVG	8.9	45 HI WK AV	25.2	90 DAILY MX	mg/L	5 Days Every Week	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
S, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00545 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	136	1800 PERMIT	143	7300 DAILY MX	16.28	73200 6 MO MED	17.2	292800 DAILY MX	12.2	732000 INST MAX	ug/L	Once Every 13 Days	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Birkana Bustera*  
Typed or Printed

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, and I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for serious violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*[Signature]*

TELEPHONE  
AREA Code NUMBER  
*(831) 621-1249*

DATE  
*5/21/13*

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