



Linda S. Adams  
Secretary for  
Environmental Protection

# California Regional Water Quality Control Board San Diego Region

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Arnold Schwarzenegger  
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August 26, 2010

In reply refer to:  
246257:adai

Ms. Daphne Shipkey  
Ortega Oaks RV Park & Campground  
34040 Ortega Hwy  
Lake Elsinore, CA 92530

Dear Ms. Shipkey:

**SUBJECT: NON-SUBMITTAL OF 2009 ANNUAL MONITORING REPORT  
ORTEGA OAKS RV PARK & CAMPGROUND**

This letter is to inform you that the January-December 2009 annual monitoring report has not been submitted to the California Regional Water Quality Control Board, San Diego Region (San Diego Water Board). Failure to submit the 2009 annual monitoring report is a violation of Order No. 2001-140. The annual report is required to be submitted by January 30<sup>th</sup> of every year pursuant to the Monitoring and Reporting Program of Order No. 2001-140. Please submit the referenced annual report as soon as possible.

Enclosed is a copy of the annual report template, which should be kept as a copy at the facility and used every year for submittal of your facility's annual monitoring reports. The report is more than 180 days overdue. You will be out of compliance with Order No. 2001-140, and will continue to accrue days of violation until the San Diego Water Board receives the annual report.

Failure to submit reports required by Waste Discharge Requirements within 30 days from the due date are considered priority violations and are subject to civil liabilities pursuant to California Water Code Section 13350. Civil liability amounts imposed by the San Diego Water Board under this section range from \$100 to \$5,000 per day per violation, or up to \$10 per gallon for each gallon of waste discharged.

*California Environmental Protection Agency*

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In the subject line of any response, please include the requested **"In reply refer to:"** information located in the heading of this letter. For questions pertaining to the subject matter, please contact Amanda Dai at (858) 627-3977 or via email at [adai@waterboards.ca.gov](mailto:adai@waterboards.ca.gov).

Sincerely,

*Robert Morris*

Robert Morris, P.E.  
Senior Water Resource Control Engineer  
Cleanup and Land Discharge Branch

**Regulatory Measure ID: 375656**  
**Violation ID: 880030**

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD  
SAN DIEGO REGION  
Annual Self Monitoring Report

**CERTIFICATION:**

This report must be signed and certified by the discharger or a duly authorized representative of that person as follows:

*"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signed under Penalty of Perjury

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**DIRECTIONS:**

1. As part of the first monitoring report pursuant to this monitoring and reporting program, the discharger shall submit an initial facility map describing the layout of the park and the location of all septic tank(s), leach field(s), leach pit(s) and dump station(s). Clearly identify all features included on the map. For subsequent annual reports the discharger shall submit a facility map only if a change has occurred in the waste disposal systems during the year.
2. Please respond to all questions. If a question does not pertain to your facility, write "Not Applicable" in the space provided.
3. Use page <sup>6</sup>5 of this report to further demonstrate compliance with waste discharge requirements or to answer any question in greater detail.
4. The discharger shall make copies of this form for annual reporting and save the original to be used as a master copy.

**PARK OWNERSHIP/MANAGEMENT UPDATE**

Please note any changes to the information in the space below:

Name of Facility: *Ortega Oaks RV Park & Campground* \_\_\_\_\_  
Address: *34040 Ortega Hwy., Lake Elsinore, CA 92530* \_\_\_\_\_  
Phone Number: *(909) 678-9136* \_\_\_\_\_  
Contact Person: *David Mielke* \_\_\_\_\_

Facility Owner: *Ortega Oaks Ltd. Partnership* \_\_\_\_\_  
Address: *P.O. Box 1258, El Toro, CA 92630* \_\_\_\_\_  
Phone Number: *(949) 458-1482* \_\_\_\_\_  
Contact Person: *Michael Milchiker* \_\_\_\_\_

