No	otice of Determinatio	n	•	Appendix D		
To: 181	Office of Planning and Resear U.S. Mail: P.O. Box 3044 Sacramento, CA 95812-3044	Street Address: 1400 Tenth St., Rm 113	From: Public Agency: _city of Oakdale Address: 280 N Third Ave Oakdale, CA 95361 Contact Bryan Whitemyer Phone:209-845-3572			
181	County Clerk County of: s_ta_n_is_la_ Address: 1021 St Suite 101	ounty Clerk ounty of: stanis la <u>us</u> ddress: 1021 I St Suite 101 Modesto, CA 95354		Lead Agency (if different from above): Address:		
	Widesto, CA 93334		Contact:Phone:			
	BJECT: Filing of Notice of L sources Code.	Determination in complia	ance with Section 211	08 or 21152 of the Public		
Sta	te Clearinghouse Number (if s	submitted to State Clearing	nouse): 20 2 2 1 20 6 8 4			
Pro	ject Title: Stanislaus River Saln	nonid Habitat Restoration Pr	oject at Stanley Wakefield	Wilderness Area		
Pro	jectApplicant: <u>ColyofOakdak</u>	9				
Pro	ject Location (include county)	:Oakdab,StanishusCour	nty			
The enh Valle	ject Description: Stanislaus River Salmonid Habit ance the Stanislaus River off-cha ey (CCV) steelhead (Oncorhynch ey (CV) Chinook Salmon (0. tsha	innel and riparian ecosystem nus mykiss) populations, with	n processes critical for juve n anticipated ancillary bene	nile California Central efits to California's Central		
This	s is to advise that the Civof- (Oakdale Lead Agency or D Re	=esponsible Agency)	has approved the above		
	cribed project on =2=/2 1/ 2_0 (date cribed project.		e following determination	ons regarding the above		
 I I	The project [D will will not D An Environmental Impact F A Negative Declaration was Mitigation measures [were A mitigation reporting or monit A statement of Overriding Confindings [were D were not sis to certify that the final EIR gative Declaration, is available	Report was prepared for the sprepared for this project D were not] made a constraint of the project D was D was iderations D was D with comments and respectively.	his project pursuant to the provision of the approval of as not] adopted for this was not] adopted for this provisions of CEQA.	ons of CEQA. If the project. project. s project.		
	nature (Public Ag <mark>l</mark> ency): /	7	Title: City	Mundara		
	- \ a a c	<u>-</u>		1 (se valid C)		
Dat	e: Z .) C 3 	Date Rece	ived for filing at OPR: _			

Authority cited: Sections 21083, Public Resources Code. Reference Section 21000-21174, Public Resources Code.

STANISLAUS COUNTY CLERK CEQA FILING COVER SHEET

Mail to:

Vr c:Jt;,lc.Jt;

Name: $\mu \diamond$. By wkN , A.

Address: Z.,,Bo /J. 11w.rvf /

City, State, Zipf) $aUal_{I}$ CA_{t} q rl (... I

50-2023-044

FILED

February 27, 2023 DONNA LINDER STANISLAUS COUNTY CLERK-RECORDER

By:_t,____

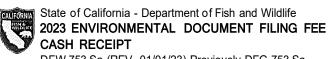
THIS SPACE FOR CLERK'S USE ONLY

Complete and attach this form to each CEQA Notice filed with the County Clerk

TYPE OR PRINT CLEARLY

_	Check Document being Filed:
D	Environmental Impact Report (EIR)
tigat	Negative Deciaration (MIND) of Negative Deciaration (ND)
Щ	Notice of Exemption (NOE)
	Other (Please fill in type):

FILED IN THE OFFICE OF THE STANISLAUS
Posted "A Removed 04-04-3
Returned to a e e 9, x gn. DEPUTY O f y LSrC£Le—O



DFW 753.Sa (REV. 01/01/23) Previously DFG 753.Sa		Print	StartOver	rFin! liz & : ;;1.	
		RECEIPT NUM	IRED:	<u> </u>	
		50-02/27/2023-			
		STATE CLEARINGHOUSE NUMBER (If applicable)			
<u>see instructions on reverse. Type or print clearly</u> Lead agency	2022120684 DATE				
CITY OF OAKDALE	LEADAGENCY EMAIL		02/27/2023		
COUNTY/STATE AGENCY OF FILING		DOCUMENT NUMBER			
STANISLAUS COUNTY	50-2023-044		NOMBLIX		
PROJECT TITLE			00-2020-044		
STANISLAUS RIVER SALMONID HABITAT RESTORATION PROPROJECT APPLICANT NAME	JECT AT STANLEY WAKEF		SS AREA	BER	
CITY OF OAKDALE			(209) 845-357	7 2	
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE		
280 NTHIRD AVE	OAKDALE	CA	95361		
PROJECT APPLICANT (Check appropriate box)			1 ,		
[E) Local Public Agency ${f D}$ School District	D Other Special District	D State A	Agency	${f D}$ Private Entity	
CHECK APPLICABLE FEES:					
D Environmental Impact Report (EIR)		\$ 3,839.25 \$		-	
☐ Mitigated/Negative Declaration (MND)(ND)	ii ii i opew	γ = ₁ , σ σ φ γ = = = 2 σ		= 7 6 4400	
D Certified Regulatory Program (CRP) document - payment due	e directly to CDFW	\$ 1,305.25 \$			
D Exempt from fee D Notice of Exemption (attach) D CDFW No Effect Determination (attach) D Fee previously paid (attach previously issued cash receipt co	ppy)				
D Water Right Application or Petition Fee (State Water Resource ☐ County documentary handling fee ☐ Other	ces Control Board only)	\$ 850.00 \$ \$ 57.00 \$; ; ;	57 00	
PAYMENT METHOD:				-	
D Cash D Credit IEI Check Other CHECK N	NO. 152325 TOTAL	RECEIVED \$		2,821.00	
SIGNATURE AGE	ENCY OF FILING PRINTED	NAME AND TITLE			
X YMMeallo Jer					