

POSTED

DEC 19 2023



Notice of Exemption

Imperial County Clerk-Recorder
California

Appendix E

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

County Clerk

County of: Imperial
801 Main Street
El Centro, CA 92243

From: (Public Agency): Salton Community Services District
1209 Van Buren Avenue, Suite 1

Salton City, CA 92275

13-2023-084

FILED
IMPERIAL COUNTY
Dec 19 2023

CHECK STOREY, County Clerk

By:
Deputy Clerk

Project Title: Desert Shores & Salton City - Sewer Force mains Rehabilitation/Replacement

Project Applicant: Salton Community Services District

Project Location - Specific:

Desert Shores and Salton City

Project Location - City: Desert Shores, Salton City Project Location - County: Imperial

Description of Nature, Purpose and Beneficiaries of Project:

Salton CSD's sewer system has several deficiencies including past breaks and pipelines that do not meet the standard minimum velocity. This project will remove and replacing up to 16,000 linear feet of force mains at both Desert Shores and Salton City, improve Lift Stations 2, 16, 19, and abandon Lift Station 19B. Improvements will take place at existing facilities and are aimed to improve the key facilities and operations of the SCSD system for the benefit of the system consumers and staff.

Name of Public Agency Approving Project: Salton CSD

Name of Person or Agency Carrying Out Project: Salton CSD

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: 15302 (c) - Replacement of existing facilities
- Statutory Exemptions. State code number: _____

Reasons why project is exempt:

The project involves removing and replacing existing sewer force mains and manholes and rehabilitating existing lift stations. New pipelines will be generally installed along the same alignment with some sections proposed to be a few hundred feet adjacent to existing alignments.

Lead Agency

Contact Person: Emmanuel Ramos, General Manager Area Code/Telephone/Extension: 760-394-4448

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: Date: 12-19-23 Title: Interim General Manager

• 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: _____



State of California - Department of Fish and Wildlife
2023 ENVIRONMENTAL DOCUMENT FILING FEE
CASH RECEIPT
 DFW 753.5a (REV. 01/01/23) Previously DFG 753.5a

Print **Finalize&Email**

RECEIPT NUMBER:
 13-2023-084
 STATE CLEARINGHOUSE NUMBER (if applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY CITY OF SALTON CITY	LEAD AGENCY EMAIL	DATE 12/19/2023
COUNTY/STATE AGENCY OF FILING IMPERIAL COUNTY	DOCUMENT NUMBER 13-2023-084	
PROJECT TITLE		

DESERT SHORES & SALTON CITY - SEWER FORCEMAINS REHABILITATION/REPLACEMENT

PROJECT APPLICANT NAME SALTON COMMUNITY SERVICES DISTRICT	PROJECT APPLICANT EMAIL	PHONE NUMBER (760) 394-4446
PROJECT APPLICANT ADDRESS 1209 VAN BUREN AVENUE, SUITE 1	CITY SALTON CITY	STATE CA
		ZIP CODE 92275

PROJECT APPLICANT (Check appropriate box)

- Local Public Agency School District Other Special District State Agency Private Entity

CHECK APPLICABLE FEES:

- Environmental Impact Report (EIR) \$ 3,839.25 \$ _____
 Mitigated/Negative Declaration (MND)(ND) \$ 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 copy)

- Water Right Application or Petition Fee (State Water Resources Control Board only) \$ 850.00 \$ _____
 County documentary handling fee \$ 62.00 \$ _____ **62.00**
 Other \$ _____

PAYMENT METHOD:

- Cash Credit Check Other **TOTAL RECEIVED \$ _____ 62.00**

SIGNATURE X	AGENCY OF FILING PRINTED NAME AND TITLE Francis Arias Deputy Clerk
-----------------------	---