

TO:

# NOTICE OF EXEMPTION

| Contra Costa County Clerk-Recorder's Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       | EAST BAY MUNICIPAL UTILITY DISTRICT Office of the Secretary - (510) 287-0404 375 Eleventh Street, MS 806 |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 555 Escobar Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       | Oakland, CA 94607-4240                                                                                   |  |  |  |  |  |
| Martinez, CA 94553                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       | ☐ Lead Agency is the Project Applicant                                                                   |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                       | ☐ Lead Agency is Public Agency Approving Project                                                         |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                       | ☐ Lead Agency is Carrying Out Project                                                                    |  |  |  |  |  |
| PROJECT INFORMATION RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       |                                                                                                          |  |  |  |  |  |
| 1. TITLE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Briones Trench Soils Remov                                                                            | al .                                                                                                     |  |  |  |  |  |
| ı                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (City, County, and specific location)                                                                 | MAR 22 2024                                                                                              |  |  |  |  |  |
| Orinda, Contra Costa County  3. DESCRIPTION: Excavate and remove approximately 200,000 Setting of soll from East Bay Municipal Utility District (EBMUD) owned and operated Briones trench soils stockpile site in unincorporated Contra Costa County north of the City of Orinda. See Attachment A for more details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                       |                                                                                                          |  |  |  |  |  |
| EXEMPTION FIND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ING (Check one)                                                                                       | 2024-00094                                                                                               |  |  |  |  |  |
| This project is exempt from CEQA because:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                          |  |  |  |  |  |
| 1. Activity is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | not a project                                                                                         | March 22, 2024                                                                                           |  |  |  |  |  |
| 2 Activity is Ministerial (Sec 21080/b)(1): Guideline 15268)  KRISTIN B. CON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       |                                                                                                          |  |  |  |  |  |
| 3. Activity is a Declared Emergency (Sec.21080(b)(3); Guideline 15269(a))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                          |  |  |  |  |  |
| 4. Activity is an Emergency Project (Sec.21080(b)(4); Guideline 15269(b)(c))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       |                                                                                                          |  |  |  |  |  |
| 5. Activity is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5. Activity is Categorically Exempt Under Guideline CCR Tit. 14 Sec. 15301 and CCR Tit. 14 Sec. 15304 |                                                                                                          |  |  |  |  |  |
| 6. Activity is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Statutorily Exempt Under Guide                                                                        | line                                                                                                     |  |  |  |  |  |
| Reasons why project is exempt: This project is exempt from the requirements of CEQA under CEQA Guidelines Section 15301 because it consists of the excavation and removal of approximately 200,000 cubic yards of trench soils from an EBMUD-owned and operated, existing trench soils storage site. The removal of this temporarily stockpiled soil is part of the ongoing operation and maintenance of the existing EBMUD facility and does not involve any expansion of or change in use for the site. The project is also exempt under Guideline 15304 because the project Involves alterations of land without removing healthy, mature, scenic trees. While the project is within an environmental resource of critical concern as defined in Section 15300.2 (a), the project will occur on existing all-weather roads currently used by trucks similar to those used in the project, and it will not impact species habitat areas. The project is also within the boundary of the EBMUD Low Effect East Bay Habitat Conservation Plan (HCP) and will implement avoidance & minimization measures consistent with the HCP. The project does not involve any unusual circumstances due to its location or or other features and will have no significant environmental effects relative to cumulative impacts of successive projects or impacts from hazardous waste or impacts to historical resources, and thus is not subject to the exceptions in Section 15300.2 (b) of the CEQA Guidelines. |                                                                                                       |                                                                                                          |  |  |  |  |  |
| APPROVAL BY IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ITIATING UNIT:                                                                                        |                                                                                                          |  |  |  |  |  |
| 1/17/2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P. Mehta                                                                                              | C. LeBlanc                                                                                               |  |  |  |  |  |
| 1. DATE PREP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                                                                                                     |                                                                                                          |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ezman, Manager of Maintenance  IDED BY (Division/Section Manager)                                     | and Construction                                                                                         |  |  |  |  |  |
| Casey J. Le                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       | 704 Senior Civil Engineer 510-287-0567                                                                   |  |  |  |  |  |
| 5. CONTACT F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       | MAIL SLOT # TITLE PHONE                                                                                  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                       |                                                                                                          |  |  |  |  |  |
| NOTICE OF EXEMPTION APPROVED FOR FILING WITH THE COUNTY CLERK  2/2/2024  David A. Bridgs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                                                                          |  |  |  |  |  |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                       | David A. Briggs  EPARTMENT DIRECTOR                                                                      |  |  |  |  |  |
| 3/22/2024 Rischa S. Cole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                                                                          |  |  |  |  |  |
| DATE FORWARDED TO COUNTY CLERK SECRETARY OF THE DISTRICT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                                                                          |  |  |  |  |  |

