## NOTICE OF DETERMINATION

To: San Bernardino County Clerk of the Board

385 North Arrowhead Avenue San Bernardino, CA 92415

and

Office of Planning and Research

State Clearinghouse 1400 Tenth Street Sacramento, CA 95814 From: Inland Empire Utilities Agency

6075 Kimball Avenue Chino, CA 91708

Subject: Filing of Notice of Determination in compliance with Section 21108 or 21152 of the Public Resources Code.

| Addendum No. 2 to the Optimum Basin Management Program Project |                            |                  |  |  |  |  |  |
|--|----------------------------|------------------|--|--|--|--|--|
| Project Title  |                            |                  |  |  |  |  |  |
|  |                            |                  |  |  |  |  |  |
| SCH#200041047  | Ms. Sylvie Lee, P.E.       | (909) 993-1600   |  |  |  |  |  |
| State Clearinghouse Number                                     | Lead Agency Contact Person | Telephone Number |  |  |  |  |  |

**Project Location** 

The Chino Groundwater Basin (Chino Basin) is one of the largest groundwater basins in Southern California and has an estimated unused storage capacity of over 1,000,000 acre-feet. The Chino Basin covers approximately 235 square miles within the Upper Santa Ana River Watershed and underlies portions of San Bernardino, Riverside, and Los Angeles counties. Figure 1 shows the location of the Chino Basin within the Upper Santa Ana River Watershed. The Chino Basin is mapped within the United States Geological Survey (USGS) – Corona North, Cucamonga Peak, Devore, Fontana, Guasti, Mount Baldy, Ontario, Prado Dam, Riverside West and San Dimas Quadrangles, 7.5 Minute Series topographic maps. The center of the Basin is located near the intersection of Haven Avenue and Mission Boulevard in the City of Ontario at Longitude 34.038040N, and Latitude 117.575954W.

## **Project Description**

Watermaster proposes a change in the Safe Storage Capacity to 700,000 AF through June 30, 2030, and to 620,000 AF from July 1, 2030 through June 30, 2035. After June 30, 2035, Safe Storage Capacity will revert to 500,000 AF unless the OBMP is amended again pursuant to a subsequent CEQA analysis.

No new physical improvements are required to implement the proposed increase in Safe Storage Capacity beyond those envisioned and previously analyzed in the PEIR. As such, no other changes to the approved OBMP are envisioned at this time.

| This is to advise t | hat the <u>Inland Empire Utilities Agency</u> has approved the above described project on |
|---------------------|---|
|                     | ■ Lead Agency ☐ Responsible Agency  |
| 03/17/2021          | and has made the following determination regarding the above described project:           |
| (Date)              |   |

COUNTY OF SAN BERNARDING CALIFORNIA

BOARO OF SUPERVISORS

Posted On: 03 | 2 2 | 2021

Removed On: 05 | 04 | 2021

Receipt No: 36 - 0322 2021 - 149

## Notice of Determination, page 2 of 2

| Sig   | nature 🔾   | Title  | Date                |  |  |  |  |
|---|--|--|---------------------|--|--|--|--|
|   | Auf  | Manager of Strategic Planning & Resources        | 03/17/2021          |  |  |  |  |
| , <u>lı</u>   | nland Empire Utilities Agen  | cy located at 6075 Kimball Avenue, Chino, CA 9   | 1708                |  |  |  |  |
| This is to certify that the Environmental Impact Report and record of project approval is available to the general public at: |  |  |                     |  |  |  |  |
| 6.  | . Findings [□ were ■ were not] made pursuant to the provisions of CEQA.                |  |                     |  |  |  |  |
| 5.  | i. A Statement of Overriding Considerations [□was ■ was not] adopted for this project. |  |                     |  |  |  |  |
| 4.  |  |  |                     |  |  |  |  |
| 3.  | Mitigation measures [□ w   | vere ■ were not] made a condition of the approva | al of this project. |  |  |  |  |
|   |  | npact Report (#200041047) was prepared for this  |                     |  |  |  |  |
| 2.  | ■ Addendum No. 2 to the previously adopted Optimum Basin Management Program Project,   |  |                     |  |  |  |  |
| 1.  | The project [□will ■ will not] have a significant effect on the environment.           |  |                     |  |  |  |  |

