

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: Shandin Hills Mental Health Rehabilitation Center Project

Lead Agency: County of San Bernardino, Land Use Services Dept, Planning Division Contact Person: Oliver Mujica
 Mailing Address: 385 N. Arrowhead Avenue, 1st Floor Phone: _____
 City: San Bernardino Zip: 92415-0182 County: San Bernardino

Project Location: County: San Bernardino City/Nearest Community: San Bernardino/Arrowhead Farms
 Cross Streets: 4164 N 4th Street Avenue, near N 4th Street and W 45th Street Zip Code: 92407

Longitude/Latitude (degrees, minutes and seconds): 34 ° 10 ' 14 " N / 117 ° 18 ' 38.96 " W Total Acres: 5.93 ac

Assessor's Parcel No.: 0265-141-12, -15, and -24 Section: 16 Twp.: 1N Range: 4W Base: SBB&M

Within 2 Miles: State Hwy #: I-215, I-210, SR-18 Waterways: N/A
 Airports: N/A Railways: BNSF Schools: See attached

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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Other: <u>Shandin Hills Mental Health Rehabilitation Center, 135 emp</u> |
| <input type="checkbox"/> Water Facilities: Type _____ MGD _____ | |

Project Issues Discussed in Document:

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> Aesthetic/Visual | <input type="checkbox"/> Fiscal | <input checked="" type="checkbox"/> Recreation/Parks | <input checked="" type="checkbox"/> Vegetation |
| <input checked="" type="checkbox"/> Agricultural Land | <input checked="" type="checkbox"/> Flood Plain/Flooding | <input checked="" type="checkbox"/> Schools/Universities | <input checked="" type="checkbox"/> Water Quality |
| <input checked="" type="checkbox"/> Air Quality | <input type="checkbox"/> Forest Land/Fire Hazard | <input type="checkbox"/> Septic Systems | <input checked="" type="checkbox"/> Water Supply/Groundwater |
| <input checked="" type="checkbox"/> Archeological/Historical | <input checked="" type="checkbox"/> Geologic/Seismic | <input checked="" type="checkbox"/> Sewer Capacity | <input type="checkbox"/> Wetland/Riparian |
| <input checked="" type="checkbox"/> Biological Resources | <input checked="" type="checkbox"/> Minerals | <input checked="" type="checkbox"/> Soil Erosion/Compaction/Grading | <input type="checkbox"/> Growth Inducement |
| <input type="checkbox"/> Coastal Zone | <input checked="" type="checkbox"/> Noise | <input checked="" type="checkbox"/> Solid Waste | <input checked="" type="checkbox"/> Land Use |
| <input checked="" type="checkbox"/> Drainage/Absorption | <input checked="" type="checkbox"/> Population/Housing Balance | <input checked="" type="checkbox"/> Toxic/Hazardous | <input checked="" type="checkbox"/> Cumulative Effects |
| <input type="checkbox"/> Economic/Jobs | <input checked="" type="checkbox"/> Public Services/Facilities | <input checked="" type="checkbox"/> Traffic/Circulation | <input type="checkbox"/> Other: _____ |

Present Land Use/Zoning/General Plan Designation:

Multiple Residential (RM)

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

The applicant, New Gen Healthcare, requests a conditional use permit for the construction and operation of a new, approximately 71,713-square-foot, 198-bed, single-story, mental health rehabilitation building on the northwest portion of the approximately 5.93-acre (258,386 square feet [SF]) property. The new building would include patient facilities, five internal courtyard areas, an ambulance pickup area, staff resources, and an emergency backup generator. The proposed activities include demolition of an existing approximately 5,363 SF administration building and adjacent landscaping, removal of existing portable shed and storage areas (approximately 12,231 SF), and construction and installation of site fencing, parking, a perimeter and internal access road system, and landscaping. The Project proposal also include a request for a Major Variance for the reduced parking and increased fencing height.

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 and "X". If you have already sent your document to the agency please denote that with an "S".

- | | |
|---|---|
| <input checked="" 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 # 8 | <input type="checkbox"/> Public Utilities Commission |
| <input type="checkbox"/> Caltrans Division of Aeronautics | <input checked="" type="checkbox"/> Regional WQCB # 8 |
| <input type="checkbox"/> Caltrans Planning | <input type="checkbox"/> Resources Agency |
| <input type="checkbox"/> Central Valley Flood Protection Board | <input checked="" 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 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 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 and Fire Protection, Department of | <input type="checkbox"/> Water Resources, Department of |
| <input type="checkbox"/> General Services, Department of | <input checked="" type="checkbox"/> Other: <u>Division of the State Architect</u> |
| <input type="checkbox"/> Health Services, Department of | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Housing & Community Development | |
| <input checked="" type="checkbox"/> Native American Heritage Commission | |

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

Starting Date July 26, 2024 Ending Date August 26, 2024

Lead Agency (Complete if applicable):

Consulting Firm: <u>Michael Baker International</u>	Applicant: <u>New Gen Healthcare</u>
Address: <u>3760 Kilroy Airport Way</u>	Address: <u>9526 W Pico Boulevard</u>
City/State/Zip: <u>Long Beach, CA 90806</u>	City/State/Zip: <u>Los Angeles, CA 90035</u>
Contact: <u>Jennifer Wu</u>	Phone: <u>323-823-3306</u>
Phone: <u>562-753-2838</u>	

Signature of Lead Agency Representative:  Date: Oct. 15, 2024

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