

Notice of Determination

Appendix D

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

[X] County Clerk
County of: Kern
Address: 1115 Truxtun Avenue Bakersfield CA 93301

From: Public Agency: Kern LAFCo
Address: 5300 Lennox Ave, Suite 303 Bakersfield CA 93309
Contact: Blair Knox, Executive Officer
Phone: 661-716-1076

Lead Agency (if different from above): Kern LAFCo
Address: 5300 Lennox Ave., Suite 303 Bakersfield CA 93301
Contact: Blair Knox
Phone: 661-716-1076

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): 2020030561

Project Title: Weldon Regional Water System Improvement Project

Project Applicant: Kern Local Agency Formation Commission (LAFCo)

Project Location (include county): Kern County sections 14, 13, 18, 21, & 22, of Township 26S, Range 34 & 35 E

Project Description: The Community of Weldon is proposing to develop a new water system infrastructure to provide a regional water supply to the community of Weldon in Kern County. As such, five water companies in the Weldon area of Kern County are forming a new public Special District to provide a regional water supply that meets safe drinking water standards to the local communities, which will be called the Weldon Regional Water District.

This is to advise that the Kern Local Agency Formation Commission has approved the above (X) Lead Agency or () Responsible Agency

described project on 5/27/2020 and has made the following determinations regarding the above described project.

- 1. The project [] will [X] 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. [X] A Negative Declaration was prepared for this project pursuant to the provisions of CEQA.
3. Mitigation measures [X] were [] were not] made a condition of the approval of the project.
4. A mitigation reporting or monitoring plan [X] was [] was not] adopted for this project.
5. A statement of Overriding Considerations [] was [X] was not] adopted for this project.
6. Findings [X] 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): [Signature] 2020.06.11 15:48:00 -07'00' Title: Executive Officer

Date: Date Received for filing at OPR:

CEQA Transmittal Memorandum

Attach one transmittal memorandum to the front of the original CEQA document. Clip copies in back.

- 1) If notice requires F&W receipt, you must provide a minimum of 3 copies of the document.
- 2) If notice does not require F&W receipt, you must provide a minimum of 2 copies of the document.

TYPE OR PRINT CLEARLY

LEAD AGENCY _____

PROJECT TITLE _____

PROJECT APPLICANT _____

PHONE NUMBER (____) _____

PROJECT APPLICANT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

WORK ORDER # _____ 30-Day Posting 35-Day Posting 45-Day Posting Other _____

CONTACT PERSON _____ PHONE NUMBER (____) _____

CHECK DOCUMENT BEING FILED:

Notice of Availability.....No Fee

Notice of Intent.....No Fee

Notice of Preparation.....No Fee

Notice of Public Hearing.....No Fee

Other _____ No Fee

Environmental Impact Report (EIR).....\$3343.25

Previously paid F&W (**must attach F&W receipt**) F&W Receipt Number# _____

DFG No Effect Determination (**F&W letter must be attached**).....No Fee

County Administrative Fee.....\$50.00

Mitigated Negative Declaration or Negative Declaration.....\$2406.75

Previously paid F&W (**must attach F&W receipt**) F&W Receipt Number# _____

DFG No Effect Determination (**F&W letter must be attached**).....No Fee

County Administrative Fee.....\$50.00

Notice of Exemption.....No Fee

County Administrative Fee.....\$50.00

TOTAL \$ _____

*Additional copies to be returned to: _____

*Method of return: Hold for pick-up/Call # _____

Interoffice Mail

PAYMENT METHOD: ALL APPLICABLE FEES MUST BE PAID AT THE TIME OF FILING

JV - Trans Code _____ Dept _____ Fund _____ Expense Key _____

Money Order

Check