

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: COMMERCIAL CENTER SAFE ROUTES TO SCHOOL AND GREEN STORMWATER INFRASTRUCTURE PROJECT

Lead Agency: CITY OF SHASTA LAKE Contact Person: PETER BIRD
 Mailing Address: 4477 MAIN ST Phone: 530-275-7416
 City: SHASTA LAKE Zip: 96019 County: SHASTA

Project Location: County: SHASTA City/Nearest Community: SHASTA LAKE
 Cross Streets: CASCADE BLVD, SHASTA DAM BLVD., SHASTA WAY Zip Code: 96019

Longitude/Latitude (degrees, minutes and seconds): 40 ° 40 ' 53.18 " N / 122 ° 21 ' 04.01 " W Total Acres: 15.75

Assessor's Parcel No.: 007-380-051/054/053/037/052/005/006/007/008 Section: 29 & 32 Twp.: 33N Range: 04W Base: MDM

Within 2 Miles: State Hwy #: 151 Waterways: Moody Creek, Salt Creek
 Airports: N/A Railways: Union Pacific Schools: GUSD

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

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: _____

Present Land Use/Zoning/General Plan Designation:

Commercial/Urban Residential - Commercial Planned Development/Urban Residential

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

The project will generate a seamless network of complete streets creating safe routes to Grand Oaks School and connections to improved open space areas, trails, residential neighborhoods, shopping, employment centers, government facilities, Tribal owned land, recreation areas, and other local destinations. These projects will serve the needs of all transportation users including pedestrians, bicyclists, people with disabilities, transit riders, and motorists.

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 checked="" type="checkbox"/> Caltrans District # <u>2</u>	<input type="checkbox"/> Public Utilities Commission
<input type="checkbox"/> Caltrans Division of Aeronautics	<input checked="" type="checkbox"/> Regional WQCB # <u>5</u>
<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 checked="" type="checkbox"/> Fish & Game Region # <u>1</u>	<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"/> Other: _____
<input type="checkbox"/> Health Services, Department of	<input type="checkbox"/> Other: _____
<input checked="" 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 4.9.25 Ending Date 5.8.25

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: 4.7.25

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