Date: August 22, 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

Jan Feb March Apr May Jun

Jul Aug Sept Oct Nov Dec

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

Year:

Months*):

2014

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)

ADDRESS: 26900 STATE ROUTE ONE CARMEL AREA WWD & PEBBLE BEACH CARMEL, CA 93922

LOCATION: FACILITY: CARMEL AREA WWTP

26900 STATE ROUTE ONE CARMEL, CA 93922

PERMIT NUMBER CA0047996 MM/DD/YYYY 07/01/2014 MONITORING PERIOD DISCHARGE NUMBER MM/DD/YYYY 07/31/2014 001-A

DMR Mailing ZIP CODE:

93922

MAJOR

DISCHARGE 001/MONTHLY (SUBR 03)

External Outfall

No Discharge

ATTN: James Pinkevich

					4						
		QUA	QUANTITY OR LOADING			QUALITY OR CONCENTRATION	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	STINU	E	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE	****	****	****	****	****					
	MEASUREMENT						7,4				
00011 1 0	PERMIT	****	****	***	*****	*****	Reg Mon	den F		5 Dave Even	GBAB
Effluent Gross	REQUIREMENT						INST MAX	9		Week	3
Turbidity	SAMPLE	*****	*****	****							
	MEASUREMENT				ぐっ	ŕ	72,9				
00070 1 0	PERMIT	****	*****	*****	75	100	326	NTI		Open Front 13	COMBOA
Effluent Gross	REQUIREMENT				MO AVG	H WK AV	DAILY MX	3		Days	CONTAC
BOD, 5-day, 20 deg. C	SAMPLE									Cayo	
	MEASUREMENT	36,5	36,5		Ž	Ŋ	15				
00310 1 0	PERMIT	750	1130	lb/d	30	45	90	ma/l		Once Every 13	COMPSA
Effluent Gross	REQUIREMENT	MO AVG	HI WK AV		MO AVG	HI WK AV	DAILY MX			Days	CON. 24
PH	SAMPLE MEASUREMENT	* * *	****	****	7.1	* * * * * * * * * * * * * * * * * * * *	2,2				
00400 1 0	PERMIT	****	*****	*****	0	****	,	2		1	
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	ò		Week	GKAB
Solids, total suspended	SAMPLE MEASUREMENT	07 7			17	,					
					6.	6,7	してる				
00530 1 0	PERMIT	750	1130	lb/d	30	45	90	mg/L	Ų	5 Days Every	COMP24
Effluent Gross	REQUIREMENT	MO AVG	HI WK AV		MO AVG	HI WK AV	DAILY MX			Week	
Solids, settleable	SAMPLE	****	****	****							
	MEASUREMENT				2001 (%)	8.18	Ø , / Ø				
00545 1 0	PERMIT	* * * * * * * * * * * * * * * * * * * *	****	***	_	1.5	ω	mL/L		Once Every 13	GRAB
Effluent Gross	REQUIREMENT				MO AVG	HI WK AV	DAILY MX			Days	í
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	18:3	26.8		/08e8	14 0 mg	10 cand				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1800 6 MO MED	7300 DAII Y MX	lb/d	73200 6 MO MED	292800	732000	ug/L		Monthly	GRAB
					ט ואוס ואורט	מאור יאיא	NAIN IONII				

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

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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 revailable the information submitted. Beset 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

(831) 624-1249

19/2/14 MM/DD/YYYY

TELEPHONE

DATE

AREA Code

NUMBER

AUTHORIZED AGENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

beverse manares

TYPED OR PRINTED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) CARMEL AREA WWD & PEBBLE BEACH

ADDRESS: 26900 STATE ROUTE ONE

FACILITY: CARMEL AREA WWTP CARMEL, CA 93922

LOCATION: 26900 STATE ROUTE ONE

CARMEL, CA 93922

ATTN: James Pinkevich

PERMIT NUMBER CA0047996 MM/DD/YYYY 07/01/2014 MONITORING PERIOD DISCHARGE NUMBER MM/DD/YYYY 07/31/2014 001-A

DMR Mailing ZIP CODE

93922

OMB No. 2040-0004 Form Approved

MAJOR (SUBR 03)

