		Print		StartOver	Save
		RECEIPT NUMBER:			
		59 —	03/16	6/2023 — 0	31
					BER (If applicable)
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.		202210	0155		
LEAD AGENCY	LEAD AGENCY EMAIL			DATE	
Regional Water Quality Control Board 2 christina.toms@wa		rboards.ca.gov		03/16/2023	
COUNTY/STATE AGENCY OF FILING				DOCUMENT NUMBER	
OPR/SCH 🔽					
PROJECT TITLE					
San Francisco Bay Strategic Shallow-Water Placement	Pilot Project				
PROJECT APPLICANT NAME PROJECT APPLICANT E				PHONE NUMBI	R
Christina Toms christina.toms@wat			a.gov	(510)8477670	
PROJECT APPLICANT ADDRESS	CITY	STATE		ZIP CODE	
1550 Clay Street, Suite 1400	Oakland	CA		94612	
PROJECT APPLICANT (Check appropriate box)			_		
Local Public Agency School District	Other Special District	✓ St	ate Ag	ency	Private Entity
Company of the Compan	100 0 1100	45.	-		61 8 1
CHECK APPLICABLE FEES:					
☐ Environmental Impact Report (EIR)	;	\$3,839.25	\$_		0.00
✓ Mitigated/Negative Declaration (MND)(ND)			\$_		2,764.00
☐ Certified Regulatory Program (CRP) document - payment due directly to CDFW		\$1,305.25	\$_		0.00
☐ Exempt from fee					
☐ Notice of Exemption (attach)					
☐ CDFW No Effect Determination (attach)		=			
☐ Fee previously paid (attach previously issued cash receipt cop	y)				
☐ Water Right Application or Petition Fee (State Water Resource	TV Company (CV)	u		Λ/ς	0:00
	s Control Board only)	\$850.00	\$_		
County documentary handling fee			\$_		
Other			\$_		
PAYMENT METHOD:					2,764.00
☐ Cash ☐ Credit ☑ Check ☐ Other	TOTAL R	ECEIVED	\$_		2,104.00
SIGNATURE	ICY OF FILING PRINTED NA	AME AND TI	TLE		
X Launte Amri	PR Drume	Aco	CACA	a Geoc	itech
W. W.	1. 200111	1111			