FROM: (LEAD AGENCY)

# Attachment A Briones Trench Soils Removal Contra Costa County

#### **Project Description**

The Briones Trench Soils Removal Project (Project) involves the excavation and removal of trench soils material temporarily stored at the East Bay Municipal Utility District's (EBMUD) Briones stockpile site located in unincorporated Contra Costa County north of the City of Orinda (Figure 1). The Briones stockpile site is used for the temporary storage of trench soils generated by EBMUD activities including pipeline construction and replacement. Approximately 200,000 cubic yards (CY) of trench soils will be removed from the Briones stockpile site. Project activities include screening, loading, and hauling of trench soils, and stormwater and dust control management at the site. Excavation equipment (e.g., excavator and dozer) will be used to load trench soils into trucks for hauling to a regional reuse site, or other appropriate reuse, recycling or disposal sites as determined by the contractor.

#### **Site Characteristics**

The Briones trench soils stockpile site is located near the intersection of Bear Creek Road and Oursan Trail in unincorporated Contra Costa County north of the City of Orinda. The stockpile site encompasses approximately 13 acres. The site is surrounded by EBMUD watershed lands, with the EBMUD Briones Reservoir to the east of the site and the EBMUD San Pablo Reservoir to the west (Figure 2).

### **Purpose**

EBMUD generates trench soils from construction projects and pipeline and repair projects within the EBMUD service area. The Briones stockpile site is used to temporarily stockpile trench soils from these infrastructure projects. The Project is required to remove existing trench soils to maintain the stockpile's capacity for continued use of the site for EBMUD's ongoing pipeline replacement, repair, and installation activities.

#### **Permits**

A Construction General Permit will be prepared for this Project, including preparation of a Stormwater Pollution Prevention Plan (SWPPP) for the site, and submitted to the State Water Resources Control Board. The SWPPP will include best management practices to be implemented to prevent erosion and sediment pollution to nearby water bodies.

