

Date: May 30, 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 17th 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)

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

CA0047896	001-S
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93922
MAJOR (SUBR 03)
DISCHARGE 001/SEMIANNUALLY
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			
Radioactivity		*****	*****	*****	*****	*****	*****			
00189 1 0 Effluent Gross Cyanide, total [as CN]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)		22.2	Req. Mon. DAILY MX
00720 1 0 Effluent Gross Arsenic, total recoverable	PERMIT REQUIREMENT	3.1 6 MO MED	12 DAILY MX	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)			Twice Per Year
	SAMPLE MEASUREMENT	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)			
00978 1 0 Effluent Gross Selenium, total recoverable	PERMIT REQUIREMENT	15 6 MO MED	89 DAILY MX	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)			Twice Per Year
	SAMPLE MEASUREMENT	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)			
00981 1 0 Effluent Gross Thallium, total recoverable	PERMIT REQUIREMENT	46 6 MO MED	180 DAILY MX	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)			Twice Per Year
	SAMPLE MEASUREMENT	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)			
00982 1 0 Effluent Gross Beryllium, total recoverable [as Be]	PERMIT REQUIREMENT	6.1 30DA AVG	*****	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)			Twice Per Year
	SAMPLE MEASUREMENT	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)			
00998 1 0 Effluent Gross Chromium, hexavalent [as Cr]	PERMIT REQUIREMENT	1 30DA AVG	*****	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)			Twice Per Year
	SAMPLE MEASUREMENT	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)			
01032 1 0 Effluent Gross	PERMIT REQUIREMENT	6.1 6 MO MED	24 DAILY MX	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)			Twice Per Year
	SAMPLE MEASUREMENT	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)	NOI (CS)			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
DIANE, BARBARA GENERAL MANAGER		851 624-1248	06/30/14
TYPED OR PRINTED		AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NOTE THAT THE UG/L LIMITS FOR DIMETHYL PHTHALATE WERE CONVERTED TO MG/L DUE TO 8 DIGIT LIMIT IN PCS. NOTE THAT THE UG/L AND LBS/DAY LIMITS FOR TCDD EQUIVALENTS WERE CONVERTED TO PG/L AND UG/DAY.

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 Pinkewich

CA0047996	001-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MMDDYYYY	MMDDYYYY
01/01/2014	06/30/2014

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

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Chromium, trivalent [as Cr]							
01033 10 Effluent Gross	0.62	lb/d	0.62	ug/L		Twice Per Year	COMP24
Nickel, total recoverable							
01074 10 Effluent Gross	0.007	lb/d	3.9	ug/L		Twice Per Year	COMP24
Silver total recoverable							
01079 10 Effluent Gross	1.7	lb/d	70	ug/L		Twice Per Year	COMP24
Cadmium, total recoverable							
01113 10 Effluent Gross	3.1	lb/d	120	ug/L		Twice Per Year	COMP24
Lead, total recoverable							
01114 10 Effluent Gross	6.1	lb/d	240	ug/L		Twice Per Year	COMP24
Antimony, total recoverable							
01268 10 Effluent Gross	3700	lb/d	150000	ug/L		Twice Per Year	COMP24
2-Methyl-4,6-dinitrophenol							
03615 10 Effluent Gross	670	lb/d	26840	ug/L		Twice Per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
BULKENA, BARBARA GENERAL MANAGER	831 624-1248	05/30/2014
TYPED OR PRINTED	AREA Code	NUMBER
	831	624-1248
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MMDDYYYY
		05/30/2014

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

001-S
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 93922
MAJOR (SUBR 03)

