

Notice of Determination

Appendix D

To:

Office of Planning and Research
U.S. Mail: P.O. Box 3044
Sacramento, CA 95812-3044
Street Address: 1400 Tenth St., Rm 113
Sacramento, CA 95814
County Clerk
County of: Humboldt
Address: 825 5th Street, Fifth Floor
Eureka, CA 95501

From:

Public Agency: Garberville Sanitary District
Address: 919 Redwood Drive
Garberville, CA 95542
Contact: Jennie Short
Phone: 707-923-9566
Lead Agency (if different from above):
Address:
Contact:
Phone:

SUBJECT: Filing of Notice of Determination in compliance with Section 21108 or 21152 of the Public Resources Code.

State Clearinghouse Number (if submitted to State Clearinghouse): 2012032025

Project Title: Garberville Sanitary District Annexation Project: Change in Jurisdictional Boundary and Place of Use

Project Applicant: Garberville Sanitary District

Project Location (include county): Garberville, Humboldt County

Project Description:

The GSD has a jurisdictional boundary and Sphere of Influence that has been approved by Humboldt Local Agency Formation Commission (LAFCo). The GSD also has a POU for the surface water diversion permit and license that has been approved by the State Water Resources Control Board Division of Water Rights. The GSD proposes to modify its existing jurisdictional boundary and POU to include areas currently served by the water system purchased from the Garberville Water Company (GWC) in 2004.

This is to advise that the Garberville Sanitary District has approved the above (X) Lead Agency or () Responsible Agency

described project on September 24, 2013 and has made the following determinations regarding the above described project.

- 1. The project [] will [X] will not have a significant effect on the environment.
2. [] An Environmental Impact Report was prepared for this project pursuant to the provisions of CEQA.
[X] A Negative Declaration was prepared for this project pursuant to the provisions of CEQA.
3. Mitigation measures [X] were [] were not made a condition of the approval of the project.
4. A mitigation reporting or monitoring plan [X] was [] was not adopted for this project.
5. A statement of Overriding Considerations [] was [X] was not adopted for this project.
6. Findings [X] were [] were not made pursuant to the provisions of CEQA.

931653

CAROLYN CRNICH

Public Agency Clerk

SEP 27 2013

BY J. Holman

FILED

This is to certify that the final EIR with comments and responses and record of project approval, or the negative Declaration, is available to the General Public at:

919 Redwood Drive, Garberville, CA 95542

Signature (Public Agency): [Signature] Title: Board Chair

Date: 9-24-13 Date Received for filing at OPR:

State of California—Natural Resources Agency
 DEPARTMENT OF FISH AND WILDLIFE
2013 ENVIRONMENTAL FILING FEE CASH RECEIPT

RECEIPT# **441642**
 STATE CLEARING HOUSE # (If applicable)
2012032025

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY Garberville Sanitary District		DATE 9-27-2013
COUNTY/STATE AGENCY OF FILING Humboldt		DOCUMENT NUMBER 931653
PROJECT TITLE Garberville Sanitary Dist Annexation Project		
PROJECT APPLICANT NAME Garberville Sanitary Dist		PHONE NUMBER (707) 923-9566
PROJECT APPLICANT ADDRESS 919 Redwood Drive	CITY Garberville	STATE CA
		ZIP CODE 95542

PROJECT APPLICANT (Check appropriate box):

Local Public Agency School District Other Special District State Agency Private Entity

CHECK APPLICABLE FEES:

<input type="checkbox"/> Environmental Impact Report (EIR)	\$2,995.25	\$	_____
<input checked="" type="checkbox"/> Mitigated/Negative Declaration (ND)(MND)	\$2,156.25	\$	<u>2156.25</u>
<input type="checkbox"/> Application Fee Water Diversion (State Water Resources Control Board Only)	\$850.00	\$	_____
<input type="checkbox"/> Projects Subject to Certified Regulatory Programs (CRP)	\$1,018.50	\$	_____
<input checked="" type="checkbox"/> County Administrative Fee	\$50.00	\$	<u>50.00</u>
<input type="checkbox"/> Project that is exempt from fees			
<input type="checkbox"/> Notice of Exemption			
<input type="checkbox"/> DFW No Effect Determination (Form Attached)			
<input type="checkbox"/> Other _____		\$	_____

PAYMENT METHOD:

Cash Credit Check Other _____

TOTAL RECEIVED \$ 2206.25

SIGNATURE X J Salzman	TITLE N+ Determination Deputy Clerk
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