

Notice of Exemption

Appendix E

To: Office of Planning and Research  
P.O. Box 3044, Room 113  
Sacramento, CA 95812-3044

From: (Public Agency): Pixley Public Utility District  
PO Box 535  
Pixley, CA 93256

County Clerk  
County of: Tulare  
291 South Mooney Boulevard  
Visalia, CA 93291

(Address) FILED  
TULARE COUNTY

JUN 09 2020

ROLAND P. HILL  
ASSESSOR/CLERK RECORDER  
BY:

Project Title: Well 5 TCP Study Project

Project Applicant: Pixley Public Utility District

Project Location - Specific:

Adjacent to the existing Well 5 site in Pixley, CA. The site is located between Bradbury and Compton, and between Cedar and Ash, in Pixley.

Project Location - City: Pixley Project Location - County: Tulare

Description of Nature, Purpose and Beneficiaries of Project:

The project includes project evaluation and pre-design, survey and geotechnical investigation, and design for proposed GAC treatment facilities. This will entail field review, coordination with property owner, preparation of design documents, and preparation of environmental documents.

Name of Public Agency Approving Project: Pixley Public Utility District

Name of Person or Agency Carrying Out Project: Pixley Public Utility District

Exempt Status: (check one):

- Ministerial (Sec. 21080(b)(1); 15268);
- Declared Emergency (Sec. 21080(b)(3); 15269(a));
- Emergency Project (Sec. 21080(b)(4); 15269(b)(c));
- Categorical Exemption. State type and section number: 15306 Information Collection
- Statutory Exemptions. State code number: 15262 Feasibility and Planning Studies

Reasons why project is exempt:

15306 Information Collection: The project consists of data collection, research and borehole activities that do not result in major ground disturbance. Additionally, 15262 Feasibility and Planning Studies: The project consists of evaluation and design.

Lead Agency  
Contact Person: Robert Chandler Area Code/Telephone/Extension: (559) 757-3878

If filed by applicant:

1. Attach certified document of exemption finding.
2. Has a Notice of Exemption been filed by the public agency approving the project?  Yes  No

Signature: Robert F. Chandler Date: 6/11/2020 Title: Board President

Signed by Lead Agency  Signed by Applicant

Authority cited: Sections 21083 and 21110, Public Resources Code.  
Reference: Sections 21108, 21152, and 21152.1, Public Resources Code.

Date Received for filing at OPR: \_\_\_\_\_

Governor's Office of Planning & Research

JUN 29 2020

STATE CLEARINGHOUSE

# AUTHORIZING RESOLUTION/ORDINANCE

RESOLUTION NO: 2020-05

WHEREAS, the Pixley Public Utility District has the authority to construct, operate, and maintain the Pixley Public Utility District Water System; and

WHEREAS, the Pixley Public Utility District desires to enhance the provision and protection of the drinking water supplied to the consumers of the Pixley Public Utility District, therefore;

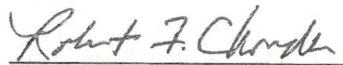
BE IT RESOLVED by the Board of Directors of the Pixley Public Utility District that, the Board President or District Manager (Authorized Representative) of said Pixley Public Utility District is hereby authorized and directed to sign and file, for and on behalf of the Pixley Public Utility District, a Financial Assistance Application for a financing agreement from the State Water Resources Control Board for the planning and design of the Pixley Public Utility District Well 5 1,2,3-TCP Study Project (the "Project"); and

BE IT FURTHER RESOLVED that the Board President or District Manager of said Pixley Public Utility District is hereby designated to provide the assurances, certifications, and commitments required for the financial assistance application, including executing a financial assistance agreement from the State Water Resources Control Board and any amendments or changes thereto.

