Notice of Exemption

Appendix E

To: Office of Planning and Research	From: (Public Agency): Reclamation District 784		
P.O. Box 3044, Room 113 Sacramento, CA 95812-3044	1594 Broadway Arboga, CA 95961		
County Clerk		ENDORSED FILI	
County of: Yuba 915 8th Street, #107	(Addre		
Marysville, CA 95901		DEC 0 1 2020	
Project Title: Unit 5 Levee Mile 1.85 Pipe R	Replacement	TERRY A. HANSEN, Clerk BY SARAH MULL Deputy Cle	
Project Applicant: Reclamation District 784			
Project Location - Specific:			
Unit 5 of the Horseshoe Levee, which is betwe	een Highway 65 and near Forty Mile F	Road	
Project Location - City: Arboga		Yuba	
Project Location - City: Arboga Description of Nature, Purpose and Beneficia	Project Location - County		
The project will involve removing an existing	18" pipe and replacing that pipe with		
must be replaced because DWR has determin pipe out of the levee, replacing the pipe, and			
pipe out of the levee, replacing the pipe, and	then backining the trenen with the t	ame sem	
Name of Public Agency Approving Project: R	eclamation District 784		
Name of Person or Agency Carrying Out Proj	ject: Reclamation District 784		
Exempt Status: (check one):			
☐ Ministerial (Sec. 21080(b)(1); 15268));		
☐ Declared Emergency (Sec. 21080(b)			
☐ Emergency Project (Sec. 21080(b)(4☑ Categorical Exemption. State type at	nd section number: Existing facilitie	s 15301 and 15302	
 Statutory Exemptions. State code nu 	ımber: PRC 21080.21 and Reg. 15	282(k) Pipe replacement	
Reasons why project is exempt: The project involves no expansion of size or u failing pipe. The project is of limited scope an		intenance work to replace a	
Lead Agency Contact Person: Patrick Meagher	Area Code/Telephone/Ex	tension: <u>530-742-0520</u>	
If filed by applicant: 1. Attach certified document of exemption 2. Has a Notice of Exemption been filed Signature:			
	ed by Applicant	· ·	
Authority cited: Sections 21083 and 21110, Public Res Reference: Sections 21108, 21152, and 21152.1, Publi	ources Code. Date Received fo	r filing at OPR:	

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12.01.2020
                                                                       NBA COUNTY CLERK RECORDER
                                                                                         01:02 PM PST
                                                                     215 8TH STREET, SUTTE 107
                                                                     MARYSVILLE, CA 95901
                                                                  TERMINAL NAME: E8077301
                                                                 ORDER 11: 117487016
                                                   CLEAK FEES
                                                                 PURCHASE
                                                             AGENCY SUBTOTAL: $50.00
                                                      LEXISMEXIS SERVICE FEE: 12.50
                                                                            $50.00
                                                             10TAL USD: $52.50
                                        CARD 11: 0518
                                      PAYMENT: CREDIT
                                     MODE:
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                               AUTH CODE:
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                              VAL COOF:
                                                        ******9867
                            TRAN REF 11:
                                                       ***********
                          REC 11:
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                        APP LABET:
                                                                       Petry A. Hansen County Clerk
                                              <sup>38033675</sup>7656398
                                                       5886
                       CVM.
                     AID:
                                                                       915 8th am recorder Street, Suite 107
                                             VISA CREDIT
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                                        NO SIG REQUIRED
                                                                        Maryswille, CA 95901
                 AMOUNT:
                                       <sup>A000000003</sup>1010
                                    FAC7172232F46408
                                                           Receipt: 20-17694
                                                                            (530) 749 7850
                      *** CARD APPROVED ***
                                                         Product Name
           $52.50
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      GAME FILLINGS
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                                                                                          Extended
                                                 Total
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    I AGREE TO PAY ABOVE TOTAL ANOUNT
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                                               Tender
                                                                                           $50.00
   ACCORDING TO CARD ISSUER AGREEMENT
                                              Accounts
(MERCHANT AGREEMENT JE CREDIT VOUNER)
                                                        (on Account)
                                            Account
                                           Name
                                          Customer
                                                        VITALOHEK CLERK
                                         Name
  RETAIN THIS COPY FOR
                                                                                    $50.00
                                        Comment
                                                      RECLAMATION DIST
STATEMENT VERIFICATION
                                                                                   $50.00
                                                      284
                                        Thank You for Your Business
 CUSTOMER COPY
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		DECEIDT N	II IMDED:		
		RECEIPT NUMBER:			
58 - 12012					
		STATE CLE	EARINGHOUSE	NUMBER (If applicable)	
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.					
	LEADAGENCY EMAIL		DATE		
RECLAMATION DISTRICT 784			12/01/	2020	
COUNTY/STATE AGENCY OF FILING		*	DOCUM	ENT NUMBER	
YUBA			2020F	G-00047	
PROJECT TITLE UNIT 5 LEVEE MILE 1.85 PIPE REPLACEMENT					
PROJECT APPLICANT NAME	PROJECT APPLICANT E	ROJECT APPLICANT EMAIL		PHONE NUMBER	
RECLAMATION DISTRICT 784			(530) 7	'42-0520	
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP COD	E	
1594 BROADWAY	ARBOGA	CA	95961		
PROJECT APPLICANT (Check appropriate box)					
X Local Public Agency School District	Other Special District	☐ Sta	ate Agency	Private Entity	
CHECK APPLICABLE FEES: ☐ Environmental Impact Report (EIR) ☐ Mitigated/Negative Declaration (MND)(ND) ☐ Certified Regulatory Program (CRP) document - payment due of the second		\$3,343.25 \$2,406.75 \$1,136.50			
 □ Water Right Application or Petition Fee (State Water Resources □ County documentary handling fee □ Other 0.00 	s Control Board only)	\$850.00	\$ \$ \$	\$50.00	
PAYMENT METHOD: ☐ Cash ☐ Credit ☒ Check ☐ Other	TOTAL	RECEIVED	\$	\$50.00	
X SUBA MULL AGEN	cy of filing printed N	NAME AND TI	TLE	Deputy	