

Notice of Determination**Appendix D****To:**

Office of Planning and Research
 U.S. Mail: Street Address:
 P.O. Box 3044 1400 Tenth St., Rm 113
 Sacramento, CA 95812-3044 Sacramento, CA 95814

County Clerk
 County of: Los Angeles
 Address: 12400 Imperial Highway
Norwalk, CA 90650

From:

Public Agency: County of Los Angeles
 Address: 900 South Fremont Avenue
Alhambra, CA 91803
 Contact: Gillian Tiede
 Phone: (626) 464-4583

Lead Agency (if different from above):
 Address: _____
 Contact: _____
 Phone: _____

SUBJECT: Filing of Notice of Determination in compliance with Section 21108 or 21152 of the Public Resources Code.

State Clearinghouse Number (if submitted to State Clearinghouse): 2014111004

Project Title: Harbor-UCLA Replacement Program - Construction Change Orders

Project Applicant: Los Angeles County Department of Public Works

Project Location (include county): 1000 W. Carson Street, Torrance, CA 90502 (Los Angeles County)

Project Description:

On October 22, 2024, the Board approved four change orders for the Harbor-UCLA Medical Center Replacement Project. The approved change orders include the double-ended electrical substation for distribution of 480-volt power in a redundant fashion at the Outpatient/Support Building; a redundant source of electrical power to Intermediate Distribution Frame Rooms at the Outpatient/Support Building; removal and disposal of contaminated soil encountered during excavation for the Inpatient Tower; and the Campus Network Integrator services and infrastructure for the programwide Building Automation System. Work is in accordance with the Environmental Impact Report (EIR) Addendum certified by the Board of Supervisors on February 8, 2022 for the Harbor-UCLA Medical Center Replacement Project. The original EIR was certified on December 20, 2016.

This is to advise that the County of Los Angeles has approved the above
 Lead Agency or Responsible Agency)

described project on October 22, 2024 and has made the following determinations regarding the above
 (date)
 described project.

1. The project [will will not] have a significant effect on the environment.
2. An Environmental Impact Report was prepared for this project pursuant to the provisions of CEQA.
 A Negative Declaration was prepared for this project pursuant to the provisions of CEQA.
3. Mitigation measures [were were not] made a condition of the approval of the project.
4. A mitigation reporting or monitoring plan [was was not] adopted for this project.
5. A statement of Overriding Considerations [was was not] adopted for this project.
6. Findings [were were not] made pursuant to the provisions of CEQA.

This is to certify that the final EIR with comments and responses and record of project approval, or the negative Declaration, is available to the General Public at:

County of Los Angeles Public Works Offices

Signature (Public Agency):  Title: Capital Projects Program Manager

Date: 11/4/2024 Date Received for filing at OPR: _____

ORIGINAL FILED

Notice of Determination

DEC 21 2016

Appendix D

To: LOS ANGELES, COUNTY CLERK

Office of Planning and Research
 U.S. Mail: Street Address: Public Agency: L.A. County Dept. of Public Works
900 S. Fremont Avenue
Alhambra, CA 91803-1331
 P.O. Box 3044 1400 Tenth St., Rm 113
Sacramento, CA 95812-3044 Sacramento, CA 95814
 Contact: Clarice Nash, Project Manager
 Phone: (626) 300-2363

County Clerk
 County of: Los Angeles
 Address: 4716 East Cesar E. Chavez Avenue
Los Angeles, CA 90022
 Lead Agency (if different from above):
 Address: _____
 Contact: _____
 Phone: _____

SUBJECT: Filing of Notice of Determination in compliance with Section 21108 or 21152 of the Public Resources Code.

