

## 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>
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**Project Title:** \_\_\_\_\_  
 Lead Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Project Location:** County: \_\_\_\_\_ City/Nearest Community: \_\_\_\_\_  
 Cross Streets: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Longitude/Latitude (degrees, minutes and seconds): \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" 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"/> 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 type="checkbox"/> Water Facilities: Type _____ MGD _____	

**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"/> Growth Inducement
<input type="checkbox"/> Coastal Zone	<input type="checkbox"/> Noise	<input type="checkbox"/> Solid Waste	<input type="checkbox"/> Land Use
<input 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 type="checkbox"/> Public Services/Facilities	<input type="checkbox"/> Traffic/Circulation	<input type="checkbox"/> Other: _____

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

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

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**

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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  
 Boating & Waterways, Department of  
 California Emergency Management Agency  
 California Highway Patrol  
 Caltrans District # \_\_\_\_\_  
 Caltrans Division of Aeronautics  
 Caltrans Planning  
 Central Valley Flood Protection Board  
 Coachella Valley Mtns. Conservancy  
 Coastal Commission  
 Colorado River Board  
 Conservation, Department of  
 Corrections, Department of  
 Delta Protection Commission  
 Education, Department of  
 Energy Commission  
 Fish & Game Region # \_\_\_\_\_  
 Food & Agriculture, Department of  
 Forestry and Fire Protection, Department of  
 General Services, Department of  
 Health Services, Department of  
 Housing & Community Development  
 Native American Heritage Commission

Office of Historic Preservation  
 Office of Public School Construction  
 Parks & Recreation, Department of  
 Pesticide Regulation, Department of  
 Public Utilities Commission  
 Regional WQCB # \_\_\_\_\_  
 Resources Agency  
 Resources Recycling and Recovery, Department of  
 S.F. Bay Conservation & Development Comm.  
 San Gabriel & Lower L.A. Rivers & Mtns. Conservancy  
 San Joaquin River Conservancy  
 Santa Monica Mtns. Conservancy  
 State Lands Commission  
 SWRCB: Clean Water Grants  
 SWRCB: Water Quality  
 SWRCB: Water Rights  
 Tahoe Regional Planning Agency  
 Toxic Substances Control, Department of  
 Water Resources, Department of  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

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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:** \_\_\_\_\_ *Ron Bess* \_\_\_\_\_ **Date:** \_\_\_\_\_

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