DISCHARGE 001/SEMIANNUALLY
External Outfall

MONITORING PERIOD
MM/DD/YYYY
06/30/2014

MM/DD/YYYY
01/01/2014

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Tributyltin	MEASUREMENT	NOD (CS)	*****	*****	*****	*****				
	PERMIT REQUIREMENT	.0043 30DA AVG	*****	*****	.17 30DA AVG	*****	ug/L	Twice Per Year	COMP24	
Polynuclear Aromatic Hydrocarbons [PAHs]	MEASUREMENT	NOD (CS)	*****	*****	*****	*****				
	PERMIT REQUIREMENT	.027 30DA AVG	*****	*****	1.07 30DA AVG	*****	ug/L	Twice Per Year	COMP24	
Dichlorobromomethane	MEASUREMENT	NOD (CS)	*****	*****	*****	*****				
	PERMIT REQUIREMENT	19 30DA AVG	*****	*****	760 30DA AVG	*****	ug/L	Twice Per Year	COMP24	
Carbon tetrachloride	MEASUREMENT	NOD (CS)	*****	*****	*****	*****				
	PERMIT REQUIREMENT	2.7 30DA AVG	*****	*****	110 30DA AVG	*****	ug/L	Twice Per Year	COMP24	
1,2-Dichloroethane	MEASUREMENT	NOD (CS)	*****	*****	*****	*****				
	PERMIT REQUIREMENT	85 30DA AVG	*****	*****	3400 30DA AVG	*****	ug/L	Twice Per Year	COMP24	
Dibromochloromethane	MEASUREMENT	NOD (CS)	*****	*****	*****	*****				
	PERMIT REQUIREMENT	26 30DA AVG	*****	*****	1050 30DA AVG	*****	ug/L	Twice Per Year	COMP24	
Chloroform	MEASUREMENT	1.4	*****	*****	*****	*****				
	PERMIT REQUIREMENT	400 30DA AVG	*****	*****	15900 30DA AVG	*****	ug/L	Twice Per Year	COMP24	

Identify 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 the 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
BURKIN, B. NAKABARA
GENERAL MANAGER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER
851 624-1288

DATE
5/14/14

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NOTE THAT THE UG/L LIMITS FOR DIMETHYL PHTHALATE WERE CONVERTED TO MGL DUE TO 8 DIGIT LIMIT IN PCS. NOTE THAT THE UG/L AND LBS/DAY LIMITS FOR TCDD EQUIVALENTS WERE CONVERTED TO PG/L AND UG/DAY.

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
PERMIT NUMBER

001-S
DISCHARGE NUMBER

MM/DD/YYYY
01/01/2014

MONITORING PERIOD
MM/DD/YYYY
06/30/2014


DMR Mailing ZIP CODE: 93922

MAJOR (SUBR 03)

DISCHARGE 001/SEMIANNUALLY
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	VALUE			
Toluene	MEASUREMENT	NOPI (US)	*****	*****	*****	*****				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	260000 30DA AVG	lb/d	*****	*****	10370000 30DA AVG	ug/L	Twice Per Year	COMP24	
Benzene	MEASUREMENT	NOPI (US)	*****	*****	*****	*****				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	18 30DA AVG	lb/d	*****	*****	720 30DA AVG	ug/L	Twice Per Year	COMP24	
Acrolein	MEASUREMENT	NOPI (US)	*****	*****	*****	*****				
34210 1 0 Effluent Gross	PERMIT REQUIREMENT	670 30DA AVG	lb/d	*****	*****	26840 30DA AVG	ug/L	Twice Per Year	COMP24	
Acrylonitrile	MEASUREMENT	NOPI (US)	*****	*****	*****	*****				
34215 1 0 Effluent Gross	PERMIT REQUIREMENT	.31 30DA AVG	lb/d	*****	*****	12.2 30DA AVG	ug/L	Twice Per Year	COMP24	
Bis[2-chloroethyl] ether	MEASUREMENT	NOPI (US)	*****	*****	*****	*****				
34273 1 0 Effluent Gross	PERMIT REQUIREMENT	.14 30DA AVG	lb/d	*****	*****	5.49 30DA AVG	ug/L	Twice Per Year	COMP24	
Bis[2-chloroethoxy]methane	MEASUREMENT	NOPI (US)	*****	*****	*****	*****				
34278 1 0 Effluent Gross	PERMIT REQUIREMENT	13 30DA AVG	lb/d	*****	*****	540 30DA AVG	ug/L	Twice Per Year	COMP24	
Bis[2-chloroisopropyl] ether	MEASUREMENT	NOPI (US)	*****	*****	*****	*****				
34283 1 0 Effluent Gross	PERMIT REQUIREMENT	3700 30DA AVG	lb/d	*****	*****	15000 30DA AVG	ug/L	Twice Per Year	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BULKEMA, BARBARA GENERAL MANAGER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NUMBER 831 624-1288	DATE 03/30/14
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

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

NOTE THAT THE UG/L LIMITS FOR DIMETHYL PHTHALATE WERE CONVERTED TO MG/L DUE TO 8 DIGIT LIMIT IN PCS. NOTE THAT THE UG/L AND LBS/DAY LIMITS FOR TCDD EQUIVALENTS WERE CONVERTED TO PG/L AND UG/DAY.

