

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: Castle Family Health Center ("Atwater Clinic") (RSO 0277-25, SP 25-21-0100, REZ 25-21-0200, GPA 25-21-0300, LM 25-21-0400, and AR 25-21-0500)

Lead Agency: City of Atwater Contact Person: Jonnie Hanson Lan
 Mailing Address: 1350 Broadway Avenue Phone: (209) 357-6342
 City: Atwater, CA Zip: 95301 County: Merced County

Project Location: County: Merced City/Nearest Community: Atwater
 Cross Streets: Third Street and Ivy Avenue Zip Code: 95301

Longitude/Latitude (degrees, minutes and seconds): 37 ° 21 ' 07.2 " N / 120 ° 36 ' 23.5 " W Total Acres: 1.63

Assessor's Parcel No.: 002-132-021, 002-132-022, 002-132-024, and 002-132-025 Section: 1 Twp.: 7S Range: 12E Base: MD

Within 2 Miles: State Hwy #: 99 Waterways: _____
 Airports: _____ Railways: _____ Schools: Mitchell Senior Elementary

Document Type:

- | | | | |
|---|--|------------------------------------|--|
| CEQA: <input type="checkbox"/> NOP | <input type="checkbox"/> Draft EIR | NEPA: <input type="checkbox"/> NOI | Other: <input type="checkbox"/> Joint Document |
| <input type="checkbox"/> Early Cons | <input type="checkbox"/> Supplement/Subsequent EIR | <input type="checkbox"/> EA | <input type="checkbox"/> Final Document |
| <input type="checkbox"/> Neg Dec | (Prior SCH No.) _____ | <input type="checkbox"/> Draft EIS | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Mit Neg Dec | Other: _____ | <input type="checkbox"/> FONSI | |

Local Action Type:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> General Plan Update | <input type="checkbox"/> Specific Plan | <input checked="" type="checkbox"/> Rezone | <input type="checkbox"/> Annexation |
| <input checked="" 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 checked="" type="checkbox"/> Use Permit | <input type="checkbox"/> Coastal Permit |
| <input type="checkbox"/> Community Plan | <input checked="" type="checkbox"/> Site Plan | <input checked="" type="checkbox"/> Land Division (Subdivision, etc.) | <input type="checkbox"/> Other: _____ |

Development Type:

- | | | |
|---|---|--|
| <input type="checkbox"/> Residential: Units _____ Acres _____ | <input checked="" type="checkbox"/> Office: Sq.ft. <u>8,400</u> Acres _____ Employees _____ | <input type="checkbox"/> Transportation: Type _____ |
| <input type="checkbox"/> Commercial: Sq.ft. _____ Acres _____ Employees _____ | <input type="checkbox"/> Industrial: Sq.ft. _____ Acres _____ Employees _____ | <input type="checkbox"/> Mining: Mineral _____ |
| <input type="checkbox"/> Educational: _____ | <input type="checkbox"/> Recreational: _____ | <input type="checkbox"/> Power: Type _____ MW _____ |
| <input type="checkbox"/> Water Facilities: Type _____ MGD _____ | <input type="checkbox"/> Hazardous Waste: Type _____ | <input type="checkbox"/> Waste Treatment: Type _____ MGD _____ |
| | <input type="checkbox"/> Other: _____ | |

Project Issues Discussed in Document:

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

Present Land Use/Zoning/General Plan Designation:

Intermittent clinic/Commercial Office and Low Density Residential/ Low Density Residential and Institutional

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

See attached.

