

Notice of Exemption

To: Office of Planning and Research
P. O. Box 3044, Rm 113
Sacramento, CA 95812-3044
County Clerk
County of: Calaveras
891 Mountain Ranch Road
San Andreas, CA 95249

From: City of Angels (Angels Camp)
P.O. Box 667
Angels Camp CA 95222

Project Title: SR 49 Emergency Sewer Replacement Project

Project Applicant: Angels Camp

Project Location - Specific:

390± linear feet west side of Caltrans right-of-way (SR 49) including 5-40 linear feet across Stockton Road.

Project Location – City: Angels Camp **Project Location – County:** Calaveras

Description of Nature, Purpose and Beneficiaries of Project:

Remove 6" diameter unreinforced concrete pipe which has degraded and includes holes in the sidewalls and flow line allowing backfill materials to enter the pipe and obstruct flows. Replace with 390± linear feet of new 6" PVC pipe in the same lines and grades in the same horizontal alignment as the failing pipeline. All hardscape, asphalt and minor concrete will be replaced in kind. A sewer bypass system will be operated during removal and replacement of the sewer line. Traffic control will be in place to protect the work zone and facilitate orderly circulation during construction.

Name of Public Agency Approving Project: Angels Camp

Name of Person or Agency Carrying Out Project: Angels Camp Contractor

Exempt Status:

X Statutory Exemption. Public Resources Code Section 20180.21 (Pipelines less than one mile)

Reasons why project is exempt:

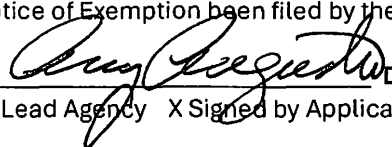
The project involves replacing a failing sewer line totaling less than one mile in length (390± linear feet) as required pursuant to Public Resources Code Section 20180.21.

Lead Agency

Contact Person: Amy Augustine **Area Code/Telephone/Extension:** (209) 736-1346

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

Signature:  **Date:** 9/24/26 **Title:** City Planner

X Signed by Lead Agency X Signed by Applicant

Authority cited: Sections 21083 and 2110, Public Resources Code.

Reference: Sections 21108, 21152, and 21152.1, Public Resources Code.

Date Received for filing at OPR: _____


dthompson, Deputy Clerk

FILED
(ENDORSED)
County of Calaveras
Rebecca Turner
County Clerk-Recorder
05-2026-066
09/24/2026

**2026 ENVIRONMENTAL DOCUMENT FILING FEE CASH RECEIPT**

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

RECEIPT NUMBER:

05-2026-066

STATE CLEARINGHOUSE NUMBER (If applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY
ANGELS CITYLEAD AGENCY EMAIL
planning@angelscamp.govDATE
09/24/2026COUNTY/STATE AGENCY OF FILING
CALAVERAS

DOCUMENT NUMBER

PROJECT TITLE
SR 49 EMERGENCY SEWER REPLACEMENTPROJECT APPLICANT NAME
ANGELS CITYPROJECT APPLICANT EMAIL
planning@angelscamp.govPHONE NUMBER
(209) 736-1346PROJECT APPLICANT ADDRESS
PO BOX 667CITY
ANGELS CAMPSTATE
CAZIP CODE
95222

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	\$	
☐ Mitigated/Negative Declaration (MND)(ND)	\$3,043.75	\$	
☐ Certified Regulatory Program (CRP) document - payment due directly to CDFW	\$1,437.25	\$	

☒ 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	\$	
☐ County documentary handling fee		\$	
☐ Other		\$	

PAYMENT METHOD:

☐ Cash ☐ Credit ☐ Check ☒ Other

TOTAL RECEIVED \$ \$0.00

SIGNATURE

X

AGENCY OF FILING PRINTED NAME AND TITLE

Dustin Thompson, Deputy County Clerk-Recorder



Rebecca Turner
Calaveras County
County Clerk-Recorder
891 Mountain Ranch Road
San Andreas, CA 95249
(209) 754-6372
<https://clerkrecorder.calaverasgov.us/>

Receipt: 26-9259

Product	Name	Extended
FISH	FISH AND WILDLIFE FILING	\$0.00
	# Pages	1
	Document #	05-2026-066
	Document Info:	ANGELS CITY
	Filing Type	NOE
	No F & W Fee	false
	File Endorsed Label	3
Total		\$0.00
Change (Cash)		\$0.00

THANK YOU. PLEASE KEEP FOR REFERENCE