## **Public Considerations**

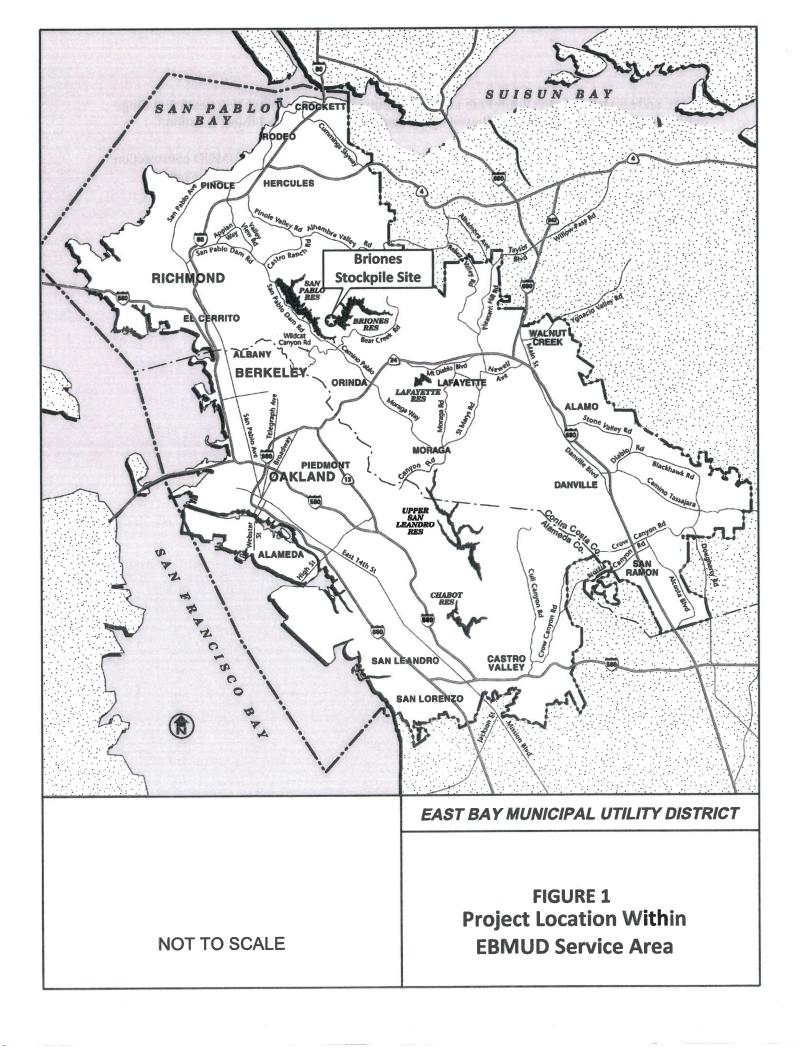
There will be a temporary increase in truck traffic along the haul route. The haul route includes the portion of Bear Creek Road from Oursan Trail to Camino Pablo, Camino Pablo, and California State Route 24. All truck loads will be covered. No obstruction to public roadway

access, and no road or lane closures are anticipated during Project hauling. No queueing, idling or parking on local streets will be allowed by off-haul trucks during the Project duration.

Standard construction environmental and safety practices applicable to all EBMUD construction projects have been incorporated into the Project. These standard practices minimize public considerations from EBMUD construction projects.

#### **Schedule and Work Hours**

The Project is scheduled for approximately five months in the spring to fall of 2024. Typical work hours will be 9:00 a.m. to 4:00 p.m., Monday through Friday, and will be reduced to 9:00 a.m. to 3:00 p.m. weekdays when Orinda Union School District schools are in session. No trucks will be allowed on Camino Pablo prior to 9:00 a.m.



