

### 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

|              |
|--------------|
| <b>SCH #</b> |
|--------------|

**Project Title:** Dominican Hospital

Lead Agency: County of Santa Cruz Contact Person: Nathan MacBeth  
 Mailing Address: 701 Ocean Street, 4th floor Phone: (831) 454-3118  
 City: Santa Cruz Zip: 95060 County: Santa Cruz

**Project Location:** County: Santa Cruz City/Nearest Community: Live Oak  
 Cross Streets: Soquel Drive Zip Code: 95065

Longitude/Latitude (degrees, minutes and seconds): 36 ° 58 ' 40.08 " N / -122 ° 1 ' 21.2 " W Total Acres: 18.5

Assessor's Parcel No.: 025-481-01, 025-081-02, 025-081-03 Section: 8,9 Twp.: 11S Range: 1W Base: Mnt Diablo

Within 2 Miles: State Hwy #: 1 Waterways: Arrana Gulch

Airports: N/A Railways: N/A Schools: Harbor High School

**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 checked="" type="checkbox"/> Planned Unit Development | <input checked="" 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"/> Transportation: Type _____            |
| <input type="checkbox"/> Office: Sq.ft. _____ Acres _____ Employees _____                                     | <input type="checkbox"/> Mining: Mineral _____                 |
| <input checked="" type="checkbox"/> Commercial: Sq.ft. <u>85,000</u> Acres <u>18.5</u> Employees <u>1,850</u> | <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 type="checkbox"/> Water Facilities: Type _____ MGD _____   |  |

**Project Issues Discussed in Document:**

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> Aesthetic/Visual     | <input type="checkbox"/> Fiscal                                | <input type="checkbox"/> Recreation/Parks                | <input 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 type="checkbox"/> Archeological/Historical        | <input checked="" type="checkbox"/> Geologic/Seismic           | <input checked="" type="checkbox"/> Sewer Capacity       | <input type="checkbox"/> Wetland/Riparian                    |
| <input checked="" type="checkbox"/> Biological Resources | <input type="checkbox"/> Minerals                              | <input type="checkbox"/> Soil Erosion/Compaction/Grading | <input type="checkbox"/> Growth Inducement                   |
| <input type="checkbox"/> Coastal Zone                    | <input checked="" type="checkbox"/> Noise                      | <input checked="" type="checkbox"/> Solid Waste          | <input checked="" 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 checked="" type="checkbox"/> Traffic/Circulation  | <input type="checkbox"/> Other: _____                        |

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

Hospital/ Public Facilities, Professional and Administrative Offices/Public Facilities, Professional Administrative Office

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

See attached summary form.

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 checked="" 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 checked="" type="checkbox"/> Caltrans District # 5            | <input type="checkbox"/> Public Utilities Commission                         |
| <input type="checkbox"/> Caltrans Division of Aeronautics            | <input checked="" type="checkbox"/> Regional WQCB # 3                        |
| <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 type="checkbox"/> Fish & Game Region # _____                  | <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 3/19/21 Ending Date 4/19/21

### Lead Agency (Complete if applicable):

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

Signature of Lead Agency Representative: Matt Johnston Date: 3-18-21

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