## 2020050221

## **Notice of Exemption**

## Appendix E

To:	Office of Planning and Research	From: (Public Agency): Reclamation District 784			
10.	P.O. Box 3044, Room 113	1594 Broadway			
	Sacramento, CA 95812-3044	Arboga, CA 95961	ENDORSED FILED		
	County Clerk	(Addres			
	County of: Yuba 915 8th Street, #107	(Address	MAY 0 8 2020		
	Marysville, CA 95901		MAI 0 0 2020		
Proje	ect Title: Unit 5 Levee Mile 2.04 Pipe Repl	acement	BY BRIDGETTE EVANS  Deputy Clerk		
	ect Applicant: Reclamation District 784				
Proje	ect Location - Specific:				
Unit	5 of the Horseshoe Levee, which is between	Highway 65 and near Forty Mile R	oad		
Proje	ect Location - City: Arboga	Project Location - County:	Yuba		
The mus	cription of Nature, Purpose and Beneficiaries project will involve removing an existing 18" t be replaced because it is leaking. The projec pipe, and then backfilling the trench with the	pipe and replacing that pipe with t will involve digging the old pipe	a new 18" pipe. The pipe e out of the levee, replacing		
Nan	ne of Public Agency Approving Project: Recland The of Person or Agency Carrying Out Project	amation District 784			
Nan	ne of Person or Agency Carrying Out Project	Reclamation District 784			
	mpt Status: (check one):				
	☐ Ministerial (Sec. 21080(b)(1); 15268);				
	☐ Declared Emergency (Sec. 21080(b)(3);	15269(a));			
<ul> <li>□ Emergency Project (Sec. 21080(b)(4); 15269(b)(c));</li> <li>□ Categorical Exemption. State type and section number: Existing facilities 15301 and 15302</li> <li>□ Statutory Exemptions. State code number: PRC 21080.21 and Reg. 15282(k) Pipe replacement</li> </ul>					
The	sons why project is exempt: project involves no expansion of size or use. ng pipe. The project is of limited scope and d		ntenance work to replace a		
	d Agency tact Person: Patrick Meagher	Area Code/Telephone/Ext	ension: 530-742-0520		
	ed by applicant:  1. Attach certified document of exemption fir  2. Has a Notice of Exemption been filed by the mature:	nding. he public agency approving the p Date: 5/6/2020 Title: _	roject?.   Yes   No  General Manager		
	☑ Signed by Lead Agency ☐ Signed	by Applicant			
Author Refere	rity cited: Sections 21083 and 21110, Public Resource: Sections 21108, 21152, and 21152.1, Public Re Gov	es Code. Date Received for esources Code. vernor's Office of Planning & R	<u> </u>		

MAY 08 2020

**STATE CLEARINGHOUSE** 

7070 FG - 00020 Revised 2011

		RECEIPT NU	MBER:		
		58 - 05082	020 - 20		
		100000000000000000000000000000000000000	POWER DESIGNATION OF THE PARTY.	JMBER (If applicable)	
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.		7			
LEAD AGENCY	LEADAGENCY EMAIL		DATE	DATE	
RECLAMATION DISTRICT 784		05/08/2020		20	
COUNTY/STATE AGENCY OF FILING				DOCUMENT NUMBER	
YUBA			2020FG-00020		
PROJECT TITLE	ges e groyeg St. I		nido Anido II Ng 4 to 1	- 1 H	
UNIT 5 LEVEE MILE 2.04 PIPE REPLACEMENT					
PROJECT APPLICANT NAME	PROJECT APPLICANT EMAIL		PHONE NUMBER		
RECLAMATION DISTRICT 784	(a) A district of the policy country of the same of the policy of the same		(530) 742-0520		
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE	24 TON 154	
1594 BROADWAY	ARBOGA	CA	95961		
PROJECT APPLICANT (Check appropriate box)	orithment in the comment of the	18, 97,6		A Property of	
X Local Public Agency School District	Other Special District	☐ State	Agency	Private Entity	
	R. 127-1 34 (c) 128-128-23	the most end.		1 39 3 1 4 3	
CHECK APPLICABLE FEES:		We are a figure			
☐ Environmental Impact Report (EIR)		\$3,343.25	\$		
☐ Mitigated/Negative Declaration (MND)(ND)	\$2,406.75		\$		
☐ Certified Regulatory Program (CRP) document - payment due	directly to CDFW	\$1,136.50	\$		
Types of the second sec					
⊠ Exempt from fee					
<ul><li>☑ Notice of Exemption (attach)</li><li>☐ CDFW No Effect Determination (attach)</li></ul>					
☐ Fee previously paid (attach previously issued cash receipt copy	v)				
☐ Water Right Application or Petition Fee (State Water Resource	s Control Board only)	\$850.00			
☐ Value Night Application of Feliation as (State Value Nessaures Schiller Board Ship)			\$ \$50.00		
☐ Other 0.00		9			
PAYMENT METHOD:		•			
☐ Cash ☐ Credit   ☐ Check ☐ Other	TOTAL F	RECEIVED	<b></b>	\$50.00	
The state of the second st				sie zife gijk ski	
-//	NCY OF FILING PRINTED N	_			
x Grelatte Wans	Bridgette	EVa	INS	Deputy	