## CLERK OF THE GUARD OF SUPERVISORS

## **Notice of Determination**

Appendix D

		60.702			
To:			-2-rom! 1:59		
8	Office of Planning and Resear	rch	Public Agency: San Bernardino County Trans		
	U.S. Mail:	Unu	Address 1170/W. Third Street, 2nd Floor		
	P.O. Box 3044	1400 Tenth St., Rm 113	Contact: Carrie Schindler, Director of Rail and		
	Sacramento, CA 95812-3044	Sacramento, CA 95814	Phone: 909-884-8276		
	County Clerk		Ford Assess (III different forms about		
	County of: San Bernardino Address: 385 N. Arrowhead Avenue		Lead Agency (if different from above):		
	San Bernardino, CA 92415	Aveilue	Address:		
			Contact:		
			Phone:		
	BJECT: Filing of Notice of L sources Code.	Determination in compl	iance with Section 21108 or 21152 of the Public		
Sta	te Clearinghouse Number (if	submitted to State Cleari	nghouse): 2021030063		
Pro	ject Title: Arrow Maintenanc	e Facility (AMF) Hydroge	n Fuel Upgrade Project		
Pro	ject Applicant: San Bernardi	no County Transportation	Authority		
Pro	ject Location (include county)	: City of San Bernardino	San Bernardino County, California		
Pro	ject Description:	*			
the	AMF. The project would furt	her reduce emissions of esel-powered rail vehicles	ed, zero-emission multiple unit rail vehicle at criteria air pollutants and greenhouse gases as part of Metrolink's planned Arrow Service.  Cortation Authority has approved the above		
	(	■ Lead Agency or ☐ R	esponsible Agency)		
	(date		ne following determinations regarding the above		
des	scribed project.		4.		
1.	The project [ will is will no	t) have a significant effec	t on the environment.		
2.	An Environmental Impact I	Report was prepared for	this project pursuant to the provisions of CEQA.		
	A Negative Declaration wa	s prepared for this projec	et pursuant to the provisions of CEQA.		
3. I	Mitigation measures [ were	were not] made a co	ndition of the approval of the project.		
4.	A mitigation reporting or moni	toring plan [ was was was	as not] adopted for this project.		
5.	A statement of Overriding Cor	nsiderations [ was	was not] adopted for this project.		
6.	Findings [ <b>iii</b> were $\square$ were no	ot] made pursuant to the	provisions of CEQA.		
ne	is is to certify that the final Elf gative Declaration, is available ttps://www.gosbcta.com/zeme	e to the General Public a	ponses and record of project approval, or the t:		
-	gnature (Public Agency):	Delini	Title: Director of Transit & Rail Program		
Da	te: 09/01/2021	Date Rece	eived for filing at OPR:		
Au	thority cited: Sections 21083, ference Section 21000-21174	Public Resources Code	Revised 2011		
- 1.5			Removed On:10/15/2021		



ORIGINAL - PROJECT APPLICANT

		Prin	it	StartOver	Save	
	RECEIPT NUMBER:  36 — 09022021 — 537  STATE CLEARINGHOUSE NUMBER (If applicable)  2021030063					
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY. LEAD AGENCY		2021	030	DATE	*	
San Bernardino County Transportation	LEADAGENCY EMAIL			09022021		
COUNTY/STATE AGENCY OF FILING				DOCUMENT		
San Bernardino				DOCOMENT	NOMBER	
PROJECT TITLE				<u>.</u>		
Arrow Maintenance Facility (AMF) Hydrogen F	uel Upgrade Project	t				
PROJECT APPLICANT NAME	PROJECT APPLICANT EMAIL			PHONE NUMBER		
San Bernardino County Transportation Authority				(909)884	l-8276	
PROJECT APPLICANT ADDRESS	CITY	STATE		ZIP CODE	_	
1170 W. Third Street, 2nd Floor	San Bernardino	Ca		92410		
PROJECT APPLICANT (Check appropriate box)				16		
✓ Local Public Agency School District	Other Special District	s	state Ag	ency	Private Entity	
CHECK APPLICABLE FEES:						
Environmental Impact Report (EIR)	\$	3,445,25	\$		3,445.25	
☐ Mitigated/Negative Declaration (MND)(ND)	·	2.480.25	٠.			
☐ Certified Regulatory Program (CRP) document - payment due of		1,171.25	\$ _		0.00	
	,	•				
☐ Exempt from fee						
■ Notice of Exemption (attach)						
☐ CDFW No Effect Determination (attach)						
☐ Fee previously paid (attach previously issued cash receipt copy	<i>(</i> )					
Note: Dight Application or Datition Foo (Chata Meter December	Control Peard only)	\$850.00	\$		0.00	
<ul> <li>□ Water Right Application or Petition Fee (State Water Resources</li> <li>□ County documentary handling fee</li> </ul>	s Control board only)	<b>4</b> 650.00	\$		50.00	
Other			\$		- 11	
PAYMENT METHOD:			2		7.030	
☐ Cash ☐ Credit ☑ Check ☐ Other	TOTAL RE	CEIVED	\$ ,	2000	3,495.25	
0256730						
SIGNATURE	ICY OF FILING PRINTED NA	ME AND T	ITLE			
X Cigntome Cyr	nthia Merendon, l	Deput	y Cl	erk		

COPY - CDFW/ASB COPY - LEAD AGENCY COPY - COUNTY CLERK DFW 753.5a (Rev. 06012020)