

Notice of Determination

Appendix D

To:
 Office of Planning and Research
 U.S. Mail: Street Address:
 P.O. Box 3044 1400 Tenth St., Rm 113
 Sacramento, CA 95812-3044 Sacramento, CA 95814

From:
 Public Agency: Goleta West Sanitary District
 Address: P.O. Box 4
Goleta, CA 93116-0004
 Contact: Mark Nation
 Phone: (805) 968-2617

County Clerk
 County of: Santa Barbara
 Address: 105 E. Anapamu Street, 4th Floor
Santa Barbara, CA 93101

Lead Agency (if different from above):
 Address: _____
 Contact: _____
 Phone: _____

SUBJECT: Filing of Notice of Determination in compliance with Section 21108 or 21152 of the Public Resources Code.

State Clearinghouse Number (if submitted to State Clearinghouse): 2017091003

Project Title: Goleta West Sanitary District (GWSD) Administration Building with New Floodwall (MND Addendum)

Project Applicant: Patsy Price

Project Location (include county): 100 Adams Road (on Santa Barbara Airport property), Santa Barbara County

Project Description:
 GWSD proposes to construct a floodwall around the perimeter of its headquarters site to provide flood protection for its facilities and satisfy floodplain management regulations. An existing four to six-foot tall chain link fence around the perimeter of the site will be replaced with a new 531-foot long, three-foot high reinforced masonry floodwall. Three-foot high wrought iron posts with "spear tops" would be installed atop the wall to serve as security fencing. The combined height of the wall and posts would be six feet. Vehicular and pedestrian gate entrances to the site would be fitted for metal demountable floodwalls which could be installed temporarily in the event of a flood.

This is to advise that the Goleta West Sanitary District has approved the above
 Lead Agency or Responsible Agency)

described project on 5/7/2019 and has made the following determinations regarding the above
 (date)
 described project.

1. The project [will will not] have a significant effect on the environment.
2. An Environmental Impact Report was prepared for this project pursuant to the provisions of CEQA.
 A Negative Declaration was prepared for this project pursuant to the provisions of CEQA.
3. Mitigation measures [were were not] made a condition of the approval of the project.
4. A mitigation reporting or monitoring plan [was was not] adopted for this project.
5. A statement of Overriding Considerations [was was not] adopted for this project.
6. Findings [were were not] made pursuant to the provisions of CEQA.

This is to certify that the final EIR with comments and responses and record of project approval, or the negative Declaration, is available to the General Public at:

Goleta West Sanitary District Headquarters (adjacent to UCSB Parking Lot 32) and www.goletawest.org

Signature (Public Agency): Brian McCarthy Title: Chief Inspector

Date: May 7, 2019 Date Received for filing at OPR: _____

Governor's Office of Planning & Research

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

MAY 13 2019
 Revised 2011
 STATE CLEARINGHOUSE





COUNTY OF SANTA BARBARA

X 2082792

COB Department

Date 11-21-17

Received from Goleta West Sanitary Dist

In Payment of NOD Fee

Two thousand two hundred sixteen and 25/100 Dollars \$ 2,216.25

Received original of the above numbered receipt

CREDIT CARD	<input type="checkbox"/>
CASH	<input type="checkbox"/>
CHECK	<input checked="" type="checkbox"/>

[Signature]
SIGNATURE OF PAYOR

[Signature]
11550 AUTHORIZED SIGNATURE

GOLETA WEST SANITARY DISTRICT

Vendor ID	Name	Payment Number	Check Date	Document Number	
COU04	County of Santa Barbara	00000009603	11/17/2017	11550	
Invoice Number	Date	Amount	Amount Paid	Discount	Net Amount Paid
171116EMAILPATSY2	11/16/2017	\$2,216.25	\$2,216.25	\$0.00	\$2,216.25

\$2,216.25 \$2,216.25 \$0.00 \$2,216.25

STATE CLEARINGHOUSE

MAY 13 2019

Governor's Office of Planning & Research

Mailed CM



COUNTY OF SANTA BARBARA

X 2082793

COB Department

Date 11-21-17

Received from Goleta West Sanitary Dist.

In Payment of NOD Fee COB

Fifty dollars and 00/100 Dollars \$ 50.00

Received original of the above numbered receipt

CREDIT CARD	
CASH	
CHECK	<input checked="" type="checkbox"/>

[Handwritten Signature]

11549 RB

AC-147

SIGNATURE OF PAYOR

AUTHORIZED SIGNATURE

GOLETA WEST SANITARY DISTRICT

Vendor ID	Name	Payment Number	Check Date	Document Number	
COU04	County of Santa Barbara	00000009602	11/17/2017	11549	
Invoice Number	Date	Amount	Amount Paid	Discount	Net Amount Paid
171116EMAILPATSY	11/16/2017	\$50.00	\$50.00	\$0.00	\$50.00