

(ENDORSED)
FILED

MAY 20 2009

Notice of Determination

Appendix D

JULIE L. RODEWALD, COUNTY CLERK

TO:

Office of Planning and Research

For U.S. Mail:

P.O. Box Box 3044
Sacramento, CA 95812-3044

Street Address:

1400 Tenth Street
Sacramento, CA 95814

by S.K. RAMON

DEPUTY CLERK

FROM: Public Agencies: Upper Salinas-Las Tablas

Resource Conservation District (US-LTRCD)

Address: 65 South Main St, Ste 107

Templeton, CA 93465

Coastal San Luis (CSLRCD)

Address: 545 Main St. Ste B-1

Morro Bay, CA 93442

Contact: Donald Funk

Phone: (805)434-0396 x4

County Clerk

County of: San Luis Obispo

Address: 5955 Capistrano Avenue

Atascadero, CA 93422

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): 2009 031101

Project Title: San Luis Obispo County Partners in Restoration (PIR) Permit Coordination Program

Project Location (include county): San Luis Obispo County

Project Description: The purpose of the PIR is to provide an efficient permitting process for accomplishing needed restoration work on private and public lands. The restoration practices of the Project are designed to improve critical water quality problems, enhance fish and wildlife habitat, native riparian vegetation and other species imperil.

This is to advise that the US-LT RCD and CSLRCD has approved the above described

(Lead Agency or Responsible Agency)

project on May 14, 2009 and have made the following determinations regarding the above

(Date)

described project:

1. The project [will 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.
 A Negative Declaration was prepared for this project pursuant to the provisions of CEQA.
3. Mitigation measures [were were not] made a condition of the approval of the project.
4. A mitigation reporting or monitoring plan [was was not] adopted for this project.
5. A statement of Overriding Considerations [was was not] adopted for this project.
6. Findings [were were not] made pursuant to the provisions of CEQA.

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:

Signature (Public Agency)

Title: Executive Director

Date: 5/17/09

Date Received/for filing at OPR: _____

Authority cited: Section 21083, Public Resources Code.

Reference: Sections 21000-21174, Public Resources Code.

Revised 2005



State of California—The Resources Agency
 DEPARTMENT OF FISH AND GAME
2009 ENVIRONMENTAL FILING FEE CASH RECEIPT

RECEIPT# 388257
 STATE CLEARING HOUSE # (if applicable)
2009 031101

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY (US-LT ROD)

LEAD AGENCY Upper SALINAS - LAS TABLAS RESOURCE CONSERVATION DISTRICT DATE _____

COUNTY/STATE AGENCY OF FILING COUNTY OF SAN LUIS OBISPO DOCUMENT NUMBER _____

PROJECT TITLE SLO COUNTY PARTNERS IN RESTORATION (PIR) PERMIT CORROBORATION PROGRAM

PROJECT APPLICANT NAME US-LT ROD & CSLRCD PHONE NUMBER 805 (434) 0396 ^{X4}

PROJECT APPLICANT ADDRESS 6550 MAIN ST. #107 CITY TEMPLETON STATE CA ZIP CODE 93465

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	\$2,768.25	\$ _____
<input type="checkbox"/> Negative Declaration	\$1,993.00	\$ <u>1993.00</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	\$941.25	\$ _____
<input checked="" type="checkbox"/> County Administrative Fee	\$50.00	\$ <u>25.00</u>
<input type="checkbox"/> Project that is exempt from fees		\$ <u>25.00</u>
<input type="checkbox"/> Notice of Exemption		
<input type="checkbox"/> DFG No. Effect Determination (Form Attached)		
<input type="checkbox"/> Other _____		

PAYMENT METHOD:
 Cash Credit Check Other _____

TOTAL RECEIVED \$ 2018.00 *[Signature]*

SIGNATURE X SK Ramos Deputy Clerk TITLE Deputy Clerk