

Date: January 31, 2012

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: 2012

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)

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
PERMIT NUMBER

INF-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 93922

MAJOR
(SUBR 03)
INFLUENT/MONTHLY
Influent Structure


No Discharge

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

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****			
00310 G 0 Raw Sewage Influent	*****	*****	*****	279	Req. Mon. MO AVG	411		Once Every 13 Days	COMP24
Solids, total suspended	*****	*****	*****	727	Req. Mon. MO AVG	1144			
00530 G 0 Raw Sewage Influent	*****	*****	*****	*****	Req. Mon. DAILY MX	*****		Once Every 13 Days	COMP24
Flow, in conduit or thru treatment plant	1.466	Req. Mon. MO AVG	9.908	*****	Req. Mon. DAILY MX	*****		Daily	METER
50050 G 0 Raw Sewage Influent	*****	MGD	*****	*****	*****	*****			

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 true 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
BOIKEMA, BARBARA
GENERAL MANAGER
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
831-624-1249

DATE
02/28/13

AREA Code NUMBER
MMDDYYYY

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

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
01/01/2013 TO 01/31/2013


No Discharge

ATTN: James Pinkевич

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. fahrenheit	*****	*****	*****	*****			
00011 10 Effluent Gross	*****	*****	*****	*****			
Turbidity	*****	*****	*****	*****			
00070 10 Effluent Gross	*****	*****	*****	*****			
BOD, 5-day, 20 deg. C	*****	*****	*****	*****			
00310 10 Effluent Gross	*****	*****	*****	*****			
pH	*****	*****	*****	*****			
00400 10 Effluent Gross	*****	*****	*****	*****			
Solids, total suspended	*****	*****	*****	*****			
00530 10 Effluent Gross	*****	*****	*****	*****			
Solids, settleable	*****	*****	*****	*****			
00545 10 Effluent Gross	*****	*****	*****	*****			
Nitrogen, ammonia total (as N)	*****	*****	*****	*****			
00610 10 Effluent Gross	*****	*****	*****	*****			

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
BIUKEMA, BARBARA
GENERAL MANAGER
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE
831-624-1249
DATE
02/28/13
AREA Code NUMBER
MIMIDYYYY

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

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
01/01/2013 TO 01/31/2013

FROM

No Discharge

ATTN: James Pinkevich

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	*****	*****	*****	*****	6.9	mg/L	Monthly	GRAB	
Silica, dissolved (as SiO2)									
00955 1 0 Effluent Gross	*****	*****	*****	*****	26.0	mg/L	Monthly	GRAB	
Oil and grease									
03582 1 0 Effluent Gross	*****	*****	*****	*****	NODI (B)	mg/L	Once Every 13 Days	GRAB	
Flow, in conduit or thru treatment plant									
50050 1 0 Effluent Gross	*****	*****	*****	*****	1.742	MGD	Daily	METER	
Chlorine, total residual									
50060 1 0 Effluent Gross	*****	*****	*****	*****	0.26	ug/L	Daily	CONTIN	
Urea									
71800 1 0 Effluent Gross	*****	*****	*****	*****	0.043	MPN/100m L	Monthly	GRAB	
Coliform, total general									
74056 1 0 Effluent Gross	*****	*****	*****	*****	4.0	MPN/100m L	5 Days Every Week	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BARBARA BUIKEMA GENERAL MANAGER TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 831-624-1249	DATE 02/18/2013
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER MMDDYYYY

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
01/01/2013 TO 01/31/2013

FROM

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	*****	*****	96.5	*****	*****	*****	Monthly	CALCTD	
Solids, suspended percent removal	*****	*****	85 MO AV MN	*****	*****	*****	Monthly	CALCTD	
81011 K 0 Percent Removal	*****	*****	98.1	*****	*****	*****	Monthly	CALCTD	

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
BUKEMA, BARBARA
GENERAL MANAGER
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

TELEPHONE
831-624-1249
AREA Code NUMBER
MM/DD/YYYY
DATE
02/28/13
MMDDYYYY

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