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


CA0047986	001-S
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93922
MAJOR (SUBR 03)

DISCHARGE 001/SEMIANNUALLY
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Chlorobenzene	MEASUREMENT	NOI (S)	*****	*****			
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	1700 30DA AVG	*****	69540 30DA AVG		Twice Per Year	COMP24
Diethyl phthalate	MEASUREMENT	NOI (S)	*****	*****			
34336 1 0 Effluent Gross	PERMIT REQUIREMENT	10000 30DA AVG	*****	4030000 30DA AVG		Twice Per Year	COMP24
Dimethyl phthalate	MEASUREMENT	NOI (S)	*****	*****			
34341 1 0 Effluent Gross	PERMIT REQUIREMENT	2500000 30DA AVG	*****	100040 30DA AVG		Twice Per Year	COMP24
1,2-Diphenylhydrazine	MEASUREMENT	NOI (S)	*****	*****			
34346 1 0 Effluent Gross	PERMIT REQUIREMENT	.49 30DA AVG	*****	19.52 30DA AVG		Twice Per Year	COMP24
Ethylbenzene	MEASUREMENT	NOI (S)	*****	*****			
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	13000 30DA AVG	*****	500000 30DA AVG		Twice Per Year	COMP24
Fluoranthene	MEASUREMENT	NOI (S)	*****	*****			
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	46 30DA AVG	*****	1830 30DA AVG		Twice Per Year	COMP24
Hexachlorocyclopentadiene	MEASUREMENT	NOI (S)	*****	*****			
34386 1 0 Effluent Gross	PERMIT REQUIREMENT	180 30DA AVG	*****	7080 30DA AVG		Twice Per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BUKEMA, BARBARA GENERAL MANAGER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
TYPED OR PRINTED		AREA Code NUMBER	MM/DD/YYYY
		831 624-7248	5/2/14

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NOTE THAT THE UG/L LIMITS FOR DIMETHYL PHTHALATE WERE CONVERTED TO MG/L DUE TO 8 DIGIT LIMIT IN PCS. NOTE THAT THE UG/L AND LBS/DAY LIMITS FOR TCDD EQUIVALENTS WERE CONVERTED TO PG/L AND UG/DAY.

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

CA0047996	001-S
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	06/30/2014
MONITORING PERIOD	

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

No Discharge

ATTN: James Pinkevich

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Hexachlorobutadiene	PERMIT REQUIREMENT	43	lb/d	*****	NOD (S)	*****				
	SAMPLE MEASUREMENT	30DA AVG		*****	1710	ug/L	Twice Per Year	COMP24		
Hexachloroethane	PERMIT REQUIREMENT	7.6	lb/d	*****	NOD (S)	*****				
	SAMPLE MEASUREMENT	30DA AVG		*****	310	ug/L	Twice Per Year	COMP24		
Isophorone	PERMIT REQUIREMENT	2228	lb/d	*****	NOD (S)	*****				
	SAMPLE MEASUREMENT	30DA AVG		*****	89060	ug/L	Twice Per Year	COMP24		
Methylene chloride	PERMIT REQUIREMENT	1400	lb/d	*****	NOD (S)	*****				
	SAMPLE MEASUREMENT	30DA AVG		*****	54900	ug/L	Twice Per Year	COMP24		
34423 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2	lb/d	*****	NOD (S)	*****				
	SAMPLE MEASUREMENT	30DA AVG		*****	46	ug/L	Twice Per Year	COMP24		
N-Nitrosodi-N-propylamine	PERMIT REQUIREMENT	7.6	lb/d	*****	NOD (S)	*****				
	SAMPLE MEASUREMENT	30DA AVG		*****	310	ug/L	Twice Per Year	COMP24		
34433 1 0 Effluent Gross	PERMIT REQUIREMENT	22	lb/d	*****	NOD (S)	*****				
	SAMPLE MEASUREMENT	30DA AVG		*****	890	ug/L	Twice Per Year	COMP24		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<i>BURKINA BARBARA</i> GENERAL MANAGER	851 624-1248	05/20/14
TYPED OR PRINTED	AREA CODE	NUMBER
	851	624-1248
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MMDDYYYY
		MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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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-S
DISCHARGE NUMBER

