RECEIVED WITH FEE		Siccas appreciation and
BECEIPT # 1519 Sould		
Notice of Exemption		Appendix E
To: Office of Planning and Research P.O. Box 3044, Room 113 Sacramento, CA 95812-3044	From: (Public Agency): City of Arvir 141 Plumtree Drive Arvin, CA 932	
County Clerk	(Address)	MARY B. BEDARD
County of: Kem	(Address)	AUDITOR CONTROLLER-COUNTY CLERK
First Floor Bakersfield, CA 93301		BYDEPOT
Project Title: <u>Haven Drive Reclamation Pr</u>	oject Phase 1	
Project Applicant: City of Arvin	10	
Project Location - Specific:		
City of Arvin, California, on Haven D	)rive between Meyer Street and D	erhy
Project Location - City: City of Arvin	Project Location - County: Ken	n County
Description of Nature, Purpose and Beneficiar		
Full depth rehabilitation of Haven Drive between Meyer Street and Derby way will have the 4 inches of existing asphalt removed. The next 12 inche of asphalt will be placed on top. The project will also include the construct	s of roadbed will be mixed with existing fill materials and re-compact	ted, and then a new 4 inch section
improvements, ADA curb ramps will be constructed at locations where the pedestrians, and for bicyclists. This project will not expand or widen the re	ey do not currently exist, and the rehabilitation roadway will be re-strip	bed for vehicular traffic,
	the of Amin	
Name of Public Agency Approving Project: Ci		
Name of Person or Agency Carrying Out Proje	ect: City of Arvin	
Exempt Status: (check one):		
<ul> <li>Declared Emergency (Sec. 21080(b)(</li></ul>		
Emergency Project (Sec. 21080(b)(4)	: 15269(b)(c)):	
Categorical Exemption. State type and	d section number:CEQA Guidelines Se	ction 15301
Statutory Exemptions. State code nur	nber:	
Reasons why project is exempt:		
This project is subject to California Enviro as the project consist of the repair, maint involving negligible or no expansion of ex above. As such such, this project is Cate	enance, or minor alterations of an exis kisting or former use for all the reasons	sting public facility, s mentioned
Lead Agency Contact Person: <u>Mitzy Cuxum</u>	Area Code/Telephone/Extension	661-606-6066
If filed by applicant: 1. Attach certified document of exemption 2. Has a Notice of Exemption been filed by		∎Yes □No
Signature: Mitzy Curfum	Date: 3117 12020 Title: Seni	or planner
■ Signed by Lead Agency □ Signed		
Authority cited: Sections 21083 and 21110, Public Resou Reference: Sections 21108, 21152, and 21152.1, Public		OPR:
	Notice r	of Environmental Document
	Poetod	Country Olivia Document
	and for 2	by County Clerk on <u>2</u> 20 20
	Section	30 days thereafter, Pursuant to 21152(C) Reublic Resources Code
$ (\mathcal{O}^{\mathcal{C}}) $	105	The second and the sources Code



## State of California - Department of Fish and Wildlife 2020 ENVIRONMENTAL FILING FEE CASH RECEIPT DFW 753.5a (Rev. 12/01/19) Previously DFG 753.5a

		RECEIPT NUMBER:		
		15 - 032	242020 —	15143248
		STATE CLE	ARINGHOUSE	NUMBER (if applicable)
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY	Υ.			
LEAD AGENCY	LEAD AGENCY EMAIL		DATE	
CITY OF ARVIN			3/24/202	0
COUNTY/STATE AGENCY OF FILING			DOCUME	NT NUMBER
Kern			16905	
PROJECT TITLE		i.		
HAVEN DRIVE RECLAMATION PROJECT PHASE 1'				
PROJECT APPLICANT NAME	PROJECT APPLICANT	EMAIL	PHONE N	
CITY OF ARVIN			(661)6	
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE	
CITY OF ARVIN, CALIFORNIA, ON HAVEN DRIVE BETW	EEN CITY OF ARVIN	CA	93203	
PROJECT APPLICANT (check appropriate box)				
X Local Public Agency School District	Other Special District	Stat	e Agency	Private Entity
CHECK APPLICABLE FEES:				
Environmental Impact Report (EIR)		\$3,343.25	\$	0.00
Mitigated/Negative Declaration (MND)(ND)		\$2,406.75	\$	0.00
Certified Regulatory Program document (CRP)	14		\$	0.00
Exempt from fee				
X Notice of Exemption (attach)				
CDFW No Effect Determination (attach)				
Fee previously paid (attach previously issued cash receipt c	ору)			
		<b>6</b> 050.00	•	0.00
Water Right Application or Petition Fee (State Water Resource)	irces Control Board only)	1.0000000000000000000000000000000000000	\$	50.00
County documentary handling fee			\$ \$	00.00
			φ	
PAYMENT METHOD:	τοται	RECEIVED	\$	50.00
	TOTAL	RECEIVED	Ψ	
SIGNATURE	BENCY OF FILING PRINTED	NAME AND TIT	LE	
N AL	<u>)</u>		<b>*</b>	
X	. FRANCO, KERN COUNT	Y CLERK, FS		
V				

COPY - CDFW/ASB