

CALIFORNIA ENVIRONMENTAL  
PROTECTION AGENCYState of California  
Regional Water Quality Control BoardAPPLICATION/REPORT OF WASTE DISCHARGE  
GENERAL INFORMATION FORM FOR  
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT

## I. FACILITY INFORMATION

## A. Facility:

Name: Country Creek RV Resort				
Address: 15141 Olde Highway 80				
City: El Cajon	County: San Diego	State: CA	Zip Code: 92021	
Contact Person: SYLVIA GOLDEN			Telephone Number: 619-443-0262	

## B. Facility Owner:

Name: COUNTRY CREEK LLC			Owner Type (Check One)	
Address: 15141 OLD HIGHWAY 80			1. <input type="checkbox"/> Individual	2. <input type="checkbox"/> Corporation
City: EL CAJON	State: CA	Zip Code: 92021	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership Agency
Contact Person: AL ATALLAH			5. <input checked="" type="checkbox"/> Other: LLC	
		Telephone Number: 619-249-5070	Federal Tax ID: 26-2003925	

## C. Facility Operator (The agency or business, not the person):

Name: SAME AS OWNER			Operator Type (Check One)	
Address:			1. <input type="checkbox"/> Individual	2. <input type="checkbox"/> Corporation
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership Agency
Contact Person:			5. <input type="checkbox"/> Other:	
		Telephone Number:		

## D. Owner of the Land:

Name: SAME AS OWNER			Owner Type (Check One)	
Address:			1. <input type="checkbox"/> Individual	2. <input type="checkbox"/> Corporation
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership Agency
Contact Person:			5. <input type="checkbox"/> Other:	
		Telephone Number:		

## E. Address Where Legal Notice May Be Served:

Address: SAME AS OWNER			
City:	State:	Zip Code:	
Contact Person:			Telephone Number:

## F. Billing Address:

Address: SAME AS OWNER			
City:	State:	Zip Code:	
Contact Person:			Telephone Number:



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II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):

[ ] A. WASTE DISCHARGE TO LAND

[ ] B. WASTE DISCHARGE TO SURFACE WATER

Check all that apply:

- [ ] Domestic/Municipal Wastewater Treatment and Disposal
[ ] Cooling Water
[ ] Mining
[ ] Waste Pile
[ ] Wastewater Reclamation
[ ] Other, please describe:

- [ ] Animal Waste Solids
[ ] Land Treatment Unit
[ ] Dredge Material Disposal
[ ] Surface Impoundment
[ ] Industrial Process Wastewater

- [ ] Animal or Aquacultural Wastewater
[ ] Biosolids/Residual
[ ] Hazardous Waste (see instructions)
[ ] Landfill (see instructions)
[ ] Storm Water

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

1. Assessor's Parcel Number(s) Facility: 396-111-08 Discharge Point: 396-111-08 396-111-06 396-111-07

2. Latitude 32.854074 Facility: COUNTRY CREEK Discharge Point:

3. Longitude -116.8525 Facility: COUNTRY CREEK Discharge Point:

IV. REASON FOR FILING

[ ] New Discharge or Facility

[x] Changes in Ownership/Operator (see instructions)

[ ] Change in Design or Operation

[ ] Waste Discharge Requirements Update or NPDES Permit Reissuance

[ ] Change in Quantity/Type of Discharge [ ] Other:

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency:

Has a public agency determined that the proposed project is exempt from CEQA? [ ] Yes [ ] No

If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.

Basis for Exemption/Agency:

Has a "Notice of Determination" been filed under CEQA? [ ] Yes [ ] No

If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.

Expected CEQA Documents:

[ ] EIR [ ] Negative Declaration

Expected CEQA Completion Date:



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VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

Blank lines for listing attachments with titles and dates.

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

VIII. CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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."

Print Name: ALFRED ATALLAH

Title: MANAGING MEMBER

Signature: [Handwritten Signature]

Date: 5-5-10

FOR OFFICE USE ONLY

Table with 4 columns: Date Form 200 Received, Letter to Discharger, Fee Amount Received, Check #.