

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: West Covina Medical Center Behavioral Health Building Addition

Lead Agency: City of West Covina Contact Person: Jo-Anne Burns
 Mailing Address: 1444 West Garvey Avenue South Phone: (626) 939-8422
 City: West Covina Zip: 91790 County: Los Angeles

Project Location: County: Los Angeles City/Nearest Community: West Covina
 Cross Streets: Orange Avenue & Cameron Avenue Zip Code: 91790

Longitude/Latitude (degrees, minutes and seconds): 34 ° 4 ' 16.716 " N / 117 ° 56 ' 40.92 " W Total Acres: 2.83

Assessor's Parcel No.: 8474-001-022 Section: 0 Twp.: 1S Range: 10W Base: --

Within 2 Miles: State Hwy #: I-10 Waterways: Walnut Creek Wash

Airports: n/a Railways: n/a Schools: Monte Vista ES, Walnut Grove

Intermediate, Edgewood HS

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 checked="" 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>Medical Facility (42,000 sf / 71 beds)</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 checked="" type="checkbox"/> Forest Land/Fire Hazard | <input checked="" 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 checked="" 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:

Medical Center / Urban Center (T-5) zoning district within the Downtown Plan Overlay Zone / Commercial General Plan Designation

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

The proposed project would construct a 4-story 42,000-square-foot behavioral health facility on the east side of the 2.83-acre West Covina Medical Center property (APN 8474-001-022). The proposed facility would have 71 licensed beds, a patient drop off area at the southeast side of the facility, an ambulance drop-off area at the north side near Interstate 10, and a kitchen service area that would serve the existing 46 patient beds in the existing medical facility and the 71 patient beds for the proposed facility. The proposed facility would be up to 70 feet in height. All patients would be transported to the proposed facility for treatment via emergency service vehicles from another facility. The existing 38 trees on the eastern portion of the project site, of which 25 trees are classified as significant trees per Section 26-258 of the West Covina Municipal Code, would be removed to accommodate the proposed project. The existing 55 parking spaces at the eastern portion of the project site would be removed and 4 parking spaces would remain. The carport and parking spaces to the west of the existing building would be removed with only 2 parking spaces remaining.

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 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 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 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 type="checkbox"/> Health Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing & Community Development	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Native American Heritage Commission	

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

Starting Date January 15, 2025 Ending Date February 3, 2025

Lead Agency (Complete if applicable):

Consulting Firm: <u>Terry A. Hayes Associates Inc.</u>	Applicant: <u>Nick Hermann, Building Resources</u>
Address: <u>3535 Hayden Avenue, Suite 350</u>	Address: <u>2247 Lindsay Way</u>
City/State/Zip: <u>Culver City CA, 90232</u>	City/State/Zip: <u>Glendora, CA 91740</u>
Contact: <u>Teresa Li, AICP, Senior Planner</u>	Phone: <u>(626)963-4880</u>
Phone: <u>(310) 839-4200</u>	

Signature of Lead Agency Representative: Jo-Anne Burns Digitally signed by Jo-Anne Burns
Date: 2025.01.13 15:19:08 -08'00' Date: 1/13/2024

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