Exhibit 4B



		RECEIPT NUMBER: 0911082023-118			
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.		STATE CLE 20230402		RINGHOUSE NUMBER (If applicable) 27	
LEAD AGENCY	LEADAGENCY EMAIL			DATE	
EL DORADO CO TRANSPORTATION				11/08/2023	
COUNTY/STATE AGENCY OF FILING			DOCUME	DOCUMENT NUMBER	
EL DORADO			FW2023-0118		
PROJECT TITLE					
CSA #5 EROSION CONTROL PROJECT-PHASE 3					
PROJECT APPLICANT NAME PROJECT APPLICANT				PHONE NUMBER	
EL DORADO CO DOT DAN.KIKKERT@		CGOV.US	(530) 57	(530) 573-7914	
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE		
924 B EMERALD BAY RD	EL DORADO	CA	96150	96150	
PROJECT APPLICANT (Check appropriate box) X Local Public Agency School District	Other Special District	☐ Stat	e Agency	Private Entity	
CHECK APPLICABLE FEES:					
Environmental Impact Report (EIR)			\$	<u> </u>	
☑ Mitigated/Negative Declaration (MND)(ND)		\$2,764.00	\$	\$2,764.00	
☐ Certified Regulatory Program (CRP) document - payment due	directly to CDFW	\$1,305.25	\$		
☐ Exempt from fee					
☐ Notice of Exemption (attach)					
☐ CDFW No Effect Determination (attach)					
Fee previously paid (attach previously issued cash receipt cop	py)				
☐ Water Right Application or Petition Fee (State Water Resource	es Control Board only)	\$850.00	\$		
County documentary handling fee County documentary ha			\$	\$50.00	
☐ Other			\$		
PAYMENT METHOD:					
☐ Cash ☐ Credit ☐ Check ☒ Other	TOTAL	RECEIVED	\$	\$2,814.00	
SIGNATURE	NCY OF FILING PRINTED N	IAME AND TIT	LE		
x Michelle Whitford Jane	elle K. Horne Recorder-C	lerk, by Miche	elle Whitford, I	Opty	