

Explanation of the Notice of Completion Form

Form A is **required** to be submitted with 15 copies of every draft Environmental Impact Report and Negative Declaration that is reviewed through the State Clearinghouse (see CEQA Guidelines Section 15085[d]).

LEAD AGENCY

Project Title: This is the project's common name. It is best to use project specific words to facilitate database searches.

Lead Agency: This is the name of the public agency that has legal responsibility for preparation and review of the environmental document.

Contact Person: Name of contact person from the Lead Agency. This should not be the consultant's name.

Mailing Address: This is the mailing address for the contact person at the Lead Agency. State comments will be mailed to this address.

Phone: Phone number of the contact person at Lead Agency.

City: City of the Lead Agency address. This is not necessarily the city in which the project is located.

Zip: Zip code of the Lead Agency. Please indicate the new nine-digit zip code if applicable.

County: County of the Lead Agency address. This is not necessarily the county in which the project is located.

PROJECT LOCATION

County: County in which the project is located. Most state agencies assign projects for review according to the county of the project. The State Clearinghouse is not always able to determine the location of the project based on the address of the Lead Agency. An example of this problem is Los Angeles Department of Airports projects located at Ontario International Airport.

City/Nearest Community: City or town in which the project is located, or the community nearest the location of the project.

Total acres: The total area encompassed by the project site gives some indication of the scope of the project and its regional significance.

Cross Streets: Indicate the nearest major cross street or streets.

Assessor's Parcel Number: For locational purposes.

Section, Township, Range and Base: Please indicate base meridian. If you are not able to provide Assessor's Parcel Number, please indicate Section, Township, and Range.

Highways, Airports, Railroads, Schools, and Waterways (including streams or lakes): These identifiers are of consequence to many projects. By restricting the information to those features within a two-mile radius of the project site, unnecessary data collection can be avoided. Please indicate the name(s) of the waterways, airports, railroads, schools, and the route number(s) of the state highways.

DOCUMENT TYPE

This identifies the nature of the environmental document. Mark appropriate blanks with an "X."

LOCAL ACTION TYPE

This helps reviewers understand the type of local approvals that will be required for the project and the nature of the project and its environmental documentation. Mark appropriate blanks with "X."

DEVELOPMENT TYPE

This data category helps identify the scope of the project for distribution purposes. Additionally, the information serves to identify projects of a similar character to assist in the reuse of environmental documents. For some of the development types, the form asks for the number of acres, square footage, and number of permanent employees. Fill in the blanks.

PROJECT ISSUES DISCUSSED IN DOCUMENT

These are the topics on which the environmental document focuses attention. These are not necessarily the adverse impacts of the project, but the issues which are discussed in some depth. Check appropriate blanks.

PRESENT LAND USE AND ZONING

This enables the agencies to understand the extent of the changes proposed and again helps to identify projects with similar environmental issues for later reuse of information.

PROJECT DESCRIPTION

This response should provide a brief (1-2 paragraph) description of the proposed project, yet thorough enough for the reviewing agencies to understand the total project concept. The data categories can provide guidance and structure to the explanation given.

REVIEWING AGENCIES CHECKLIST

The second page of the form lists the agencies and departments to whom SCH may distribute a draft document. The Lead Agency can indicate for SCH's information any Responsible, Trustee, or concerned agencies they would like to review the document, or who have previously been involved in the project's review. Any agencies that received the document directly from the Lead Agency also should be marked accordingly.

LOCAL PUBLIC REVIEW PERIOD

This section is to be filled in when the Notice of Completion form is being filed and not being submitted with environmental documents.

CONSULTING FIRM

This information is to be filled in only if applicable.

APPLICANT

This identifies whether the applicant/project proponent is a private developer or the Lead Agency.

Notice of Completion & Environmental Document Transmittal

SCH # _____

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

Project Title: _____

Lead Agency: _____ Contact Person: _____

Mailing Address: _____ Phone: _____

City: _____ Zip: _____ County: _____

Project Location:

County: _____ City/Nearest Community: _____ Total Acres: _____

Cross Streets: _____ Zip Code: _____

Assessor's Parcel No. _____ Section: _____ Twp. _____ Range: _____ Base: _____

Within 2 Miles: State Hwy #: _____ Waterways: _____

Airports: _____ Railways: _____ Schools: _____

Document Type:

- CEQA: [] NOP [] Draft EIR NEPA: [] NOI Other: [] Joint Document
[] Early Cons [] Supplement to EIR (Note prior SCH # below) [] EA [] Final Document
[] Neg Dec [] Subsequent EIR (Note prior SCH # below) [] Draft EIS [] Other _____
[] Mit Neg Dec [] Other _____ [] FONSI

Local Action Type:

- [] General Plan Update [] Specific Plan [] Rezone [] Annexation
[] General Plan Amendment [] Master Plan [] Prezone [] Redevelopment
[] General Plan Element [] Planned Unit Development [] Use Permit [] Coastal Permit
[] Community Plan [] Site Plan [] Land Division (Subdivision, etc.) [] Other _____

Development Type:

- [] 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 _____
[] Educational _____ [] Waste Treatment: Type _____ MGD _____
[] 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 [] Minerals [] Soil Erosion/Compaction/Grading [] Growth Inducement
[] Coastal Zone [] Noise [] Solid Waste [] Land Use
[] Drainage/Absorption [] Population/Housing Balance [] Toxic/Hazardous [] Cumulative Effects
[] Economic/Jobs [] Public Services/Facilities [] Traffic/Circulation [] Other _____

Present Land Use/Zoning/General Plan Designation:

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

Reviewing Agencies Checklist

continued

Lead Agencies may recommend State Clearinghouse distribution by marking agencies below with and "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 type="checkbox"/> Regional WQCB # _____ |
| <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 Commission |
| <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 & Fire Protection, Department of | <input type="checkbox"/> Water Resources, Department of |
| <input type="checkbox"/> General Services, Department of | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health Services, Department of | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Housing & Community Development | |
| <input type="checkbox"/> Native American Heritage Commission | |

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

Starting Date _____ Ending Date _____

Lead Agency (Complete if applicable):

Consulting Firm: _____
Address: _____
City/State/Zip: _____
Contact: _____
Phone: (____) _____

Applicant: _____
Address: _____
City/State/Zip: _____
Phone: (____) _____

Signature of Lead Agency Representative _____ Date _____