

Date: August 22, 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 Dec

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

Year: 2014

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	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93922
 MAJOR (SUBR 03)
 DISCHARGE 001/MONTHLY
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Temperature, water deg. Fahrenheit	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00011 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	36.5	36.5	15	15	15	15	15	15	15
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750	1130	30	45	90	90	90	90	90
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
Solids, total suspended	SAMPLE MEASUREMENT	43.2	1130	6.7	6.7	12.8	12.8	12.8	12.8	12.8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750	1130	30	45	90	90	90	90	90
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	18.3	26.8	10500	14400	14400	14400	14400	14400	14400
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1800	7300	73200	292800	732000	732000	732000	732000	732000

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Barbara Isvicena
 General Manager

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: 8/22/14

AREA Code: 831
 NUMBER: 624-1249
 MWDD/YYYY: 8/22/14

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

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

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 ATTN: James Pinkevich

CA0047996	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

No Discharge

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

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Barbara Guikema General Manager			(831) 624-1249	8/23/14	
TYPED OR PRINTED			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)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 26900 STATE ROUTE ONE
 CARMEL, CA 93922
FACILITY: CARMEL AREA WWTP
LOCATION: 26900 STATE ROUTE ONE
 CARMEL, CA 93922
ATTN: James Pinkewich

CA0047996	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93922
 MAJOR (SUBR 03)
 DISCHARGE 001/MONTHLY
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
BOD, 5-day, percent removal	MEASUREMENT	*****	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	85	MO AV MN	*****	*****	%	Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	98.5		*****	*****			
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	85	MO AV MN	*****	*****	%	Monthly	CALCTD

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BARBARA BOVICKEN GENERAL MANAGER		(831) 624-1249	8/2/14
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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CARMEL, CA 93922

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

ATTN: James Pinkevich

CA0047996	INF-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93922
MAJOR (SUBR 03)
INFLUENT/MONTHLY
Influent Structure

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	425	Req. Mon. MO AVG	*****	*****	*****	Once Every 13 Days	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	633	Req. Mon. MO AVG	*****	*****	*****	Once Every 13 Days	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	*****	*****	Once Every 13 Days	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1,125	5,322	*****	*****	Req. Mon. DAILY MX	*****	*****	*****	Daily	METER
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MX	*****	*****	*****	Daily	METER

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BARBARA BUKEMA GENERAL MANAGER			(831) 624-1249	8/22/14	
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

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

**CARMEL AREA WASTEWATER DISTRICT
FINAL EFFLUENT/REJECT BRINE
FECAL COLIFORM/ENTEROCOCCUS**

DATE	FINAL EFFLUENT		REJECT BRINE	
	FECAL MPN	ENTERO MPN	FECAL MPN	ENTERO MPN
7/1/2014	1	5	<1	<1
7/2/2014	1	3	<1	<1
7/3/2014	<1	3	<1	<1
7/4/2014	1	<1	<1	<1
7/5/2014				
7/6/2014				
7/7/2014	1	<1	NR	NR
7/8/2014	1	1	NR	NR
7/9/2014	1	8.6	NR	NR
7/10/2014	3	2	NR	NR
7/11/2014	1	2	NR	NR
7/12/2014				
7/13/2014				
7/14/2014	1	2	NR	NR
7/15/2014	3	<1	NR	NR
7/16/2014	<1	<1	NR	NR
7/17/2014	3	3	NR	NR
7/18/2014	4	8.4	NR	NR
7/19/2014				
7/20/2014				
7/21/2014	<1	<1	NR	NR
7/22/2014	1	6.3	NR	NR
7/23/2014	2	4	NR	NR
7/24/2014	<1	10.6	NR	NR
7/25/2014	2	3		
7/26/2014				
7/27/2014				
7/28/2014	<1	1	NR	NR
7/29/2014	<1	1	NR	NR
7/30/2014	3.1	14.2	NR	NR
7/31/2014	2	8.1	NR	NR

NR (RO NOT RUNNING-NO FLOW TO RECEIVING WATER)