

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):
On January 17th we were calibrating our flow meters and logged an erroneous high flow of 9.9mg. After reviewing our data for the day we determined the actual high flow to be 5.89mg.

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)

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

CA0047996	INF-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014
MONITORING PERIOD	

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

No Discharge

ATTN: James Pinkevich

PARAMETER	SAMPLE MEASUREMENT	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 MEASUREMENT	*****	*****	*****	333	419				
00310 G 0 Raw Sewage Influent Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX		Once Every 13 Days	COMP24	
00530 G 0 Raw Sewage Influent Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	343	576				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX		Once Every 13 Days	COMP24	
50050 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	1.272	5.039	*****	*****	*****		Daily	METER	
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>DICKENSON, BARBARA</i> GENERAL MANAGER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE NUMBER 831-624-1244	DATE 05/16/2014
TYPED OR PRINTED		AREA Code	MMDDYYYY

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

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

CA0047996	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014
MONITORING PERIOD	

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

No Discharge

ATTN: James Pinkevich

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Temperature, water deg. fahrenheit	SAMPLE 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	*****	*****	*****	*****	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Bullock, Barbara		831 624-1288	05/29/14
TYPED OR PRINTED		AREA Code	NUMBER
			MMDDYYYY

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)
 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

CA0047996	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014
MONITORING PERIOD	

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

No Discharge

ATTN: James Pinkevich

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Nitrogen, nitrate total (as N)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	23.8	Req. Mon. DAILY MX	Monthly	GRAB
Silica, dissolved (as SiO2)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22.4	Req. Mon. DAILY MX	Monthly	GRAB
00955 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
03562 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	630	MO AVG	1000	DAILY MX	*****	*****	*****	*****	*****
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
Chlorine, total residual	SAMPLE MEASUREMENT	6.377	Req. Mon. MO AVG	0.641	Req. Mon. DAILY MX	*****	*****	*****	Daily	METER
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
Urea	SAMPLE MEASUREMENT	6.1	6 MO MED	24	DAILY MX	*****	*****	*****	Daily	CONTIN
71800 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
Coliform, total general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
74056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<i>BULEMB, ISABELARA</i>	831 624 1248	05/19/2014
TYPED OR PRINTED	AREA CODE	NUMBER
<i>GENERAL MANAGER</i>		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
<i>[Signature]</i>		

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

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OMB No. 2040-0004

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

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

CA0047996	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014
MONITORING PERIOD	

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Buikema, Barbara</i>	TELEPHONE	DATE
<i>GENERIC MANUAL</i>	831 624-1240	05/18/2014
TYPED OR PRINTED	AREA Code NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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