|  |                         | Prin       | nt                                       | StartOver | s      | ave        |  |  |
|--|-------------------------|------------|--|-----------|--------|------------|--|--|
| 36 –   |                         |            | RECEIPT NUMBER:                          |           |        |            |  |  |
|  |                         |            | 36 — 03222021 — 149                      |           |        |            |  |  |
|  |                         |            | ATE CLEARINGHOUSE NUMBER (If applicable) |           |        |            |  |  |
|  |                         |            |  | 041047    | •      | ,,         |  |  |
| EE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.  EAD AGENCY | LEADAGENCY EMAIL        |            |  | DATE      |        |            |  |  |
| Inland Empire Utilities Agency                                 | LEAD/OLIVOT ZIVIVIE     |            |  | 032220    | 21     |            |  |  |
| COUNTY/STATE AGENCY OF FILING                                  |                         |            |  | DOCUMENT  | NUMBER |            |  |  |
| San Bernardino   |                         |            |  |           |        |            |  |  |
| PROJECT TITLE  |                         |            |  |           |        |            |  |  |
| Addendum No.2 to the Optimum Basin Mana                        | gement Program P        | roject     |  |           |        |            |  |  |
| Addendum No.2 to the Optimum Dasin Mana                        | gement rogram           | Ojcot      |  |           |        |            |  |  |
| PROJECT APPLICANT NAME   | PROJECT APPLICANT       | EMAIL      |  | PHONE NUM | MBER   |            |  |  |
| nland Empire Utilities Agency                                  |                         |            |  | (909) 99; | 3-1600 |            |  |  |
| PROJECT APPLICANT ADDRESS                                      | CITY                    | STAT       | E  | ZIP CODE  |        |            |  |  |
| 6075 Kimball Avenue  | Chino                   | CA         |  | 91708     |        |            |  |  |
| PROJECT APPLICANT (Check appropriate box)                      |                         |            |  |           |        |            |  |  |
| ✓ Local Public Agency School District                          | Other Special District  |            | State Ag                                 | jency     | Priva  | ate Entity |  |  |
|  |                         |            |  |           |        |            |  |  |
| CHECK APPLICABLE FEES:   |                         |            |  |           |        | 0.00       |  |  |
| Environmental Impact Report (EIR)                              |                         | \$3,445.25 |  |           |        | 0.00       |  |  |
| ☐ Mitigated/Negative Declaration (MND)(ND)                     | a dina attu ta CDEM     | \$2,480.25 |  |           |        | 0.00       |  |  |
| ☐ Certified Regulatory Program (CRP) document - payment du     | e directly to CDFVV     | \$1,171.25 | <b>Ф</b> _                               |           |        | 0.00       |  |  |
| ☐ Exempt from fee  |                         |            |  |           |        |            |  |  |
| ☐ Notice of Exemption (attach)                                 |                         |            |  |           |        |            |  |  |
| CDFW No Effect Determination (attach)                          |                         |            |  |           |        |            |  |  |
|  | рру)                    |            |  |           |        |            |  |  |
|  |                         |            |  |           |        | 0.00       |  |  |
| ☐ Water Right Application or Petition Fee (State Water Resour  | ces Control Board only) | \$850.00   | \$                                       |           |        |            |  |  |
|  |                         |            | \$                                       | -         |        | 50.00      |  |  |
| Other PAYMENT METHOD: #2390                                    |                         |            | \$                                       |           |        |            |  |  |
| _  | TOTAL                   | DEGEN/ED   | •  |           |        | 50.00      |  |  |
| ☐ Cash ☐ Credit   ☑ Check ☐ Other                              | TOTAL                   | RECEIVED   | \$                                       |           |        |            |  |  |
| SIGNATURE  | ENCY OF FILING PRINTED  | NAME AND   | TITLE                                    |           |        |            |  |  |
| X Alux P. Brant-Contraco                                       | alama I suDurant Oranto | D          | musta e 4                                | Clork     |        |            |  |  |
| Y LIULAN T. ISAM. III I KN INDOVA                              | ebra LuBrant-Contro     | eras. Dei  | outv (                                   | ⊳ierκ −   |        |            |  |  |