Notice of Determination	Appendix D
To: Office of Planning and Research U.S. Mail: Street Address: P.O. Box 3044 1400 Tenth St., Rm 113 Sacramento, CA 95812-3044 Sacramento, CA 95814	St., Rm 113 St., Rm 113 San Bernardino, CA 92401-1400 Contact: Gabrielle Duff
County Clerk County of: Address:	
	Address:
	Contact:Phone:
SUBJECT: Filing of Notice of Determination Resources Code.	n in compliance with Section 21108 or 21152 of the Public
State Clearinghouse Number (if submitted to	State Clearinghouse): 2019109013
Project Title: RIV 074 Hemet Horizontal Drain	*
Project Applicant: California Department of T	ransportation
Project Location (include county): SR 74 betw	veen PM 48.8 and 49.2 east of Hemet, Riverside County
Project Description:	
This is to advise that the California Departm (■ Lead Age	ent of Transportation has approved the above ncy or Responsible Agency)
described project on and l (date) described project.	has made the following determinations regarding the above
A Negative Declaration was prepared for	repared for this project pursuant to the provisions of CEQA.  or this project pursuant to the provisions of CEQA.  ] made a condition of the approval of the project.  ] was   was not] adopted for this project.  was was not] adopted for this project.
This is to certify that the final EIR with comme negative Declaration, is available to the Gene	ents and responses and record of project approval, or the ral Public at:
Signature (Public Agency):	Title: Senior Environmental Planner
Date:	Date Received for filing at OPR:
	DEC 00 2010

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

DEC 0 9 2019

Revised 2011

STATE CLEARINGHOUSE



CM #04-121177 StartOver Print Finalize&Email RECEIPT NUMBER: 59 — 12/09/19 **—** 148 STATE CLEARINGHOUSE NUMBER (If applicable) 2019109013 SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY. LEAD AGENCY DATE LEADAGENCY EMAIL 12/09/19 California Department of Transportation, District 8 COUNTY/STATE AGENCY OF FILING DOCUMENT NUMBER OPR/SCH PROJECT TITLE RIV 074 Hemet Horizontal Drains PROJECT APPLICANT NAME PROJECT APPLICANT EMAIL PHONE NUMBER (909) 383-6933 Gabrielle Duff PROJECT APPLICANT ADDRESS CITY STATE ZIP CODE CA San Bernadino 92401-1400 464 W. 4th Street PROJECT APPLICANT (Check appropriate box) Local Public Agency School District Other Special District ✓ State Agency Private Entity CHECK APPLICABLE FEES: 0.00 ☐ Environmental Impact Report (EIR) \$3,271.00 2,354.75 Mitigated/Negative Declaration (MND)(ND) \$2,354.75 0.00 ☐ 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) 0.00 ☐ Water Right Application or Petition Fee (State Water Resources Control Board only) \$850.00 ☐ County documentary handling fee ☐ Other PAYMENT METHOD: 2.354.75 ☐ Credit ☑ Check ☐ Other TOTAL RECEIVED ☐ Cash SIGNATURE AGENCY OF FILING PRINTED NAME AND TITLE

mailed ell

Digitally signed by Charissa

X Charissa Martinez Martinez Date: 2019.12.09 12:23:45 -08'00'

Charissa Martinez, CEQA Analyst