Print Form



Notice of Determination	DONNA MACHINETON Appendix D
То:	Fren: Stark of the Board
☐ Office of Planning and Besearch	Public Agency: Reciamation District 1001
U.S. Mail: Street Address:	Address: 1959 Cornelius Ave.
P.O. Box 3044 1400 Tenth St., Rm 1	Rio Oso, CA 95674
Sacramento, CA 95812-3044 Sacramento, CA 9581	Contact: Thomas Engler
	Phone: (530) 656-2318
County Clerk County of: Sutter	Lead Agency (if different from above):
Address: 433 Second Street	
Yuba City, CA 95991	Address:
	Contact:
	Phone:
SUBJECT: Filing of Notice of Determination in com Resources Code.	
State Clearinghouse Number (if submitted to State Cle	
Project Title: Reclamation District 1001 Auxiliary Drain	nage Pump Station Project
Project Applicant: Reclamation District 1001	
Project Location (include county): Natomas Cross Can	al and Lateral 4 Canal in Sutter County
Project Description:	
Reclamation District (RD) 1001 proposes to construct along the Natomas Cross Canal (NCC) North Levee a approximately one mile northeast of the existing RD 1 County, California.	at the south end of the RD 1001 Lateral 4 Channel,
This is to advise that the Reclamation District 1001 (Lead Agency or)	Responsible Agency) has approved the above
described project on October 28, 2020 and has made	e the following determinations regarding the above
(date)	
described project.	
1. The project [will will not] have a significant eff. 2. An Environmental Impact Report was prepared for this profession. 3. Mitigation measures [were were not] made a 4. A mitigation reporting or monitoring plan [was 5. A statement of Overriding Considerations [was 6. Findings [were were not] made pursuant to the statement of the were were not] made pursuant to the statement of the were were not] made pursuant to the statement of the were were not] made pursuant to the statement of the were were not] were were not]	or this project pursuant to the provisions of CEQA. eiject pursuant to the provisions of CEQA. condition of the approval of the project. was not] adopted for this project. was not] adopted for this project.
This is to certify that the final EIR with comments and renegative Declaration, is available to the General Public Reclamation District 1001, 1959 Cornelius Avenue, F	c at:
Signature (Public Agency): Jung U. Muchw	Title: President
Date: October 28, 2020 Date Re	eceived for filing at OPR:

		E	Print	StartOver	Finalize&Email	
		RECE	RECEIPT NUMBER:			
			51 — 10/29/20 — 40			
			STATE CLEARINGHOUSE NUMBER (If applicable)			
SEE INSTRUCTIONS ON DEVERSE TYPE OF PRINTS I FARLY					,	
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY. LEAD AGENCY	LEAD AGENCY EMAIL			DATE		
County of Sutter	ED 157 (SENTE)			10/29/20		
COUNTY/STATE AGENCY OF FILING				DOCUMENT N	IUMBER	
Sutter						
PROJECT TITLE						
Reclamation District 1001 Auxiliary Drainage Puproject Applicant NAME	ump Station Projec			PHONE NUME	2ED	
Reclamation District 1001 (2020099009)	THOSE OF ALT LIGARITE	NOJECT AFFEIGANT EMAIL			(530) 656-2318	
PROJECT APPLICANT ADDRESS	CITY	S	TATE	ZIP CODE	2010	
Natomas Cross Canal and Lateral 4 Canal in Sutter County	Nicolaus		CA	95659		
PROJECT APPLICANT (Check appropriate box)	1110010.00			00000		
Local Public Agency School District	Other Special District	[State Ag	gency	✓ Private Entity	
CHECK APPLICABLE FEES:					2.22	
☐ Environmental Impact Report (EIR)		\$3,343				
✓ Mitigated/Negative Declaration (MND)(ND)		\$2,406			2,406.75 0.00	
Certified Regulatory Program (CRP) document - payment due directly to CDFW \$1,1			.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	Control Board only)	\$850	.00 \$		0.00	
✓ County documentary handling fee	Control Board Only)	ΨΟΟΟ	\$		50.00	
□ Other			\$			
PAYMENT METHOD:						
☐ Cash ☐ Credit ☑ Check ☐ Other	TOTAL F	RECEIV	ED \$		2,456.75	
9-1	cy of filing printed n bhanie Ratner, Dep			the Board		

COUNTY OF SUTTER STATE OF GALIFORNIA	OFFICIAL RECEIPT
Clerk of the Board Issuing Office or Department	10,29,2020 DATE
RECEIVED FROM RECLAMATION DIS	trict 1001
THE SUM OF IND thousand fifth	1-Six 2 75/0245le.75
FOR NOD FEE'S	
PAID BY CASH CK./M.O. BK. NO. 003702.	Stephanie Ratner Stephanie Ratner

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