



2019088049

RECEIPT NUMBER: 49-08152019-347
STATE CLEARINGHOUSE NUMBER (If applicable)

**SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.**

LEAD AGENCY SONOMA COUNTY WATER AGENCY	LEAD AGENCY EMAIL	DATE 08/15/2019
COUNTY/STATE AGENCY OF FILING SONOMA	DOCUMENT NUMBER 19-0815-01	

PROJECT TITLE  
SONOMA AQUEDUCT CREEK CROSSINGS VEGETATION MANAGEMENT PROJECT

PROJECT APPLICANT NAME SONOMA COUNTY WATER AGENCY	PROJECT APPLICANT EMAIL	PHONE NUMBER (707) 524-6424
PROJECT APPLICANT ADDRESS 404 AVIATION BLVD	CITY SANTA ROSA	STATE CA
		ZIP CODE 95403

**PROJECT APPLICANT** (Check appropriate box)

- Local Public Agency    
  School District    
  Other Special District    
  State Agency    
  Private Entity

**CHECK APPLICABLE FEES:**

- |                                                                                                     |            |          |
|-----------------------------------------------------------------------------------------------------|------------|----------|
| <input type="checkbox"/> Environmental Impact Report (EIR)                                          | \$3,271.00 | \$ _____ |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)                                   | \$2,354.75 | \$ _____ |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,112.00 | \$ _____ |

- Exempt from fee  
      Notice of Exemption (attach)  
      CDFW No Effect Determination (attach)  
 Fee previously paid (attach previously issued cash receipt copy)

- |                                                                                                             |          |          |
|-------------------------------------------------------------------------------------------------------------|----------|----------|
| <input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only) | \$850.00 | \$ _____ |
| <input type="checkbox"/> County documentary handling fee                                                    |          | \$ _____ |
| <input type="checkbox"/> Other                                                                              |          | \$ _____ |

**PAYMENT METHOD:**

- Cash    
  Credit    
  Check    
  Other

**TOTAL RECEIVED** \$ 50.00

SIGNATURE 	AGENCY OF FILING PRINTED NAME AND TITLE Julianna Garfia, Deputy County Clerk-Recorder
---------------	------------------------------------------------------------------------------------------

Governor's Office of Planning & Research

AUG 15 2019

STATE CLEARINGHOUSE