Notice of Exemption

Appendix E

To: Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency):	Reclamation District 784		
	1594 Broadway	ENDORSED FILE	:	
Sacramento, CA 95812-3044	Arboga, CA 95961	YUBA COUNTY CLERK/RECORI		
County Clerk		(Address)	JLIN	
County of: Yuba 915 8th Street, #107		FEB 0 8 2024		
Marysville, CA 95901		DONNA HILLEGASS, Clerk		
Project Title: Unit 6 Levee Mile 0.06 Pi		BY NELIDA WILLIAMS DEPUTY CLERK	and opposite to	
Project Applicant: Reclamation District	784			
Project Location - Specific:				
Unit 5 of the Horseshoe Levee, which is be	etween Highway 65 and near Fort	ty Mile Road		
Project Location - City: Arboga	Project Location -	County: Yuba		
Description of Nature, Purpose and Bene The project will involve removing an exist must be replaced because DWR has deter pipe out of the levee, replacing the pipe,	ting 18" pipe and replacing that p mined the pipe is likely to fail. The	e project will involve digging the old		
Name of Public Agency Approving Project	ct: Reclamation District 784			
Name of Person or Agency Carrying Out	Project: Reclamation District 78	34		
Exempt Status: (check one):				
☐ Ministerial (Sec. 21080(b)(1); 15	268);			
☐ Declared Emergency (Sec. 2108	30(b)(3); 15269(a));			
☐ Emergency Project (Sec. 21080	(b)(4); 15269(b)(c));	facilities 15201 and 15202		
Categorical Exemption. State type	be and section number: Existing	Day 15202(k) Dive replacement		
■ Statutory Exemptions. State cod	e number: PRC 21080.21 and F	Reg. 15282(k) Pipe replacement		
Reasons why project is exempt: The project involves no expansion of size failing pipe. The project is of limited scop		pical maintenance work to replace a		
Lead Agency Contact Person: Patrick Meagher	Area Code/Teleph	none/Extension: 530-742-0520		
If filed by applicant: 1. Attach certified document of exem 2. Has a Notice of Exemption been f Signature:	iled by the public agency approvi	ng the project?. □ Yes □ No Title:		
■ Signed by Lead Agency □ S	Signed by Applicant			
Authority cited: Sections 21083 and 21110, Public Reference: Sections 21108, 21152, and 21152.1,		ceived for filing at OPR:		

		RECEIPT I	NI IMBER:		
			32024 - 13		
				NUMBER (If applicable)	
		SIAIE OLI	LAKINGHOOGL	. NONBER (II applicable)	
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.			DATE		
LEAD AGENCY	LEAD AGENCY EMAIL	EMAIL		AND AND AND AND ADDRESS OF A STATE OF A STAT	
RECLAMATION DISTRICT 784				02/08/2024	
COUNTY/STATE AGENCY OF FILING				NT NUMBER	
YUBA		2024FG-00013			
PROJECT TITLE		7			
UNIT 6 LEVEE MILE 0.06 PIPE REPLACEMENT					
PROJECT APPLICANT NAME	PROJECT APPLICANT EI	MAIL	PHONE N	PHONE NUMBER	
RECLAMATION DISTRICT 784				(530) 742-0520	
	CITY	STATE	ZIP CODE		
PROJECT APPLICANT ADDRESS	ARBOGA	CA	95961	-	
1594 BROADWAY	ARBOGA		93901		
PROJECT APPLICANT (Check appropriate box)	7 ou	C 04.		Drivete Entity	
X Local Public Agency School District	Other Special District		ate Agency	Private Entity	
CHECK APPLICABLE FEES:		¢4.054.05	¢		
☐ Environmental Impact Report (EIR)		\$4,051.25			
☐ Mitigated/Negative Declaration (MND)(ND)		\$2,916.75			
☐ Certified Regulatory Program (CRP) document - payment due of	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	·)				
			-		
☐ Water Right Application or Petition Fee (State Water Resources	Control Board only)	\$850.00	\$	\$50.00	
□ County documentary handling fee			\$	\$50.00	
Other 0.00			\$		
PAYMENT METHOD:	·			# 50.00	
☐ Cash ☑ Credit ☐ Check ☐ Other	TOTAL R	ECEIVED	\$	\$50.00	
SIGNATURE AGEN	CY OF FILING PRINTED NA	ME AND TI	ΓLE		
(M) ()	Helida Wil		Deputy		
X	HEHOCK MAIN			Doputy	

Unit 6 LM 0.06

02/08/2024

08:46 AM PST

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

TERMINAL NAME: E8077301

ORDER# 176182511

PURCHASE

CLERK FEES

\$50.00

AGENCY SUBTOTAL: \$50.00 LEXISNEXIS SERVICE FEE: \$2.50

TOTAL USD: \$52.50

CARD II: 6405 PAYMENT: CREDIT CHIP READ-CONTACT ISSUER AUTH CODE: 664401 VAL CODE: TRAN REF #: SRSR 464039604039385 REC II: APP LABEL: VISA CREDIT NO SIG REQUIRED CVM: A00000000031010 AID: 5840C1E7427810A2 AROC: AMOUNT: *** 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: 24-1613

ProductName

Extended

CLERK FISH AND

\$50.00

GAME FILINGS

Document #

2024FG-00013

Filing

ADMIN FEE (NOTICE OF

Туре Comment

EXEMPT) COUNTER

Total

\$50.00 \$50.00

Tender (On Account)

Account#

VITALC

Account Name

VITALCHEK CLERK

Customer RECLAMATION

Name

DISTRICT 784

Comment NW

Thank You for Your Business

2/8/24 8:47 AM PST counterclerk1 Workstation: REC123