

# Notice of Exemption

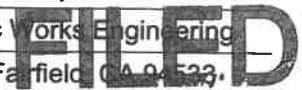
Appendix E

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

County Clerk  
County of: Solano  
\_\_\_\_\_  
\_\_\_\_\_

From: (Public Agency): Solano County  
Resource Management, Public Works Engineering  
675 Texas Street, Suite 5500 Fairfield, CA 94533

(Address)



JUL 12 2024

Bill Emlen, Clerk of the  
Board of Supervisors of  
the County of Solano,  
State of California

Project Title: Hay Road Improvement Project Phase 2

Project Applicant: Solano County Resource Management, Public Works Engineering

*Deputy*

Project Location - Specific:

Hay Road - from Burke Lane to SR 113.

Project Location - City: Unincorporated Project Location - County: Solano

Description of Nature, Purpose and Beneficiaries of Project:

The purpose of the project is to construct four-foot paved shoulders and overlay the roadway on Hay Road. Beneficiary of the project are the general public that utilize the public road.

Name of Public Agency Approving Project: Solano County

Name of Person or Agency Carrying Out Project: Solano County, Contractor to be determined through the bid process.

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: 15301 Class 1(c)
- Statutory Exemptions. State code number: \_\_\_\_\_

Reasons why project is exempt:

Repair and maintenance of existing County road facilities. Includes paving of existing vegetated shoulders to increase public safety, with no added capacity to their existing use.

Lead Agency  
Contact Person: Riley Martinson Area Code/Telephone/Extension: 707-784-3177

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: *Riley Martinson* Date: 7/12/2024 Title: Engineering Services Supervisor

Signed by Lead Agency     Signed by Applicant

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

Date Received for filing at OPR: \_\_\_\_\_

Document Posted From

7.12.24 to \_\_\_\_\_

Deputy Clerk of the Board



State of California - Department of Fish and Wildlife  
**2024 ENVIRONMENTAL DOCUMENT FILING FEE**  
**CASH RECEIPT**  
 DFW 753.5a (REV. 01/01/24) Previously DFG 753.5a

[Print](#) [StartOver](#) [Save](#)

RECEIPT NUMBER:  
 48 — 07/12/2024 — 124  
 STATE CLEARINGHOUSE NUMBER (if applicable)

**SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.**

LEAD AGENCY Solano County Resource Management Public Works Eng	LEAD AGENCY EMAIL	DATE 07/12/2024
COUNTY/STATE AGENCY OF FILING Solano	DOCUMENT NUMBER 071224-124	

PROJECT TITLE

**HAY ROAD IMPROVEMENT PROJECT PHASE 2**

PROJECT APPLICANT NAME SOLANOCOUNTY RESOURCE MANAGEMENT, PUBLIC WORKS ENG	PROJECT APPLICANT EMAIL	PHONE NUMBER (707) 784-3177
PROJECT APPLICANT ADDRESS 675 TEXAS STREET, SUITE 5500	CITY FAIRFIELD	STATE CA
		ZIP CODE 94533

**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)  | \$4,051.25 | \$ | 0.00 |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)                                   | \$2,916.75 | \$ | 0.00 |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,377.25 | \$ | 0.00 |

- 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 | \$ | 0.00 |
| <input type="checkbox"/> County documentary handling fee  |          | \$ | 0.00 |
| <input type="checkbox"/> Other  |          | \$ | 0.00 |

**PAYMENT METHOD:**

- Cash    
  Credit    
  Check    
  Other    
 TOTAL RECEIVED \$ 0.00

SIGNATURE <b>X</b> <i>Melinda Sandy</i>	AGENCY OF FILING PRINTED NAME AND TITLE MELINDA SANDY, DEPUTY
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