

March
Date: ~~January~~ 29, 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: Superintendent

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: 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
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	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	03/31/2014
MONITORING PERIOD	

DMR Mailing ZIP CODE: 93922
 MAJOR (SUBR 03)
 DISCHARGE 001/QUARTERLY
 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			
Zinc, total recoverable	2.3	2.3	lb/d	229	226	226				
01094 1 0 Effluent Gross	37	220	lb/d	1470	8790	23430		Quarterly	GRAB	
Copper, total recoverable	0.3	0.3	lb/d	44	38	38				
01119 1 0 Effluent Gross	3.1	31	lb/d	120	1220	3420		Quarterly	GRAB	
DDT/DDD/DDE, sum of p,p' & o,p' isomers	NOI (lb)	NOI (lb)	lb/d	*****	NOI (lb)	*****				
39379 1 0 Effluent Gross	00052	*****	lb/d	*****	.02074	*****		Quarterly	GRAB	
Solids, total dissolved	*****	*****	*****	*****	*****	2899				
70295 1 0 Effluent Gross	*****	*****	*****	*****	*****	Req. Mon. DAILY MX		Quarterly	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BARBARA BUKENA GENERAL MANAGER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE (831) 624-1248	DATE 03/18/2014
TYPED OR PRINTED		AREA Code NUMBER	MM/DD/YYYY

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