DISCHARGE 001/MONTHLY

External Outfall

No Discharge

74056 1 0 Effluent Gross 50060 1 0 Effluent Gross Coliform, total general めようなよろく Effluent Gross 71800 1 0 Urea Effluent Gross
Chlorine, total residual 50050 1 0 Flow, in conduit or thru treatment plant Effluent Gross 03582 1 0 Oil and grease Effluent Gross 00955 1 0 Silica, dissolved [as SiO2] Effluent Gross 00620 1 0 Nitrogen, nitrate total [as N] NAME/TITLE PRINCIPAL EXECUTIVE OFFICER PARAMETER めってきてい んれんなるいで MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE PERMIT PERMIT PERMIT PERMIT 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 variable 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 knowling violations. 50) 1000 80.00 6 MO MED Req. Mon. MO AVG 120'0 MO AVG ***** VALUE ***** ***** ***** QUANTITY OR LOADING 2001 (B NOO! (\$ 8,322 Req. Mon. DAILY MX 1000 DAILY MX DAILY MX VALUE ***** ***** ***** ***** **** ***** **** ***** STIND ***** MGD ***** **** lb/d ***** ***** lb/d **** 200 (B) 6 MO MED 222 MO AVG VALUE ***** ***** ***** ***** 240 ***** SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR S) 1600 QUALITY OR CONCENTRATION 2001 (B DAILY MX 30DA GM HI WK AV in VALUE ***** ***** ***** ***** ***** 980 230 **とのら「(点** 2001 (B) 10000 INST MAX Req. Mon. DAILY MX Req. Mon. DAILY MX 7.15 ならな INST MAX DAILY MX 50 Req. Mon. DAILY MX VALUE L ***** 7320 MPN/100m mg/L STINU ***** mg/L mg/L ug/L mg/L ***** E NO TELEPHONE 5 Days Every Once Every 13 FREQUENCY OF ANALYSIS Week Monthly Monthly Monthly Daily Daily SAMPLE TYPE DATE GRAB GRAB CONTIN METER GRAB GRAB GRAB

TYPED OR PRINTED

AUTHORIZED AGENT

(831)624-1249 NUMBER 13/8 MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

ADDRESS: PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) 26900 STATE ROUTE ONE CARMEL AREA WWD & PEBBLE BEACH

FACILITY: CARMEL AREA WWTP CARMEL, CA 93922

LOCATION: 26900 STATE ROUTE ONE CARMEL, CA 93922

MM/DD/YYYY 07/01/2014 MONITORING PERIOD MM/DD/YYYY 07/31/2014

PERMIT NUMBER CA0047996

DISCHARGE NUMBER

001-A

DMR Mailing ZIP CODE:

93922

OMB No. 2040-0004 Form Approved

MAJOR

DISCHARGE 001/MONTHLY (SUBR 03)

External Outfall

No Discharge

ATTN: James Pinkevich

		OHA	DINANTITY OF LOADING	,		OHALITY OF COM	CHITDATION			777017100	
						SOURCE STATE OF SOURCE STATE O				- KEWOLING! SAWIFLE	DAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	STINU	m	EX OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE	****	*****	****		*****	*****				
	MEASUREMENT		×		1.93						
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	MO AV MN	* * * * *	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE	****	*****	*****		*****	*****				
	MEASUREMENT				5.83						
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	MO AV MN	***	****	%		Monthly	CALCTD

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		significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are	eveluate the information submitted. Based on my inquiry of the person or persons who manage the	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
	AU HORIZED AGEN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	Mar ()		
	AREA Code NUMBER	(831)624-1248)			TELEPHONE
	ER MM/DD/YYYY	122/14	1/8		DATE

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)

