2020060068

Notice of Exemption

Appendix E

To: Office of Planning and Research P.O. Box 3044, Room 113 Sacramento, CA 95812-3044

> County Clerk County of: <u>Calaveras</u> 891 Mountain Ranch Road San Andreas, CA 95249

From: (Public Agency): Calaveras Public Utility District P.O. Box 666

San Andreas, CA 95249

(Address)

Project Title: _____ River Pump Station Repair

Project Applicant: Calaveras Public Utility District

Project Location - Specific:

Intersection of South Fork of the Mokelumne River & Licking Fork in West Point, CA.

Project Location - City: <u>West Point area</u> Project Location - County: <u>Calaveras</u> Description of Nature, Purpose and Beneficiaries of Project:

The project includes removing approximately 100 cubic yards of sediment from pump station area.

Name of Public Agency Approving Project: Calaveras Public Utility District

Name of Person or Agency Carrying Out Project: Calaveras Public Utility District

Exempt Status: (check one):

- □ Ministerial (Sec. 21080(b)(1); 15268);
- Declared Emergency (Sec. 21080(b)(3); 15269(a));
- □ Emergency Project (Sec. 21080(b)(4); 15269(b)(c));
- Categorical Exemption. State type and section number: Existing Facilities Sec. 15301(b)
- □ Statutory Exemptions. State code number: _

Reasons why project is exempt:

This project is categorically exempt based on its qualifications under Class 1, Section 15301(b).

Lead Agency Contact Person:	Donna Leatherman	_ Area Co	de/Telephone/Extension:	209-754-9442
	tified document of exemption finding ice of Exemption been filed by the p			⊐Yes □No Manager
Authority cited: Section	ed by Lead Agency	ode. ces Code.	Date Received for filing at O	(ENDORSED) FILED County of Calaveras Rebecca Turner County Clerk-Recorder
	05-2020-019			
	ST.	STATE CLEARINGHOUSE		05/02/2020 Bett (Me bcole, Deputy Clerk

Print Form



				RECEIPT NUMBER: 05-2020-019 STATE CLEARINGHOUSE NUMBER (<i>If applicable</i>)		
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY. LEAD AGENCY			DATE			
CALAVERAS PUBLIC UTILITY DISTRICT	LEADAGENCY EMAIL n.mccartney@wgainc.net		06/02/2020			
COUNTY/STATE AGENCY OF FILING CALAVERAS	-1		DOCUMEN	TNUMBER		
PROJECT TITLE						
RIVER PUMP STATION REPAIR						
PROJECT APPLICANT NAME	PROJECT APPLICANT EMA	1	PHONE NU	MBER		
CALAVERAS PUBLIC UTILITY DISTRICT	n.mccartney@wgainc.n		(209) 754			
PROJECT APPLICANT ADDRESS PO BOX 666	CITY SAN ANDREAS	STATE CA	ZIP CODE 95249			
PROJECT APPLICANT (Check appropriate box)						
X Local Public Agency School District	Other Special District	State .	Agency	Private Entity		
CHECK APPLICABLE FEES:						
Environmental Impact Report (EIR)	\$3,	343.25 \$	6			
Mitigated/Negative Declaration (MND)(ND)		406.75 \$	3			
Certified Regulatory Program (CRP) document - payment due	e directly to CDFW \$1,	136.50 \$				
Exempt from fee						
Notice of Exemption (attach)						
CDFW No Effect Determination (attach)						
Fee previously paid (attach previously issued cash receipt co	ру)					
Water Right Application or Petition Fee (State Water Resourc	es Control Roard only)	350.00 \$				
County documentary handling fee		\$				
		\$				
PAYMENT METHOD:	7			#0.00		
🗌 Cash 🔲 Credit 🔲 Check 🖾 Other	TOTAL REC	EIVED \$		\$0.00		
	NCY OF FILING PRINTED NAME	AND TITLE				
× bett in Ber	Beth Cole, Deputy County Clerk-Recorder					