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

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Project Title: Davenport Drinking W	ater Improvement P	roject	¥		
Lead Agency: County of Santa Cruz		Contact Person: Ju	Contact Person: Juliette Robinson		
Street Address: 701 Ocean Street, 4th floor		Phone: (831)454-3156			
City: N/A	Zip: 95060	Zip: 95060 County: Santa Cruz			
Project Location: County: Santa Cruz_ Cross Streets: Old Coast Road and Fair Av Zip Code: 95017	City/Nearest Comm	nunity: <u>Davenport</u> enue and Center Street; Sa			
Assessor's Parcel No. County ROW	Section:	Twp.	Range	Base:	
Within 2 miles: State Hwy#: 1					
Airports:	Railways:	Schools:			
Neg Dec Subseque Mit Neg Dec Other:_ Mit Neg Dec Subseque Other:_ Community Plan Update General Plan Element Community Plan	nent to EIR (Note prior Scient EIR (Note prior SC Specific Plan Master Plan Planned Unit Develop	Governor's Off Rezone Prezone Use Permit	t EIS ISI ISE of Planning	Annexation	
Development Type:		Water Facilities	Trunc	MCD	
Residential: Units Acres Office: Sq.ft Acres				MGD	
Commercial: Sq.ft Acres			Type		
Industrial: Sq.ft. Acres			Type	MW	
Educational				MGD	
Recreational Community Park			NOD		
-		Other:	71		
□ Air Quality □ Forest L □ Archaeological/Historical □ Geological □ Biological Resources □ Minerals □ Coastal Zone □ Noise □ Drainage/Absorption □ Population □ Economic/Jobs □ Public Second	ain/Flooding and/Fire Hazard c/Seismic c/Seismic con/Housing Balance ervices/Facilities	Recreation/Parks Schools/Universities Septic Systems Sewer Capacity Soil Erosion/Compaction Solid Waste Toxic/Hazardous Traffic/Circulation		□ Vegetation □ Water Quality □ Water Supply/Groundwater ☑ Wetland/Riparian □ Growth Inducement □ Land Use □ Cumulative Effects ☑ Other - Tribal Cultural	
Present Land Use/Zoning/General Plan Designation:					

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

The Project involves water system improvements at four separate locations under pavement or in ruderal habitat along paved road right-of ways in the town of Davenport. Work will include replacing a water pipeline under Old Coast Road south of Fair Avenue, installing five new water meters and a new fire hydrant, and connecting seven new water meters at three other locations.

Note: The State Clearinghouse will assign identification numbers for all new projects. If a SCH number already exists for a project (e.g. Notice or Preparation or previous draft document) please fill in.

Signature of Lead Agency Representative

document to the agency please denote that with an "S". Air Resources Board Office of Emergency Services Boating & Waterways, Department of Office of Historic Preservation California Highway Patrol Parks & Recreation Caltrans District # ___ Pesticide Regulation, Department of Caltrans Division of Aeronautics Public Utilities Commission Caltrans Planning Reclamation Board _____ Coachella Valley Mountains Conservancy _____ Regional WQCB # 3 Coastal Commission Resources Agency Colorado River Board Commission S.F. Bay Conservation & Development Conservation, Department of San Gabriel & Lower Los Angeles ____ Corrections, Department of _____ Rivers & Mountains Conservancy Delta Protection Commission San Joaquin River Conservancy _____ Education, Department of Santa Monica Mountains Conservancy Office of Public School Construction State Lands Commission ___ Energy Commission S SWRCB: Clean Water Grants ____ Fish & Game Region # 3___ _____ SWRCB: Water Quality ____ Food & Agriculture, Department of _____ SWRCB: Water Rights Forestry & Fire Protection Tahoe Regional Planning Agency General Services, Department of Toxic Substances Control, Department of Health Services, Department of Water Resources, Department of Housing & Community Development _____ Integrated Waste Management Board _____ Other: _____ Native American Heritage Commission Local Public Review Period (to be filled in by lead agency) Starting Date 10/12/19 Ending Date 11/12/19 Lead Agency (Complete if applicable): Applicant: Consulting Firm: Address: City/State/Zip:_____ Address: City/State/Zip: Contact: Phone: (____)

Lead Agencies may recommend State Clearinghouse distribution by marking agencies below with an "X". If you have already sent your