

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 SHASTA LAKE 7-ELEVENLead Agency: City of Shasta LakeContact Person: Peter BirdMailing Address: 4477 Main StreetPhone: 530-275-7416City: Shasta LakeZip: 96019County: ShastaProject Location: County: ShastaCity/Nearest Community: Shasta LakeCross Streets: Cascade, Shasta DamZip Code: 96019Longitude/Latitude (degrees, minutes and seconds): 40 ° 40 ' 51.11 " N / 122 ° 20 ' 57.88 " W Total Acres: 3.07Assessor's Parcel No.: 007-390-031, 007-390-036, 007-390-038, 007-390-039Section: 29Twp.: 33Range: 4Base: MDMWithin 2 Miles: State Hwy #: 151Waterways: Moody Creek, Salt CreekAirports: NoneRailways: Union PacificSchools: Gateway Unified**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: _____
 Mit Neg Dec Other: _____ FONSI

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 Site Plan Land Division (Subdivision, etc.) Other: _____

Development Type:

Residential: Units _____ Acres _____
 Office: Sq. ft. _____ Acres _____ Employees _____
 Commercial: Sq. ft. 10,000 Acres 3.07 Employees _____
 Industrial: Sq. ft. _____ Acres _____ Employees _____
 Educational: _____
 Recreational: _____
 Water Facilities: Type _____ MGD _____
 Transportation: Type _____
 Mining: Mineral _____
 Power: Type _____ MW
 Waste Treatment: Type _____ MGD
 Hazardous Waste: Type _____
 Other: _____

Project Issues Discussed in Document:

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

Present Land Use/Zoning/General Plan Designation:

Vacant Commercial, Commercial, Commercial

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

VAI (Applicant) proposes the construction of a 4,761 square-foot (SF) 7-Eleven convenience store with alcohol and tobacco sales, a 4-dispenser gas island, and a 3-lane diesel station island within a 3.07-acre Project Site. Construction would involve the demolition of an existing 1,800-SF vacant gas station on the site, grading and vegetation removal, the installation of two 20,000-gallon underground fuel tanks and one 27,000-gallon underground fuel tank, paving and utility trenching, and building construction. Additional site improvements include two detention basins, landscaping, and tree replanting.

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.

Revised 2010

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
X <input checked="" type="checkbox"/> Caltrans District # 2	<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
X <input checked="" type="checkbox"/> Fish & Game Region # 1	<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 3/28/2025 Ending Date 4/26/2025

Lead Agency (Complete if applicable):

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

Signature of Lead Agency Representative:  Date: 3.28.25