Notice of Completion & Environmental Document Transmittal

Project Title:					
Lead Agency:			Contact Po	erson:	
Mailing Address:					
City:			County:		
Project Location: County:		/Nearest Co			
Cross Streets:					Zip Code:
Longitude/Latitude (degrees, minutes and seconds):					
Assessor's Parcel No.:					e: Base:
Within 2 Miles: State Hwy #:			тwр		
Airports:					ols:
Airports:					
Document Type:					
CEQA: NOP Draft EIR	N	IEPA:	NOI	Other:	Joint Document
☐ Early Cons ☐ Supplement/Sub	bsequent EIR	Ţ	☐ EA	I	Final Document
Neg Dec (Prior SCH No.)		Ē	Draft EIS	j	Other:
Mit Neg Dec Other:			FONSI		
Local Action Type:	_	7 5			
General Plan Update Specific Plan		Rezone			Annexation
☐ General Plan Amendment ☐ Master Plan ☐ General Plan Element ☐ Planned Unit	Davidonment	Prezone	nit		Redevelopment Coastal Permit
☐ General Plan Element ☐ Planned Unit ☐ Community Plan ☐ Site Plan	Development	☐ Use Perm☐ Land Div	nit zision (Subdi	vision ata	☐ Coastal Permit ☐ Other:
Community Figur	L		ייייייי (טמחמון	. 151011, EU.)	
Development Type:					
Residential: Units Acres					
Office: Sq.ft. Acres E	Employees	Transpo	ortation: Ty	<i>r</i> pe	
Commercial:Sq.ft Acres E	Employees	Mining		ineral	
Industrial: Sq.ft Acres B	Employees	Power:	Ty	/pe	MW
Educational:		☐ Waste Treatment: Type			MGD
Recreational:		Hazardous Waste:Type Other:			
Water Facilities: Type MC	GD	☐ Other: _			
Project Issues Discussed in Decument					
Project Issues Discussed in Document:		Doomant' - /F	Dorles	r	☐ Vagatation
Aesthetic/Visual Fiscal		Recreation/F Schools/Uni		Ĺ	☐ Vegetation☐ Water Quality
☐ Agricultural Land ☐ Flood Plain/Fl ☐ Air Quality ☐ Forest Land/F	<i>-</i>			Į ſ	
☐ Air Quality ☐ Forest Land/F ☐ Archeological/Historical ☐ Geologic/Seis		Septic Syste Sewer Capa		l F	
☐ Biological Resources ☐ Minerals			city 1/Compaction	ا Gradino آ	Growth Inducement
☐ Coastal Zone ☐ Noise		Solid Waste			Land Use
		Toxic/Hazar		, [Cumulative Effects
		Traffic/Circ		[Other:
☐ Economic/Jobs ☐ Public Service				•	
L Economic/Jobs Public Service					

Reviewing Agencies Checklist

	ture of Lead Agency Representative:	Date:			
City/S Contac	tate/Zip:	City/State/Zip: Phone:			
Lead Agency (Complete if applicable): Consulting Firm: Address:					
Starting Date		Ending Date			
Local	Public Review Period (to be filled in by lead ager	ncy)			
_X	Native American Heritage Commission				
	Housing & Community Development	Other:			
	Health Services, Department of	Other:			
	General Services, Department of				
	Forestry and Fire Protection, Department of	Water Resources, Department of			
	Food & Agriculture, Department of	Toxic Substances Control, Department of			
	Fish & Game Region #	Tahoe Regional Planning Agency			
	Energy Commission	SWRCB: Water Rights			
	Education, Department of	SWRCB: Water Quality			
	Delta Protection Commission	SWRCB: Clean Water Grants			
	Corrections, Department of	State Lands Commission			
	Conservation, Department of	Santa Monica Mtns. Conservancy			
	Colorado River Board	San Joaquin River Conservancy			
	Coastal Commission	San Gabriel & Lower L.A. Rivers & Mtns. Conservancy			
	Coachella Valley Mtns. Conservancy	S.F. Bay Conservation & Development Comm.			
	Central Valley Flood Protection Board	Resources Recycling and Recovery, Department of			
	Caltrans Planning	Resources Agency			
	Caltrans Division of Aeronautics	Regional WQCB #			
	California Highway Patrol Caltrans District #	Pesticide Regulation, Department of Public Utilities Commission			
	California Emergency Management Agency	Parks & Recreation, Department of			
	Boating & Waterways, Department of	Office of Public School Construction			
-	Air Resources Board	Office of Historic Preservation			

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