BE IT FURTHER RESOLVED that the Board President or District Manager of said Pixley Public Utility District is hereby designated to represent the Pixley Public Utility District in carrying out the responsibilities under the financing agreement, including certifying disbursement requests on behalf of the Pixley Public Utility District and compliance with applicable state and federal laws

I do hereby certify that the foregoing is a full, true, and correct copy of a resolution passed and adopted at a regular meeting of the Pixley Public Utility District held on the 1st of June, 2020.

AYES: 5  
NOES: 0  
ABSENT: 0  
ABSTAINED: 0

  
\_\_\_\_\_  
President  
Board of Directors  
Pixley Public Utility District

Certified as a true and correct copy:

\_\_\_\_\_  
Clerk  
Board of Directors  
Pixley Public Utility District  
Tulare County, California



# GENERAL INFORMATION PACKAGE

Section I. TYPE OF ASSISTANCE REQUESTED		LGTS (State Only)
<input checked="" type="checkbox"/> PLANNING <input type="checkbox"/> CONSTRUCTION		
Estimated Amount of Financial Assistance Requested: \$		
Project Title: <b>Pixley Public Utility District Well 5 - TCP Study</b>		
Section II. APPLICANT INFORMATION		
Water System Number: <b>CA5410009</b>		
Data Universal Numbering System (DUNS) Number: <b>102312423</b>		
Applicant (Entity) Name: <b>Pixley Public Utility District</b>		
Street Address: <b>232 E. Davis Avenue</b>	City: <b>Pixley</b>	
State: <b>California</b>	Zip+4 Code: <b>93256-0535</b>	
Mailing Address: <b>P.O. Box 535</b>	City: <b>Pixley</b>	
State: <b>California</b>	Zip+4 Code: <b>93256-0535</b>	
Congressional District(s): <b>California District 21</b>		
State Senate District(s): <b>State Senate District 14</b>		
State Assembly District(s): <b>State Assembly District 26</b>		
County: <b>Tulare</b>	Federal Tax Identification Number: <b>94-1522677</b>	
<b>(MANDATORY)</b> Authorized Representative Name, Title: <b>Robert Chandler, Board President</b>		
Phone Number: <b>(559)757-3878</b>	Email Address: <b>pixleyppud@gmail.com</b>	
<b>(MANDATORY)</b> Primary Contact Person Name: <b>Michael Taylor</b>		
Phone Number: <b>(559)326-1100</b>	Email Address: <b>mtaylor@ppeng.com</b>	
<b>(OPTIONAL)</b> Project Engineer and License Number: <b>Michael Taylor, C39961</b>		
Phone Number: <b>(559)326-1100</b>	Email Address: <b>mtaylor@ppeng.com</b>	
<b>(OPTIONAL)</b> Environmental Contact Person Name:		
Phone Number: (    )	Email Address:	
<b>(MANDATORY)</b> Local Counsel Name: <b>McCormick, Kabot, Jenner &amp; Lew</b>		
Phone Number: <b>(559)734-6729</b>	Email Address: <b>cmlew@mkjw.com</b>	
<b>(OPTIONAL)</b> Davis-Bacon Contact Person Name:		
Phone Number: (    )	Email Address:	

