

Date: October 31, 2013

California Regional Water Quality Control Board
Central Coast Division
Attn: **Monitoring and Reporting Review Section**
895 Aerovista Place, Suite 101
San Luis Obispo, CA 93401



Dear Mr. Briggs:

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: #93-72 (RECLAMATION PERMIT)

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

Year: 2013

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

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

YOUR REPORTING PERIOD IS MONTHLY
AND YOUR REPORTS MUST BE SUBMITTED BY 20
DAYS FOLLOWING THIS DATE

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD
DISCHARGER SELF MONITORING REPORT
CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
CENTRAL COAST REGION
81 HIGUERA STREET, SUITE 200
SAN LUIS OBISPO, CA 93401-5414

CARMEL AREA WASTEWATER DISTRICT
CARMEL AREA WASTEWATER DISTRICT
WATER POLLUTION CONTROL PLANT
P.O. BOX 221428
CARMEL, CA 93922

09 0109 313 27010100101A M

TRANS CODE	FACILITY ID	STATION DESCRIPTION	TERTIARY DAILY FLOW MGD		TERTIARY CBOD 5-DAY MG/L		TERTIARY T N F RESIDUE MG/L		TERTIARY TURBIDITY NTU		TERTIARY CL2 RESIDUAL MG/L		TERTIARY PH UNITS		TERTIARY TOT. COLIFORMS MPN / 100 ML		TERTIARY SETT SOLIDS ML/L	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
9	1	1	1.315	2.0	.6	0.02	0.02	6.01	10.96	7.6	ND	ND	ND	ND	ND	ND	ND	ND
9	2	2	1.418	2.0	.2	0.02	0.02	6.49	8.65	7.7	ND	ND	ND	ND	ND	ND	ND	ND
9	3	3	1.348	2.0	.2	0.02	0.02	6.00	15.07	7.7	ND	ND	ND	ND	ND	ND	ND	ND
9	4	4	1.123	2.0	.4	0.04	1.00	5.90	9.57	7.6	ND	ND	ND	ND	ND	ND	ND	ND
9	5	5	0.884	2.0	.2	0.02	0.04	6.59	7.83	7.6	ND	ND	ND	ND	ND	ND	ND	ND
9	6	6	0.538	1.0	.6	0.02	0.02	6.71	7.56	7.5	ND	ND	ND	ND	ND	ND	ND	ND
9	7	7	0.543	1.0	.6	0.02	0.02	7.01	9.86	7.3	ND	ND	ND	ND	ND	ND	ND	ND
9	8	8	0.549	1.0	.4	0.02	0.03	8.78	9.86	7.3	ND	ND	ND	ND	ND	ND	ND	ND
9	9	9	0.599	1.0	.4	0.02	0.02	7.40	9.19	7.4	ND	ND	ND	ND	ND	ND	ND	ND
9	10	10	0.538	1.0	.6	0.02	0.03	6.15	11.04	7.3	ND	ND	ND	ND	ND	ND	ND	ND
9	11	11	0.854	1.0	.2	0.02	0.03	6.80	7.61	7.3	ND	ND	ND	ND	ND	ND	ND	ND
9	12	12	0.867	1.0	.2	0.02	0.02	6.50	7.41	7.3	ND	ND	ND	ND	ND	ND	ND	ND
9	13	13	0.980	1.0	.6	0.02	0.02	6.31	7.11	7.3	ND	ND	ND	ND	ND	ND	ND	ND
9	14	14	1.069	1.0	.4	0.01	0.02	6.60	7.31	7.3	ND	ND	ND	ND	ND	ND	ND	ND
9	15	15	0.926	1.0	.4	0.01	0.02	6.50	7.22	7.4	ND	ND	ND	ND	ND	ND	ND	ND
9	16	16	0.875	1.0	.4	0.01	0.03	6.01	8.67	7.2	ND	ND	ND	ND	ND	ND	ND	ND
9	17	17	0.987	2.0	.4	0.01	0.01	6.71	8.30	7.3	ND	ND	ND	ND	ND	ND	ND	ND
9	18	18	0.965	2.0	.4	0.01	0.02	7.02	7.91	7.3	ND	ND	ND	ND	ND	ND	ND	ND
9	19	19	0.920	2.0	.4	0.01	0.02	7.12	8.00	7.3	ND	ND	ND	ND	ND	ND	ND	ND
9	20	20	0.929	1.0	.2	0.01	0.02	7.23	8.20	7.3	ND	ND	ND	ND	ND	ND	ND	ND
9	21	21	0.983	1.0	.2	0.01	0.02	7.41	11.58	7.3	ND	ND	ND	ND	ND	ND	ND	ND
9	22	22	0.957	1.0	.2	0.01	0.02	7.51	8.42	7.3	ND	ND	ND	ND	ND	ND	ND	ND
9	23	23	0.979	2.0	1.6	0.01	0.02	5.15	8.47	7.2	ND	ND	ND	ND	ND	ND	ND	ND
9	24	24	0.812	1.0	.6	0.01	0.02	7.70	8.41	7.2	ND	ND	ND	ND	ND	ND	ND	ND
9	25	25	0.927	1.0	.2	0.01	0.02	6.72	8.49	7.2	ND	ND	ND	ND	ND	ND	ND	ND
9	26	26	0.953	1.0	.2	0.02	0.02	7.22	9.01	7.2	ND	ND	ND	ND	ND	ND	ND	ND
9	27	27	0.986	1.0	1.1	0.01	0.02	7.37	8.51	7.3	ND	ND	ND	ND	ND	ND	ND	ND
9	28	28	0.927	1.0	.4	0.01	0.02	7.31	8.56	7.2	ND	ND	ND	ND	ND	ND	ND	ND
9	29	29	0.959	1.0	.2	0.01	0.02	6.56	9.73	7.2	ND	ND	ND	ND	ND	ND	ND	ND
9	30	30	0.963	1.0	.6	0.01	0.03	7.40	8.19	7.6	ND	ND	ND	ND	ND	ND	ND	ND
MONTHLY AVERAGE			0.893	1.3	0.4	0.02	0.05	6.59	8.60	7.4	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MONTHLY HIGH			1.418	2.0	1.6	0.04	1.00	8.78	15.07	7.7	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MONTHLY LOW			0.000	1.0	0.1	0.00	0.00	3.0	3.0	7.2	30	30	30	30	30	30	30	30
TOTAL RECORDINGS			30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
REQUIREMENT #1	TIMES EXCEEDED		MONTHLY AVG 1.8	MONTHLY AVG 10.0	MONTHLY AVG 10.0	MONTHLY AVG 0.2	NO CHECK	MINIMUM 6.5	7 SAMPLE MED-- 2.2	MAXIMUM 23.0	MAXIMUM 0.1							
REQUIREMENT #2	TIMES EXCEEDED		(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)							
REQUIREMENT #3	TIMES EXCEEDED		(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)							
HOURS START-UP			I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND ACCURATE, AND THAT THE SAMPLING PROCEDURE AND ANALYSIS USED FOR THE COLUMN CONSTITUENTS WAS SPECIFIED															
INSUFFICIENT SAMPLE			SIGNATURE OF AUTHORIZED AGENT															
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TYPED NAME OF PRINCIPAL EXECUTIVE OFFICER
BUIKEMA, BARBARA

10/30/13

YR/MONTH FOR REPORT

STATE CODE -06

NPDES PERMIT NUMBER-CA00479

