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tice of Determination MAY 2 / 2

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Appendix [

MOTICE OF DETER	IIIIIIIaliUi			Appendix D		
To:		BOARD OF SUPERVISO COUNTY OF SANTA CR	ors er From :			
Office of Planning a	and Research	COUNTY OF SANTA OF	Public	Agency: Pajaro Valley USD		
U.S. Mail:	s	Street Address:		Address: 11 Spring Valley Road		
P.O. Box 3044	14	400 Tenth St., Rm 113		elva Beach, CA 95076		
Sacramento, CA 95	812-3044 S	4 Sacramento, CA 95814		Contact: Herlindo Fernandez Phone: 831-750-7192		
County Clerk County of: Santa Cruz Address: 701 Ocean St, Santa Cruz, CA 95060			Lead Agency (if different from above):			
Audress	633		Address:			
Name & a Street of the State of						
			Phone	ot:		
Resources Code.				ith Section 21108 or 21152 of the Public	;	
State Clearinghouse N	•		_			
Project Title: Renaiss	ance High So	chool Water System Im	nprovem	ents Project		
Project Applicant: Pa	aro Valley Ur	nified School District				
Project Location (inclu	de county): <u>L</u>	a Selva Beach in uninc	corporat	ed Santa Cruz County		
Project Description:						
lines, and a booster p	ump station. ne Pajaro V		also incl	ct includes a water main, distribution udes demolition of the existing well. has approved the above		
					1. (
described project on _		and has made th	e follow	ing determinations regarding the above ~	3 6	
described project.	(date)			를 ∷ :	8	
described project.				出 豊 ア	7	
1. The project [will	will not] h	ave a significant effect	t on the	environment.	1 6	
2. An Environment	al Impact Rep	oort was prepared for t	his proje	ect pursuant to the provisions of QEQA. V	2 4	
A Negative Decl	aration was p	repared for this projec	t pursua	int to the provisions of CEQA.	1	
3. Mitigation measures	s [were 🗌	were not] made a co	ndition o	of the approval of the project. \square		
4. A mitigation reportir	ng or monitori	ing plan [🔳 was 🗌 w	as not] a	adopted for this project. $\ddot{\mathbb{H}} \overset{\mathrm{d}}{\mathbb{H}}$,	J	
5. A statement of Ove	rriding Consid	derations [was 🔳 v	was not]	adopted for this project.	<u> </u>	
6. Findings [were	were not	made pursuant to the r	orovisio	ns of CEQA.	ă	
or manage [nere]		, , , , , , , , , , , , , , , , , , ,		H H		
negative Declaration,	is available to	the deficial i ablic at	•	environment. ect pursuant to the provisions of CEQA. Int to	PERIOD COMMENOING	
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Signature (Public Age	ncy): /full	ulo A	Т	itle: Director of MFD		
Date: 5/14/25	,	/ Date Rece	ived for	filing at OPR:		
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