

## State of California - Department of Fish and Wildlife

## 2018 ENVIRONMENTAL FILING FEE CASH RECEIPT

DFW 753.5a (Rev. 01/03/18) Previously DFG 753.5a

2019070335

		RECEIPT N	JMBER:
		E201910000	216
		STATE CLEA	ARINGHOUSE NUMBER (if applicable)
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARL	Y.		
LEAD AGENCY	LEAD AGENCY EMAIL		DATE
WESTLANDS WATER DISTRICT			06/17/2019
COUNTY/STATE AGENCY OF FILING			DOCUMENT NUMBER
FRESNO COUNTY			E201910000216
PROJECT TITLE	nant and and an arrang grown arrangers but has a start as broad anger connecting and a section of a section of	<u> </u>	
WESTLANDS WATER DISTRICT'S ARROYO PASAJERO DRY	WELL PILOT RECHAR. TES	Т	
PROJECT APPLICANT NAME	PROJECT APPLICANT E	EMAIL	PHONE NUMBER
WESTLANDS WATER DISTRICT			(559) 241-6241
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE
PO BOX 6056	FRESNO	CA	93703
CHECK APPLICABLE FEES:  Environmental Impact Report (EIR)  Mitigated/Negative Declaration (MND)(ND)  Certified Regulatory Program document (CRP)  X Exempt from fee		\$3,271.00 \$ \$2,354.75 \$ \$1,077.00 \$	0.00
X Notice of Exemption (attach) CDFW No Effect Determination (attach) Fee previously paid (attach previously issued cash receipt of	сору)		
Water Right Application or Petition Fee (State Water Resou	rces Control Board only)	\$1,112.00 \$	0.00
X County documentary handling fee		\$50.00 \$	50.00
X Other CATEGORICAL EXEMPTION		\$	0.00
PAYMENT METHOD: Cash X Credit Check Other	TOTAL	RECEIVED \$	50.00
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Governor's Office of Planning & Research

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WESTLANDS WATER DISTRICT			06/17/2019	
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FRESNO COUNTY			E201910000216	
PROJECT TITLE			•	
WESTLANDS WATER DISTRICT'S ARROYO PASAJERO DRY W	ELL PILOT RECHAR. TEST			
PROJECT APPLICANT NAME PROJECT APPLICANT EMA		//AIL	PHONE NUMBER	
WESTLANDS WATER DISTRICT			(559) 241-6241	
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE	
PO BOX 6056	FRESNO	CA	93703	
PROJECT APPLICANT (Check appropriate box)  X Local Public Agency School District	Other Special District	State Age	ency Private Entity	
CHECK APPLICABLE FEES:  Environmental Impact Report (EIR)  Mitigated/Negative Declaration (MND)(ND)  Certified Regulatory Program document (CRP)		\$3,271.00 \$ \$2,354.75 \$ \$1,077.00 \$		
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X County documentary handling fee	***************************************	\$50.00\$	50.00	
X Other CATEGORICAL EXEMPTION		\$	0.00	
		4	0.00	
PAYMENT METHOD:  ☐ Cash	TOTAL F	RECEIVED \$	50.00	
1 Am	AGENCY OF FILING PRINTED NAME AND TITLE			
X Sonye Roy	ya Soy Deputy Clerk			

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STATE CLEARINGHOUSE