

Date: September 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): 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)

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 Plinkevich

CA0047996
PERMIT NUMBER

INF-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 93922

MAJOR (SUBR 03)
INFLUENT/MONTHLY
Influent Structure

No Discharge

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2013 TO 08/31/2013

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	403	mg/L	Once Every 13 Days	COMP24	
00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	373	mg/L	Once Every 13 Days	COMP24	
Solids, total suspended	*****	*****	*****	*****	606	mg/L	Once Every 13 Days	COMP24	
00530 G 0 Raw Sewage Influent	*****	*****	*****	*****	1232	mg/L	Once Every 13 Days	COMP24	
Flow, in conduit or thru treatment plant	1.378	MGD	*****	*****	*****	*****	Daily	METER	
50050 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****	*****	Daily	METER	

NAME/TITLE BARBARA GENERAL MANAGER	DATE 08/25/2013
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NUMBER (831) 622-1248
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	AREA Code NUMBER MM/DD/YYYY

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 Plinkevich

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
08/01/2013 TO 08/31/2013

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Nitrogen, nitrate total (as N)	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	59.1	mg/L	Monthly	GRAB
00620 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	79	mg/L	Monthly	GRAB
Silica, dissolved (as SiO2)	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	75	mg/L	Once Every 13 Days	GRAB
00955 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Daily	METER
Oil and grease	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Daily	CONTIN
03582 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Monthly	GRAB
Flow, in conduit or thru treatment plant	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Monthly	GRAB
50050 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Once Every 13 Days	GRAB
Chlorine, total residual	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Daily	METER
50060 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Daily	CONTIN
Urea	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Daily	CONTIN
71800 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Monthly	GRAB
Coliform, total general	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	5 Days Every Week	GRAB
74056 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	5 Days Every Week	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 assure that qualified personnel properly gather and report the information and that the information gathered has not been falsified or manipulated in any way 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 knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SUIKENA BAEBAKA
GENERAL MANAGER
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
(831) 624-1248 09/25/2013
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 WWWD & PEBBLE BEACH
ADDRESS: 26900 STATE ROUTE ONE
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FACILITY: CARMEL AREA WWTP
LOCATION: 26900 STATE ROUTE ONE
CARMEL, CA 93922

ATTN: James Pinkevich

CA0047996
PERMIT NUMBER

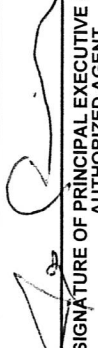
001-A
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2013 TO 08/31/2013

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>BUIKEMA, BARDARA GENERAL MANAGER</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (831) 624-1248	DATE 08/25/2013
TYPED OR PRINTED		AREA Code NUMBER	MM/DD/YYYY

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