**PARK DESCRIPTION UPDATE**

1. Number of permanent mobile home spaces: \_\_\_\_\_
2. Number of sewerded RV spaces: \_\_\_\_\_
3. Number of unsewerded RV spaces: \_\_\_\_\_
4. Number of tent campsites: \_\_\_\_\_
5. Avg. number of people that visit the park per day during previous year: \_\_\_\_\_
6. Max. number of people that visited the park per day during previous year: \_\_\_\_\_
7. Number of septic tanks: \_\_\_\_\_
8. Size of septic tanks: \_\_\_\_\_
9. Number of leach fields (seepage pits): \_\_\_\_\_
10. Length of leach lines: \_\_\_\_\_
11. Number of dump stations: \_\_\_\_\_
12. Number of dump stations connected to a leach field: \_\_\_\_\_
13. Were portable toilets used at the facility this year? Yes \_\_\_ No \_\_\_

Describe any changes that have occurred to the park in the last year:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEWAGE TREATMENT AND DISPOSAL FACILITIES MAINTENANCE**

1. Date of last septic tank(s) inspection: \_\_\_\_\_
2. Name of person/company who conducted septic tank inspection: \_\_\_\_\_
3. Inspection Results:

First Tank Inspected _____	Second Tank Inspected _____
Depth of scum layer _____	Depth of scum layer _____
Depth of liquid layer _____	Depth of liquid layer _____
Depth of sludge layer _____	Depth of sludge layer _____
4. Date septic tank(s) were last pumped: \_\_\_\_\_
5. Name of company who pumped the septic tank(s): \_\_\_\_\_
6. Quantity of septage pumped (gallons): \_\_\_\_\_
7. Submit the lab results of the effluent sampling on Page 4 of this Report. Use as many pages as needed.
8. Location where septage was hauled: \_\_\_\_\_
9. Dump Station(s):  
Number of dump stations: \_\_\_\_\_  
Date(s) dump station(s) were pumped: \_\_\_\_\_  
Quantity of waste pumped: \_\_\_\_\_  
Name of company who pumped dump station(s): \_\_\_\_\_  
Name of disposal site waste was hauled to: \_\_\_\_\_
10. Were any odors or surfacing sewage detected at leach field? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what was the cause? And what corrective measures were taken? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Were any measures taken to prevent non-domestic waste including toxic(s), brines, phosphates or chemical preservatives found in RV holding tanks from being discharged to the subsurface disposal system in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe what measures were taken. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD  
SAN DIEGO REGION  
Annual Self Monitoring Report

**EFFLUENT ANALYSIS**

Sample date: \_\_\_\_\_ Time sample was taken: \_\_\_\_\_ a.m.  
p.m.

Sample location: \_\_\_\_\_

Name of individual who performed sampling: \_\_\_\_\_

The analytical techniques or methods used to analyze the sample: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED UNDER PENALTY OF PERJURY \_\_\_\_\_

Printed Name

\_\_\_ Results attached

*If results are attached, the following is optional:*

The Results of Such Analysis:	Parameter	Unit(s)	Sample Results
1.	pH	units	_____
2.	Total Dissolved Solids	mg/L	_____
3.	Total Nitrogen*	mg/L	_____

\*Total Nitrogen = Total Kjeldahl Nitrogen (TKN) + Nitrate (NO<sub>3</sub>)  
expressed as Nitrogen (N).

4. Phenols \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD  
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GROUND WATER ANALYSIS

Sample date: \_\_\_\_\_ Time sample was taken: \_\_\_\_\_ a.m.  
p.m.

Sample location: \_\_\_\_\_ Well #1 (between campsites 39 & 40) If other, describe: \_\_\_\_\_

Name of individual who performed sampling: \_\_\_\_\_

The analytical techniques or methods used to analyze the sample: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNED UNDER PENALTY OF PERJURY \_\_\_\_\_

Printed Name

\_\_\_ Results attached

*If results are attached, the following is optional:*

The Results of Such Analysis:	Parameter	Unit(s)	Sample Results
1.	pH	units	_____
2.	Total Dissolved Solids	mg/L	_____
3.	Total Nitrogen*	mg/L	_____
4.	Zinc	mg/L	_____
5.	Phenols	mg/L	_____
6.	Formaldehyde	mg/L	_____

\*Total Nitrogen = Total Kjeldahl Nitrogen (TKN) + Nitrate (NO<sub>3</sub>)  
expressed as Nitrogen (N).

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