

Notice of Exemption

Appendix E

To: Office of Planning and Research
P.O. Box 3044, Room 113
Sacramento, CA 95812-3044

From: City of Santa Rosa
69 Stony Circle
Santa Rosa, CA 95401

County Clerk

County of Sonoma

585 Fiscal Drive, Room 103
Santa Rosa, CA 95403

This notice was posted on 09/25/2025
and will remain posted for a period of thirty days
through 10/26/2025

Doc No.49-09252025-379

Deva Marie Proto, County Clerk
BY: Daisy Pulido
Daisy Pulido, Deputy Clerk

Project Title: **Reclamation Pump Station E Building Replacement**

Project Applicant: **City of Santa Rosa Water Department**

Project Location – Specific: **4301 Llano Road, Santa Rosa, CA | APN: 063-180-025**

Project Description: The wooden building structure of this City utility facility is in a high state of disrepair and will be replaced with a new metal building.

Name of Public Agency Approving Project:

CITY OF SANTA ROSA

**Name of Person or Agency Carrying Out Project: Tanya Mokvyts, (707) 543-3958,
transferred to Emily Reyes-Cady @ 100% Design (707) 543-3858**

Exempt Status: (check one):

- Ministerial (Sec. 21080(b) (1); 15268);
- Declared Emergency (Sec. 21080(b) (3); 15269 (a));
- Emergency Project (Sec. 21080(b) (4); 15269 (b)(c));
- Categorical Exemption. State type and section number: **15302 Class 2(c)**
15302 - Replacement or Reconstruction: (c) Replacement or reconstruction of existing utility systems and/or facilities involving negligible or no expansion of capacity.
- Statutory Exemptions. State code number:

Reasons why project is exempt: This project will replace an existing facility building without expansion or the addition of any new capacity.

Lead Agency Contact Person: Kristinae Toomians, (707) 543-4692

If filed by applicant:

1. Attach certified document of exemption finding.
2. Has a Notice of Exemption been filed by the public agency approving the project?
 Yes No

Signature: Kristinae Toomians Date: 03/20/2025 Title: Environmental Coordinator

Signed by Lead Agency Signed by Applicant



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

| |
|--|
| RECEIPT NUMBER: 49-09252025-379 |
| STATE CLEARINGHOUSE NUMBER (If applicable) |

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

| | | |
|-----------------------------------|-------------------|--------------------|
| LEAD AGENCY CITY OF SANTA ROSA | LEAD AGENCY EMAIL | DATE 09/25/2025 |
|-----------------------------------|-------------------|--------------------|

| | |
|---|-------------------------------|
| COUNTY/STATE AGENCY OF FILING SONOMA | DOCUMENT NUMBER 25-0925-06 |
|---|-------------------------------|

PROJECT TITLE
RECLAMATION PUMP STATION E BUILDING REPLACEMENT

| | | |
|---|-------------------------|--------------------------------|
| PROJECT APPLICANT NAME TANYA MOKVYTS | PROJECT APPLICANT EMAIL | PHONE NUMBER (707) 543-4692 |
|---|-------------------------|--------------------------------|

| | | | |
|---|--------------------|-------------|-------------------|
| PROJECT APPLICANT ADDRESS 69 STONY CIR | CITY SANTA ROSA | STATE CA | ZIP CODE 95401 |
|---|--------------------|-------------|-------------------|

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 | \$ _____ |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND) | \$2,968.75 | \$ _____ |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,401.75 | \$ _____ |

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 | \$ _____ |
| <input checked="" type="checkbox"/> County documentary handling fee | | \$ <u>50.00</u> |
| <input type="checkbox"/> Other | | \$ _____ |

PAYMENT METHOD:

Cash
 Credit
 Check
 Other

TOTAL RECEIVED \$ 50.00

| | |
|---|---|
| SIGNATURE X <i>Daisy Pulido</i> | AGENCY OF FILING PRINTED NAME AND TITLE Daisy Pulido, Deputy County Clerk-Recorder |
|---|---|