

Notice of Exemption

Appendix E

To: Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency): City of VVoodland 300 First St		
Sacramento, CA 95812-3044	Woodland, CA 95695		
County Clerk County of: Yolo	(Address)		
-	ection, SWRCB Division of Drinking Water		
Project Applicant: City of Woodland			
Project Location - Specific: Wells 16, 24, 29, and 30 within the C	ity of Woodland		
Project Location - City: Woodland	Project Location - County: Yolo		
Description of Nature, Purpose and Beneficiario	es of Project:		
water distribution system to mitigate pipeline introduction of water of differing characterist			
Name of Public Agency Approving Project: CA	State Water Resources Control Board, Division of Drinking Water		
Name of Person or Agency Carrying Out Project	ct: Tim Busch, Principal Utilities Civil Engineer, City of Woodland		
Exempt Status: (check one): Ministerial (Sec. 21080(b)(1); 15268); Declared Emergency (Sec. 21080(b)(4);	3); 15269(a)); 15269(b)(c)); d section number: Class 1 (CCR, Title 14, Sec 15301 and Title 22, Sec 60101 (a))		
Reasons why project is exempt:			
The project involves no expa utilities used to provide publi	ansion of existing facilities of publicly owned ic drinking water.		
Lead Agency Contact Person: Tim Busch	Area Code/Telephone/Extension: (530)661-5363		
and the second s	the public agency approving the project? • Yes No		
Signature:	Date: 5/5/2021 Title: Principal Utilities Civil Engineer		
Signed by Lead Agency Signed			
Authority cited: Sections 21083 and 21110, Public Resou Reference: Sections 21108, 21152, and 21152.1, Public	rices Code. Resources Code. Filed in County Clerk's Office		

POSTEDAY 05 2024

Jesse Salinas Yolo County - Clerk/Recorder

57-05052021-033

05/05/2021 FISH Pages: 1 Fee: \$ 50.00

By jramirez, Deputy

		RECEIPT NUME 57-0505202	
	5	STATE CLEARII	NGHOUSE NUMBER (If applicable)
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.			
LEAD AGENCY	LEADAGENCY EMAIL		DATE
CITY OF WOODLAND	ryan.brant@cityofwoodland.org		05/05/2021
COUNTY/STATE AGENCY OF FILING YOLO			DOCUMENT NUMBER
PROJECT TITLE 2021 ORTHOPHOSPHATE INJECTION, SWRCB DI	VISION OF DRINKING WA	TER	
PROJECT APPLICANT NAME	PROJECT APPLICANT EMA	AIL.	PHONE NUMBER
TIM BUSCH	ryan.brant@cityofwood	lland.org	(530) 661-5363
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE
300 FIRST STREET	WOODLAND	CA	95695
PROJECT APPLICANT (Check appropriate box)			•
X Local Public Agency School District	Other Special District	State A	gency Private Entity
CHECK APPLICABLE FEES: Environmental Impact Report (EIR) Mitigated/Negative Declaration (MND)(ND) Certified Regulatory Program (CRP) document - payment do Exempt from fee Notice of Exemption (attach) CDFW No Effect Determination (attach) Fee previously paid (attach previously issued cash receipt of	\$2 ue directly to CDFW \$1	,480.25 \$	
	rces Control Board only)	\$850.00 \$ \$ \$	\$50.00
PAYMENT METHOD:			¢50.00
☐ Cash 🖾 Credit ☐ Check ☐ Other	TOTAL RE	CEIVED \$	\$50.00
SIGNATURE AGENCY OF FILING PRINTED NAME AND TITLE			
	Josie Ramirez, Deputy County Clerk-Recorder		