



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)

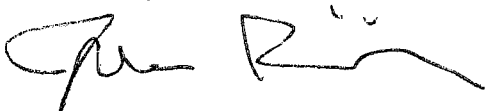
f) Explanation of Cause(s): n/a  
(attach additional information as needed)

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

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

ATTN: James Pinkevich

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  
03/01/2013 TO 03/31/2013

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	*****	*****	*****	374	566			
00310 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX		Once Every 13 Days	COMP24
Solids, total suspended	*****	*****	*****	912	1512			
00530 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX		Once Every 13 Days	COMP24
Flow, in conduit or thru treatment plant	1.387	4.559	*****	*****	*****			
50050 G 0 Raw Sewage Influent	Req. Mon. MO AVG	MGD	*****	*****	*****		Daily	METER

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision by a person who is neither an employee nor agent of the permittee, and that I am a duly licensed professional engineer or other qualified person who is authorized to evaluate the information submitted. Based on my inquiry of the person or persons who prepared the information, 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  
DUICKENA, BARBARA  
GENERAL MANAGER  
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
(831) 624-1249 4/30/13  
AREA Code NUMBER MIN/ID/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

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

No Discharge

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
03/01/2013 TO 03/31/2013

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. fahrenheit	*****	*****	*****	*****	68				
00011 10 Effluent Gross	*****	*****	*****	*****	Req. Mon. INST MAX		5 Days Every Week	GRAB	
Turbidity	*****	*****	*****	*****	3.3				
00070 10 Effluent Gross	*****	*****	*****	*****	225 DAILY MX		Once Every 13 Days	COMP24	
BOD, 5-day, 20 deg. C	119	lb/d	11.7	7.9	12.9				
00310 10 Effluent Gross	750 MO AVG	lb/d	30 MO AVG	45 HI WK AV	90 DAILY MX		Once Every 13 Days	COMP24	
pH	*****	*****	*****	*****	7.4				
00400 10 Effluent Gross	*****	*****	*****	*****	MAXIMUM		5 Days Every Week	GRAB	
Solids, total suspended	11.9	lb/d	4.3	6.1	12.9				
00530 10 Effluent Gross	750 MO AVG	lb/d	30 MO AVG	45 HI WK AV	90 DAILY MX		5 Days Every Week	COMP24	
Solids, settleable	*****	*****	*****	*****	0.29				
00545 10 Effluent Gross	*****	*****	*****	*****	3 DAILY MX		Once Every 13 Days	GRAB	
Nitrogen, ammonia total (as N)	131.8	lb/d	15.8	26.3	26.3		Monthly	GRAB	
00610 10 Effluent Gross	1800 6 MO MED	lb/d	7300 DAILY MX	292800 DAILY MX	732000 INST MAX				

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the requirements of the act, and that I am a duly licensed professional engineer 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  
*James Pinkevich*  
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
09317624-1249 4/30/13  
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

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

FROM 03/01/2013 TO 03/31/2013  
MONITORING PERIOD  
MM/DD/YYYY

No Discharge

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Nitrogen, nitrate total (as N)	*****	*****	*****	*****			
00620 1 0 Effluent Gross	*****	*****	82.3	mg/L		Monthly	GRAB
Silica, dissolved (as SiO2)	*****	*****	74	mg/L		Monthly	GRAB
00955 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY MX				
Oil and grease	*****	*****	*****	mg/L		Monthly	GRAB
03582 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY MX				
Flow, in conduit or thru treatment plant	*****	*****	*****	mg/L		Once Every 13 Days	GRAB
50050 1 0 Effluent Gross	*****	*****	*****	*****			
Chlorine, total residual	*****	*****	*****	*****		Daily	METER
50060 1 0 Effluent Gross	*****	*****	*****	*****			
Urea	*****	*****	*****	*****		Daily	CONTIN
71800 1 0 Effluent Gross	*****	*****	*****	*****		Monthly	GRAB
Coliform, total general	*****	*****	*****	*****		5 Days Every Week	GRAB
74056 1 0 Effluent Gross	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>BILKEM B. KESKIN</i> GENERAL MANAGER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (831) 224-1249	DATE 4/30/13
TYPED OR PRINTED	AREA Code	NUMBER	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 system, I am aware that they were provided adequate training and that the information submitted is true, accurate, and complete to the best of my knowledge and belief. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil 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)

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 Plinkevich

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  
03/01/2013 TO 03/31/2013

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
BOD, 5-day, percent removal	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		
81010 K O Percent Removal Solids, suspended percent removal	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	85 MO AV MN	*****	*****	*****	*****	Monthly	CALCTD
81011 K O Percent Removal	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	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 the requirements of 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 this information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Barbara*  
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
(831) 624-1248 4/24/13  
AREA Code NUMBER MM/DD/YYYY

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