



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 01/10/2025 002
 STATE CLEARINGHOUSE NUMBER (If applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

| | | |
|--|-------------------|--------------------|
| LEAD AGENCY STINSON BEACH COUNTY WATER DISTRICT | LEAD AGENCY EMAIL | DATE 01/10/2025 |
| COUNTY/STATE AGENCY OF FILING Marin | DOCUMENT NUMBER | |

PROJECT TITLE

ARSENIC TREATMENT FACILITY AT LAUREL WATER TREATMENT PLANT

| | | |
|---|--------------------------------|-------------------------------|
| PROJECT APPLICANT NAME STINSON BEACH COUNTY WATER DISTRICT | PROJECT APPLICANT EMAIL | PHONE NUMBER (415)868-1333 |
| PROJECT APPLICANT ADDRESS 3785 SHORELINE HIGHWAY | CITY STATE STINSON BEACH CA | ZIP CODE 94970 |

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, A. OXLAJ AREVALO, DEPUTY COUNTY CLERK |
|----------------|--|