State of California - Department of Fish and Wildlife

2026 ENVIRONMENTAL DOCUMENT FILING FEE CASH RECEIPT

DFW 753.5a (REV. 01/01/26) Previously DFG 753.5a

Print | StartOver | Save

RECEIPT NUMBER:
42 — 07/07/2026 — 140

STATE CLEARINGHOUSE NUMBER *(If applicable)*

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY	LEAD AGENCY EMAIL	DATE
Goleta Sanitary District	swagner@goletasanitary.org	07/07/2026

COUNTY/STATE AGENCY OF FILING	DOCUMENT NUMBER
Santa Barbara	

PROJECT TITLE

Adoption of Ordinance No. 97 establishing revised Capacity Fees and Annexation Fees

PROJECT APPLICANT NAME	PROJECT APPLICANT EMAIL	PHONE NUMBER
Dylan Kitap	dkitao@goletasanitary.org	(805) 967-4519

PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE
1 William Moffett Place	Goleta	CA	93117

PROJECT APPLICANT *(Check appropriate box)*

☐ Local Public Agency ☐ School District ☑ Other Special District ☐ State Agency ☐ Private Entity

CHECK APPLICABLE FEES:

☐ Environmental Impact Report (EIR)	$4,227.50	$	0.00
☐ Mitigated/Negative Declaration (MND)(ND)	$3,043.75	$	0.00
☐ Certified Regulatory Program (CRP) document - payment due directly to CDFW	$1,437.25	$	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		$	50.00
☐ Other		$	

PAYMENT METHOD:

☐ Cash ☑ Credit ☐ Check ☐ Other **TOTAL RECEIVED** $ 50.00

SIGNATURE	AGENCY OF FILING PRINTED NAME AND TITLE
X Katherine Douglas	Katherine Douglas, Deputy Clerk

ORIGINAL - PROJECT APPLICANT | COPY - CDFW/ASB | COPY - LEAD AGENCY | COPY - COUNTY CLERK | DFW 753.5a (Rev. 01012026)

2026 CEQA Transmittal Memorandum

County of Santa Barbara - Clerk of the Board of Supervisors

105 E. Anapamu St. Room 407 • Santa Barbara • CA • 93101

(805) 568-2240

Complete this form when filing a Notice of Determination (Negative Declaration, Mitigated Negative Declaration, Environmental Impact Report) or Notice of Exemption.

A scanned copy of the Department of Fish and Wildlife Receipt, Transmittal Memorandum and the CEQA filing, including the date/time of posting will be emailed to the Lead Agency and Project Applicant. If you would like a return copy, please submit an extra copy along with a pre-addressed, stamped envelope.

Contact Person	Phone
~~DYLAN KITAO~~ STEVE WAGNER	805-455-4465
Lead Agency	**Lead Agency Email**
GOLETA SANITARY DISTRICT	swagner@goletasanitary.
Project Title Adoption of Ordinance No. 97 Establishing Revised Capacity fees and Annexation Fees	
Project Applicant	**Email**	**Phone**
Dylan Kitao	dkitao@goletasanitary.org	805-967-4519
Project Applicant Address	**City**	**State**	**Zip**
~~dkitao@goletasanitary.org~~ 1 William Moffett Place	Goleta	CA	93117

DOCUMENT BEING FILED:

☐ Notice of Determination - Environmental Impact Report (EIR) .....

☐2026 Filing Fee $4,227.50

☐ Previously Paid (**must attach receipt**) $0.00

☐ No Effect Determination (**must be attached**)..... $0.00

Environmental Filing Fees will be collected ***only*** for projects that are approved. The Applicant must attest to the following:

☐ This project has been approved. Date of Approval:

☐ Notice of Determination - Negative Declaration (ND) or Mitigated Negative Declaration (MND).....

☐2026 Filing Fee $3,043.75

☐ Previously Paid (**must attach receipt**) $0.00

☐ No Effect Determination (**must be attached**)..... $0.00

Environmental Filing Fees will be collected ***only*** for projects that are approved. The Applicant must attest to the following:

☐ This project has been approved. Date of Approval:

☒ Notice of Exemption..... $0.00

■ County Administrative Handling Fee (**required for all filings, effective 7/19/18**) $50.00