Section III. PROJECT INFORMATION AND PROPOSED SCHEDULES	(All fields mandatory)	LGTS (State Only)										
<b>1. Project Description:</b> <i>(Enter a brief description of the problem and project)</i> See Attachment T1 - Schematic Map of System and Facilities. Refer to Attachment T2 - Supporting Documents of the Problem for a description of problem and project.												
<b>2. Is this project related to a compliance order or a violation?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , Explain: Compliance Order No. 03_12_18R_033 for violating the 1,2,3-Trichloropropane (1,2,3-TCP) Maximum Contaminant Level (MCL).												
<b>3. Attach a copy of the system's water supply permit, along with any active enforcement orders</b> (label as <b>Attachment G1</b> )												
<b>4. Current year estimated population served by the water system:</b> <b>3,310</b>												
<ul style="list-style-type: none"> <li>• Current population of the area benefitting from the project: <b>954</b></li> </ul>												
Briefly describe how the population was determined:												
<b>5. Total Number of Service Connections:</b> <b>833</b>												
<ul style="list-style-type: none"> <li>• Residential Service Connections: <b>719</b></li> </ul>												
<ul style="list-style-type: none"> <li>• Commercial/Industrial Service Connections: <b>114</b></li> </ul>												
<ul style="list-style-type: none"> <li>• Other Service Connections:</li> </ul>												
Briefly describe how the number of service connections was determined:												
<b>6. Estimated Application Schedule:</b> <table style="width: 100%; margin-left: 20px;"> <thead> <tr> <th></th> <th style="text-align: right;">Estimated or Actual Date</th> </tr> </thead> <tbody> <tr> <td>a) General Information Package</td> <td style="text-align: right;"><u>June 2020</u></td> </tr> <tr> <td>b) Technical Package</td> <td style="text-align: right;"><u>June 2020</u></td> </tr> <tr> <td>c) Environmental Package</td> <td style="text-align: right;"><u>June 2020</u></td> </tr> <tr> <td>d) Financial Security Package</td> <td style="text-align: right;"><u>June 2020</u></td> </tr> </tbody> </table>			Estimated or Actual Date	a) General Information Package	<u>June 2020</u>	b) Technical Package	<u>June 2020</u>	c) Environmental Package	<u>June 2020</u>	d) Financial Security Package	<u>June 2020</u>	
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c) Environmental Package	<u>June 2020</u>											
d) Financial Security Package	<u>June 2020</u>											

**7. Consultation with Other Agencies**

Please list other Federal and State agencies that have been involved in this project (e.g. planning, CEQA/NEPA consultation, funding, etc.), their contact information if known, and estimated dates for resolution of any issues.

**8. Partnering Agencies**

Please list all other agencies that have an interest in this project. Provide contact information if known.

**Section IV. MANAGERIAL INFORMATION**

(All fields mandatory)

**LGTS  
State Only**

**1. Classification of Water System**

- Community
- Non-transient non-community
- Transient non-community
- Not currently classified as a public water system – Please explain:

**2. Indicate the Ownership of the Water System (check all that apply):**

- Please include the ownership documentation (See instructions for further information) (label as **Attachment G2**)

<u>Public Ownership</u>	<u>Private Ownership</u>
<input type="checkbox"/> Municipality	<input type="checkbox"/> Corporation
<input type="checkbox"/> County Agency	<input type="checkbox"/> Limited Liability Company
<input checked="" type="checkbox"/> Special District	<input type="checkbox"/> Partnership
<input type="checkbox"/> State Agency	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> K-12 Public School	<input type="checkbox"/> Non-profit organization
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

- If the water system is privately-owned, indicate the name and title of the individual with authority to engage the water system in a DWSRF financing agreement.



3. If the Water System is a Municipality, is the Water System a Charter City?  Yes  No

4. If the Water System is a Corporation, Limited Liability Company, or Partnership, complete the following:

A. California Secretary of State Entity Number: \_\_\_\_\_

B. Status with California Secretary of State:  Active  Suspended

Forfeited  Dissolved

5. Is the Water System regulated by the California Public Utilities Commission (CPUC)?  Yes  No

If **yes**, the Water System must obtain CPUC approval. Attach a list and a description of all matter(s) relating to your Water System that are currently pending before the CPUC (label as **Attachment G3**).

6. List the names, titles and duties of key officers. If there are more than 3, attach an organization chart providing this information (label as **Attachment G4**).

See attachment G4.

7. Is there any litigation pending relative to the operation of the water system or the proposed project?

Yes  No

If **yes**, attach a description of the litigation and the potential costs (label as **Attachment G5**).

There is no litigation against the District relative to the water system.

The District is currently pursuing litigation due to TCP contamination in the water supply.

