

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: Delta Conveyance Project**Lead Agency:** California Department of Water Resources**Contact Person:** Marcus Yee**Mailing Address:** 901 P St**Phone:** (916) 651-6736**City:** Sacramento**Zip:** 95814**County:** Sacramento**Project Location:** County: Yolo, Sacramento, Solano, San Joaquin, Contra Costa, Alameda City/Nearest Community: Legal Delta**Cross Streets:** Area from south of the Town of Freeport to just north of Bethany Reservoir, and stretches from west of Interstate 5 to east of State Route 160 **Zip Code:****Longitude/Latitude (degrees, minutes and seconds):** 38 ° 21 ' 24.03 " N / 121 ° 31 ' 30.64 " W **Total Acres:****Assessor's Parcel No.:** **Section:** **Twp.:** **Range:** **Base:****Within 2 Miles:** State Hwy #: I-5, SR-160, Hwy 4**Waterways:** Sacramento River, San Joaquin River, the legal Delta**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:**☐ 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 Diversion/Water Conveyance MGD _____☐ Other: _____**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: Surface Water, Climate Change, Paleontology**Present Land Use/Zoning/General Plan Designation:**

Varies between counties

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

See Attached Project Description

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 checked="" type="checkbox"/> Office of Historic Preservation
<input checked="" type="checkbox"/> Boating & Waterways, Department of	<input type="checkbox"/> Office of Public School Construction
<input type="checkbox"/> California Emergency Management Agency	<input checked="" type="checkbox"/> Parks & Recreation, Department of
<input type="checkbox"/> California Highway Patrol	<input checked="" type="checkbox"/> Pesticide Regulation, Department of
<input checked="" type="checkbox"/> Caltrans District # <u>3, 4, 10</u>	<input checked="" 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 checked="" type="checkbox"/> Central Valley Flood Protection Board	<input type="checkbox"/> Resources Recycling and Recovery, Department of
<input type="checkbox"/> Coachella Valley Mtns. Conservancy	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Energy Commission	<input checked="" type="checkbox"/> SWRCB: Water Rights
<input checked="" type="checkbox"/> Fish & Game Region # <u>2, 3</u>	<input type="checkbox"/> Tahoe Regional Planning Agency
<input checked="" type="checkbox"/> Food & Agriculture, Department of	<input checked="" 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 checked="" type="checkbox"/> Health Services, Department of	<input checked="" type="checkbox"/> Other: <u>CA Dept. of Public Health</u>
<input type="checkbox"/> Housing & Community Development	<input checked="" type="checkbox"/> Other: <u>Delta Stewardship Council</u>
<input checked="" type="checkbox"/> Native American Heritage Commission	

Local Public Review Period (to be filled in by lead agency)

Starting Date January 15th, 2020 Ending Date March 20th, 2020

Lead Agency (Complete if applicable):

Consulting Firm: _____	Applicant: <u>California Department of Water Resources</u>
Address: _____	Address: <u>901 P St</u>
City/State/Zip: _____	City/State/Zip: <u>Sacramento, CA 95814</u>
Contact: _____	Phone: <u>(916) 651-6736</u>
Phone: _____	

Signature of Lead Agency Representative:  Date: 1/14/20

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