



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

Print **StartOver** **Save**

RECEIPT NUMBER:
 36 — 08092024 — 575
 STATE CLEARINGHOUSE NUMBER (If applicable)
 N/A

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY San Bernardino County-PFMD	LEAD AGENCY EMAIL	DATE 08092024
COUNTY/STATE AGENCY OF FILING San Bernardino	DOCUMENT NUMBER	

PROJECT TITLE

Mojave Narrows Splash Pad Reconstruction

PROJECT APPLICANT NAME San Bernardino County-PFMD	PROJECT APPLICANT EMAIL	PHONE NUMBER (909)387-5000
PROJECT APPLICANT ADDRESS 385 North Arrowhead Avenue	CITY San Bernardino	STATE CA
		ZIP CODE 92415-0180

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	\$	<u>0.00</u>
<input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)	\$2,916.75	\$	<u>0.00</u>
<input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW	\$1,377.25	\$	<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)			
<hr/>			
<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:			
<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check <input checked="" type="checkbox"/> Other			
	TOTAL RECEIVED	\$	<u>50.00</u>

SIGNATURE X 	AGENCY OF FILING PRINTED NAME AND TITLE Alicia Meza, Deputy Clerk
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Notice of Exemption

To: Office of Planning and Research
State of California
1400 Tenth Street, Room 121
Sacramento, CA 95814

From: San Bernardino County
Project and Facilities Management Department
385 N Arrowhead Ave., Third Floor
San Bernardino, CA 92415-0180

Clerk of the Board of Supervisors
San Bernardino County
385 North Arrowhead Avenue, Second Floor
San Bernardino, CA 92415-0130

PROJECT DESCRIPTION

Project Name: Mojave Narrows Splash Pad Reconstruction
Project Description: Replace existing splash pad, restroom, shade structure, and Accessible parking.
Location: 18000 Yates Rd. Victorville, CA 92395
APN: 0479131020000

APPLICANT

San Bernardino County
Project and Facilities Management Department
Project Management
385 North Arrowhead Avenue
San Bernardino, CA 92415-0180

REPRESENTATIVE

San Bernardino County
Project and Facilities Management Department
Project Management
385 North Arrowhead Avenue
San Bernardino, CA 92415-0180

State Clearinghouse Number: N/A
Project Number:

Gloria Loofbourrow, Supervising Project Manager
Lead Agency Contact Person

909-387-5000
Area Code/Telephone Number

Exempt Status: (check one)

- Ministerial [Sec. 21080(b)(1); 15268];
- Declared Emergency [Sec. 21080(b)(3); 15269(a)];
- Emergency Project [Sec. 21080(b)(2); 15269(b)(c)];
- Categorical Exemption:

Existing Facilities. Class 1, 15301(e)(1)(2)(A)(B); Replacement or Reconstruction, Class 2, 15302(b)

- Statutory Exemptions.

DATE FILED & POSTED

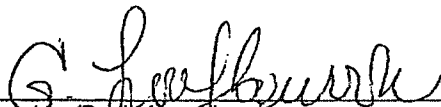
Posted On: 08-09-24

Removed On: 09-16-24

Receipt No: 36-08092024-575

Reasons why the Project is exempt:

The proposed project meets the categorical exemptions guidelines and has been determined to be exempt from the provisions of the California Environmental Quality Act (CEQA), per section 15301 Class 1 "Existing Facilities" under Subsection (e)(2)(A)(B) relative to replacement of the splash pad and section 15302 Class 2 "Replacement of a Commercial Structure" under Subsection (b) relative to the replacement of the existing restroom, parking, and shade structure.


Signature (Public Agency)

5-17-2024 SPM
Date Title

- Signed by Lead Agency
- Signed by Applicant

Date received for filing at OPR: _____