

Date: June 28, 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: Plant Manager

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): Jan Feb March Apr May Jun

Months*): Jul Aug Sept Oct Nov Dec

Year: 2013

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

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

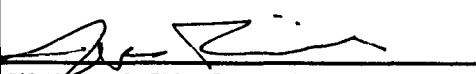
DMR Mailing ZIP CODE: 93922

MAJOR
(SUBR 03)
INFLUENT/MONTHLY
Influent Structure

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
05/01/2013 TO 05/31/2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	324	446				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Every 13 Days	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	454	636				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Every 13 Days	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1,306	5,263		*****	*****	*****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	METER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>BUKEMA, BARBARA</i> GENERAL MANAGER TYPED OR PRINTED	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, 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 AUTHORIZED AGENT 	TELEPHONE	DATE
			(831) 624-1249	06/28/2013
		AREA Code	NUMBER	MM/DD/YYYY

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

Date: June 26, 2013

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

Months*): Jul Aug Sept Oct Nov Dec

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

Year: 2013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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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
FROM 05/01/2013 TO 05/31/2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00011 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	72.3				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	deg F		5 Days Every Week	GRAB
00070 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.6	18.3	38.4				
	PERMIT REQUIREMENT	*****	*****	*****	75 MO AVG	100 HI WK AV	225 DAILY MX	NTU		Once Every 13 Days	COMP24
00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	138.2	242		13.4	29.0	29.0				
	PERMIT REQUIREMENT	750 MO AVG	1130 HI WK AV	lb/d	30 MO AVG	45 HI WK AV	90 DAILY MX	mg/L		Once Every 13 Days	COMP24
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.5				
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		5 Days Every Week	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	70.0	176.1		15.2	23.5	53.0				
	PERMIT REQUIREMENT	750 MO AVG	1130 HI WK AV	lb/d	30 MO AVG	45 HI WK AV	90 DAILY MX	mg/L		5 Days Every Week	COMP24
00545 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NOD (6)	0.14	0.5				
	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	1.5 HI WK AV	3 DAILY MX	mL/L		Once Every 13 Days	GRAB
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	110	209		13,200	25,000	25,000				
	PERMIT REQUIREMENT	1800 6 MO MED	7300 DAILY MX	lb/d	73200 6 MO MED	292800 DAILY MX	732000 INST MAX	ug/L		Monthly	GRAB

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			AREA Code	NUMBER

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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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		MM/DD/YYYY	
05/01/2013	FROM	05/31/2013	TO

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total (as N) 00620 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	85.9				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Silica, dissolved (as SiO2) 00955 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	89.0				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil and grease 03582 1 0 Effluent Gross	SAMPLE MEASUREMENT	NOD (B)	NOD (B)		NOD (B)	NOD (B)	NOD (B)				
	PERMIT REQUIREMENT	630 MO AVG	1000 DAILY MX	lb/d	25 MO AVG	40 HI WK AV	75 DAILY MX	mg/L		Once Every 13 Days	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.472	1.322		*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	METER
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	NOD (B)	NOD (B)		NOD (B)	NOD (B)	NOD (B)				
	PERMIT REQUIREMENT	6.1 6 MO MED	24 DAILY MX	lb/d	240 6 MO MED	980 DAILY MX	7320 INST MAX	ug/L		Daily	CONTIN
Urea 71800 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.10				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Coliform, total general 74056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	24.0				
	PERMIT REQUIREMENT	*****	*****	*****	*****	230 30DA GM	10000 INST MAX	MPN/100m L		5 Days Every Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BULKENA, BARBARA GENERAL MANAGER TYPED OR PRINTED	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, 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 AUTHORIZED AGENT	TELEPHONE		DATE
			AREA Code	NUMBER	MM/DD/YYYY

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CA0047996	001-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 93922
MAJOR
(SUBR 03)
DISCHARGE 001/MONTHLY
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
05/01/2013	FROM	05/31/2013	TO

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91.1	*****	*****				
81010 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89.3	*****	*****				
81011 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BULKERA, BARBARA GENERAL MANAGER TYPED OR PRINTED	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, 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 AUTHORIZED AGENT	TELEPHONE (831) 624-1249		DATE 09/28/2013
			AREA Code	NUMBER	MM/DD/YYYY


