Received CLERK OF THE BOARD

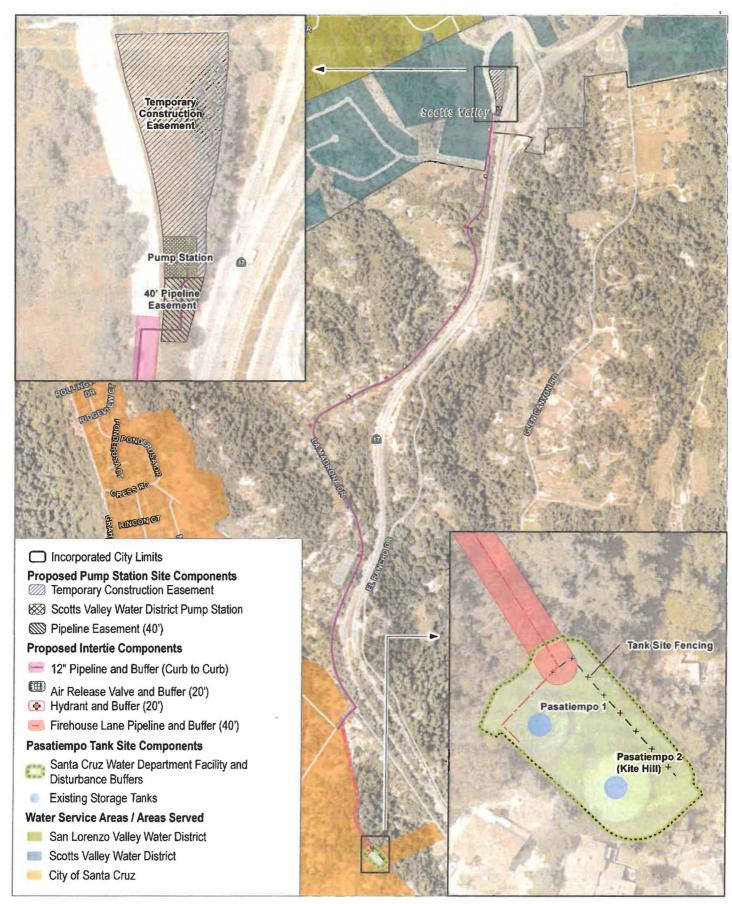
AUG 1 1 2023

014-23 NOD

## **Notice of Determination**

Trottoo or Botor illination	Appendix B			
To:	From: COUNTY OF SANTA CRUZ			
Office of Planning and Research	Public Agency: City of Santa Cruz, Water Dept.			
U.S. Mail: Street Address:	Address: 212 Locust Street Santa Cruz, CA 95060			
P.O. Box 3044 1400 Tenth St., Rm 113	Contact: Sarah Easley Perez			
Sacramento, CA 95812-3044 Sacramento, CA 95814	Phone: 831-420-5327			
County Clerk County of: Santa Cruz	Lead Agency (if different from above):			
Address: 701 Ocean Street Santa Cruz, CA 95060	Address			
Santa Cruz, CA 95000	Address:			
	Contact:Phone:			
SUBJECT: Filing of Notice of Determination in compl Resources Code.				
State Clearinghouse Number (if submitted to State Clearing	nghouse): 2018102039			
Project Title: Intertie-1 Project, Addendum to the Santa C	Cruz Water Rights Project Final EIR			
Project Applicant: N/A				
Project Location (include county): City of Scotts Valley & S	Santa Cruz County. See attached map.			
Project Description:				
pipe alignment matches that in the Final EIR, with an add Project modifications also include construction specifics, agreement. The changes would not have significant impa This is to advise that the City of Santa Cruz	real estate acquisition, and an operational acts beyond those analyzed in the Final EIR.  has approved the above			
(■ Lead Agency or ☐ Re	esponsible Agency)			
described project on $\frac{08/08/2023}{\text{(date)}}$ and has made th	e following determinations regarding the above			
described project.				
1. The project [ will will not] have a significant effect 2. An Environmental Impact Report was prepared for the A Negative Declaration was prepared for this project 3. Mitigation measures [ were were not] made a cord. A mitigation reporting or monitoring plan [ was was 4. A statement of Overriding Considerations [ was was 5. A statement of were were not] made pursuant to the process.	his project pursuant to the provisions of CEQA. Rights Project Fit to the provisions of CEQA.  The pursuant to the provisions of CEQA.  EIR was certifie 12/14/2021.  The The project as not] adopted for this project.  The project.			
This is to certify that the final EIR with comments and resp 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			
Date: August 11, 2023 Date Recei	Title: Depuly Director/Engr Mgr			
Authority cited: Sections 21083, Public Resources Code. Reference Section 21000-21174, Public Resources Code.	HE BOARD OF SUPERVISORS OFFICE FOR A			
	20 63			

AND ENDING



SOURCE: Bing Maps Accessed 2019, Kennedy/Jenks Consultants 2012 and 2014, URS 2013. County of Santa Cruz 2020