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

MM/DD/YYYY
01/01/2014

MONITORING PERIOD
MM/DD/YYYY
06/30/2014

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

No Discharge

ATTN: James Pinkevich

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Nitrobenzene	PERMIT REQUIREMENT	15	lb/d	*****		*****				
34447 1 0 Effluent Gross	SAMPLE MEASUREMENT	NOD (B)		*****		NOD (B)		Twice Per Year	COMP24	
Tetrachloroethylene	PERMIT REQUIREMENT	6.1	lb/d	*****		*****				
34475 1 0 Effluent Gross	SAMPLE MEASUREMENT	NOD (B)		*****		NOD (B)		Twice Per Year	COMP24	
1,1-Dichloroethylene	PERMIT REQUIREMENT	2.7	lb/d	*****		*****				
34501 1 0 Effluent Gross	SAMPLE MEASUREMENT	NOD (B)		*****		NOD (B)		Twice Per Year	COMP24	
1,1,1-Trichloroethane	PERMIT REQUIREMENT	1600000	lb/d	*****		*****				
34506 1 0 Effluent Gross	SAMPLE MEASUREMENT	NOD (B)		*****		NOD (B)		Twice Per Year	COMP24	
1,1,2-Trichloroethane	PERMIT REQUIREMENT	29	lb/d	*****		*****				
34511 1 0 Effluent Gross	SAMPLE MEASUREMENT	NOD (B)		*****		NOD (B)		Twice Per Year	COMP24	
1,1,2,2-Tetrachloroethane	PERMIT REQUIREMENT	7	lb/d	*****		*****				
34516 1 0 Effluent Gross	SAMPLE MEASUREMENT	NOD (B)		*****		NOD (B)		Twice Per Year	COMP24	
1,4-Dichlorobenzene	PERMIT REQUIREMENT	55	lb/d	*****		*****				
34571 1 0 Effluent Gross	SAMPLE MEASUREMENT	NOD (B)		*****		NOD (B)		Twice Per Year	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BOIKEN, BARBARA GENERAL MANAGER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NUMBER 831 624-1248	DATE 5/30/14
TYPED OR PRINTED		AREA Code	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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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
MM/DD/YYYY
01/01/2014

001-S
DISCHARGE NUMBER
MM/DD/YYYY
06/30/2014

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

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
2,4-Dinitrotoluene								
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT	7.9	lb/d	NOD (VS)	ug/L			Twice Per Year	COMP24
2,4-Dinitrophenol								
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT	12	lb/d	NOD (VS)	ug/L			Twice Per Year	COMP24
2,4,6-Trichlorophenol								
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT	89	lb/d	NOD (VS)	ug/L			Twice Per Year	COMP24
3,3'-Dichlorobenzidine								
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT	.025	lb/d	NOD (VS)	ug/L			Twice Per Year	COMP24
34631 1 0 Effluent Gross								
SAMPLE MEASUREMENT	0.05							
PERMIT REQUIREMENT	11	lb/d					Twice Per Year	COMP24
Bis[2-ethylhexyl] phthalate								
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT	430	lb/d					Twice Per Year	COMP24
39100 1 0 Effluent Gross								
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT	430000	lb/d					Twice Per Year	COMP24
Di-n-butyl phthalate								
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT	.00021	lb/d					Twice Per Year	COMP24
39120 1 0 Effluent Gross								
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT							Twice Per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<i>DUCENA, BARBARA</i>		
<i>GENERAL MANAGER</i>	AREA Code	NUMBER
TYPED OR PRINTED	831 624-1248	5/30/14
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NOTE THAT THE UG/L LIMITS FOR DIMETHYL PHTHALATE WERE CONVERTED TO MG/L DUE TO 8 DIGIT LIMIT IN PCS. NOTE THAT THE UG/L AND LBS/DAY LIMITS FOR TCDD EQUIVALENTS WERE CONVERTED TO PG/L AND UG/DAY.

