

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: General WDRs for In situ Soil & Groundwater Remediation for VOC &/or Metals Impacted Sites
Lead Agency: North Coast Regional Water Quality Control Board **Contact Person:** Caryn Woodhouse
Mailing Address: 5550 Skylane Blvd., Suite A **Phone:** (707) 576-2701
City: Santa Rosa, CA **Zip:** 95403 **County:** Various throughout North Coast Region

Project Location: County: Various throughout North Coast City/Nearest Community: _____
 Cross Streets: _____ Zip Code: _____
 Longitude/Latitude (degrees, minutes and seconds): _____° _____' _____" N / _____° _____' _____" W Total Acres: _____
 Assessor's Parcel No.: _____ Section: _____ Twp.: _____ Range: _____ Base: _____
 Within 2 Miles: State Hwy #: _____ Waterways: _____
 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: Remediation

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: Soil & Groundwater Remediation

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)*

The project is to consider adoption of General Waste Discharge Requirements (WDRs) for in-situ soil and groundwater remediation for volatile organic compounds (VOCs) and metals (including hexavalent chromium) impacted sites within the North Coast Region.

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 an "X". If you have already sent your document to the agency please denote that with an "S".

- | | |
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| <input checked="" type="checkbox"/> Air Resources Board | <input type="checkbox"/> Office of Emergency Services |
| <input type="checkbox"/> Boating & Waterways, Department of | <input type="checkbox"/> Office of Historic Preservation |
| <input type="checkbox"/> California Highway Patrol | <input type="checkbox"/> Office of Public School Construction |
| <input type="checkbox"/> Caltrans District # _____ | <input type="checkbox"/> Parks & Recreation, Department of |
| <input type="checkbox"/> Caltrans Division of Aeronautics | <input type="checkbox"/> Pesticide Regulation, Department of |
| <input type="checkbox"/> Caltrans Planning | <input type="checkbox"/> Public Utilities Commission |
| <input type="checkbox"/> Central Valley Flood Protection Board | <input checked="" type="checkbox"/> Regional WQCB # 1 _____ |
| <input type="checkbox"/> Coachella Valley Mtns. Conservancy | <input type="checkbox"/> Resources Agency |
| <input type="checkbox"/> Coastal Commission | <input type="checkbox"/> S.F. Bay Conservation & Development Comm. |
| <input type="checkbox"/> Colorado River Board | <input type="checkbox"/> San Gabriel & Lower L.A. Rivers & Mtns. Conservancy |
| <input type="checkbox"/> Conservation, Department of | <input type="checkbox"/> San Joaquin River Conservancy |
| <input type="checkbox"/> Corrections, Department of | <input type="checkbox"/> Santa Monica Mtns. Conservancy |
| <input type="checkbox"/> Delta Protection Commission | <input type="checkbox"/> State Lands Commission |
| <input type="checkbox"/> Education, Department of | <input type="checkbox"/> SWRCB: Clean Water Grants |
| <input type="checkbox"/> Energy Commission | <input type="checkbox"/> SWRCB: Water Quality |
| <input type="checkbox"/> Fish & Game Region # _____ | <input type="checkbox"/> SWRCB: Water Rights |
| <input type="checkbox"/> Food & Agriculture, Department of | <input type="checkbox"/> Tahoe Regional Planning Agency |
| <input type="checkbox"/> Forestry and Fire Protection, Department of | <input type="checkbox"/> Toxic Substances Control, Department of |
| <input type="checkbox"/> General Services, Department of | <input type="checkbox"/> Water Resources, Department of |
| <input checked="" type="checkbox"/> Health Services, Department of | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Housing & Community Development | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Integrated Waste Management Board | |
| <input 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: _____ **Date:** _____

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