

Date: December 20, 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):

<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual
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Month(s) (circle applicable Months*):

Jan	Feb	March	Apr	May	Jun
Jul	Aug	Sept	Oct	<input checked="" type="checkbox"/> 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

CA0047996
PERMIT NUMBER

INF-A
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
11/01/2013 TO 11/30/2013

FROM

ATTN: James Pinkevich

No Discharge

PARAMETER	SAMPLER MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
BOD, 5-day, 20 deg. C	00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	338	379			
Solids, total suspended	00530 G 0 Raw Sewage Influent	*****	*****	*****	*****	848	2488		Once Every 13 Days	COMP24
Flow, in conduit or thru treatment plant	50050 G 0 Raw Sewage Influent	1.198	5.039	*****	*****	*****	*****		Once Every 13 Days	COMP24
									Daily	METER

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 analyze the information submitted. Based on my inquiry of the person or persons who manage the system or the immediate supervisor thereof, 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
SARASARA BAIKETA
GENERAL MANAGER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
S. Baiketa

TELEPHONE DATE
(831) 624-1248 12/20/13
AREA Code NUMBER
MMDDYYYY

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

CA0047996
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 93922

MAJOR

(SUBR 03)

DISCHARGE 001/MONTHLY

External Outfall

FACILITY: CARMEL AREA WWTP

LOCATION: 26900 STATE ROUTE ONE
CARMEL, CA 93922

ATTN: James Pinkevich

MONITORING PERIOD

MM/DD/YYYY TO MM/DD/YYYY

11/01/2013 TO 11/30/2013

FROM

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. fahrenheit	*****	*****	*****	*****	*****	*****			
00011 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Turbidity	*****	*****	*****	*****	*****	*****			
00070 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****			
00310 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
pH	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Solids, total suspended	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Solids, settleable	*****	*****	*****	*****	*****	*****			
00545 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Nitrogen, ammonia total (as N)	*****	*****	*****	*****	*****	*****			
00610 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
SABARA BUREMA GENERAL MANAGER	<i>S. Pinkevich</i>	(831) 624-1248	12/20/13
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)

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
MAJOR (SUBR 03)
DISCHARGE 001/MONTHLY
External Outfall

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
11/01/2013 TO 11/30/2013

No Discharge

ATTN: James Pinkevich

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total (as N)	*****	*****	*****	*****	36.6	mg/L	Monthly	GRAB	
00620 1 0 Effluent Gross	*****	*****	*****	*****	Req. Mon. DAILY MX				
Silica, dissolved (as SiO2)	*****	*****	*****	*****	30				
00955 1 0 Effluent Gross	*****	*****	*****	*****	Req. Mon. DAILY MX				
Oil and grease	*****	*****	*****	*****					
03582 1 0 Effluent Gross	*****	*****	*****	*****	75 DAILY MX		Once Every 13 Days	GRAB	
Flow, in conduit or thru treatment plant	*****	*****	*****	*****					
50050 1 0 Effluent Gross	*****	*****	*****	*****			Daily	METER	
Chlorine, total residual	*****	*****	*****	*****					
50060 1 0 Effluent Gross	*****	*****	*****	*****			Daily	CONTIN	
Urea	*****	*****	*****	*****					
71800 1 0 Effluent Gross	*****	*****	*****	*****			Monthly	GRAB	
Coliform, total general	*****	*****	*****	*****					
74056 1 0 Effluent Gross	*****	*****	*****	*****			5 Days Every Week	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BARBARA BOIKEMA GENERAL MANAGER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>J. Pinkevich</i>	TELEPHONE	DATE
		(831) 624-1248 AREA Code NUMBER	12/20/13 MM/DD/YYYY

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 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 information, and my review of the information submitted, I believe that the information 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.

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
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
11/01/2013 TO 11/30/2013

FROM

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, percent removal	*****	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	*****	*****	98.5	*****	*****	*****			
Solids, suspended percent removal	*****	*****	85 MO AV MN	*****	*****	*****	Monthly	CALCTD	
81011 K 0 Percent Removal	*****	*****	98.6	*****	*****	*****			
	*****	*****	85 MO AV MN	*****	*****	*****	Monthly	CALCTD	

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 analyze the information submitted. Based on my inquiry of the person or persons who manage the system, I am aware that they are following the system and that 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 knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BARBARA BULKEMA GENERAL MANAGER TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>B. Bulkema</i>	TELEPHONE (831) 628-1248 AREA Code NUMBER	DATE 12/20/13 MM/DD/YYYY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)