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-S
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93922
MAJOR (SUBR 03)
DISCHARGE 001/SEMIANNUALLY
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	VALUE			
Vinyl chloride	PERMIT REQUIREMENT	NOD (B)	*****	*****	*****	*****				
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	110 30DA AVG	lb/d	*****	4390 30DA AVG	ug/L		Twice Per Year	COMP24	
Trichloroethylene	SAMPLE MEASUREMENT	NOD (B)	*****	*****	*****	*****				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	82 30DA AVG	lb/d	*****	3290 30DA AVG	ug/L		Twice Per Year	COMP24	
Aldrin	SAMPLE MEASUREMENT	NOD (B)	*****	*****	*****	*****				
39330 1 0 Effluent Gross	PERMIT REQUIREMENT	.000067 30DA AVG	lb/d	*****	.00268 30DA AVG	ug/L		Twice Per Year	COMP24	
Chlordane [tech mix. and metabolites]	SAMPLE MEASUREMENT	NOD (B)	*****	*****	*****	*****				
39350 1 0 Effluent Gross	PERMIT REQUIREMENT	.00007 30DA AVG	lb/d	*****	.00281 30DA AVG	ug/L		Twice Per Year	COMP24	
Dieldrin	SAMPLE MEASUREMENT	NOD (B)	*****	*****	*****	*****				
39380 1 0 Effluent Gross	PERMIT REQUIREMENT	.00012 30DA AVG	lb/d	*****	.00488 30DA AVG	ug/L		Twice Per Year	COMP24	
Endosulfan, total	SAMPLE MEASUREMENT	NOD (B)	*****	*****	*****	*****				
39388 1 0 Effluent Gross	PERMIT REQUIREMENT	.027 6 MO MED	lb/d	1.1 6 MO MED	2.2 DAILY MX	INST MAX		Twice Per Year	COMP24	
Endrin	SAMPLE MEASUREMENT	NOD (B)	*****	*****	*****	*****				
39390 1 0 Effluent Gross	PERMIT REQUIREMENT	.0061 6 MO MED	lb/d	.24 6 MO MED	.49 DAILY MX	INST MAX		Twice Per Year	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
<i>SUZANA VAREZARA</i> GENERAL MANAGER		851 624-1249	5/30/14
TYPED OR PRINTED	AREA CODE	NUMBER	MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NOTE THAT THE UG/L LIMITS FOR DIMETHYL PHTHALATE WERE CONVERTED TO MG/L DUE TO 8 DIGIT LIMIT IN PCS. NOTE THAT THE UG/L AND LBS/DAY LIMITS FOR TCDD EQUIVALENTS WERE CONVERTED TO PG/L AND UG/DAY.

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


CA0047996	001-S
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	06/30/2014
MONITORING PERIOD	