DEW 100.08 (NEV. 0101120) Flembling DFG 100.08		Print	StartOver	Save	
	Les .	RECEIPT NU	MRER.		
			8/11/2023	228	
				NUMBER (if app	olicable)
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.		20181020		TOTAL TATAL	, nountry
LEAD AGENCY	LEAD AGENCY EMAIL		DATE		_
City of Santa Cruz Water Dept			08/11/	2023	
COUNTY/STATE AGENCY OF FILING			DOCUMEN	T NUMBER	
Santa Cruz			014-23	NOD	
PROJECT TITLE					
Intertie-1 Project, Addendum to Santa Cruz Wa PROJECT APPLICANT NAME Sarah Easley Perez	ater Rights Project PROJECT APPLICANT E		PHONE NU (831) 42		
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE		
212 Locust Street	Santa Cruz	CA	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)  Mitigated/Negative Declaration (MND)(ND)  Certified Regulatory Program (CRP) document - payment due of  Exempt from fee  Notice of Exemption (attach)  CDFW No Effect Determination (attach)	)	\$3,539.25 \$2,764.00 \$1,203.25	\$		0.00 0.00 0.00
Water Right Application or Petition Fee (State Water Resources	Control Board only)	\$850.00	\$		0.00
County documentary handling fee			\$		0.00
✓ Other COB Coll \$50 8/11/2023			\$		50.00
PAYMENT METHOD:  ☐ Cash ☐ Credit ☐ Check ✓ Other	TOTAL	RECEIVED	\$		50.00
SIGNATURE AGEN	CY OF FILING PRINTED NA	ME AND TITLE			
X Hele	n Bayly, Administra	ative Aide			

Received CLERK OF THE BOARD

DEC 1 4 7021

027-21 NOD

## **Notice of Determination**

BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ

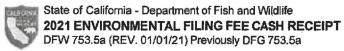
Appendix D

To:	From:
Office of Planning and Research	Public Agency: City of Santa Cruz, Water Dept.
U.S. Mail: Street Address:	Address: 212 Locust Street
P.O. Box 3044 1400 Tenth St., Rm 113	Santa Cruz, California 95060
Sacramento, CA 95812-3044 Sacramento, CA 95814	Contact: Sarah Easley Perez
	Phone: 831-420-5327
County Clerk County of: Santa Cruz Address: 701 Ocean Street	Lead Agency (if different from above):
Santa Cruz, California 95060	Address:
	Contact:
	Phone:
SUBJECT: Filing of Notice of Determination in complice Resources Code.	
State Clearinghouse Number (if submitted to State Clearing	ghouse): 2018 10203GTICE HAS BEEN POSTED AT THE CLERK
Project Title: Santa Cruz water Rights Project	OF THE BOARD OF SUPERVISORS OFFICE FOR A
Project Applicant: n/a	PERIOD COMMENCING 121141 2021
Project Location (include county): Santa Cruz County. See	e attached Map
Project Description:	AND ENDING 01/13/2022
stream flows for local anadromous fisheries. The primaryo (1) water rights modifications, (2) water supply augmentat diversion improvements.	
This is to advise that the City of Santa Cruz  ( Lead Agency or Re	sponsible Agency) has approved the above
described project on 12/14/2021 and has made the (date)	e following determinations regarding the above
described project.	
1. The project [ will will not] have a significant effect	on the environment
2. An Environmental Impact Report was prepared for the	
☐ A Negative Declaration was prepared for this project	
3. Mitigation measures [ were were not] made a con	
4. A mitigation reporting or monitoring plan [ was was was	• • •
5. A statement of Overriding Considerations [ was	
6. Findings [ were were not] made pursuant to the property were most of the property were most o	rovisions of CEQA.
This is to certify that the final EIR with comments and responded to the General Public at:  City of Santa Cruz, Water Dept. Engineering 212 Locust	
Signature (Public Agency): Nucli & Luckenbock	Title: Interim Water Director
Date: 12 /14 /3021 Date Receiv	ved for filing at OPR:



SOURCE: ESRI 2020, City of Santa Cruz 2020

FIGURE 3-1
Project Location
Santa Cruz Water Rights Project



			Print	StartOve		Save	
			RECEIPT NUMBER:  44 — 12142021 — 274  STATE CLEARINGHOUSE NUMBER (If applicable)				
		SIA	IE CLEAR	INGHOUSE IN	NABER (II	applicable)	
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY. LEAD AGENCY	LEADAGENCY EMAIL			DATE			
City of Santa Cruz, Water Dept	CEADAGENCY EMAIL		12142021				
COUNTY/STATE AGENCY OF FILING				DOCUMENT		2	
Santa Cruz				027-21	NOD		
PROJECT TITLE							
Santa Cruz Water Rights Project							
PROJECT APPLICANT NAME	PROJECT APPLICANT	EMAIL		PHONE NUMBER			
City of Santa Cruz Water Dept				(831) 42	0-5327		
PROJECT APPLICANT ADDRESS	CITY		TATE	ZIP CODE			
212 Locust Street	Santa Crua		CA	95060			
PROJECT APPLICANT (Check appropriate box)    Local Public Agency   School District	Other Special District		State /	\aenav	☐ Priv:	ate Entity	
U School District	Other Special District	i	State /	- gency	L FIIVE	ate ciuty	
CHECK APPLICABLE FEES:							
☑ Environmental Impact Report (EIR)		\$3,445	.25 \$			3,445.25	
☐ Mitigated/Negative Declaration (MND)(ND)		\$2,480.25		\$		0.00	
☐ Certified Regulatory Program (CRP) document - payment due di	rectly to CDFW	\$1,171	.25 \$			0.00	
<ul> <li>□ Exempt from fee</li> <li>□ Notice of Exemption (attach)</li> <li>□ CDFW No Effect Determination (attach)</li> <li>□ Fee previously paid (attach previously issued cash receipt copy)</li> </ul>							
☐ Water Right Application or Petition Fee (State Water Resources €	Control Board only)	\$850	.00 \$			0.00	
County documentary handling fee	30, mor 20214 0111y/	4000	\$			50.00	
Other Check#265700, 265699 12/9/2021			\$				
PAYMENT METHOD:							
☐ Cash ☐ Credit ☐ Check ☐ Other	TOTAL	RECEIV	ED \$			3,495.25	
SIGNATURE	Y OF FILING PRINTED I	NAME A	ND TITLE				
X Comiz Wate Emik	o White, Adminis	trative	Aide				