		Print	Sta	rtOver	Finalize&Email
	RECEIPT NUMB			**************************************	-
		50 — (06/22/2020	— 083	
		STATE CLE	ARINGHOU	SE NUMBER	R (If applicable)
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.					
	LEADAGENCY EMAIL		DATE		
City of Modesto			06/2	22/2020	
COUNTY/STATE AGENCY OF FILING			DOCU	MENT NUM	BER
Stanislaus			202	0-083	
PROJECT TITLE		ty very market			
Modesto Wastewater Master Plan					
PROJECT APPLICANT NAME	PROJECT APPLICANT E	MAIL	PHON	E NUMBER	
City of Modesto			(209) 571-55	57
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CC	DDE	
1010 Tenth Street, Suite 4500	Modesto	CA	9535	53	
PROJECT APPLICANT (Check appropriate box)					
✓ Local Public Agency School District	Other Special District	☐ Stat	e Agency		Private Entity
CHECK APPLICABLE FEES:		CO 040 OF	\$		3,343.25
✓ Environmental Impact Report (EIR)☐ Mitigated/Negative Declaration (MND)(ND)		\$3,343.25			
☐ Certified Regulatory Program (CRP) document - payment due di		\$2,406.75 \$1,136.50			0.00
Gertified Regulatory Program (ORF) document - payment due di	rectly to CDI VV	φ1,130.30	Ψ		0.00
☐ Exempt from fee					
☐ Notice of Exemption (attach)					
☐ CDFW No Effect Determination (attach)					
☐ Fee previously paid (attach previously issued cash receipt copy)		1			
					0.00
☐ Water Right Application or Petition Fee (State Water Resources	Control Board only)	\$850.00	\$		0.00
☑ County documentary handling fee			\$		57.00
☐ Other			\$		
PAYMENT METHOD:	mamu =				3,400.25
☐ Cash ☐ Credit ☑ Check ☐ Other	IOTAL R	ECEIVED	\$		0,400.20
SIGNATURE	CY OF FILING PRINTED NA	AME AND TITI	E		
	nnine Creekmore, Deputy Clerk				
X / You Yur Jenn					