

SAN BENITO COUNTY CLERK - RECORDER
RECEIVED: 4-28-17
REMOVE: 0-28-17 SCAN: 4-28-17

Notice of Exemption

Appendix E #17009

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

From: (Public Agency): San Benito County Water District
30 Mansfield Road
Hollister, CA 95023

County Clerk
County of: San Benito

(Address)

FILED
IN SAN BENITO COUNTY

Project Title: Interceptor Well 1B

Project Applicant: San Benito County Water District

APR 28 2017
SHEYLA GONZALEZ
JOE PAUL GONZALEZ COUNTY CLERK
BY: [Signature] DEPUTY CLERK

Project Location - Specific:
36.828722, -121.447047

Project Location - City: Hollister Project Location - County: San Benito

Description of Nature, Purpose and Beneficiaries of Project:
The interceptor well system at San Justo Reservoir is in place downstream of the dike to prevent leakage and possible failure of the dike. One of the interceptor wells collapsed and it is necessary to replace this well to maintain safe water levels in the dike. The beneficiaries of this project are residents downstream of the dike.

Name of Public Agency Approving Project: San Benito County Water District

Name of Person or Agency Carrying Out Project: San Benito County Water 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: _____
- Statutory Exemptions. State code number: _____

Reasons why project is exempt:
This project is exempt from CEQA under CCR 14, section 15269 (b). This states that a project is exempt from CEQA requirements if the project consists of emergency repairs to service facilities necessary to maintain service essential to public health, safety, or welfare.

Lead Agency
Contact Person: Garrett Haertel Area Code/Telephone/Extension: 831-637-8218

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: 04/03/2017 Title: Deputy District Engineer

Signed by Lead Agency Signed by Applicant

Authority cited: Sections 21083 and 21110, Public Resources Code. Date Received for filing at OPR: _____
Reference: Sections 21108, 21152, and 21152.1, Public Resources Code.



State of California - Department of Fish and Wildlife

2016 ENVIRONMENTAL FILING FEE CASH RECEIPT

DFW 753.5a (Rev. 12/15/15) Previously DFG 753.5a

RECEIPT NUMBER: 35-20170428-009
STATE CLEARING HOUSE # (if applicable)

LEAD AGENCY San Benito County Water Dist	LEAD AGENCY EMAIL	DATE 4/28/2017
COUNTY/STATE AGENCY OF FILING San Benito	DOCUMENT NUMBER 17-009	
PROJECT TITLE Interceptor Well 1B		
PROJECT APPLICANT NAME Garrett Haertel	PROJECT APPLICANT EMAIL	PHONE NUMBER (831) 637-8218
PROJECT APPLICANT ADDRESS 30 Mansfield Road	CITY HOLLISTER	STATE CA
		ZIP CODE 95023

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) | \$3,078.25 | \$ | \$0.00 |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND) | \$2,216.25 | \$ | \$0.00 |
| <input type="checkbox"/> Certified Regulatory Program document (CRP) | | \$ | \$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 | | \$ | \$0.00 |
| <input checked="" type="checkbox"/> County documentary handling fee | \$50.00 | \$ | \$50.00 |
| <input type="checkbox"/> Other _____ | | \$ | \$0.00 |

PAYMENT METHOD:

- Cash
 Credit
 Check
 Other
 050137
 Total Received
 \$ _____
 \$50.00

SIGNATURE 	PRINTED NAME AND TITLE Sheyla Gonzalez-Funes - Deputy County Clerk/Recorder II
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