

Notice of Completion & Environmental Document Transmittal

Mail to: State Clearinghouse, P.O. Box 3044, Sacramento, CA 95812-3044 (916) 445-0613

SCH #

Note: The State Clearinghouse (SCH) 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.

Project Title: Manor Market Complete Streets

Lead Agency: California Department of Transportation Contact Person: Amber Stoerp

Mailing Address: 500 South Main Street

Phone: (760) 937-4666

City: Bishop

Zip: 93514

County: Inyo

Project Location: County: Inyo

City/Nearest Community: West Bishop

Cross Streets: SR 168 and 0.1 mile west of Meadow Lane and Barlow Lane Zip Code: 93514

Longitude/Latitude (degrees, minutes, and seconds): 37°21'40.36" N 118°25'38.97" W Total Acres: _____

Assessor's Parcel No.: _____ Section: _____ Twp.: _____ Range: _____ Base: _____

Within 2 Miles: State Hwy #: 168 Waterways: _____

Airports: _____ Railways: _____ Schools: Jill Kinmont Boothe School

Document Type:

CEQA:

- NOP Early Cons
 Neg Dec Mit Neg Dec Draft EIR Supplement/Subsequent EIR
(Prior SCH No.) _____ Other: _____

NEPA:

- NOI EA Draft EIS FONSI

Other:

- Joint Document Final Document Other: Categorical Exclusion

Local Action Type:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> General Plan Update | <input type="checkbox"/> Specific Plan | <input type="checkbox"/> Rezone | <input type="checkbox"/> Annexation |
| <input type="checkbox"/> General Plan
Amendment | <input type="checkbox"/> Master Plan | <input type="checkbox"/> Prezone | <input type="checkbox"/> Redevelopment |
| <input type="checkbox"/> General Plan Element | <input type="checkbox"/> Planned Unit
Development | <input type="checkbox"/> Use Permit | <input type="checkbox"/> Coastal Permit |
| <input type="checkbox"/> Community Plan | <input type="checkbox"/> Site Plan | <input type="checkbox"/> Land Division
(Subdivision, etc.) | <input type="checkbox"/> Other: _____ |

Development Type:

- Residential: Units _____ Acres _____
- Office: Sq.ft. _____ Acres _____ Employees _____
- Commercial: Sq.ft. _____ Acres _____ Employees _____
- Industrial: Sq.ft. _____ Acres _____ Employees _____
- Educational: _____
- Recreational: _____
- Water Facilities: Type _____ MGD _____
- Transportation: Type Sidewalks
- Mining: Mineral _____
- Power: Type _____ MW _____
- Waste Treatment: Type _____ MGD _____
- Hazardous Waste: Type _____
- Other: _____

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Project Issues Discussed in Document:

- | | | |
|--|--|--|
| <input type="checkbox"/> Aesthetic/Visual | <input type="checkbox"/> Geologic/Seismic | <input type="checkbox"/> Soil Erosion/Compaction/
Grading |
| <input type="checkbox"/> Agricultural Land | <input type="checkbox"/> Growth Inducement | <input type="checkbox"/> Solid Waste |
| <input type="checkbox"/> Air Quality | <input type="checkbox"/> Land Use | <input type="checkbox"/> Toxic/Hazardous |
| <input type="checkbox"/> Archeological/Historical | <input type="checkbox"/> Minerals | <input type="checkbox"/> Traffic/Circulation |
| <input checked="" type="checkbox"/> Biological Resources | <input type="checkbox"/> Noise | <input type="checkbox"/> Vegetation |
| <input type="checkbox"/> Coastal Zone | <input type="checkbox"/> Population/Housing
Balance | <input checked="" type="checkbox"/> Water Quality |
| <input type="checkbox"/> Cumulative Effects | <input type="checkbox"/> Public Services/Facilities | <input type="checkbox"/> Water Supply/Groundwater |
| <input type="checkbox"/> Drainage/Absorption | <input type="checkbox"/> Recreation/Parks | <input type="checkbox"/> Wetland/Riparian |
| <input type="checkbox"/> Economic/Jobs | <input type="checkbox"/> Schools/Universities | <input checked="" type="checkbox"/> Other: <u>Greenhouse Gas
Emissions</u> |
| <input type="checkbox"/> Fiscal | <input type="checkbox"/> Septic Systems | |
| <input type="checkbox"/> Floodplain/Flooding | <input type="checkbox"/> Sewer Capacity | |
| <input type="checkbox"/> Forest Land/Fire Hazard | | |

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Present Land Use/Zoning/General Plan Designation:

Residential, State Highway System

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Project Description:

The California Department of Transportation (Caltrans) proposes to construct Americans with Disabilities Act accessible pedestrian facilities on State Route 168 from post miles 16.0 to 16.8 in Inyo County.

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".

- Air Resources Board
- Boating & Waterways, Department of
- California Emergency Management Agency
- California Highway Patrol
- Caltrans District # _____
- Caltrans Division of Aeronautics
- Caltrans Planning
- Central Valley Flood Protection Board
- Coachella Valley Mtns. Conservancy
- Coastal Commission
- Colorado River Board
- Conservation, Department of
- Corrections, Department of
- Delta Protection Commission
- Education, Department of
- Energy Commission
- Fish and Wildlife Region # 6
- Food & Agriculture, Department of
- Forestry and Fire Protection, Department of
- General Services, Department of
- Health Services, Department of
- Housing and Community Development
- Native American Heritage Commission
- Office of Historic Preservation
- Office of Public School Construction
- Parks & Recreation, Department of
- Pesticide Regulation, Department of
- Public Utilities Commission
- Regional WQCB # 6
- Resources Agency
- Resources Recycling and Recovery, Department of
- S.F. Bay Conservation & Development Comm.
- San Gabriel & Lower L.A. Rivers & Mtns. Conservancy
- San Joaquin River Conservancy
- Santa Monica Mtns. Conservancy
- State Lands Commission
- SWRCB: Clean Water Grants
- SWRCB: Water Quality
- SWRCB: Water Rights
- Tahoe Regional Planning Agency
- Toxic Substances Control, Department of
- Water Resources, Department of
- Other: CA Transportation Commission
- Other: _____

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

Starting Date September 5, 2025 Ending Date October 5, 2025

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Lead Agency (Complete if applicable):

Consulting Firm: _____	Applicant: <u>California Department of</u>
Address: _____	<u>Transportation</u>
City/State/Zip: _____	Address: <u>500 South Main Street</u>
Contact: _____	City/State/Zip: <u>Bishop, CA 93514</u>
Phone: _____	Phone: <u>(760) 937-4666</u>

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Signature of Lead Agency Representative: Dennee Alcalá **Date:** 9/9/2025

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