

**Notice of Exemption**

**Appendix E**

**To:** Office of Planning and Research  
 P.O. Box 3044, Room 113  
 Sacramento, CA 95812-3044  
 County Clerk  
 County of: Yuba  
 915 8th Street, #107  
 Marysville, CA 95901

**From:** (Public Agency): Reclamation District 784  
 1594 Broadway  
Arboga, CA 95961  
 (Address)

**ENDORSED FILED**  
 YUBA COUNTY CLERK/RECORDER

**FEB 08 2024**

**DONNA HILLEGASS, Clerk**  
 BY NELIDA WILLIAMS  
 DEPUTY CLERK

Project Title: Unit 5 Levee Mile 0.84 Pipe Replacement

Project Applicant: Reclamation District 784

Project Location - Specific:

Unit 5 of the Horseshoe Levee, which is between Highway 65 and near Forty Mile Road

Project Location - City: Arboga Project Location - County: Yuba

Description of Nature, Purpose and Beneficiaries of Project:

The project will involve removing an existing 30" pipe and replacing that pipe with a new 30" pipe. The pipe must be replaced because DWR has determined the pipe is likely to fail. The project will involve digging the old pipe out of the levee, replacing the pipe, and then backfilling the trench with the same soil.

Name of Public Agency Approving Project: Reclamation District 784

Name of Person or Agency Carrying Out Project: Reclamation District 784

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: Existing facilities 15301 and 15302
- Statutory Exemptions. State code number: PRC 21080.21 and Reg. 15282(k) Pipe replacement

Reasons why project is exempt:

The project involves no expansion of size or use. The project consists of typical maintenance work to replace a failing pipe. The project is of limited scope and duration.

Lead Agency  
 Contact Person: Patrick Meagher Area Code/Telephone/Extension: 530-742-0520

**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: *Patrick Meagher* Date: 2/9/2024 Title: G.M.

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  
**2024 ENVIRONMENTAL DOCUMENT FILING FEE**  
**CASH RECEIPT**  
 DFW 753.5a (REV. 01/01/24) Previously DFG 753.5a

RECEIPT NUMBER: 58 - 02082024 - 11
STATE CLEARINGHOUSE NUMBER (If applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY RECLAMATION DISTRICT 784	LEAD AGENCY EMAIL	DATE 02/08/2024
COUNTY/STATE AGENCY OF FILING YUBA	DOCUMENT NUMBER 2024FG-00011	

PROJECT TITLE  
UNIT 5 LEVEE MILE 0.84 PIPE REPLACEMENT

PROJECT APPLICANT NAME RECLAMATION DISTRICT 784	PROJECT APPLICANT EMAIL	PHONE NUMBER (530) 742-0520
PROJECT APPLICANT ADDRESS 1594 BROADWAY	CITY ARBOGA	STATE CA
		ZIP CODE 95961

**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)  | \$4,051.25 | \$ _____ |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)                                   | \$2,916.75 | \$ _____ |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,377.25 | \$ _____ |

- Exempt from fee  
      Notice of Exemption (attach)  
      CDFW No Effect Determination (attach)  
 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 | \$ _____         |
| <input checked="" type="checkbox"/> County documentary handling fee   |          | \$ _____ \$50.00 |
| <input type="checkbox"/> Other 0.00   |          | \$ _____         |

**PAYMENT METHOD:**

- Cash   
  Credit   
  Check   
  Other                     
 TOTAL RECEIVED   
 \$ \_\_\_\_\_ \$50.00

SIGNATURE <b>X</b> 	AGENCY OF FILING PRINTED NAME AND TITLE Nelida Williams Deputy
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Unit 5 CM 0.84

02/08/2024 08:43 AM PST

YUBA COUNTY CLERK RECORDER  
915 8TH STREET, SUITE 107  
MARYSVILLE, CA 95901

TERMINAL NAME: E8077301

ORDER# 176182275

**PURCHASE**

CLERK FEES \$50.00  
AGENCY SUBTOTAL: \$50.00  
LEXISNEXIS SERVICE FEE: \$2.50  
TOTAL USD: \$52.50

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CARD #: 6405 VISA  
PAYMENT: CREDIT CHIP READ-CONTACT  
MODE: ISSUER  
AUTH CODE: 634715  
VAL CODE: 880P  
TRAN REF #: 384039602278109  
REC #: 0004  
APP LABEL: VISA CREDIT  
CVN: NO SIG REQUIRED  
AID: A0000000031010  
AROC: A5277FC9F6FCB973  
AMOUNT: \$52.50  
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\*\*\* CARD APPROVED \*\*\*

\*\*\*\*\*  
**AMOUNT PAID:**  
**\$52.50**  
\*\*\*\*\*

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

RETAIN THIS COPY FOR  
STATEMENT VERIFICATION

CUSTOMER COPY

**Yuba County**

Donna Hillegass, County Clerk  
and Recorder  
915 8th Street, Suite 107  
Marysville, CA 95901  
(530) 749-7850

Receipt: 24-1609

Product Name	Extended
FG CLERK FISH AND GAME FILINGS	\$50.00
Document #	2024FG-00011
Filing Type	ADMIN FEE (NOTICE OF EXEMPT) COUNTER
Comment	

<b>Total</b>	\$50.00
Tender (On Account)	\$50.00
Account#	VITALC
Account Name	VITALCHERK CLERK
Customer Name	RECLAMATION DISTRICT 784
Comment	NW

Thank You for Your Business

2/8/24 8:44 AM PST counterclerk1  
Workstation: REC123