

|  |                            | Print                 | Start@ver Save                        |
|--|----------------------------|-----------------------|---------------------------------------|
|  |                            | RECEIPT NUMB          | BER:                                  |
|  |                            | 29 — 07/15/2021 — 023 |                                       |
| 4  |                            |                       | NGHOUSE NUMBER (If applicable)        |
| CELLINOTONIO ON BELCCOST. TOTAL DE CONTROL                     | 2                          | DI III OLL IVII       | in approved                           |
| SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY LEAD AGENCY | LEADAGENCY EMAIL           |                       | DATE                                  |
| Nevada Irrigation District                                     | LEADAGENCY EMAIL           |                       | 07/15/2021                            |
| COUNTY/STATE AGENCY OF FILING                                  |                            |                       | DOCUMENT NUMBER                       |
| Nevada   | ON:                        | 7//                   | 20210000023                           |
| PROJECT TITLE  |                            |                       |                                       |
|  | 6                          | 9                     | 9.                                    |
| English Mondow Floodaleia Bostoration 9 F                      | Enhancement Draiget        |                       |                                       |
| English Meadow Floodplain Restoration & E                      |                            | -neatl                | TOLIONE NUMBER                        |
| PROJECT APPLICANT NAME   | PROJECT APPLICANT          | ⊨MAIL                 | PHONE NUMBER                          |
| Nevada Irrigation Dist-Neysa King                              |                            | lores                 | (530) 271-6733                        |
| PROJECT APPLICANT ADDRESS                                      | CITY                       | STATE                 | ZIP CODE                              |
| 1036 West Main St  | Grass Valley               | CA                    | 95945                                 |
| PROJECT APPLICANT (Check appropriate box)                      |                            |                       | · · · · · · · · · · · · · · · · · · · |
| ✓ Local Public Agency School District                          | Other Special District     | State A               | gency Private Entity                  |
| CHECK APPLICABLE FEES:   | ą.                         |                       | N.*                                   |
| ☐ Environmental Impact Report (EIR)                            | ×.                         | \$3,445.25 \$         | 0.00                                  |
| ✓ Mitigated/Negative Declaration (MND)(ND)                     |                            |                       | 2,480.25                              |
| ☐ Certified Regulatory Program (CRP) document - payment        | due directly to CDFW       | \$1,171.25 \$         | 0.00                                  |
| a common regulatory region (orally accommon payment            | and anothly to DDT TT      | 4.1                   |                                       |
| Exempt from fee  |                            |                       |                                       |
| ☐ Notice of Exemption (attach)                                 |                            | ta                    |                                       |
| ☐ CDFW No Effect Determination (attach)                        | 9                          |                       |                                       |
| ☐ Fee previously paid (attach previously Issued cash receipt   | сору)                      | 20                    | 1                                     |
|  | <del></del>                |                       | 0.00                                  |
|  | ources Control Board only) | \$850.00 \$           | 0.00                                  |
| County documentary handling fee                                |                            | \$                    | 50.00                                 |
| ☐ Other  |                            | \$                    | · · · · · · · · · · · · · · · · · · · |
| PAYMENT METHOD:  |                            | 41 A 42               | 2,530.25                              |
| ☐ Cash 🕱 Credit ☐ Check ☐ Other                                | TOTAL                      | RECEIVED \$           | 2,000.20                              |
| SIGNATURE  | AGENCY OF FILING PRINTED   | NAME AND TITLE        |                                       |
| SIGNATURE  | GENOT OF FILING PRINTED    | NAME AND THE          | · · · · · · · · · · · · · · · · · · · |
| X  | Angle Miller               | Deputy                |                                       |
|  |                            |                       |                                       |

COPY - CDFW/ASB

COPY - COUNTY CLERK