

Summary Form for Electronic Document Submittal

Form F

Lead agencies may include 15 hardcopies of this document when submitting electronic copies of Environmental Impact Reports, Negative Declarations, Mitigated Negative Declarations, or Notices of Preparation to the State Clearinghouse (SCH). The SCH also accepts other summaries, such as EIR Executive Summaries prepared pursuant to CEQA Guidelines Section 15123. Please include one copy of the Notice of Completion Form (NOC) with your submission and attach the summary to each electronic copy of the document.

SCH #: _____

Project Title: Use Permit Application No. PLN2023-0039 - MD Digester

Lead Agency: Stanislaus County

Contact Name: Emily DeAnda, Assistant Planner

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Phone Number: (209) 525-6330

Project Location: 4900 Dodds Road, Valley Home Community, Stanislaus County

City

County

Project Description (Proposed actions, location, and/or consequences).

Request to operate a methane digester on a 482.4± acre parcel located in the General Agriculture (A-2-40) zoning district. The methane digester will process dairy waste produced from the on-site dairy and from an off-site dairy located just west of the project site (APN: 002-003-024), which will be piped in a slurry form via underground pipeline located across private property.

For additional details, please see the Project Description in the Early Consultation packet.

Identify the project's significant or potentially significant effects and briefly describe any proposed mitigation measures that would reduce or avoid that effect.

This is the first circulation of the project. No significant effects are known at this time.

If applicable, describe any of the project's areas of controversy known to the Lead Agency, including issues raised by agencies and the public.

This is the first circulation of the project; no areas of controversy have been identified with respect to the proposed project.

Provide a list of the responsible or trustee agencies for the project.

See distribution list in the Early Consultation Form.