

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

FACILITY: CARMEL AREA WWTP

LOCATION: 26900 STATE ROUTE ONE

CARMEL, CA 93922

ATTN: James Pinkevich

CA0047996	INF-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 93922

MAJOR

(SUBR 03)

INFLUENT/MONTHLY

Influent Structure

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****			
00310 G 0 Raw Sewage Influent	*****	*****	*****	258	Req. Mon. MO AVG	336			
Solids, total suspended	*****	*****	*****	*****	*****	*****		Once Every 13 Days	COMP24
00530 G 0 Raw Sewage Influent	*****	*****	*****	546	Req. Mon. MO AVG	864			
Flow, in conduit or thru treatment plant	1.293	*****	*****	*****	*****	*****		Once Every 13 Days	COMP24
50050 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****	*****		Daily	METER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
BARBARA BULKEMA GENERAL MANAGER	(831) 624-1248	03/01/14
TYPED OR PRINTED	AREA Code NUMBER	MMDDYYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

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

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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 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
02/01/2014	02/28/2014

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Temperature, water deg. Fahrenheit	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00011 1 0 Effluent Gross Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	5 Days Every Week	GRAB	
00070 1 0 Effluent Gross BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	Once Every 13 Days	COMP24	
00310 1 0 Effluent Gross pH	SAMPLE MEASUREMENT	55.9	750 MO AVG	93.3	1130 HI WK AV	*****	*****	Once Every 13 Days	COMP24	
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	5 Days Every Week	GRAB	
00530 1 0 Effluent Gross Solids, settleable	SAMPLE MEASUREMENT	8.9	750 MO AVG	20.0	1130 HI WK AV	*****	*****	5 Days Every Week	COMP24	
00545 1 0 Effluent Gross Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	Once Every 13 Days	GRAB	
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	171	1800 6 MO MED	164	7300 DAILY MX	*****	*****	Monthly	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
BARBARA SUKEMA GENERAL MANAGER	(831) 624-1248	03/01/14
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MMDDYYYY

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

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

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 CARMEL, CA 93922
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 CARMEL, CA 93922
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CA0047996	001-A
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MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

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

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
Nitrogen, nitrate total [as N]	*****	*****	*****	*****	*****			
00620 1 0 Effluent Gross	*****	*****	91.7	mg/L	*****		Monthly	GRAB
Silica, dissolved [as SiO2]	*****	*****	67	mg/L	*****		Monthly	GRAB
00955 1 0 Effluent Gross	*****	*****	*****	mg/L	*****		Monthly	GRAB
Oil and grease	*****	*****	*****	*****	*****		Once Every 13 Days	GRAB
03582 1 0 Effluent Gross	630 MO AVG	NOI (US)	25 MO AVG	NOI (US)	lb/d		Once Every 13 Days	GRAB
Flow, in conduit or thru treatment plant	1000 DAILY MX	NOI (US)	40 HI WK AV	NOI (US)	*****		*****	
50050 1 0 Effluent Gross	8.226	Req. Mon. DAILY MX	*****	*****	*****		Daily	METER
Chlorine, total residual	*****	*****	*****	*****	*****		Daily	METER
50060 1 0 Effluent Gross	6.1 MO MED	NOI (US)	240 MO MED	NOI (US)	lb/d		Daily	CONTIN
Urea	*****	*****	*****	*****	*****		Daily	CONTIN
71800 1 0 Effluent Gross	*****	*****	*****	*****	*****		Monthly	GRAB
Coliform, total general	*****	*****	*****	*****	*****		5 Days Every Week	GRAB
74056 1 0 Effluent Gross	*****	*****	230 30DA GM	10000 INST MAX	MPN/100m L		5 Days Every Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
BARBARA BUKENA GENERAL MANAGER	(831) 624-1248	02/20/2014
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

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. 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

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02/01/2014	02/28/2014

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

No Discharge

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	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	*****	*****	95.5	*****	*****	*****			
Solids, suspended percent removal	*****	*****	85 MO AV MN	*****	*****	*****		Monthly	CALCTD
81011 K 0 Percent Removal	*****	*****	92.7	*****	*****	*****		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
BARBARA BUKEMA GENERAL MANAGER	(831) 624-1248	03/01/2014
TYPED OR PRINTED	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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