

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 # 2016042012**Project Title:** Saratoga Creek Bridge Project (EA 3G630)**Lead Agency:** California Department of Transportation, District 4**Contact Person:** Brian Gassner**Mailing Address:** 111 Grand Avenue, P.O. Box 23660 MS-8B**Phone:** 510-286-6025**City:** Oakland**Zip:** 94612**County:** Alameda**Project Location:** County: Santa ClaraCity/Nearest Community: City of Saratoga**Cross Streets:** SR-9 and Sanborn Rd.**Zip Code:** 95070**Longitude/Latitude (degrees, minutes and seconds):** 37 ° 14 ' 55 " N / 122 ° 04 ' 06 " W **Total Acres:** _____**Assessor's Parcel No.:** _____ **Section:** _____ **Twp.:** _____ **Range:** _____ **Base:** _____**Within 2 Miles:** **State Hwy #:** SR-9 **Waterways:** Saratoga Creek, Sanborn Creek, & Bonjetti Creek**Airports:** _____ **Railways:** _____ **Schools:** _____**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 Final EIR _____ ☒ 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 Bridge Replacement
☐ 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:Transportation**Project Description:** *(please use a separate page if necessary)*

The California Department of Transportation (Caltrans) proposes to address seismic and structural concerns of the Saratoga Creek Bridge, located at Post Mile (PM) 4.85 along State Route (SR-) 9. This would be accomplished by constructing a new steel girder bridge within the existing bridge, while maintaining much of the original outer structure. The purpose of the project is to maintain safe and stable connectivity along SR-9, between the City of Saratoga in Santa Clara County and the community of Felton in Santa Cruz County. The need for this project results from the structural and seismic deficiencies in the existing Saratoga Creek Bridge which could undermine the future ability of the structure to continue providing reliable traffic service.

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 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 checked="" type="checkbox"/> California Emergency Management Agency	<input checked="" type="checkbox"/> Parks & Recreation, Department of
<input checked="" type="checkbox"/> California Highway Patrol	<input type="checkbox"/> Pesticide Regulation, Department of
<input type="checkbox"/> Caltrans District # _____	<input checked="" type="checkbox"/> Public Utilities Commission
<input type="checkbox"/> Caltrans Division of Aeronautics	<input type="checkbox"/> Regional WQCB # <u>2</u>
<input type="checkbox"/> Caltrans Planning	<input checked="" 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 checked="" type="checkbox"/> Conservation, Department of	<input type="checkbox"/> Santa Monica Mtns. Conservancy
<input type="checkbox"/> Corrections, Department of	<input checked="" 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 # <u>3</u>	<input type="checkbox"/> Tahoe Regional Planning Agency
<input type="checkbox"/> Food & Agriculture, Department of	<input type="checkbox"/> Toxic Substances Control, Department of
<input checked="" type="checkbox"/> Forestry and Fire Protection, Department of	<input checked="" 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 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 _____ Ending Date _____

Lead Agency (Complete if applicable):

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

Signature of Lead Agency Representative: B. F. Garrison Date: 1/30/2020

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