

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: Rehabilitation of Storm Drain Outfall at Remington Court Project (UY-17-01)
 Lead Agency: City of Sunnyvale, Public Works Department Contact Person: Richard Chen, PE
 Mailing Address: 456 W. Olive Avenue Phone: (408) 730-7414
 City: Sunnyvale Zip: 94086 County: Santa Clara

Project Location: County: Santa Clara City/Nearest Community: Sunnyvale
 Cross Streets: Remington Court; Stevens Creek and State Highway (CA)-85 Zip Code: 94087
 Longitude/Latitude (degrees, minutes and seconds): 122° 3 ' 43 " N / 37 ° 21 ' 34 " W Total Acres: _____
 Assessor's Parcel No.: _____ Section: 3 Twp.: 7S Range: W2 Base: _____
 Within 2 Miles: State Hwy #: CA-85, I-280 Waterways: Stevens Creek
 Airports: Norman Y. Mineta San Railways: Caltrain Schools: Sunnyvale Middle S

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 checked="" 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 checked="" type="checkbox"/> Other: <u>adoption of IS</u> |

Development Type:

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

Project Issues Discussed in Document:

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

Present Land Use/Zoning/General Plan Designation:

Existing storm drainage facilities / R2 - Low Medium Designation / RLM (Low Medium Density Resic

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

The proposed project consists of the repair and replacement of existing storm drainage facilities. It will consist of the construction of a temporary access ramp, removal of concrete from the outfall channel, channel grading, repair of the pipe using a cure-in-place-pipe (CIPP) liner, placement of rock and erosion control fabric to stabilize the outfall channel, and revegetation and restoration of disturbed areas, installation of live willow stakes.

Note: The State Clearinghouse will assign identification numbers for all new projects. If a SCH number already exists for a project (e.g. Notice of Preparation or previous draft document) please fill in.

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".

<input type="checkbox"/> Air Resources Board	<input type="checkbox"/> Office of Historic Preservation
<input type="checkbox"/> Boating & Waterways, Department of	<input type="checkbox"/> Office of Public School Construction
<input type="checkbox"/> California Emergency Management Agency	<input type="checkbox"/> Parks & Recreation, Department of
<input type="checkbox"/> California Highway Patrol	<input type="checkbox"/> Pesticide Regulation, Department of
<input type="checkbox"/> Caltrans District # _____	<input type="checkbox"/> Public Utilities Commission
<input type="checkbox"/> Caltrans Division of Aeronautics	<input checked="" type="checkbox"/> Regional WQCB # <u>2</u>
<input type="checkbox"/> Caltrans Planning	<input type="checkbox"/> Resources Agency
<input type="checkbox"/> Central Valley Flood Protection Board	<input type="checkbox"/> Resources Recycling and Recovery, Department of
<input type="checkbox"/> Coachella Valley Mtns. Conservancy	<input type="checkbox"/> S.F. Bay Conservation & Development Comm.
<input type="checkbox"/> Coastal Commission	<input type="checkbox"/> San Gabriel & Lower L.A. Rivers & Mtns. Conservancy
<input type="checkbox"/> Colorado River Board	<input type="checkbox"/> San Joaquin River Conservancy
<input type="checkbox"/> Conservation, Department of	<input type="checkbox"/> Santa Monica Mtns. Conservancy
<input type="checkbox"/> Corrections, Department of	<input type="checkbox"/> State Lands Commission
<input type="checkbox"/> Delta Protection Commission	<input type="checkbox"/> SWRCB: Clean Water Grants
<input type="checkbox"/> Education, Department of	<input type="checkbox"/> SWRCB: Water Quality
<input type="checkbox"/> Energy Commission	<input type="checkbox"/> SWRCB: Water Rights
<input checked="" type="checkbox"/> Fish & Game Region # <u>3</u>	<input type="checkbox"/> Tahoe Regional Planning Agency
<input type="checkbox"/> Food & Agriculture, Department of	<input type="checkbox"/> Toxic Substances Control, Department of
<input type="checkbox"/> Forestry and Fire Protection, Department of	<input type="checkbox"/> Water Resources, Department of
<input type="checkbox"/> General Services, Department of	
<input type="checkbox"/> Health Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing & Community Development	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Native American Heritage Commission	

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

Starting Date October 23, 2020 Ending Date November 23, 2020

Lead Agency (Complete if applicable):

Consulting Firm: <u>MIG, Inc.</u>	Applicant: <u>Same as Lead Agency</u>
Address: <u>2055 Junction Ave., Suite 205</u>	Address: _____
City/State/Zip: <u>San Jose, CA 95131</u>	City/State/Zip: _____
Contact: <u>Barbara Beard</u>	Phone: _____
Phone: <u>(650) 327-0429 x558</u>	

Signature of Lead Agency Representative:  Date: 10/15/2020

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