

DATE FILED & POSTED

Posted On: 03-25-2022

Removed On: 05-09-2022

Receipt No: 36-03252022-244

Notice of Exemption

Appendix E

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

From: (Public Agency): City of Needles
817 Third Street
Needles, CA 92363

County Clerk
County of: San Bernardino
385 N. Arrowhead Avenue
San Bernardino, CA 92415

(Address)

Project Title: Replacement of Needles City Well No.11 Treatment System and Distribution Pipeline

Project Applicant: City of Needles

Project Location - Specific:

Assessor's Parcel Number 0186-021-16-0000, between N. K St. and River Road, and North of Ed Parry Park

Project Location - City: Needles Project Location - County: San Bernardino

Description of Nature, Purpose and Beneficiaries of Project:
Replace existing Well No. 11 treatment facilities to provide new filtration system necessary to achieve City's water quality objectives and replace delivery pipeline from Well No. 12 to Well 11 for treatment necessary for water supply. Project necessary in lieu of completing the drilling of New Well No. 16 that failed SMCLs.

Name of Public Agency Approving Project: City of Needles

Name of Person or Agency Carrying Out Project: City of Needles

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: _____
- Statutory Exemptions. State code number: 15269 Emergency Projects

Reasons why project is exempt:

The purpose of the proposed project is to provide necessary water treatment under an emergency situation to increase City water supply to meet customer demand. Three of City's 4 permitted wells have been out of service due to high levels of contaminants and drilling of new Well No. 16 failed to meet SMCLs. Justification attached.

Lead Agency Contact Person: Ms. Rainie Torrance Area Code/Telephone/Extension: (760) 326-5700

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: Rainie Torrance Date: _____ Title: _____
Digitally signed by Rainie Torrance Date: 2022.03.24 13:34:43 -07'00'

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: _____

2022 MAR 05 PM 3:22
COUNTY CLERK OF SAN BERNARDINO
BOARD OF SUPERVISORS



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

Print **StartOver** **Save**

RECEIPT NUMBER:
 36 — 03/25/2022 — 244
 STATE CLEARINGHOUSE NUMBER (If applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY City of Needles	LEAD AGENCY EMAIL	DATE 03/25/2022
COUNTY/STATE AGENCY OF FILING San Bernardino		DOCUMENT NUMBER

PROJECT TITLE

Replacement of Needles City Well No. 11 Treatment System and Distribution Pipeline

PROJECT APPLICANT NAME City of Needles	PROJECT APPLICANT EMAIL	PHONE NUMBER (760) 326-5700
PROJECT APPLICANT ADDRESS 817 Third Street	CITY Needles	STATE CA
		ZIP CODE 92363

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 | \$ | <u>0.00</u> |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND) | \$2,548.00 | \$ | <u>0.00</u> |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,203.25 | \$ | <u>0.00</u> |
|
 | | | |
| <input checked="" type="checkbox"/> Exempt from fee | | | |
| <input checked="" 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) | | | |

- | | | | |
|---|----------|----|-------------------|
| <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:

- Cash
 Credit
 Check
 Other

TOTAL RECEIVED \$ 50.00

SIGNATURE X <i>Jennifer Luna</i>	AGENCY OF FILING PRINTED NAME AND TITLE Jennifer Luna, Deputy Clerk
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