Form A **Notice of Completion & Environmental Document Transmittal** SCH# Mail to: State Clearinghouse, PO Box 3044, Sacramento, CA 95812-3044 916/445-0613 Project Title: Marin Sanitary Service Waste Management Facility Rezoning and Master Use Permit Amendments Lead Agency: City of San Rafael Contact Person: Kraig Tambornini, Senoir Planner Street Address: 1400 Fifth Avenue Phone: (415) 485-3092 City: San Rafael Zip: 94901 County: Marin **Project Location:** County: Marin City/Nearest Community: City of San Rafael Cross Streets: Jacoby Street at Anderson Drive/Bellam Blvd Zip Code: 94901 Total Acres: 82.15 Assessor's Parcel No. 01818072-76 & 01814103 Twp. Range: Base: Section: Within 2 Miles: State Hwy #: 101 & 580 Waterways: San Rafael Bay Railways: Sonoma-Marin Schools: NA Airports: NA **Document Type:** CEQA: □NOP Supplement/Subsequent EIR NEPA: Other: □NOI ☐ Joint Document ☐ Early Cons (Prior SCH No.)____ \Box EA ☐ Final Document Neg Dec Other ____ ☐ Draft EIS Other ☐ Draft EIR FONSI **Local Action Type:** ☐ Specific Plan General Plan Update **Rezone** ☐ Annexation ☐ Master Plan General Plan Amendment Prezone Redevelopment ☐ General Plan Element ☐ Planned Unit Development W Use Permit Coastal Permit ☐ Community Plan ☐ Site Plan ☐ Land Division (Subdivision, etc.) ☐ Other_ **Development Type:** Residential: Units Acres Water Facilities: Type Office: Sq.ft. Acres **Employees** ☐ Transportation: Туре Commercial: Sq.ft. Acres **Employees** ☐ Mining: Mineral Acres____ ☐ Industrial: Sq.ft. Employees Power: Type ☐ Educational ☐ Waste Treatment: *Type* ☐ Recreational ☐ Hazardous Waste: *Type* Other: Waste Management Facility Amended Master Plan

Funding (approx.):	Federal \$ 0 State \$	0 Total \$_0	_
Project Issues Discus	ssed in Document:		
 ✗ Aesthetic/Visual ☐ Agricultural Land ※ Air Quality ※ Archeological/Historical ☐ Coastal Zone ☐ Drainage/Absorption ☐ Economic/Jobs ☐ Fiscal 	☐ Flood Plain/Flooding ☐ Forest Land/Fire Hazard ☐ Geologic/Seismic ☐ Minerals ☑ Noise ☐ Population/Housing Balance ☐ Public Services/Facilities ☐ Recreation/Parks	☐ Schools/Universities ☐ Septic Systems ☐ Sewer Capacity ☐ Soil Erosion/Compaction/Grading ☐ Solid Waste ☑ Toxic/Hazardous ☐ Traffic/Circulation ☑ Vegetation	 Water Quality Water Supply/Groundwater Wetland/Riparian Wildlife Growth Inducing Landuse Cumulative Effects Other

Present Land Use/Zoning/General Plan Designation:

Waste Management Facility, ancillary soils product sales, storage/Planned Development & Industrial/Industrial & Conservation

Project Description:

Update the current master plan for Marin Sanitary Service to address changes in facility boundaries. allow minor expansion of ancillary public storage uses and to accommodate future equipment expansion for waste to energy facilities.

Revised 3-31-99

Reviewing Agencies Checklist	Form A, continued	KEY
Resources Agency		S = Document sent by lead agency
Boating & Waterways		X = Document sent by SCH
Coastal Commission		✓ = Suggested distribution
Coastal Conservancy		
Colorado River Board	Environmental	Dundandin a America
Conservation	Air Resources Boa	Protection Agency
Fish & Game		
Forestry & Fire Protection	California Waste N SWRCB: Clean W	
Office of Historic Preservation	SWRCB: Clean w	
Parks & Recreation	SWRCB: Water Q	
Reclamation Board	SWRCB: Water R	• •
S.F. Bay Conservation & Development Commission	Regional WQCB # ()	
Water Resources (DWR)		v
Business, Transportation & Housing	Youth & Adult C	corrections
Aeronautics	Corrections	
California Highway Patrol		mmissions & Offices
CALTRANS District #	Energy Commission	
Department of Transportation Planning (headquarters)	Native American Heritage Commission	
Housing & Community Development	Public Utilities Commission	
Food & Agriculture	Santa Monica Mountains Conservancy	
Health & Welfare	State Lands CommissionTahoe Regional Planning Agency	
Health Services	I ahoe Regional Pla	anning Agency
State & Consumer Services	S Other Brand	and air Only Mat Di
General Services	other ray q	rea an Quality Most Die
OLA (Schools)		
Public Review Period (to be filled in by lead agency)	\wedge	
Starting Date May 18, 2015	Ending Date	ne 23, 2015
Signature /	Date	45
Lead Agency (Complete if applicable):	For SCH Use Only	y:
Consulting Firm:		
Address:	Date Received at SCH	
City/State/Zip:	Date Review Starts	
Contact:	Date to Agencies	
Phone: ()	Date to SCH	
I none.		
	Notes:	
Applicant: Marin Sonitary Service	Troies.	
Address: 1050 Modersen Drive		×
City/State/Zip: Son Refact CA /94901		
Phone: (4/5 457 3220		