

AmDI 100

Notice of Determination

Appendix D

To:

☒ Office of Planning and Research
U.S. Mail: Street Address:
P.O. Box 3044 1400 Tenth St., Rm 113
Sacramento, CA 95812-3044 Sacramento, CA 95814

☐ County Clerk
County of: Los Angeles
Address: 12400 Imperial Highway
Norwalk, CA 90650

From:

Public Agency: County of Los Angeles
Address: 900 South Fremont Avenue
Alhambra, CA 91803
Contact: Gillian Tiede
Phone: (626) 464-4583

2022 139710



FILED
Jun 24 2022

Dean C. Logan, Registrar - Recorder/County Clerk

Electronically signed by ANTHONY GARCIA

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): 2014111004

Project Title: Harbor-UCLA RP- Construction Change Orders (Harbor-UCLA Medical Center Campus Master Plan Project)

Project Applicant: County of Los Angeles Through Public Works

Project Location (include county): 1000 West carson Street, Torrance, CA 90502

Project Description:

On June 14, 2022, the Board approved various change orders for the Harbor-UCLA Medical Center Replacement Project. The approved change orders include design and construction for demolition of various buildings and procurement and installation of interim facilities to allow for construction of the Replacement Program. Work is in accordance with the Environmental Impact Report (EIR) Addendum certified by the Board of Supervisors on February 8, 2022 for the Harbor-UCLA Medical Center Replacement Project. The original EIR was certified on December 20, 2016.

This is to advise that the County of Los Angeles has approved the above
(☒ Lead Agency or ☐ Responsible Agency)

described project on June 14, 2022 and has made the following determinations regarding the above
(date)
described project.

1. The project [☒ will ☐ will not] have a significant effect on the environment.
2. ☒ 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 [☒ were ☐ were not] made a condition of the approval of the project.
4. A mitigation reporting or monitoring plan [☒ was ☐ was not] adopted for this project.
5. A statement of Overriding Considerations [☒ was ☐ was not] adopted for this project.
6. Findings [☒ 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:

County of Los Angeles Public Works Offices

Signature (Public Agency): [Signature] Title: Capital Project Program Manager

Date: 6/21/22 Date Received for filing at OPR: _____

THIS NOTICE WAS POSTED

ON June 24 2022

UNTIL July 25 2022

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

REGISTRAR - RECORDER/COUNTY CLERK

State of California—Natural Resources Agency
CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE
2016 ENVIRONMENTAL FILING FEE CASH RECEIPT

RECEIPT #

201612211240045

STATE CLEARING HOUSE # (If applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY

L.A. COUNTY DEPT. OF PUBLIC WORKS

DATE

12/21/2016

COUNTY/STATE AGENCY OF FILING

LACC

DOCUMENT NUMBER

2016309060

PROJECT TITLE

HARBOR-UCLA MEDICAL CENTER CAMPUS MASTER PLAN PROJECT

PROJECT APPLICANT NAME

CLARICE NASH L.A. COUNTY DEPT. OF PUBLIC WORKS

PHONE NUMBER

PROJECT APPLICANT ADDRESS

900 S. FREMONT AVE

CITY

ALHAMBRA

STATE

CA

ZIP CODE

91803

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)	\$3,070.00	\$ 3,070.00
<input type="checkbox"/> Negative Declaration (ND)(MND)	\$2,210.25	\$ 0.00
<input type="checkbox"/> Application Fee Water Diversion (State Water Resources Control Board Only)	\$850.00	\$ 0.00
<input type="checkbox"/> Projects Subject to Certified Regulatory Programs (CRP)	\$1,043.75	\$ 0.00
<input checked="" type="checkbox"/> County Administrative Fee	\$50.00	\$ 75.00
<input type="checkbox"/> Project that is exempt from fees		
<input type="checkbox"/> Notice of Exemption		
<input type="checkbox"/> CDFW No Effect Determination (Form Attached)		
<input type="checkbox"/> Other		\$ 0.00

PAYMENT METHOD:

☐ Cash ☐ Credit ☒ Check ☐ Other \$ 3,145.00

SIGNATURE

X *Clarice Nash*

TITLE

2022 139710



FILED
Jun 24 2022

Dean C. Logan, Registrar - Recorder/County Clerk

Electronically signed by ANTHONY GARCIA

State of California—Natural Resources Agency
CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE
2022 ENVIRONMENTAL FILING FEE CASH RECEIPT

RECEIPT #

202206241230010

STATE CLEARING HOUSE # (If applicable)

2014111004

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY

COUNTY OF LOS ANGELES

COUNTY/STATE AGENCY OF FILING

LOS ANGELES

DATE

06/24/2022

DOCUMENT NUMBER

2022139710

PROJECT TITLE

HARBOR-UCLA RP- CONSTRUCTION CHANGE ORDERS (HARBOR-UCLA MEDICAL CENTER CAMPUS
MASTER PLAN PROJECT)

PROJECT APPLICANT NAME

GILLIAN TIEDE

PHONE NUMBER

(626)464-4583

PROJECT APPLICANT ADDRESS

900 S FREMONT AVE

CITY

ALHAMBRA

STATE

CA

ZIP CODE

91803

PROJECT APPLICANT (Check appropriate box):

☒ Local Public Agency ☐ School District ☐ Other Special District ☐ State Agency ☐ Private Entity

CHECK APPLICABLE FEES:

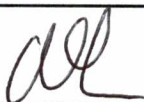
<input type="checkbox"/> Environmental Impact Report (EIR)	\$3,539.25	\$ 0.00
<input type="checkbox"/> Negative Declaration (ND)(MND)	\$2,548.00	\$ 0.00
<input type="checkbox"/> Application Fee Water Diversion (State Water Resources Control Board Only)	\$850.00	\$ 0.00
<input type="checkbox"/> Projects Subject to Certified Regulatory Programs (CRP)	\$1,203.25	\$ 0.00
<input checked="" type="checkbox"/> County Administrative Fee	\$50.00	\$ 75.00
<input type="checkbox"/> Project that is exempt from fees		
<input type="checkbox"/> Notice of Exemption		
<input type="checkbox"/> CDFW No Effect Determination (Form Attached)		
<input type="checkbox"/> Other _____		\$ 0.00

PAYMENT METHOD:

☐ Cash ☐ Credit ☐ Check ☒ Other Billing \$ 75.00

SIGNATURE

X



TITLE

INTERMEDIATE TYPIST CLERK