

## Notice of Determination

44-09122024-229

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: Santa Cruz

Address: 701 Ocean Street

Santa Cruz, California 95060

## From:

016-24 NOD

Public Agency: City of Santa Cruz, Water Dept.

Address: 212 Locust St., Suite C

Santa Cruz, California 95060

Contact: Catherine Borrowman

Phone: (831) 420-5315

Lead Agency (if different from above)

Address:

Contact:

Phone:

RECEIVED  
CLERK OF THE BOARD

SEP 12 2024

BOARD OF SUPERVISORS  
COUNTY OF SANTA CRUZ**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): 2018102039

Project Title: Beltz 8 and 12 ASR Project, Addendum to the Santa Cruz Water Rights Project Final EIR

Project Applicant: N/A

Project Location (include county): Santa Cruz County. See attached map.

## Project Description

Beltz 8 and Beltz 12 groundwater wells will be converted into aquifer storage and recovery wells with additional elements: replacement of a filter, project boundary changes at Beltz 8 for new sanitary sewer and storm drain connections, addition of orthophosphate storage at both well sites, identification of an operational pumping rate at Beltz 12, and changes to the construction equipment and schedule. The changes would not have significant impacts beyond those analyzed in the Final EIR. +

This is to advise that the City of Santa Cruz has approved the above  
(☒ Lead Agency or ☐ Responsible Agency)

described project on 9/10/2024 and has 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:

City of Santa Cruz, Water Dept. Engineering 212 Locust St, Ste. C, Santa Cruz, CA 95060

Signature (Public Agency):

Nedirk Lockhart

Title: Water Director

Date:

9/12/2024

Date Received:

THIS NOTICE HAS BEEN POSTED AT THE CLERK  
OF THE BOARD OF SUPERVISORS OFFICE FOR A  
PERIOD COMMENCING

09/12/2024

AND ENDING

10/17/2024

Authority cited: Sections 21083, Public Resources Code.

Reference Section 21000-21174, Public Resources Code.

Revised 2011







State of California - Department of Fish and Wildlife  
**2024 ENVIRONMENTAL DOCUMENT FILING FEE**  
**CASH RECEIPT**  
DFW 753.5a (REV. 01/01/24) Previously DFG 753.5a

Print

Start Over

Save

RECEIPT NUMBER:

44 — 09/12/2024 — 229

STATE CLEARINGHOUSE NUMBER (If applicable)

2018102039

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY

City of Santa Cruz Water Department

LEAD AGENCY EMAIL

DATE

09/12/2024

COUNTY/STATE AGENCY OF FILING

Santa Cruz

DOCUMENT NUMBER

016-24 NOD

PROJECT TITLE

Beltz 8 and 12 Aquifer Storage and Recovery Project, Addendum to Santa Cruz Water Rights Final EIR

PROJECT APPLICANT NAME

Catherine Margit Borrowman

PROJECT APPLICANT EMAIL

PHONE NUMBER

(831) 420-5135

PROJECT APPLICANT ADDRESS

212 Locust Street

CITY

Santa Cruz

STATE

CA

ZIP CODE

95060

PROJECT APPLICANT (Check appropriate box)



Local Public Agency



School District



Other Special District



State Agency



Private Entity

CHECK APPLICABLE FEES:



Environmental Impact Report (EIR)

\$4,051.25

\$

0.00

Mitigated/Negative Declaration (MND)(ND)

\$2,916.75

\$

0.00



Certified Regulatory Program (CRP) document - payment due directly to CDFW

\$1,377.25

\$

0.00



Exempt from fee



Notice of Exemption (attach)



CDFW No Effect Determination (attach)



Fee previously paid (attach previously issued cash receipt copy)



Water Right Application or Petition Fee (State Water Resources Control Board only)

\$850.00

\$

0.00



County documentary handling fee

\$



Other COB Coll \$50 9/12/2024

\$

50.00

PAYMENT METHOD:



Cash



Credit



Check



Other

#460561

TOTAL RECEIVED

\$

50.00

SIGNATURE

X

AGENCY OF FILING PRINTED NAME AND TITLE

LORI WELCH BETTENCOURT,  
Admin. Aide

OFFICIAL RECEIPT

COUNTY OF SANTA CRUZ  
SANTA CRUZ, CALIFORNIA

No. **C 460561**

Date 9-12-2024

Received from City of Santa Cruz Water Dept  
Address 212 Abcrist St., STC, Santa Cruz CA 95060  
The Sum of Fifty & 00/100 Dollars \$ 50<sup>00</sup>/<sub>xx</sub>  
For Cash payment - Project "Beltz 8 and 12  
ASR Project, Addendum to the Santa Cruz  
Water Rights Project Final EIR  
State Clearinghouse #2018102039

ORIGINAL-TO PAYEE

COB  
DEPARTMENT OR OFFICE

By

Saul Velazquez Betancourt



State of California - Department of Fish and Wildlife  
**2021 ENVIRONMENTAL FILING FEE CASH RECEIPT**  
DFW 753.5a (REV. 01/01/21) Previously DFG 753.5a

|       |            |      |
|-------|------------|------|
| Print | Start Over | Save |
|-------|------------|------|

RECEIPT NUMBER:

44 — 12142021 — 274

STATE CLEARINGHOUSE NUMBER (if applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

|  |                                      |                         |
|--|--------------------------------------|-------------------------|
| LEAD AGENCY<br><b>City of Santa Cruz, Water Dept</b> | LEAD AGENCY EMAIL                    | DATE<br><b>12142021</b> |
| COUNTY/STATE AGENCY OF FILING<br><b>Santa Cruz</b>   | DOCUMENT NUMBER<br><b>027-21 NOD</b> |                         |
| PROJECT TITLE  |                                      |                         |

**Santa Cruz Water Rights Project**

|  |                           |                    |                                       |
|--|---------------------------|--------------------|---------------------------------------|
| PROJECT APPLICANT NAME<br><b>City of Santa Cruz Water Dept</b>   | PROJECT APPLICANT EMAIL   |                    | PHONE NUMBER<br><b>(831) 420-5327</b> |
| PROJECT APPLICANT ADDRESS<br><b>212 Locust Street</b>  | CITY<br><b>Santa Cruz</b> | STATE<br><b>CA</b> | ZIP CODE<br><b>95060</b>              |
| PROJECT APPLICANT (Check appropriate box)  |                           |                    |                                       |
| <input checked="" type="checkbox"/> Local Public Agency <input type="checkbox"/> School District <input type="checkbox"/> Other Special District <input type="checkbox"/> State Agency <input type="checkbox"/> Private Entity |                           |                    |                                       |

**CHECK APPLICABLE FEES:**

|   |            |    |                 |
|---|------------|----|-----------------|
| <input checked="" type="checkbox"/> Environmental Impact Report (EIR)                               | \$3,445.25 | \$ | <u>3,445.25</u> |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)                                   | \$2,480.25 | \$ | <u>0.00</u>     |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,171.25 | \$ | <u>0.00</u>     |

☐ Exempt from fee

☐ Notice of Exemption (attach)

☐ CDFW No Effect Determination (attach)

☐ Fee previously paid (attach previously issued cash receipt copy)

|   |          |    |              |
|---|----------|----|--------------|
| <input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only) | \$850.00 | \$ | <u>0.00</u>  |
| <input checked="" type="checkbox"/> County documentary handling fee   |          | \$ | <u>50.00</u> |
| <input type="checkbox"/> Other Check #265700, 265699 12/9/2021  |          | \$ | <u></u>      |

**PAYMENT METHOD:**

☐ Cash    ☐ Credit    ☒ Check    ☐ Other

**TOTAL RECEIVED** \$ 3,495.25

|  |  |
|--|--|
| SIGNATURE<br><b>X</b> <i>Emiko White</i> | AGENCY OF FILING PRINTED NAME AND TITLE<br><b>Emiko White, Administrative Aide</b> |
|--|--|