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

<input type="checkbox"/> Air Resources Board	<input type="checkbox"/> Office of Historic Preservation
<input type="checkbox"/> Boating & Waterways, Department of	<input type="checkbox"/> Office of Public School Construction
<input type="checkbox"/> California Emergency Management Agency	<input type="checkbox"/> Parks & Recreation, Department of
<input type="checkbox"/> California Highway Patrol	<input type="checkbox"/> Pesticide Regulation, Department of
<input type="checkbox"/> Caltrans District # _____	<input type="checkbox"/> Public Utilities Commission
<input type="checkbox"/> Caltrans Division of Aeronautics	<input type="checkbox"/> Regional WQCB # _____
<input type="checkbox"/> Caltrans Planning	<input type="checkbox"/> Resources Agency
<input type="checkbox"/> Central Valley Flood Protection Board	<input type="checkbox"/> Resources Recycling and Recovery, Department of
<input type="checkbox"/> Coachella Valley Mtns. Conservancy	<input 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 type="checkbox"/> Conservation, Department of	<input type="checkbox"/> Santa Monica Mtns. Conservancy
<input type="checkbox"/> Corrections, Department of	<input type="checkbox"/> State Lands Commission
<input type="checkbox"/> Delta Protection Commission	<input type="checkbox"/> SWRCB: Clean Water Grants
<input type="checkbox"/> Education, Department of	<input type="checkbox"/> SWRCB: Water Quality
<input type="checkbox"/> Energy Commission	<input type="checkbox"/> SWRCB: Water Rights
<input type="checkbox"/> Fish & Game Region # _____	<input type="checkbox"/> Tahoe Regional Planning Agency
<input type="checkbox"/> Food & Agriculture, Department of	<input 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 type="checkbox"/> Health Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing & Community Development	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Native American Heritage Commission	

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

Starting Date ~~April 17, 2026~~ **May 1, 2026** Ending Date ~~May 6, 2026~~ **May 21, 2026**

Lead Agency (Complete if applicable):

Consulting Firm: <u>Precision Civil Engineering</u>	Applicant: <u>Neenan Company, LLP</u>
Address: <u>1234 O Street</u>	Address: <u>3325 S. Timberline Road, S. 100</u>
City/State/Zip: <u>Fresno, CA, 93270</u>	City/State/Zip: <u>Fort Collins, CO 80537</u>
Contact: <u>Bonique Emerson</u>	Phone: <u>(415) 670-0236</u>
Phone: <u>(559) 449-4500</u>	

Signature of Lead Agency Representative:  Date: 4/30/2020

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

Project Description

Neenan Company, LLP. (Applicant) requests RSO 277-25, SP 25-21-0100, REZ 25-21-0200, GPA 25-21-0300, LM 25-21-0400, and AR 25-21-0500 (Project) to facilitate the Castle Family Health Centers "Atwater Clinic" Project pertaining to four (4) parcels that total approximately 1.63 acres located at 1775 Third Street, Atwater, CA 95301 (APNs 002-132-021, 002-132-022, 002-132-024, and 002-132-025).

General Plan Amendment and Zone Change

The General Plan Amendment and Zone Change would change the land use and zoning designation of two (2) parcels, APNs 002-132-024 and 002-132-025, from Low Density Residential/R-1 to Institutional/C-O. The rest of the site would remain as currently planned and zoned.

Lot Merger

The Lot Merger would merge the four (4) parcels (APNs 002-132-021, 002-132-022, 002-132-024, and 002-132-025) into one parcel, totaling approximately 1.63 acres.

Site Plan Review and Architectural Review

The Site Plan Review and Architectural Review would facilitate the development of the proposed Project. The Project would modify an existing medical facility site, resulting in approximately 14,800 square feet of building area (approximately 21%-lot coverage), 83 parking spaces, 56,300 square feet of impervious surface area (parking lot, walkways, buildings), 27 exam rooms, and other site modifications including pedestrian pathways, bike parking, landscaping, trash enclosure, and a secure outdoor staff area (**Table 1**). The building area will include a reception and waiting area, exam rooms, a laboratory and testing area, administrative offices, break room and support areas, reception and intake area, point-of-care testing station, telehealth capabilities, and x-ray imaging area, providing primary care, specialty care, and other support services to serve approximately 6,000 to 8,000 patients per year.

Table 1 Existing Fixed Facility and New Clinic Expansion Buildout

	Existing	Addition	Project Total
Building Area (sf.)	6,400 square feet	8,400 square feet	14,800 square feet
Parking Spaces (#)	77 (1 to be removed)	7	83
Impervious Surface Area (sf.)	45,000 square feet	56,300 square feet	56,300 square feet
Exam Rooms	12	15	27