State Clearinghouse Number (if submitted to State Clearinghouse): 2014111004

Project Title: Harbor-UCLA Medical Center Campus Master Plan Project

Project Applicant: Los Angeles County Department of Public Works

Project Location (include county): 1000 W. Carson Street, Torrance, CA 90502 (Los Angeles County)

Project Description:
The Master Plan Project involves development of hospital, outpatient, research, and support facilities through 2030. The existing 72-acre Harbor-UCLA Campus includes 1,279,284 SF of developed area. The Master Plan Project, to be developed with up to approximately 2,457,355 SF of developed floor area, includes a new Hospital tower to meet state law seismic requirements, renovation of the existing Hospital tower to house non-acute care support uses, and replacement of aging facilities. The western side of the Campus is proposed for a new Bioscience Tech Park of up to 250,000 SF and would support open space, surface parking, and other similar ancillary short-term uses.

This is to advise that the County of Los Angeles has approved the above
 Lead Agency or Responsible Agency)

described project on December 20, 2016 and has made the following determinations regarding the above
(date)
described project.

1. The project will will not] have a significant effect on the environment.
2. An Environmental Impact Report was prepared for this project pursuant to the provisions of CEQA.
 A Negative Declaration was prepared for this project pursuant to the provisions of CEQA.
3. Mitigation measures were were not] made a condition of the approval of the project.
4. A mitigation reporting or monitoring plan was was not] adopted for this project.
5. A statement of Overriding Considerations was was not] adopted for this project.
6. Findings were were not] made pursuant to the provisions of CEQA.

This is to certify that the final EIR with comments and responses and record of project approval, or the negative Declaration, is available to the General Public at:
Los Angeles County Department of Public Works, 900 S. Fremont Avenue, Alhambra, CA 91803-1331

Signature (Public Agency):  Title: Project Manager

Date: December 20, 2016 Date Received for filing at OPR: December 21, 2016

State of California—Natural Resources Agency
CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE
2016 ENVIRONMENTAL FILING FEE CASH RECEIPT

RECEIPT # 201612211240045
STATE CLEARING HOUSE # (If applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY L.A. COUNTY DEPT. OF PUBLIC WORKS			DATE 12/21/2016
COUNTY/STATE AGENCY OF FILING LACC			DOCUMENT NUMBER 2016309060
PROJECT TITLE HARBOR-UCLA MEDICAL CENTER CAMPUS MASTER PLAN PROJECT			
PROJECT APPLICANT NAME CLARICE NASH L.A. COUNTY DEPT. OF PUBLIC WORKS			PHONE NUMBER
PROJECT APPLICANT ADDRESS 900 S. FREMONT AVE	CITY ALHAMBRA	STATE CA	ZIP CODE 91803
PROJECT APPLICANT (Check appropriate box): <input checked="" type="checkbox"/> Local Public Agency <input type="checkbox"/> School District <input type="checkbox"/> Other Special District <input type="checkbox"/> State Agency <input type="checkbox"/> Private Entity			

CHECK APPLICABLE FEES:

<input checked="" type="checkbox"/> Environmental Impact Report (EIR)	\$3,070.00	\$	<u>3,070.00</u>
<input type="checkbox"/> Negative Declaration (ND)(MND)	\$2,210.25	\$	<u>0.00</u>
<input type="checkbox"/> Application Fee Water Diversion (State Water Resources Control Board Only)	\$850.00	\$	<u>0.00</u>
<input type="checkbox"/> Projects Subject to Certified Regulatory Programs (CRP)	\$1,043.75	\$	<u>0.00</u>
<input checked="" type="checkbox"/> County Administrative Fee	\$50.00	\$	<u>75.00</u>
<input type="checkbox"/> Project that is exempt from fees			
<input type="checkbox"/> Notice of Exemption			
<input type="checkbox"/> CDFW No Effect Determination (Form Attached)			
<input type="checkbox"/> Other _____		\$	<u>0.00</u>

PAYMENT METHOD:

<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input checked="" type="checkbox"/> Check <input type="checkbox"/> Other _____	\$	<u>3,145.00</u>
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SIGNATURE X 	TITLE
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