

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
02/01/2013 TO 02/28/2013


No Discharge

ATTN: James Pinkevich

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Temperature, water deg. Fahrenheit		*****	*****	*****	*****	*****	*****			
00011 0 Effluent Gross		*****	*****	*****	*****	*****	*****		5 Days Every Week	GRAB
Turbidity		*****	*****	*****	*****	*****	*****			
00070 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****			
BOD, 5-day, 20 deg. C		*****	*****	*****	*****	*****	*****			
00310 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****		Once Every 13 Days	COMP24
pH		*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****		Once Every 13 Days	COMP24
Solids, total suspended		*****	*****	*****	*****	*****	*****		5 Days Every Week	GRAB
00530 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****		5 Days Every Week	COMP24
Solids, settleable		*****	*****	*****	*****	*****	*****			
00545 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****		Once Every 13 Days	GRAB
Nitrogen, ammonia total (as N)		*****	*****	*****	*****	*****	*****		Monthly	GRAB
00610 1 0 Effluent Gross		*****	*****	*****	*****	*****	*****			

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, accurate, and complete. I understand that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE
831-624-1249

DATE
03/28/2013

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

CA0047996 INF-A
PERMIT NUMBER DISCHARGE NUMBER

DMR Mailing ZIP CODE: 93922

MAJOR INFLUENT/MONTHLY Influent Structure (SUBR 03)

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
02/01/2013 TO 02/28/2013

No Discharge

ATTN: James Plinkevich

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, 20 deg. C	SAMPLE PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00310 G 0 Raw Sewage Influent	SAMPLE PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every 13 Days	COMP24
Solids, total suspended	SAMPLE PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00530 G 0 Raw Sewage Influent	SAMPLE PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Every 13 Days	COMP24
Flow, in conduit or thru treatment plant	SAMPLE PERMIT REQUIREMENT	1.327	MGD	5.285	*****	*****	*****			
50050 G 0 Raw Sewage Influent	SAMPLE PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Daily	METER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BIKEEMA BARBARA GENERAL MANAGER TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		831-624-1249	03/29/2013
		AREA Code	NUMBER
			MM/DD/YYYY

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

CA0047986
PERMIT NUMBER

001-A
DISCHARGE NUMBER

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


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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
02/01/2013 TO 02/28/2013

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)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
00620 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Silica, dissolved (as SiO2)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
00955 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Oil and grease	SAMPLE MEASUREMENT	NODI (B)	NODI (B)	NODI (B)	NODI (B)	NODI (B)			
	PERMIT REQUIREMENT	630 MO AVG	1000 DAILY MX	40 HI WVK AV	75 DAILY MX	*****	Once Every 13 Days	GRAB	
03582 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.501	1.440	*****	*****	*****			
	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Reg. Mon. DAILY MX	*****	*****	*****			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.14	0.14	33	NODI (B)	NODI (B)			
	PERMIT REQUIREMENT	6.1 6 MO MED	24 DAILY MX	240 6 MO MED	980 DAILY MX	7320 INST MAX	Daily	CONTIN	
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Urea	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
71800 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Coliform, total general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
74056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 Days Every Week	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BUIKEMA, BARBARA GENERAL MANAGER	TELEPHONE 831-624-1249	DATE 03/29/2013
TYPED OR PRINTED	AREA Code 831	NUMBER 624-1249
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		

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	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****			
81010 K O Percent Removal	*****	*****	98.0	*****	*****	*****			
Solids, suspended percent removal	*****	*****	85 MO. AV. MIN	*****	*****	*****	Monthly	CALCTD	
81011 K O Percent Removal	*****	*****	98.8	*****	*****	*****			
	*****	*****	85 MO. AV. MIN	*****	*****	*****	Monthly	CALCTD	

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		831-624-1249	03/21/2013
		AREA Code	NUMBER
			MM/DD/YYYY