



Date: July 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

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



Date: July 31, 2013

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Jul

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Oct

Nov

Dec

* Annual Reports (circle the first month of the reporting period)

Year:

2013

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

PERMIT NUMBER	DISCHARGE NUMBER
CA0047996	INF-A

MONITORING PERIOD	FROM	TO
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
	06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 93922

MAJOR

(SUBR 03)

INFLUENT/MONTHLY

Influent Structure

No Discharge

PARAMETER	PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX. OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		
Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		
00530 G 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11281	*****	*****	*****	*****	*****		
00500 G 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		
Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		
Raw Sewage Influent	SAMPLE MEASUREMENT	4.445	*****	*****	*****	*****	*****		
50050 G 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		
Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
BOIKEMA, BARBARA	BOIKEMA, BARBARA	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	
TELEPHONE	NUMBER	
DATE	MM/DD/YYYY	
		7/13/13

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

PERMIT NUMBER	CA0407996
DISCHARGE NUMBER	001-A

MONITORING PERIOD	MM/DD/YYYY	TO	MM/DD/YYYY
	06/01/2013		06/30/2013

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Nitrogen, nitrate total (as N)	PERMIT	*****	*****	*****	*****	*****			GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	75.7			
Effluent Gross	PERMIT	*****	*****	*****	*****	*****			GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	73			
Silica, dissolved (as SiO2)	PERMIT	*****	*****	*****	*****	*****			GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	73			
00955 1 0 Effluent Gross	PERMIT	*****	*****	*****	*****	*****			GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Oil and grease	PERMIT	*****	*****	*****	*****	*****			GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
03582 1 0 Effluent Gross	PERMIT	*****	*****	*****	*****	*****			GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Flow, in conduit or thru treatment plant	PERMIT	*****	*****	*****	*****	*****			GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT	*****	*****	*****	*****	*****			METER
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
50060 1 0 Effluent Gross	PERMIT	*****	*****	*****	*****	*****			CONTIN
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Chlorine, total residual	PERMIT	*****	*****	*****	*****	*****			GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
71800 1 0 Effluent Gross	PERMIT	*****	*****	*****	*****	*****			GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
Colliform, total general	PERMIT	*****	*****	*****	*****	*****			GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
74066 1 0 Effluent Gross	PERMIT	*****	*****	*****	*****	*****			GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	DATE	TELEPHONE	AREA Code	NUMBER	MM/DD/YYYY
DOLICMA, BARBARA General Manager	7/15/13		(831)	622-1229	7/15/13
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					
<small>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.</small>					

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

PERMIT NUMBER CA0047996	DISCHARGE NUMBER 001-A
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MONITORING PERIOD	FROM	TO
	MM/DD/YYYY 06/01/2013	MM/DD/YYYY 06/30/2013

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BOIKEMA, BARBARA <i>General Manager</i>	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. 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 	AREA Code
TELEPHONE	NUMBER
DATE	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

PERMIT NUMBER	DISCHARGE NUMBER
CA0047996	001-Q

MONITORING PERIOD	FROM	TO
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
	04/01/2013	06/30/2013

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX. FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	UNITS	VALUE		
Zinc, total recoverable	SAMPLE MEASUREMENT	2.53		303.5		383		
	PERMIT REQUIREMENT	37	6 MO MED	1470	6 MO MED	23430		
Copper, total recoverable	SAMPLE MEASUREMENT	0.15		18.5		32		
	PERMIT REQUIREMENT	31	DAILY MX	120	6 MO MED	3420		
0119 10 Effluent Gross	SAMPLE MEASUREMENT	0.012		0.012				
	PERMIT REQUIREMENT	0.0052	30DA AVG	0.0274	30DA AVG			
D/T/D/D/DE; sum of p,p' & o,p' isomers	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
01094 10 Effluent Gross	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
Solids, total dissolved	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
70295 10 Effluent Gross	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TYPED OR PRINTED
Boikema, Barbara General Manager	
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
	(831) 627-1243
TELEPHONE	DATE
	2/19/13
MM/DD/YYYY	

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