

Notice of Determination

Form C

To:

[X] Office of Planning and Research
For U.S. Mail: P.O. Box 3044 Sacramento, CA 95812-3044
Street Address: 1400 Tenth St. Sacramento, CA 95814

[] County Clerk
County of:
Address:

From:

Public Agency: CA Department of Toxic Substances Control
Address: 1001 I Street Sacramento, CA 95814
Contact: Aaron Yue, Project Manager
Phone: (714) 484-5439

Lead Agency (if different from above):
Address:
Contact:
Phone:

SUBJECT: Filing of Notice of Determination in compliance with Section 21108 or 21152 of the Public Resources Code.

State Clearinghouse Number (if submitted to State Clearinghouse): 2008051003

Project Title: Topock Compressor Station Groundwater Remediation Project

Project Location (include county): 12 miles SE of the City of Needles, CA, San Bernardino County (see attached map)

Project Description:

Groundwater remediation final remedy project for cleanup of groundwater contamination at the PG&E Topock Compressor Station. The final remedy will include construction of extraction, investigation, injection, and monitoring wells, and related infrastructure for the in situ with freshwater flushing remedy. The remedy would be implemented in four phases, starting with final project design. Infrastructure relating to the interim and final remedies will be removed when no longer needed for remediation.

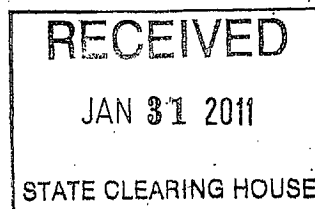
This is to advise that the CA Department of Toxic Substances Control has approved the above described project on January 31, 2011 and has made the following determinations regarding the above described project:
[] Lead Agency or [X] Responsible Agency
(Date)

- 1. The project [X] will [] will not] have a significant effect on the environment.
2. [X] An Environmental Impact Report was prepared for this project pursuant to the provisions of CEQA. [] A Negative Declaration was prepared for this project pursuant to the provisions of CEQA.
3. Mitigation measures [X] were [] were not] made a condition of the approval of the project.
4. A mitigation reporting or monitoring plan [X] was [] was not] adopted for this project.
4. A statement of Overriding Considerations [X] was [] was not] adopted for this project.
5. Findings [X] were [] were not] made pursuant to the provisions of CEQA.

This is to certify that the final EIR with comments and responses and record of project approval, or the negative Declaration, is available to the General Public at: CA Department of Toxic Substances Control, 5796 Corporate Avenue Cypress, California 90630

Signature (Public Agency) Karen Baker Title Project Director

Date January 31, 2011 Date Received for filing at OPR



Authority cited: Sections 21083, Public Resources Code. Reference Section 21000-21174, Public Resources Code.



State of California—The Resources Agency
DEPARTMENT OF FISH AND GAME
2011 ENVIRONMENTAL FILING FEE CASH RECEIPT

OK# 121-131037

RECEIPT# **412009**
STATE CLEARING HOUSE # (If applicable)
2008051003

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY **DTSC** DATE **1-31-11**
COUNTY/STATE AGENCY OF FILING **Sacramento** DOCUMENT NUMBER
PROJECT TITLE **Topock Compressor Station Groundwater Remediation**
PROJECT APPLICANT NAME **Aaron Yue** PHONE NUMBER **484 (714) 5439**
PROJECT APPLICANT ADDRESS **1001 I Street** CITY **Sacramento** STATE **CA** ZIP CODE **95814**

PROJECT APPLICANT (Check appropriate box):
 Local Public Agency School District Other Special District State Agency Private Entity

CHECK APPLICABLE FEES:

<input checked="" type="checkbox"/> Environmental Impact Report (EIR)	\$2,839.25	\$ 2839.25
<input checked="" type="checkbox"/> Mitigated/Negative Declaration (ND)(MND)	\$2,044.00	\$ _____
<input type="checkbox"/> Application Fee Water Diversion (State Water Resources Control Board Only)	\$850.00	\$ _____
<input type="checkbox"/> Projects Subject to Certified Regulatory Programs (CRP)	\$965.50	\$ _____
<input type="checkbox"/> County Administrative Fee	\$50.00	\$ _____
<input type="checkbox"/> Project that is exempt from fees		
<input type="checkbox"/> Notice of Exemption		
<input type="checkbox"/> DFG No Effect Determination (Form Attached)		
<input type="checkbox"/> Other _____		\$ _____

PAYMENT METHOD:
 Cash Credit Check Other _____ TOTAL RECEIVED \$ **2839.25**

SIGNATURE TITLE **Clerk**

WHITE - PROJECT APPLICANT YELLOW - DFG/ASB PINK - LEAD AGENCY GOLDEN ROD - COUNTY CLERK FG 753.5a (Rev. 11/10)

NO FILING FEE TOPOCK FY 10/11

DTSC
NAME OF DEPARTMENT: _____ CHECK NO. _____

REVOLVING FUND DISBURSEMENT VOUCHER

CA DEPT. OF FISH & GAME
P.O. BOX 944209
SACTO, CA 94244-2090 DATE **1-25-11** \$ **2839.25**

RECEIPT OF THE ABOVE AMOUNT FOR THE PURPOSE INDICATED IS HEREBY ACKNOWLEDGED

Please sign both copies of the enclosed Revolving Fund Voucher and return it To: Dept. of Toxic Substances Control 1001 I Street, 21st Floor (Accounting Unit) Attn: Cornelio Ancheta (916) 323-6558

SIGNATURE

URSE REVOLVING FUND. PREPARE AS CARBON COPY OF CHECK.

FORM 438 (REV. 9/84)

85 36320