

Notice of Exemption

21-2024-147

Appendix E

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

From: (Public Agency): Inverness Public Utility District

PO Box 469

Inverness, CA 94937

County Clerk

County of: Marin

3501 Civic Center Drive, room 234

San Rafael, CA 94903

(Address)

FILED

AUG 13 2024

**SHELLY SCOTT
MARIN COUNTY CLERK
BY: *[Signature]* Deputy**

Project Title: Colby and Seahaven Tank Replacement Project

Project Applicant: Inverness Public Utility District

Project Location - Specific:

Colby: APN 112-262-06, 38.097663°, -122.861290°

Seahaven APN 112-220-10, 38.110704°, -122.872122°

Project Location - City: unincorporated Inverness

Project Location - County: Marin

Description of Nature, Purpose and Beneficiaries of Project:

The District applied for and received a grant from the Small Community Drought Relief Program, administered by the State of California Department of Water Resources, to replace four of its existing leaking redwood tanks. Three existing leaking redwood tanks would be replaced at the Colby Tank site and one existing leaking redwood tank would be replaced at the Seahaven Tank site. The project will enhance water conservation and provide additional fire fighting capacity for the existing residents served by the District.

Name of Public Agency Approving Project: Inverness Public Utility District

Name of Person or Agency Carrying Out Project: Inverness Public Utility District

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: Class 2, Section 15302

Statutory Exemptions. State code number: _____

Reasons why project is exempt:

Replacement tanks would not result in "expansion of capacity." The tanks are drought-responsive (reduction of system losses to leaks) and provide storage for fire flows. The project does not increase water availability (source improvements) or treatment improvements that would be required to expand system capacity. No exemptions, per Section 15300.2, exist that would curtail the use of a Categorical Exemption.

Lead Agency

Contact Person: Shelley Redding, General Manager

Area Code/Telephone/Extension: (707) 636-3730

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: *[Signature]*

Date: 8/9/2024

Title: 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: _____

Revised 2011

POSTED 08/13/2024 TO 09/12/2024



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:
 21 08/13/2024 147
 STATE CLEARINGHOUSE NUMBER (if applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY INVERNESS PUBLIC UTILITY DISTRICT	LEAD AGENCY EMAIL	DATE 08/13/2024
COUNTY/STATE AGENCY OF FILING Marin	DOCUMENT NUMBER	

PROJECT TITLE

COLBY AND SEAHAVEN TANK REPLACEMENT PROJECT

PROJECT APPLICANT NAME INVERNESS PUBLIC UTILITY DISTRICT	PROJECT APPLICANT EMAIL	PHONE NUMBER (707)636-3730
PROJECT APPLICANT ADDRESS P.O. BOX 469	CITY INVERNESS	STATE CA
		ZIP CODE 94937

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 | \$ | 0.00 |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND) | \$2,916.75 | \$ | 0.00 |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,377.25 | \$ | 0.00 |
|
 | | | |
| <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 | \$ | 0.00 |
| <input checked="" type="checkbox"/> County documentary handling fee | | \$ | 50.00 |
| <input type="checkbox"/> Other | | \$ | |

PAYMENT METHOD:

- Cash
 Credit
 Check
 Other

TOTAL RECEIVED \$ 50.00

SIGNATURE X	AGENCY OF FILING PRINTED NAME AND TITLE MARIN COUNTY CLERK, J. CRUZ, SR DEPUTY CLERK
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