

Date: July 31, 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

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	INF-A
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014
MONITORING PERIOD	

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	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	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	335	335	335	mg/L	Once Every 13 Days	COMP24	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	365	365	365	mg/L	Once Every 13 Days	COMP24	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.147	5.322	MGD	*****	*****	*****	*****	*****	*****	
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>BARBARA BOIKEMA</i> <i>GENERAL MANAGER</i>	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 <i>Barbara Boikema</i>	TELEPHONE (831) 624-1249	DATE 07/5/2014
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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 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
06/01/2014	06/30/2014

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. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Temperature, water deg. Fahrenheit	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.1	3.1	lb/d	7.5	5.1	225	deg F	Once Every 13 Days	COMP24	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750	1130	lb/d	30	45	90	NTU	Once Every 13 Days	COMP24	
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	14	14	lb/d	8.2	8.2	19.0	SU	5 Days Every Week	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750	1130	lb/d	30	45	90	mg/L	5 Days Every Week	COMP24	
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	93.4	43.6	lb/d	1	1.5	3	mL/L	Once Every 13 Days	GRAB	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1800	7300	lb/d	73200	292800	732000	ug/L	Monthly	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BAREBARA BOVBERA GENERAL MANAGER	Identify 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 persons properly gather and report the information. 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) 622-1249	DATE 07/31/14
TYPED OR PRINTED			AREA Code	NUMBER

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
ATTN: James Pinkevich

CA0047996	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

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

PARAMETER	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]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00620 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Monthly	GRAB	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
Silica, dissolved [as SiO2]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Monthly	GRAB	
00955 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Monthly	GRAB	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
Oil and grease	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Monthly	GRAB	
03582 1 0	PERMIT REQUIREMENT	630	1000	lb/d	25	40	75		Once Every 13 Days	GRAB	
Effluent Gross	SAMPLE MEASUREMENT	MO AVG	DAILY MX		MO AVG	HI WK AV	DAILY MX				
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	0.313	0.356	MGD	*****	*****	*****		Daily	METER	
50050 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX		*****	*****	*****		Daily	METER	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
Chlorine, total residual	PERMIT REQUIREMENT	0.08	0.01 (0.8)	lb/d	233	980	7320		Daily	CONTIN	
50060 1 0	PERMIT REQUIREMENT	6.1	24	lb/d	240	980	INST MAX		Daily	CONTIN	
Effluent Gross	SAMPLE MEASUREMENT	6 MO MED	DAILY MX		6 MO MED	DAILY MX	INST MAX				
Urea	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Monthly	GRAB	
71800 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Monthly	GRAB	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
Coliform, total general	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		5 Days Every Week	GRAB	
74056 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GM	10000		5 Days Every Week	GRAB	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA GM	INST MAX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 the information submitted is 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
DAVIDA BUIKEMA			(831) 624-1279	07/3/2014
GENERAL MANAGER			AREA CODE NUMBER	MM/DD/YYYY
TYPED OR PRINTED				

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
ATTN: James Pinkevich

CA0047996
PERMIT NUMBER
001-A
DISCHARGE NUMBER

MM/DD/YYYY
MONITORING PERIOD
06/01/2014
MM/DD/YYYY
06/30/2014

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	*****	*****	*****	98.1	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	85 MO AV MN	*****	*****	%	Monthly	CALCTD	
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	99.1	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	85 MO AV MN	*****	*****	%	Monthly	CALCTD	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Barbara Bolkera 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 of controls that assures that qualified personnel properly gather and evaluate the information submitted. Based on 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
TYPED OR PRINTED				(831) 624-1249	5/31/2014
				AREA Code	MM/DD/YYYY

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