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

No Discharge

ATTN: James Pinkevich

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Toxaphene	PERMIT REQUIREMENT	NOPI (LB)	*****	*****	*****	*****				
39400 1 0 Effluent Gross	PERMIT REQUIREMENT	.00064 30DA AVG	*****	*****	*****	*****	ug/L	Twice Per Year	COMP24	
Heptachlor	SAMPLE MEASUREMENT	NOPI (LB)	*****	*****	*****	*****				
39410 1 0 Effluent Gross	PERMIT REQUIREMENT	.00015 30DA AVG	*****	*****	*****	*****	ug/L	Twice Per Year	COMP24	
Heptachlor epoxide	SAMPLE MEASUREMENT	NOPI (LB)	*****	*****	*****	*****				
39420 1 0 Effluent Gross	PERMIT REQUIREMENT	.000061 30DA AVG	*****	*****	*****	*****	ug/L	Twice Per Year	COMP24	
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	NOPI (LB)	*****	*****	*****	*****				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	.000058 30DA AVG	*****	*****	*****	*****	ug/L	Twice Per Year	COMP24	
Hexachlorobenzene	SAMPLE MEASUREMENT	NOPI (LB)	*****	*****	*****	*****				
39700 1 0 Effluent Gross	PERMIT REQUIREMENT	.00064 30DA AVG	*****	*****	*****	*****	ug/L	Twice Per Year	COMP24	
Mercury, total recoverable	SAMPLE MEASUREMENT	NOPI (LB)	*****	*****	*****	*****				
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.12 6 MO MED	*****	*****	*****	*****	ug/L	Twice Per Year	COMP24	
Phenols, chlorinated	SAMPLE MEASUREMENT	NOPI (LB)	*****	*****	*****	*****				
74015 1 0 Effluent Gross	PERMIT REQUIREMENT	3.1 6 MO MED	*****	*****	*****	*****	ug/L	Twice Per Year	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
BUCKEN, BARBARA GENERAL MANAGER		831 628-1248	5/31/14
TYPED OR PRINTED	AREA Code	NUMBER	MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 NOTE THAT THE UG/L LIMITS FOR DIMETHYL PHTHALATE WERE CONVERTED TO MG/L DUE TO 8 DIGIT LIMIT IN PCS. NOTE THAT THE UG/L AND LBS/DAY LIMITS FOR TODD EQUIVALENTS WERE CONVERTED TO PG/L AND UG/DAY.

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
PERMIT NUMBER

001-S
DISCHARGE NUMBER

MM/DD/YYYY
01/01/2014

MONITORING PERIOD
MM/DD/YYYY
06/30/2014


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

No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS				
1,3-Dichloropropene	PERMIT REQUIREMENT	27	lb/d	1090	ug/L	30DA AVG		Twice Per Year	COMP24
Hexachlorocyclohexane, total	SAMPLE MEASUREMENT	NOPI (CS)		NOPI (CS)					
77835 1 0 Effluent Gross	PERMIT REQUIREMENT	.024	lb/d	.49	ug/L	6 MO MED		Twice Per Year	COMP24
Phenolic compounds, unchlorinated	SAMPLE MEASUREMENT	NOPI (CS)		NOPI (CS)		DAILY MX			
78218 1 0 Effluent Gross	PERMIT REQUIREMENT	92	lb/d	3660	ug/L	6 MO MED		Twice Per Year	COMP24
Halomethanes	SAMPLE MEASUREMENT	NOPI (CS)		NOPI (CS)		DAILY MX			
78456 1 0 Effluent Gross	PERMIT REQUIREMENT	400	lb/d	15860	ug/L	30DA AVG		Twice Per Year	COMP24
Dichlorobenzene	SAMPLE MEASUREMENT	NOPI (CS)		NOPI (CS)					
81524 1 0 Effluent Gross	PERMIT REQUIREMENT	16000	lb/d	620000	ug/L	30DA AVG		Twice Per Year	COMP24
TCDD equivalents	SAMPLE MEASUREMENT	NOPI (CS)		NOPI (CS)					
82698 1 0 Effluent Gross	PERMIT REQUIREMENT	5.443	ug/d	.48	pg/L	30DA AVG		Twice Per Year	COMP24
Static Renewal 96Hr Acute Pimphales Promelas	SAMPLE MEASUREMENT	*****	*****	*****					
TSN6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	tox acute	DAILY MX		Twice Per Year	GRAB

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
BULEMA, BAKISABE A
GENERAL MANAGER
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE
AREA Code NUMBER
801 624-1248 9/30/14

DATE
MM/DD/YYYY
MM/DD/YYYY

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

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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


CA0047996	001-S
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	06/30/2014
MONITORING PERIOD	

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

No Discharge

ATTN: James Pinkevich

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Static 48Hr Chronic Halloys Rufescens		*****	*****	*****	*****	*****				
TTK3R 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	122 DAILY MX	tox chronic		Twice Per Year		GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>BUKEMA, BARBARA</i> <i>GENERAL MANAGER</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
TYPED OR PRINTED		831 624.1248	5/30/14
		AREA Code	NUMBER
			MM/DD/YYYY

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

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