

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

County Clerk
County of: San Joaquin
Address: _____

From:

Public Agency: N San Joaquin Wtr Cons Distr
Address: P.O. Box E
Victor, CA 95253
Contact: Jennifer Spaletta, Dist Counsel
Phone: 209-224-5568

Lead Agency (if different from above):
SAME
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): 2016032012

Project Title: Handel Lateral Project (Demonstration Recharge Extraction & Aquifer Management)

Project Applicant: No. San Joaquin Water Conservation District

Project Location (include county): Alpine Road and Handel Road, San Joaquin County

Project Description:

Installation of approximately two miles of underground irrigation pipeline, a new pump station and a control structure, which would provide expanded water delivery services to agricultural lands within a surrounding 700-1,000 acre area. As documented in an Initial Study/Addendum adopted by the NSJWCD Board of Directors, the proposed improvements were adequately addressed in a foregoing Initial Study/Mitigated Negative Declaration adopted by San Joaquin County in 2016. +

This is to advise that the No. San Joaquin Water Conservation District has approved the above
(Lead Agency or Responsible Agency)

described project on November 28, 2022 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:

Signature (Public Agency): Jennifer Spaletta Title: District General Counsel
Date: November 29, 2022 Date Received for filing at OPR: _____ **NOV 30 2022**



State of California - Department of Fish and Wildlife
2022 ENVIRONMENTAL DOCUMENT FILING FEE
CASH RECEIPT
 DFW 753.5a (REV. 01/01/22) Previously DFG 753.5a

RECEIPT NUMBER: 39-11302022-392
STATE CLEARINGHOUSE NUMBER (if applicable) 2016032012

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY N SAN JOAQUIN WATER CONS DISTRICT	LEAD AGENCY EMAIL	DATE 11/30/2022
COUNTY/STATE AGENCY OF FILING SAN JOAQUIN	DOCUMENT NUMBER 39-11302022-392	

PROJECT TITLE
 HANDEL LATERAL PROJECT (DEMONSTRATION RECHARGE EXTRACTION & AQUIFER MANAGEMENT)

PROJECT APPLICANT NAME N SAN JOAQUIN WATER CONS DISTRICT	PROJECT APPLICANT EMAIL	PHONE NUMBER 209-224-5568 JENNIFER
PROJECT APPLICANT ADDRESS PO BOX E	CITY VICTOR	STATE CA
		ZIP CODE 95253

PROJECT APPLICANT (Check appropriate box)

Local Public Agency
 School District
 Other Special District
 State Agency
 Private Entity

CHECK APPLICABLE FEES:

<input type="checkbox"/> Environmental Impact Report (EIR)	\$3,539.25	\$ _____
<input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)	\$2,548.00	\$ _____
<input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW	\$1,203.25	\$ _____

Exempt from fee

Notice of Exemption (attach)
 CDFW No Effect Determination (attach)

Fee previously paid (attach previously issued cash receipt copy)

<input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only)	\$850.00	\$ _____
<input checked="" type="checkbox"/> County documentary handling fee		\$ _____ \$50.00
<input type="checkbox"/> Other		\$ _____

PAYMENT METHOD:

Cash
 Credit
 Check
 Other

TOTAL RECEIVED \$ _____ \$50.00

SIGNATURE 	AGENCY OF FILING PRINTED NAME AND TITLE Kelley McHugh ,Deputy
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SIGNATURE <i>Kelley McHugh</i>	AGENCY OF FILING PRINTED NAME AND TITLE Kelley McHugh ,Deputy
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