

# 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           |  |

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

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

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### Lead Agency (Complete if applicable):

|                        |                       |
|------------------------|-----------------------|
| Consulting Firm: _____ | Applicant: _____      |
| Address: _____         | Address: _____        |
| City/State/Zip: _____  | City/State/Zip: _____ |
| Contact: _____         | Phone: _____          |
| Phone: _____           |                       |

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Signature of Lead Agency Representative: Elise K Carroll Date: \_\_\_\_\_

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