8. Is the Water System leasing land or major water system facilities?  Yes  No

If **yes**, describe the terms of the lease or attach a copy of the lease agreement (label as **Attachment G6**).  
(NOTE: If the lease is critical to the location or operation of the proposed project facilities, the term of the lease must be equal to or greater than the loan repayment period.)

9. Please include a general map of the service area/boundaries (label as Attachment G7):

See attachment G7.

10. [For Construction Projects Only] Does the Water System have a contract with a private firm or another agency for the operation of the facility to be financed?  Yes  No

If yes, provide the name of the firm or agency and term (in years) of the agreement and attach a copy of the agreement (label as Attachment G8)

#### CERTIFICATION AND SIGNATURE OF AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, I certify that I am authorized to submit this application; the information provided in this application is true and correct; the documentation has been duly authorized by the governing body of the applicant; and the entity possesses the legal authority to apply for the financing and enter into a financing agreement with the State Water Resources Control Board and to finance and construct the proposed facilities.

Name of Authorized Representative: Robert Chandler Title: Board President

Signature of Authorized Representative: Robert F. Chandler Date: June 16th 2020

#### ATTACHMENT CHECKLIST

Check the box next to each item attached to your application.

- G1 – Water Supply Permit and Enforcement Orders
- G2 – Ownership Documentation (if applicable)
- G3 – CPUC Documentation (if applicable)
- G4 – Organization Chart
- G5 – Pending Litigation (if applicable)
- G6 – Lease Agreement (if applicable)
- G7 – Service Area Map
- G8 – Operating Agreement (if applicable)



**FOR STATE USE ONLY**

1. Project Manager:
2. DWSRF Project #:
3. Does the name on the water supply permit match the Secretary of State website (<http://kepler.sos.ca.gov/>) and demonstrate an active status? (Does not apply to publicly-owned water systems)  
 YES  NO  N/A (if No, notify the District Office/LPA)
4. Confirm that the FAAST Pin Number is linked to LGTS?  YES
5. Application documents uploaded into LGTS?  YES
6. Spending forecast in LGTS - Spending forecast is set as:  Manual  Automatic  
If manual, is it updated?  YES  N/A
7. Project Category:  A  B  C  D  E  F

**NOTES/COMMENTS (Attach additional sheets as needed):**

SECTION I

SECTION II

SECTION III

SECTION IV

Attach median household income determination and any related documents.

Comments:

\_\_\_\_\_  
Project Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Engineer Signature

\_\_\_\_\_  
Date



**CERTIFICATION FOR COMPLIANCE WITH WATER METERING  
REQUIREMENTS FOR FUNDING APPLICATIONS**



**Funding Agency Name:** State Water Resources Control Board

**Funding Program Name:** Drinking Water State Revolving Fund

**Applicant (Agency Name):** Pixley Public Utility District

Please check one of the boxes below and sign and date this form.

As the authorized representative for the applicant agency, I certify under penalty of perjury that the agency is not an urban water supplier, as that term is understood pursuant to the provisions of section 529.5 of the Water Code.

As the authorized representative for the applicant agency, I certify under penalty of perjury that the applicant agency has fully complied with the provisions of Division 1, Chapter 8, Article 3.5 of the California Water Code (sections 525 through 529.7 inclusive) and that the ordinances, rules, or regulations submitted with this certification as listed below have been duly adopted and are in effect as of this date.

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I understand that the Funding Agency will rely on this signed certification in order to approve funding and that false and/or inaccurate representations in this Certification Statement may result in loss of all funds awarded to the applicant for its project. Additionally, for the aforementioned reasons, the Funding Agency may withhold disbursement of project funds, and/or pursue any other applicable legal remedy.

Robert Chandler  
Name of Authorized Representative  
(Please print)

Robert F. Chandler  
Signature of Authorized Representative

Board President  
Title

June 1st, 2020  
Date