

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 # 2017051076**Project Title:** Lancaster Health District Master Plan NOP (Revised)

Lead Agency: City of Lancaster

Contact Person: Jocelyn Swain

Mailing Address: 44933 Fern Avenue

Phone: (661) 723-6249

City: Lancaster

Zip: 93534

County: Los Angeles

Project Location: County: Los Angeles

City/Nearest Community: Lancaster

Cross Streets: Ave J, Ave K, 12th St West, 20th Street West

Zip Code: 93534

Longitude/Latitude (degrees, minutes and seconds): _____ ° _____ ' _____ " N / _____ ° _____ ' _____ " W Total Acres: 288

Assessor's Parcel No.: multiple

Section: _____

Twp.: _____

Range: _____

Base: SBBM

Within 2 Miles: State Hwy #: 14

Waterways: Amargosa Creek

Airports: N/A

Railways: N/A

Schools: several

Document Type:CEQA: ☒ NOP☐ Draft EIRNEPA: ☐ NOIOther: ☐ 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 _____

☐ Transportation: Type _____☐ Commercial: Sq.ft. _____

Acres _____

Employees _____

☐ Mining: Mineral _____☐ Industrial: Sq.ft. _____

Acres _____

Employees _____

☐ Power: Type _____

MW _____

☐ Educational: _____☐ Waste Treatment: Type _____

MGD _____

☐ Recreational: _____☐ Hazardous Waste: Type _____☐ Water Facilities: Type _____

MGD _____

☒ Other: Mixed Use**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:****Project Description:** (please use a separate page if necessary)

A Mixed-use development is proposed including medical and general offices, retail and commercial uses, housing, and hotel/conference space. The Master Plan would allow for the development of 1,600 residential units; 259,200 sf of hotel uses (180 rooms) and a 70,000 sf conference center; 740,000 sf of commercial/office space; 480,000 sf of continuum of care facilities; 791,000 sf of acute care facilities including replacing the existing hospital with a new 700,000 sf facility (380 beds) and 12,000 sf plant facility; 249,800 sf of sub-acute care facilities and a 385,000 sf parking car garage with 1,100 parking spaces.

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 and "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 April 1, 2020 Ending Date May 1, 2020

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: 3/27/20

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