

417-134477

			Print		StartOve	Finalize&Email	
RE				RECEIPT NUMBER:			
			— (7/09	/2020 —	082	
			STATE CLEARINGHOUSE NUMBER (If applicable)				
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.		20)191	190	73		
LEAD AGENCY	EADAGENCY EMAIL				DATE		
CA Department of Water Resources					07/09/2020		
COUNTY/STATE AGENCY OF FILING					DOCUMENT NUMBER		
OPR/SCH						•	
PROJECT TITLE							
Soil Investigations for Data Collection in the De		= N A H			PHONE NUM	ADCD	
	PROJECT APPLICANT EMAIL				(916) 651-7011		
CA Department of Water Resources PROJECT APPLICANT ADDRESS	CITY	10	STATE		ZIP CODE	1-7011	
1416 Ninth Street		1	CA		95814		
PROJECT APPLICANT (Check appropriate box)	Sacramento	L'	<u> </u>		93614		
Local Public Agency School District	Other Special District		✓ Sta	ate Ag	iencv	Private Entity	
			<u> </u>	- Ag			
CHECK APPLICABLE FEES:							
☐ Environmental Impact Report (EIR)		\$3,343	3.25	\$_		0.00	
✓ Mitigated/Negative Declaration (MND)(ND)		\$2,406	6.75	\$_	· · · · · - · · · · · · · · · · · · · ·	2,406.75	
☐ Certified Regulatory Program (CRP) document - payment due of	directly to CDFW	\$1,136	3.50	\$_		0.00	
 □ Exempt from fee □ Notice of Exemption (attach) □ CDFW No Effect Determination (attach) □ Fee previously paid (attach previously issued cash receipt copy) 						
☐ Water Right Application or Petition Fee (State Water Resources☐ County documentary handling fee☐ Other	s Control Board only)	\$850	0.00	\$ - \$ -		0.00	
PAYMENT METHOD:						0.400.75	
☐ Cash ☐ Credit ☑ Check ☐ Other	TOTAL	RECEI	/ED	\$_		2,406.75	
f Divitally almost by Many Hay	ICY OF FILING PRINTED N	NAME A	ND TI	TLE			
Meng Hey Date: 2020.07.09 12:10:36 State	e Clearinghouse						