ADDRESS: 26900 STATE ROUTE ONE CARMEL, CA 93922 CARMEL AREA WWD & PEBBLE BEACH

FACILITY: CARMEL AREA WWTP

LOCATION: 26900 STATE ROUTE ONE CARMEL, CA 93922

ATTN: James Pinkevich

PERMIT NUMBER CA0047996 MM/DD/YYYY 07/01/2014 MONITORING PERIOD DISCHARGE NUMBER MM/DD/YYYY 07/31/2014 INF-A

DMR Mailing ZIP CODE:

93922

OMB No. 2040-0004 Form Approved

MAJOR

INFLUENT/MONTHLY (SUBR 03)

Influent Structure

No Discharge

Raw Sewage Influent 50050 G 0 Raw Sewage Influent
Flow, in conduit or thru treatment plant 00530 G 0 Raw Sewage Influent Solids, total suspended BOD, 5-day, 20 deg. C 00310 G 0 PARAMETER MEASUREMENT MEASUREMENT MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE PERMIT Req. Mon. MO AVG 1.125 VALUE ***** ***** QUANTITY OR LOADING 5,322 Req. Mon. DAILY MX VALUE ***** ***** ***** STINU MGD ***** ***** **** VALUE ***** QUALITY OR CONCENTRATION 227 633 Req. Mon. MO AVG Req. Mon. MO AVG VALUE 523 Req. Mon. DAILY MX 1152 Req. Mon. DAILY MX VALUE ***** STINU **** **** mg/L mg/L EX.O Once Every 13 Once Every 13 FREQUENCY OF ANALYSIS Days Daily SAMPLE TYPE COMP24 COMP24 METER

COMMENTS		900	1 2 10	ジネスや		NAME/
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		TYPED OR BRINTED	3	DARBARA BULKERY		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
eference all attachments here)		significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are	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	supervision in accordance with a system designed to assure that qualified personnel properly gather and	certify under penalty of law that this document and all attachments were propored under the control of law that this document and all attachments were propored under the control of law that this document and all attachments were propored under the control of law that this document and all attachments were propored under the control of law that the control of law t
	AG INCRIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		\\.\!	1	
	AREA Code	(831)624-1249 /22/			TELEPHONE	
	NUMBER	-1248			NE	
	MM/DD/YYYY	11/12/14	0//		DATE	

CARMEL AREA WASTEWATER DISTRICT FINAL EFFLUENT/REJECT BRINE FECAL COLIFORM/ENTEROCOCCUS

FINAL EFFLUENT

REJECT BRINE

	FECAL	ENTERO	FECAL	ENTERO
	MPN	MPN	MPN	MPN
DATE				
7/1/2014	1	5	<1	<1
7/2/2014	1	3	<1	<1
7/3/2014	<1	3	<1	<1
7/4/2014	1	<1	<1	<1
7/5/2014				
7/6/2014				
7/7/2014	1	<1	NR	NR
7/8/2014	1	1	NR	NR
7/9/2014	1	8.6	NR	NR
7/10/2014	3	2	NR	NR
7/11/2014	1	2	NR	NR
7/12/2014				
7/13/2014				
7/14/2014	1	2	NR	NR
7/15/2014	3	<1	NR	NR
7/16/2014	<1	<1	NR	NR
7/17/2014	3	3	NR	NR
7/18/2014	4	8.4	NR	NR
7/19/2014				
7/20/2014				
7/21/2014	<1	<1	NR	NR
7/22/2014	1	6.3	NR	NR
7/23/2014	2	4	NR	NR
7/24/2014	<1	10.6	NR	NR
7/25/2014	2	3		
7/26/2014				
7/27/2014				
7/28/2014	<1	1	NR	NR
7/29/2014	<1	1	NR	NR
7/30/2014	3.1	14.2	NR	NR
7/31/2014	2	8.1	NR	NR

NR (RO NOT RUNNING-NO FLOW TO RECEIVING WATER)