

# Notice of Completion & Environmental Document Transmittal

Mail to: State Clearinghouse, P. O. Box 3044, Sacramento, CA 95812-3044 (916) 445-0613  
For Hand Delivery/Street Address: 1400 Tenth Street, Sacramento, CA 95814

SCH # _____
-------------

**Project Title:** \_\_\_\_\_

Lead Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Project Location:** County: \_\_\_\_\_ City/Nearest Community: \_\_\_\_\_

Cross Streets: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Lat. / Long.: \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" N/ \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" W Total Acres: \_\_\_\_\_

Assessor's Parcel No.: \_\_\_\_\_ Section: \_\_\_\_\_ Twp.: \_\_\_\_\_ Range: \_\_\_\_\_ Base: \_\_\_\_\_

Within 2 Miles: State Hwy #: \_\_\_\_\_ Waterways: \_\_\_\_\_

Airports: \_\_\_\_\_ Railways: \_\_\_\_\_ Schools: \_\_\_\_\_

## Document Type:

CEQA:	<input type="checkbox"/> NOP	<input type="checkbox"/> Draft EIR	NEPA:	<input type="checkbox"/> NOI	Other:	<input type="checkbox"/> Joint Document
	<input type="checkbox"/> Early Cons	<input type="checkbox"/> Supplement/Subsequent EIR		<input type="checkbox"/> EA		<input type="checkbox"/> Final Document
	<input type="checkbox"/> Neg Dec	(Prior SCH No.) _____		<input type="checkbox"/> Draft EIS		<input type="checkbox"/> Other _____
	<input type="checkbox"/> Mit Neg Dec	Other _____		<input type="checkbox"/> FONSI		

## Local Action Type:

<input type="checkbox"/> General Plan Update	<input type="checkbox"/> Specific Plan	<input type="checkbox"/> Rezone	<input type="checkbox"/> Annexation
<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Master Plan	<input type="checkbox"/> Prezone	<input type="checkbox"/> Redevelopment
<input type="checkbox"/> General Plan Element	<input type="checkbox"/> Planned Unit Development	<input type="checkbox"/> Use Permit	<input type="checkbox"/> Coastal Permit
<input type="checkbox"/> Community Plan	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Land Division (Subdivision, etc.)	<input type="checkbox"/> Other _____

## Development Type:

<input type="checkbox"/> Residential: Units _____ Acres _____	<input type="checkbox"/> Water Facilities: Type _____ MGD _____
<input type="checkbox"/> Office: Sq.ft. _____ Acres _____ Employees _____	<input type="checkbox"/> Transportation: Type _____
<input type="checkbox"/> Commercial: Sq.ft. _____ Acres _____ Employees _____	<input type="checkbox"/> Mining: Mineral _____
<input type="checkbox"/> Industrial: Sq.ft. _____ Acres _____ Employees _____	<input type="checkbox"/> Power: Type _____ MW _____
<input type="checkbox"/> Educational _____	<input type="checkbox"/> Waste Treatment: Type _____ MGD _____
<input type="checkbox"/> Recreational _____	<input type="checkbox"/> Hazardous Waste: Type _____
	<input type="checkbox"/> Other: _____

## Project Issues Discussed in Document:

<input type="checkbox"/> Aesthetic/Visual	<input type="checkbox"/> Fiscal	<input type="checkbox"/> Recreation/Parks	<input type="checkbox"/> Vegetation
<input type="checkbox"/> Agricultural Land	<input type="checkbox"/> Flood Plain/Flooding	<input type="checkbox"/> Schools/Universities	<input type="checkbox"/> Water Quality
<input type="checkbox"/> Air Quality	<input type="checkbox"/> Forest Land/Fire Hazard	<input type="checkbox"/> Septic Systems	<input type="checkbox"/> Water Supply/Groundwater
<input type="checkbox"/> Archeological/Historical	<input type="checkbox"/> Geologic/Seismic	<input type="checkbox"/> Sewer Capacity	<input type="checkbox"/> Wetland/Riparian
<input type="checkbox"/> Biological Resources	<input type="checkbox"/> Minerals	<input type="checkbox"/> Soil Erosion/Compaction/Grading	<input type="checkbox"/> Wildlife
<input type="checkbox"/> Coastal Zone	<input type="checkbox"/> Noise	<input type="checkbox"/> Solid Waste	<input type="checkbox"/> Growth Inducing
<input type="checkbox"/> Drainage/Absorption	<input type="checkbox"/> Population/Housing Balance	<input type="checkbox"/> Toxic/Hazardous	<input type="checkbox"/> Land Use
<input type="checkbox"/> Economic/Jobs	<input type="checkbox"/> Public Services/Facilities	<input type="checkbox"/> Traffic/Circulation	<input type="checkbox"/> Cumulative Effects
<input type="checkbox"/> Other _____			

## Present Land Use/Zoning/General Plan Designation:

**Project Description:** (please use a separate page if necessary)

## Reviewing Agencies Checklist

Lead Agencies may recommend State Clearinghouse distribution by marking agencies below with an "X".  
If you have already sent your document to the agency please denote that with an "S".

_____ Air Resources Board	_____ Office of Historic Preservation
_____ Boating & Waterways, Department of	_____ Office of Public School Construction
_____ California Highway Patrol	_____ Parks & Recreation
_____ Caltrans District # _____	_____ Pesticide Regulation, Department of
_____ Caltrans Division of Aeronautics	_____ Public Utilities Commission
_____ Caltrans Planning (Headquarters)	_____ Reclamation Board
_____ Coachella Valley Mountains Conservancy	_____ Regional WQCB # _____
_____ Coastal Commission	_____ Resources Agency
_____ Colorado River Board	_____ S.F. Bay Conservation & Development Commission
_____ Conservation, Department of	_____ San Gabriel & Lower L.A. Rivers and Mtns Conservancy
_____ Corrections, Department of	_____ San Joaquin River Conservancy
_____ Delta Protection Commission	_____ Santa Monica Mountains Conservancy
_____ Education, Department of	_____ State Lands Commission
_____ Energy Commission	_____ SWRCB: Clean Water Grants
_____ Fish & Game Region # _____	_____ SWRCB: Water Quality
_____ Food & Agriculture, Department of	_____ SWRCB: Water Rights
_____ Forestry & Fire Protection	_____ Tahoe Regional Planning Agency
_____ General Services, Department of	_____ Toxic Substances Control, Department of
_____ Health Services, Department of	_____ Water Resources, Department of
_____ Housing & Community Development	
_____ Integrated Waste Management Board	_____ Other _____
_____ Native American Heritage Commission	_____ Other _____
_____ Office of Emergency Services	

---

### Local Public Review Period (to be filled in by lead agency)

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

---

### Lead Agency (Complete if applicable):

Consulting Firm: \_\_\_\_\_ Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_

---

Signature of Lead Agency Representative: Elise K Carroll Date: 2-10-2022

Authority cited: Section 21083, Public Resources Code. Reference: Section 21161, Public Resources Code.