

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: 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	<input type="checkbox"/> 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)

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

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
12/01/2013 TO 12/31/2013

No Discharge

ATTN: James Pinkevich

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	*****	*****	*****	342	mg/L	Once Every 13 Days	COMP24	
00310 G 0 Raw Sewage Influent	*****	*****	*****	413	mg/L	Once Every 13 Days	COMP24	
Solids, total suspended	*****	*****	*****	584	mg/L	Once Every 13 Days	COMP24	
00530 G 0 Raw Sewage Influent	*****	*****	*****	768	mg/L	Once Every 13 Days	COMP24	
Flow, in conduit or thru treatment plant	1.225	MGD	*****	*****	*****	Daily	METER	
50050 G 0 Raw Sewage Influent	5.955	MGD	*****	*****	*****	Daily	METER	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>SARAH BURENA</i> GENERAL MANAGER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE 831 624-1249	DATE 01/29/2014
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 persons properly gather and report the information. I understand that this information is being collected by EPA and is to be used by EPA for the purpose of determining whether violations have occurred. I certify that the information furnished on this report is true and accurate to the best of my knowledge and belief, and that I am aware that there are significant 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 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
12/01/2013 TO 12/31/2013

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. Fahrenheit									
00011 1 0 Effluent Gross									
Turbidity									
00070 1 0 Effluent Gross									
BOD, 5-day, 20 deg. C									
00310 1 0 Effluent Gross									
pH									
00400 1 0 Effluent Gross									
Solids, total suspended									
00530 1 0 Effluent Gross									
Solids, settleable									
00545 1 0 Effluent Gross									
Nitrogen, ammonia total (as N)									
00610 1 0 Effluent Gross									

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Beverly Sullivan
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

TELEPHONE NUMBER
(831) 624-1249
DATE
01/29/2014
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 WWWD & 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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2013 TO 12/31/2013

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total (as N) 00620 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			
Silica, dissolved (as SiO2) 00955 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			
Oil and grease 03582 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			
Chlorine, total residual 50060 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			
Urea 71800 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			
Coliform, total general 74056 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Barbara Biskerna
 GENERAL MANAGER
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (831) 624-1249
 AREA Code NUMBER
 MM/DD/YYYY
 01/29/2014
 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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2013 TO 12/31/2013

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	*****	*****	*****	*****	*****	*****				
81010 K 0 Percent Removal	*****	*****	*****	96.1	*****	*****				
Solids, suspended percent removal	*****	*****	*****	85 MO AV MN	*****	*****		Monthly	CALCTD	
81011 K 0 Percent Removal	*****	*****	*****	96.4	*****	*****				
	*****	*****	*****	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 a system designed to assure that all data reported herein are true and accurate, and that I am a duly licensed and qualified person to 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 <i>BARBARA BUKENA</i> GENERAL MANAGER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE (831) 624-1249	DATE 01/29/2014
TYPED OR PRINTED		AREA Code NUMBER	MM/DD/YYYY MM/DD/YYYY

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