MAY 1 4 2019

#013-19

## **Notice of Determination**

BOARD OF SUPERVISORS COUNTY OF SAUTA CRUZ

Appendix D

To:	ah	From:			
☑ Office of Planning and Research		Public Agency: City of Santa Cruz, Water Dept.  Address: 212 Locust Street, Suite C			
U.S. Mail:	Street Address:	Santa Cruz, CA 905060			
P.O. Box 3044	1400 Tenth St., Rm 113	Contact: Heidi Luckenbach, Deputy Director			
Sacramento, CA 95812-3044	Sacramento, CA 95814	Phone:831-420-5214			
County Clerk County of: Santa Cruz Address: 701 Ocean Street		Lead Agency (if different from above):			
Santa Cruz, CA 95060		Address:			
		Contact: Phone:			
Resources Code.		ance with Section 21108 or 21152 of the Public			
State Clearinghouse Number (if s					
Project Title: Newell Creek Dam Inl	et Outlet Replacement Proje	ect			
Project Applicant: n/a					
Project Location (include county):	Ben Lomond in unincorpora	ated Santa Cruz County			
	anta Cruz K Lead Agency or ☐ Re	has approved the above sponsible Agency)			
described project on 5/13/2019 (date)	and has made the	e following determinations regarding the allow			
described project.					
		on the environment.  Inis project pursuant to the provisions of CEQA.  In provisions of CEQA.			
Signature (Public Agency): Much		1			
Date: May 19 2019	Date Recei	•			
,		MAY 1.4 2019			

Authority cited: Sections 21083, Public Resources Code. Reference Section 21000-21174, Public Resources Code.

STATE CLEARING VISED 2011



		Print		StartOver	Finalize&Email		
RECEIPT NU				ABER:			
44 0514					2019 — 137		
STATE CLEAR					NGHOUSE NUMBER (If applicable)		
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.		20180	620	71			
	LEADAGENCY EMAIL			DATE			
City of Santa Cruz Water Dept.	hluckenbach@cityofsantacruz.com			05142019			
COUNTY/STATE AGENCY OF FILING				DOCUMENT NUMBER			
Santa Cruz				013-19			
PROJECT TITLE				<u> </u>			
Newell Creek Dam Inlet Outlet Replacement Pro	•						
PROJECT APPLICANT NAME	PROJECT APPLICANT EMAIL			PHONE NUMBER			
Heidi Luckenback	hluckenbach@cityofsantacruz.com			(831) 420-5214			
PROJECT APPLICANT ADDRESS	CITY	STATE		ZIP CODE	3		
212 Locust Street, Ste. C	Santa Cruz	CA		95060			
PROJECT APPLICANT (Check appropriate box)	_						
✓ Local Public Agency School District	Other Special District	State Ag		ency	Private Entity		
OUTOV ADDI IO ADI E PEPO.							
CHECK APPLICABLE FEES:	,	\$3,271.00	œ		3,271.00		
<ul><li>✓ Environmental Impact Report (EIR)</li><li>✓ Mitigated/Negative Declaration (MND)(ND)</li></ul>		\$2,354.75					
☐ Certified Regulatory Program (CRP) document - payment due d		\$1,112.00	Ψ_ ¢		2.22		
Celtified Regulatory Program (ONP) document - payment due d	rectly to ODI W	φ1,112.00	Ψ_		0.00		
Exempt from fee							
☑ Notice of Exemption (attach)							
☐ CDFW No Effect Determination (attach)							
☐ Fee previously paid (attach previously issued cash receipt copy)							
	. Д						
☐ Water Right Application or Petition Fee (State Water Resources	Control Board only)	\$850.00	\$_		0.00		
County documentary handling fee			\$_		50.00		
Other			S				
PAYMENT METHOD:					2 224 22		
☑ Cash ☐ Credit ☐ Check ☐ Other	TOTAL R	ECEIVED	\$ _		3,321.00		
SIGNATURE AGEN	CY OF FILING PRINTED NA	ME AND T	ITLE				
X Cheryl M.Wiliams, Senior Board Clerk							

Gevernor's Office of Planning & Research

MAY 14 2019

STATECLEARINGHOUSE