Notice of Completion & Environmental Document Transmittal

Mail to: State Clearinghouse, P. O. Box 3044, Sacramento, CA 95812-3044 (916) 445-0613 SCH# For Hand Delivery/Street Address: 1400 Tenth Street, Sacramento, CA 95814 Project Title: Contact Person: Lead Agency: _____ Phone: Mailing Address: ______ Project Location: County: City/Nearest Community: Cross Streets: Latitude/Longitude: ____° ____′ ____″ N/ ____° ____′ W Total Acres: ____ Section: Twp.: Range: Base: Assessor's Parcel No.: Within 2 Miles: State Hwy #: ____ Railways: Airports: Document Type: CEQA: ☐ NOP Draft EIR NEPA: ☐ NOI Other: Joint Document ☐ Early Cons ☐ Supplement/Subsequent EIR EA Final Document Neg Dec Other (Prior SCH No.) Draft EIS ☐ Mit Neg Dec Local Action Type: General Plan Update Specific Plan Rezone Annexation General Plan Amendment Master Plan Prezone Redevelopment Coastal Permit ☐ Planned Unit Development General Plan Element Use Permit Site Plan ☐ Community Plan ☐ Land Division (Subdivision, etc.) ☐ Other ____ Development Type: Residential: Units _____ Acres___ Water Facilities: Type ______ MGD _____ Residential: Units Acres Water Facilities: Type MGD

Office: Sq.ft. Acres Employees Transportation: Type

Commercial:Sq.ft. Acres Employees Mining: Mineral

Industrial: Sq.ft. Acres Employees Power: Type MW Type _____ MW___ Waste Treatment: Type MGD Educational Recreational Hazardous Waste: Type Other: _____ **Project Issues Discussed in Document:** Aesthetic/Visual Fiscal ☐ Recreation/Parks Vegetation ☐ Agricultural Land ☐ Flood Plain/Flooding Schools/Universities Water Quality ☐ Air Quality Forest Land/Fire Hazard Septic Systems Water Supply/Groundwater ☐ Archeological/Historical Geologic/Seismic Sewer Capacity Wetland/Riparian Biological Resources Wildlife Minerals Soil Erosion/Compaction/Grading ☐ Coastal Zone Solid Waste Growth Inducement Noise Land Use ☐ Population/Housing Balance ☐ Toxic/Hazardous ☐ Drainage/Absorption Public Services/Facilities Cumulative Effects ☐ Economic/Jobs Traffic/Circulation 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". Office of Emergency Services Air Resources Board Boating & Waterways, Department of _____ Office of Historic Preservation ____ CalFire Office of Public School Construction California Highway Patrol Parks & Recreation, Department of ____ CalRecycle Pesticide Regulation, Department of Public Utilities Commission ____ Caltrans District # ____ ____ Caltrans Division of Aeronautics Regional WQCB # Resources Agency ____ Caltrans Planning (Headquarters) Central Valley Flood Protection Board S.F. Bay Conservation & Development Commission San Gabriel & Lower L.A. Rivers and Mtns Conservancy Coachella Valley Mountains Conservancy Coastal Commission San Joaquin River Conservancy _____ Colorado River Board Santa Monica Mountains Conservancy Conservation, Department of State Lands Commission _____ Corrections, Department of _____ SWRCB: Clean Water Grants ____ Delta Protection Commission SWRCB: Water Quality Education, Department of SWRCB: Water Rights Energy Commission Tahoe Regional Planning Agency Fish & Wildlife Region # Toxic Substances Control, Department of Food & Agriculture, Department of Water Resources, Department of ____ General Services, Department of Health Services, Department of ____ Other _____ Housing & Community Development Native American Heritage Commission Other Local Public Review Period (to be filled in by lead agency)

Lead Agency (Complete if applicable):

Applicant:
Address:
City/State/Zip:
Phone:

Phone:

Signature of Lead Agency Representative:	CVIlluc-	Date:
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Authority cited: Section 21083, Public Resources Code. Reference: Section 21161, Public Resources Code.