



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

**Print**      **StartOver**      **Finalize&Email**

RECEIPT NUMBER:  
 09 — 04/10/20 — 55

STATE CLEARINGHOUSE NUMBER (If applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY <b>EL DORADO COUNTY TRANSPORTATION</b>	LEAD AGENCY EMAIL	DATE <b>04/10/20</b>
COUNTY/STATE AGENCY OF FILING <b>El Dorado</b>	DOCUMENT NUMBER <b>09-2020-55</b>	

PROJECT TITLE  
**COUNTRY CLUB HEIGHTS EROSION CONTROL PROJECT-PHASE 3**

PROJECT APPLICANT NAME <b>EL DORADO COUNTY DEPT OF TRANSPORTATION</b>	PROJECT APPLICANT EMAIL	PHONE NUMBER <b>(530) 573-7914</b>
PROJECT APPLICANT ADDRESS <b>924 B EMERALD BAY RD</b>	CITY <b>SOUTH LAKE TAHOE</b>	STATE <b>CA</b>
		ZIP CODE <b>96150</b>

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)	\$3,343.25	\$	<u>0.00</u>
<input checked="" type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)	\$2,406.75	\$	<u>2,406.75</u>
<input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW	\$1,136.50	\$	<u>0.00</u>
<input type="checkbox"/> Exempt from fee			
<input type="checkbox"/> Notice of Exemption (attach)			
<input type="checkbox"/> CDFW No Effect Determination (attach)			
<input type="checkbox"/> Fee previously paid (attach previously issued cash receipt copy)			
<hr/>			
<input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only)	\$850.00	\$	<u>0.00</u>
<input checked="" type="checkbox"/> County documentary handling fee		\$	<u>50.00</u>
<input type="checkbox"/> Other		\$	<u>          </u>
PAYMENT METHOD:			
<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check <input checked="" type="checkbox"/> Other	TOTAL RECEIVED	\$	<u>2,456.75</u>

SIGNATURE <i>X Michelle Whitford</i>	AGENCY OF FILING PRINTED NAME AND TITLE <b>Janelle K. Horne, Recorder/Clerk by <u>MICHELLE WHITFORD</u></b>
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*Deputy*