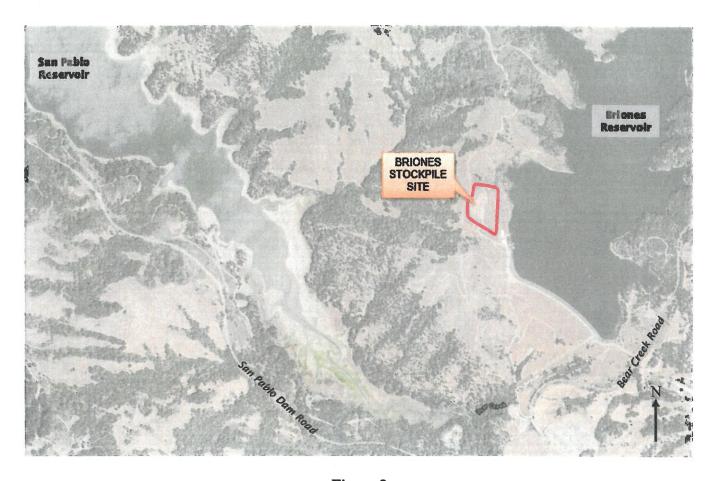


Figure 2
Briones Stockpile Site

|                                                                   |                                         | Print                   | StartOver                               | Save                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|-------------------------------------------------------------------|-----------------------------------------|-------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                   |                                         | RECEIPT NUM             | BER:                                    | Printed Record Contract Contra |  |
|                                                                   |                                         | 07-03/22/2024-0         | 094                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                   |                                         | STATE CLEAR             | NGHOUSE NUM                             | BER (If applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.               |                                         |                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| LEAD AGENCY                                                       | LEADAGENCY EMAIL                        |                         | DATE                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| EAST BAY MUNICIPAL UTILITY DISTRICT                               |                                         | 03/22/2024              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| COUNTY/STATE AGENCY OF FILING                                     | *************************************** | DOCUMENT NUMBER         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| CONTRA COSTA COUNTY                                               |                                         | 2024-00094              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| PROJECT TITLE                                                     |                                         |                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                   |                                         | . 8                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| BRIONES TRENCH SOLIS REMOVAL                                      |                                         |                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| PROJECT APPLICANT NAME                                            | PROJECT APPLICANT                       | PROJECT APPLICANT EMAIL |                                         | PHONE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| EAST BAY MUNICIPAL UTILITY DISTRICT                               |                                         |                         | (510) 287-0404                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| PROJECT APPLICANT ADDRESS                                         | CITY                                    | STATE                   | ZIP CODE                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 375 ELEVENTH STREET, MS 806                                       | OAKLAND                                 | CA                      | 94607                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| PROJECT APPLICANT (Check appropriate box)                         |                                         |                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| ☐ Local Public Agency ☐ School District                           | Other Special District                  | ☐ State A               | gency                                   | Private Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                   | •                                       |                         | · · · · · · · · · · · · · · · · · · ·   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| CHECK APPLICABLE FEES:                                            |                                         | * 4.054.05              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| ☐ Environmental Impact Report (EIR)                               |                                         |                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 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 | ()                                      |                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
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| ☐ Water Right Application or Petition Fee (State Water Resources  | s Control Board only)                   | s 850.00 \$             | **************************************  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| ☑ County documentary handling fee                                 |                                         | •                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| ☐ Other                                                           |                                         | \$                      |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| PAYMENT METHOD:                                                   |                                         |                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| ☐ Cash ☐ Credit ☑ Check ☐ Other 47132                             | TOTAL                                   | RECEIVED \$             |                                         | . 50.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| NONATIBLE                                                         | 100 AC EII 1410 EGISTEE                 | ALABAM AAIM Mulmi       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| BIGNATURE AGEN                                                    | ICY OF FILING PRINTED                   | NAME AND TITLE          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| X Leidy                                                           | Arosemena Deputy Cl                     | erk                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 1000                                                              |                                         |                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                   |                                         |                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

RO# 26050

MAR 22 2024
Office of the Secretary

Kristin B. Connelly Contra Costa Clerk-Recorder 555 Escobar Street Martinez, CA 94553 (925) 335-7900

Public

Receipt No.: RPT20240000026480

Finalization No.: 202400026050

Cashier:

larosemena

Register:

WINDOW9

Date/Time: 03/22/2024 12:42 PM

| Description         | Fee      |  |  |  |  |
|---------------------|----------|--|--|--|--|
| NOTICE OF EXEMPTION |          |  |  |  |  |
| Filing Time:        | 12:42 PM |  |  |  |  |
| Filing Total:       | \$50.00  |  |  |  |  |
| Filing Fee:         | \$50.00  |  |  |  |  |
| Total Amount Due:   | \$50.00  |  |  |  |  |
| Total Paid          |          |  |  |  |  |
| Check Tendered:     | \$50.00  |  |  |  |  |
| #47132 <i>•</i>     |          |  |  |  |  |
| Amount Due:         | \$0.00   |  |  |  |  |

THANK YOU PLEASE KEEP FOR REFERENCE



**RECEIVED** 

MAR 22 2024

Office of the Secretary