



State of California - Department of Fish and Wildlife
2025 ENVIRONMENTAL DOCUMENT FILING FEE
CASH RECEIPT
 DFW 753.5a (REV. 01/01/25) Previously DFG 753.5a

Print **StartOver** **Save**

RECEIPT NUMBER:
 59 — 08/12/2025 — 53
 STATE CLEARINGHOUSE NUMBER (If applicable)
2025020871

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

| | | |
|--|--|---------------------------|
| LEAD AGENCY California Regional Water Quality Control Board, San Francisco Bay Region 2 (RWQCB) | LEAD AGENCY EMAIL rene.leclerc@waterboards.ca.gov | DATE 08/12/2025 |
| COUNTY/STATE AGENCY OF FILING OPR/SCH | DOCUMENT NUMBER | |

PROJECT TITLE

CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS FOR GRAZING OPERATIONS IN THE NORTH SAN FRANCISCO BAY REGION

| | | |
|---|--|--------------------------------------|
| PROJECT APPLICANT NAME Rene Leclerc | PROJECT APPLICANT EMAIL rene.leclerc@waterboards.ca.gov | PHONE NUMBER (510)622-2410 |
| PROJECT APPLICANT ADDRESS 1515 Clay Street Suite 1400 | CITY Oakland | STATE CA |
| | | ZIP CODE 94612 |

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) | \$4,123.50 | \$ | <u>0.00</u> |
| <input checked="" type="checkbox"/> Mitigated/Negative Declaration (MND)(ND) | \$2,968.75 | \$ | <u>2,968.75</u> |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,401.75 | \$ | <u>0.00</u> |
| | | | |
| <input type="checkbox"/> Exempt from fee | | | |
| <input type="checkbox"/> Notice of Exemption (attach) | | | |
| <input type="checkbox"/> CDFW No Effect Determination (attach) | | | |
| <input type="checkbox"/> Fee previously paid (attach previously issued cash receipt copy) | | | |
| <hr/> | | | |
| <input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only) | \$850.00 | \$ | <u>0.00</u> |
| <input type="checkbox"/> County documentary handling fee | | \$ | <u> </u> |
| <input type="checkbox"/> Other | | \$ | <u> </u> |

PAYMENT METHOD:

- Cash
 Credit
 Check
 Other
 TOTAL RECEIVED
 \$ 2,968.75

| | |
|---|---|
| SIGNATURE X THOMAS.HUBBARD Digitally signed by THOMAS.HUBBARD Date: 2025.08.12 12:20:25 -07'00' | AGENCY OF FILING PRINTED NAME AND TITLE Thomas Hubbard; JR. CEQA Analyst - State Clearinghouse |
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