

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

SCH #

Project Title: City of Santa Maria Well 15 Project (SP2024-0009)

Lead Agency: City of Santa Maria Contact Person: Cody Graybehl
Mailing Address: 110 South Pine Street Phone: (805) 925-0951 x 2552
City: Santa Maria Zip: 93458 County: Santa Barbara

Project Location: County: Santa Barbara City/Nearest Community: Santa Maria
Cross Streets: Southwest of the end of Santa Maria Runway (E St and 11th St) Zip Code: 93455
Longitude/Latitude (degrees, minutes and seconds): 34 ° 53 ' 44.1 " N / 120 ° 28 ' 22.3 " W Total Acres: 0.35
Assessor's Parcel No.: 111-231-017 Section: 00 Twp.: 11 Range: 34 Base: San Berna
Within 2 Miles: State Hwy #: 135 Waterways: None
Airports: Santa Maria Public Airport Railways: Santa Maria Valley Rail Schools: Lakeview Junior Highsch

Document Type:

CEQA: [] NOP [] Draft EIR NEPA: [] NOI Other: [] Joint Document
[] Early Cons [] Supplement/Subsequent EIR [] EA [] Final Document
[] Neg Dec (Prior SCH No.) [] Draft EIS [] Other:
[X] Mit Neg Dec Other:

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 [X] Site Plan [] Land Division (Subdivision, etc.) [X] Other: Water Well

Development Type:

[] Residential: Units _____ Acres _____
[] Office: Sq.ft. _____ Acres _____ Employees _____
[] Commercial: Sq.ft. _____ Acres _____ Employees _____
[] Industrial: Sq.ft. _____ Acres _____ Employees _____
[] Educational: _____
[] Recreational: _____
[X] Water Facilities: Type Potable Well MGD 2,200 GPM
[] Transportation: Type _____
[] Mining: Mineral _____
[] Power: Type _____ MW _____
[] Waste Treatment: Type _____ MGD _____
[] Hazardous Waste: Type _____
[] Other: _____

Project Issues Discussed in Document:

[X] Aesthetic/Visual [] Fiscal [] Recreation/Parks [] Vegetation
[] Agricultural Land [] Flood Plain/Flooding [] Schools/Universities [] Water Quality
[X] Air Quality [] Forest Land/Fire Hazard [] Septic Systems [] Water Supply/Groundwater
[] Archeological/Historical [X] Geologic/Seismic [] Sewer Capacity [] Wetland/Riparian
[X] 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: Cultural Resources

Present Land Use/Zoning/General Plan Designation:

AG Row Crops/Open Space/Airport-Airport Service

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

The City of Santa Maria Utilities Department is proposing to develop a new potable water well, designated Well Number 15 (herein referred to as Well No. 15 or Well 15). The new Well No. 15 would be added to an existing municipal water supply network of six active wells and is designed to provide approximately 2,200 gallons per minute ("gpm") of potable water. The proposed new well site would occupy approximately 0.35-acre (123 feet by 123 feet) of an active agricultural field immediately adjacent to the Santa Maria Airport airfield, northeast of the 11th Street and E Street intersection.

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 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> SWRCB: Water Quality
<input type="checkbox"/> Energy Commission	<input type="checkbox"/> SWRCB: Water Rights
<input checked="" type="checkbox"/> Fish & Game Region #5 _____	<input type="checkbox"/> Tahoe Regional Planning Agency
<input type="checkbox"/> Food & Agriculture, Department of	<input checked="" type="checkbox"/> Toxic Substances Control, Department of
<input type="checkbox"/> Forestry and Fire Protection, Department of	<input checked="" 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 6/26/2024 Ending Date 7/25/2024

Lead Agency (Complete if applicable):

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

Signature of Lead Agency Representative: Cody Graybehl Date: 6/25/2024

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