

Date: February 28, 2014

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: 2014

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):  
On January 17<sup>th</sup> we were calibrating our flow meters and logged an erroneous high flow of 9.9mg. After reviewing our data for the day we determined the actual high flow to be 5.89mg.

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  
Superintendent

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
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 93922  
MAJOR (SUBR 03)  
INFLUENT/MONTHLY  
Influent Structure

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
BOD, 5-day, 20 deg. C	*****	*****	388	538			
00310 G 0 Raw Sewage Influent Solids, total suspended	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX		Once Every 13 Days	COMP24
00530 G 0 Raw Sewage Influent Flow, in conduit or thru treatment plant	*****	*****	431	784			
00500 G 0 Raw Sewage Influent	3,267	5,897	Req. Mon. MO AVG	Req. Mon. DAILY MX		Once Every 13 Days	COMP24
	*****	*****	*****	*****			
	*****	MGD	*****	*****		Daily	METER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Barbara Swikena</i> GENERAL MANAGER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
TYPED OR PRINTED		(831) 624-1249 AREA Code NUMBER	02/28/2014 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	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

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	UNITS	VALUE	UNITS			
Temperature, water deg fahrenheit	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00011 0 Effluent Gross Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00070 1 0 Effluent Gross BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		5 Days Every Week	GRAB
00070 1 0 Effluent Gross BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00310 1 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every 13 Days	COMP24
00310 1 0 Effluent Gross pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every 13 Days	COMP24
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross Solids, settleable	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		5 Days Every Week	GRAB
00530 1 0 Effluent Gross Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00545 1 0 Effluent Gross Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		5 Days Every Week	COMP24
00545 1 0 Effluent Gross Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Monthly	GRAB
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
BARBARA BULKEMA GENERAL MANAGER	(831) 624-1248	07/28/14
TYPED OR PRINTED	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

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

ATTN: James Pinkewich

CA0047996	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

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

No Discharge

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Nitrogen, nitrate total [as N]	*****	*****	*****	*****			
00620 1 0 Effluent Gross	*****	*****	185				
Silica, dissolved [as SiO2]	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
00955 1 0 Effluent Gross	*****	*****	79				
Oil and grease	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
03582 1 0 Effluent Gross	*****	*****	neg (cs)	neg (cs)			
Flow, in conduit or thru treatment plant	630	lb/d	25	40		Once Every 13 Days	GRAB
50050 1 0 Effluent Gross	MO AVG	*****	MO AVG	HI WK AV			
Chlorine, total residual	6.214	MGD	*****	*****		Daily	METER
50060 1 0 Effluent Gross	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	*****			
Urea	neg (cs)	*****	neg (cs)	neg (cs)			
71800 1 0 Effluent Gross	6.1	lb/d	240	980		Daily	CONTIN
Colliform, total general	6 MO MED	*****	6 MO MED	DAILY MX		Daily	GRAB
74056 1 0 Effluent Gross	*****	*****	*****	*****		5 Days Every Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
BARBARA BUIENA GENERAL MANAGER		(831) 624-1241	01/16/2014
TYPED OR PRINTED	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

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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

MM/DD/YYYY  
01/01/2014

MONITORING PERIOD  
MM/DD/YYYY  
01/31/2014

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				
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		*****	*****	89.9 MO AV MN	*****	*****		Monthly	CALCTD	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>BARBARA BUIKEMA</i> GENERAL MANAGER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE	DATE
TYPED OR PRINTED		(831) 624-1248 AREA Code NUMBER	01/30/2014 MMDDYYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			