TOTAL: $ 50.00

PAYMENT METHOD: ALL APPLICABLE FEES MUST BE PAID AT THE TIME OF FILING

☐ Cash ☐ Credit In person only ☐ Check #_____ ☐ Journal Entry #_____

Ensure Workday status reflects "Posted" prior to filing

NOTICE OF EXEMPTION

TO: ☐	Office of Land Use and Climate Innovation State Clearinghouse P. O. Box 3044, Room 113 Sacramento, CA 95812-3044	FROM:	Name: Address: Telephone:	Goleta Sanitary District 1 William Moffett Place Goleta, CA 93117-3901 805-967-4519
☐	County Clerk County of Santa Barbara 105 East Anapamu Street Santa Barbara, CA 93101			

1. Project Title:	**Adoption of Ordinance No. 97 Establishing Revised Capacity Fees and Annexation Fees.**
2. Project Applicant (include address, telephone number and email address):	**Goleta Sanitary District** **1 William Moffett Place** **Goleta, CA 93117-3901**
3. Project Location – Identify street address and cross streets or attach a map showing project site (preferably a USGS 15' or 7 1/2' topographical map identified by quadrangle name):	**Throughout the Goleta Sanitary District Boundaries**
4. Project Location – City: City of Goleta, City of Santa Barbara, and unincorporated areas	(a) Project Location – County: Santa Barbara
5. Description of nature, purpose, and beneficiaries of Project:	Ordinance adopting revised Capacity and Annexation Fees.
6. Name of Public Agency approving project:	Goleta Sanitary District
7. Name of Person or Agency undertaking the project, including any person undertaking an activity that receives financial assistance from the Public Agency as part of the activity or the person receiving a lease, permit, license, certificate, or other entitlement of use from the Public Agency as part of the activity:	Goleta Sanitary District
8. Exempt status: (check one)	
(a) ☐ Ministerial project.	
(b) ☒ Not a project.	(Pub. Resources Code § 21065; State CEQA Guidelines §§ 15378(a), 15061(b)(3))
(c) ☐ Declared Emergency	
(d) ☐ Emergency Project.	
(e) ☐ Categorical Exemption. State type and section number:	
(f) ☒ Statutory Exemption. State Code section number:	(Pub. Resources Code § 21080(b)(8); State CEQA Guidelines § 15268)
(g) ☐ Other. Explanation:	
9. Reason why project was exempt:	
10.	The Capacity Fees and Annexation Fees are exempt from review under the California Environmental Quality Act ("CEQA"). First, Capacity Fees and Annexation Fees, in

RECEIVED 2026 JUL -7 P 2:29 COUNTY OF SANTA BARBARA CLERK OF THE BOARD OF SUPERVISORS	and of themselves, do not have the potential for resulting in either a direct physical change in the environment, or a reasonably foreseeable indirect physical change in the environment and therefore are not considered a "project" under CEQA. (Pub. Resources Code, § 21065, 14 Cal. Code Regs., § 15378, subd. (a).) Second, Capacity Fees and Annexation Fees are covered by the general rule that CEQA applies only to projects which have the potential for causing a significant effect on the environment; here, there is no possibility that the Capacity Fees and Annexation Fees, in and of themselves, may have a significant effect on the environment. (14 Cal. Code Regs., § 15061, subd. (b)(3).) And third, even if the Capacity Fees and Annexation Fees are considered a project for purposes of CEQA, the Capacity Fees and Annexation Fees are still exempt because CEQA does not apply to the modification and approval of rates for the purpose of meeting operating expenses, purchasing supplies, equipment or materials, and obtaining funds for capital projects, necessary to maintain service within existing service areas. (Pub. Resources Code, § 21080, subd. (b)(8); 14 Cal. Code Regs., § 15273, subd. (a)(4).) .

11. Lead Agency Contact Person: Telephone:	Steve D. Wagner, P.E. 805-967-4519
12. If filed by applicant: Attach Certificate of Determination (Form "B") before filing.	
13. Was a public hearing held by the Lead Agency to consider the exemption? Yes ☐ No ☒ If yes, the date of the public hearing was:	

Date: 7/7/26

Steve Wagner

Signature

Name: Steve D. Wagner

Title: General Manager / District Engineer

☒ Signed by Lead Agency ☒ Signed by Applicant

Date Received for Filing:

(Clerk Stamp Here)

Authority cited: Sections 21083 and 21110, Public Resources Code.
Reference: Sections 21108, 21152, and 21152.1, Public Resources Code.

COUNTY OF SANTA BARBARA

X 2205073

COB Department

Date 7/7/2026

Received from Goleta Sanitary District

In Payment of NOE Filing Fee

Fifty and 0/100 Dollars $50.00

Received original of the above numbered receipt

CREDIT CARD	X
CASH	
CHECK	

Signature of Payor

Katherine Douglas
Authorized Signature

C-147