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

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

05 0105 313 27010100101A M

TRANS CODE	FACILITY ID	3-270101001	YR/MONTH FOR REPORT	13/05	REPORT PERIOD BEG.	13/05/01	REPORT PERIOD END	13/05/31	STATE CODE -06	NPDES PERMIT NUMBER-CA00479	
STATION DESCRIPTION		TERTIARY DAILY FLOW	TERTIARY CBOD 5-DAY	TERTIARY T NF RESIDUE	TERTIARY TURBIDITY	TERTIARY CL2 RESIDUAL	TERTIARY PH	TERTIARY TOT. COLIFORMS	TERTIARY SETT SOLIDS		
CONSTITUENT NAME		MGD	MG/L	MG/L	NTU	MG/L	UNITS	MPN / 100 ML	ML/L		
UNITS		METERED	24 HOUR COMP.	24 HOUR COMP.	METERED	METERED	GRAB	GRAB	GRAB		
SAMPLE TYPE		DAILY	DAILY	DAILY	CONTINUOUS	CONTINUOUS	DAILY	DAILY	DAILY		
FREQUENCY		DAILY	DAILY	DAILY	CONTINUOUS	CONTINUOUS	DAILY	DAILY	DAILY		
MONTH	DAY	1	2	3	MEAN	MAX	MIN	MAX	6	7	8
5	1	0.096	-	-	0.00	0.00	0.00	0.00	-	-	-
5	2	0.000	-	-	0.00	0.00	0.00	0.00	-	-	-
5	3	0.000	-	-	0.00	0.00	0.00	0.00	-	-	-
5	4	0.000	-	-	0.00	0.00	0.00	0.00	-	-	-
5	5	0.000	-	-	0.00	0.00	0.00	0.00	-	-	-
5	6	0.000	-	-	0.00	0.00	0.00	0.00	-	-	-
5	7	0.231	2.0	1.0	0.05	0.08	5.40	6.10	7.4	ND	ND
5	8	0.806	2.0	.2	0.01	0.02	6.00	7.60	7.7	ND	ND
5	9	0.971	1.0	.6	0.01	0.01	7.00	7.60	7.4	ND	ND
5	10	0.920	1.0	.2	0.01	0.01	6.90	8.10	7.5	ND	ND
5	11	0.977	1.0	.4	0.01	0.01	7.90	7.40	7.2	ND	ND
5	12	1.046	1.0	.2	0.01	0.01	7.48	8.49	7.2	ND	ND
5	13	0.832	1.0	.4	0.01	0.01	6.59	7.61	7.3	ND	ND
5	14	0.876	1.0	.2	0.01	0.03	7.00	7.50	7.4	ND	ND
5	15	0.925	1.0	.2	0.01	0.02	7.13	7.61	7.3	1	ND
5	16	0.874	1.0	.2	0.01	0.01	7.00	7.71	7.3	ND	ND
5	17	0.960	1.0	.2	0.01	0.01	7.20	9.78	7.2	ND	ND
5	18	0.969	1.0	.4	0.01	0.01	7.74	8.11	7.2	ND	ND
5	19	1.019	1.0	.4	0.01	0.01	5.00	7.91	7.3	ND	ND
5	20	1.040	1.0	.2	0.01	0.02	7.32	9.86	7.3	ND	ND
5	21	0.779	1.0	.4	0.01	0.02	6.82	10.96	7.3	ND	ND
5	22	0.875	1.0	.4	0.01	0.02	7.21	7.93	7.3	ND	ND
5	23	0.939	1.0	.2	0.02	0.02	7.32	9.92	7.2	ND	ND
5	24	0.999	1.0	.2	0.02	0.02	7.13	7.73	7.2	ND	ND
5	25	1.027	1.0	.6	0.02	0.02	7.51	7.84	7.2	ND	ND
5	26	1.035	1.0	.4	0.02	0.02	7.41	7.83	7.2	ND	ND
5	27	1.111	1.0	.2	0.02	0.02	7.41	8.01	7.2	ND	ND
5	28	1.090	1.0	.4	0.02	0.06	7.50	8.01	7.3	ND	ND
5	29	0.974	1.0	.2	0.02	0.02	7.50	8.01	7.1	ND	ND
5	30	0.849	1.0	.2	0.02	0.02	6.82	7.93	7.4	ND	ND
5	31	0.887	-	.2	.02	.02	6.39	7.53	7.5	ND	ND
MONTHLY AVERAGE		0.745	1.1	0.3	0.01	0.02	5.63	6.55	7.3	0.0	0.00
MONTHLY HIGH		1.111	2.0	1.0	0.05	0.08	7.90	10.96	7.7	1.0	0.00
MONTHLY LOW		0.000	1.0	0.2	0.00	0.00	0.00	0.00	7.1	1.0	0.00
TOTAL RECORDINGS		31	24	25	31	31	31	31	25	31	31
REQUIREMENT #1	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 0.1		
TIMES EXCEEDED	(0)	(0)	(0)	(0)			(0)	(0)	(0)		
REQUIREMENT #2		MAXIMUM 25.0	MAXIMUM 25.0	MAXIMUM 0.5			MAXIMUM 8.4	MAXIMUM 23.0			
TIMES EXCEEDED		(0)	(0)	(0)			(0)	(0)			
REQUIREMENT #3											
TIMES EXCEEDED											
N/S= NO SAMPLE DUE TO AFTER HOURS START-UP I.S. = NO TEST RAN DUE TO INSUFFICIENT SAMPLE	TYPED NAME OF PRINCIPAL EXECUTIVE OFFICER BUIKEMA, BARBARA		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				SIGNATURE OF AUTHORIZED AGENT 		06/28/13 YR/MO/DAY PAGE 6		

May-13	
SLUDGE	
QUANTITY	
CU. YARDS	
MEASURED	
MONTHLY	
1	-
2	-
3	-
4	-
5	-
6	26.08
7	-
8	-
9	-
10	-
11	-
12	-
13	27.18
14	-
15	-
16	-
17	-
18	-
19	-
20	25.89
21	-
22	-
23	25.77
24	-
25	-
26	-
27	-
28	-
29	-
30	-
31	-
AVG.	26.23
MAX	27.18
MIN	25.77
COUNT	4