

NOTICE OF COMPLETION & ENVIRONMENTAL DOCUMENT TRANSMITTAL

SCH # _____

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

Project Title: Issuance of a Post-Closure Permit for Former Surface Impoundments 250, 635, and 706, United Technologies Corporation, Pratt & Whitney Rocketdyne
Lead Agency: Department of Toxic Substances Control, Cal/EPA Contact Person: Andrew Berna-Hicks
Street Address: 700 Heinz Avenue Phone: (510) 540-3956
City: Berkeley Zip Code: 94710 County: Alameda

Project Location: 600 Metcalf Road
County: Santa Clara City/Nearest Community: San Jose
Cross Streets: Shingle Valley Road Zip Code: 95138-9601 Total Acres: 5,119
Assessor's Parcel No: Section: Twp: Range: Base:
Within 2 miles: State Hwy #: 101 Waterways: San Francisco Bay, Anderson Reservoir
Airports: San Jose Airport Railways: Schools: Charter School of Morgan Hill

Document Type:
CEQA: [] NOP [] Supplement/Subsequent EIR [] Early Cons (Prior SCH No.) [] Neg Dec [] Draft EIR
NEPA: [] NOI [] EA [] Draft EIS [] FONSI
Other: [] Joint Document [] Final Document [] Other

Action Type:
[] General Plan Update [] Master Plan [] Prezone [] Annexation
[] General Plan Amendment [] Planned Unit Development [] Use Permit [] Redevelopment
[] General Plan Element [] Site Plan [] Land Division (subdivision) [] Coastal Permit
[] Community Plan [] Rezone [] Other: Post-Closure Hazardous Waste Facility Permit
[] Specific Plan (Hazardous Waste Removal Action, Parcel Map, Tract Map, etc.)

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:
[] Mining: Mineral:
[] Power: Type: Watts:
[] Waste Treatment: Type:
[] Hazardous Waste: Type:
[] Other:

Funding (approx.): Federal \$ State \$ Total \$

Project Issues Discussed in Document:
[] Aesthetic/Visual [x] Flood Plain/Flooding [] Schools/Universities [x] Water Quality
[] Agricultural Land [] Forest Land/Fire Hazard [] Septic Systems [x] Water Supply/Groundwater
[x] Air Quality [x] Geologic/Seismic [] Sewer Capacity [] Wetland/Riparian
[] Noise [] Minerals [x] Wildlife [x] Archeological/Historical
[] Coastal Zone [] Solid Waste [] Growth Inducing [] Population/Housing Balance
[] Drainage/Absorption [x] Toxic/Hazardous [x] Landuse [] Soil Erosion/Compaction/Grading
[] Economic/Jobs [] Public Services/Facilities [x] Traffic/Circulation [x] Cumulative Effects
[] Fiscal [] Recreation/Parks [] Vegetation [] Other:

Present Land Use/Zoning/General Plan Designation: Industrial/Commercial

Project Description: The Department of Toxic Substances Control (DTSC) is considering approval of a Post-Closure

Permit Application for three former surface impoundments. These surface impoundments were used for the storage of hazardous wastes at the facility and were closed in 1986. DTSC approved the closure certification report in 1991. All wastes from these impoundments were removed and disposed properly. Soils above the groundwater table were removed and replaced with clean fill. However, groundwater impacts still remain as a result of the operation of these units and therefore a Post-Closure Permit is required. The Permit will require the facility to continue to pump and treat the contaminated groundwater, monitor the groundwater, and to inspect and maintain the equipment used for these activities. A deed restriction is currently in place prohibiting the use of groundwater for agricultural purposes or human consumption. The deed restriction shall remain in place until standards set by the Regional Water Quality Control Board for drinking water have been achieved.

Reviewing Agencies Checklist:

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| <ul style="list-style-type: none"> <input type="checkbox"/> Resources Agency <input type="checkbox"/> Boating / Waterways <input type="checkbox"/> Coastal Commission <input type="checkbox"/> Coastal Conservancy <input type="checkbox"/> Colorado River Board <input type="checkbox"/> Conservation <input checked="" type="checkbox"/> Fish & Game <input type="checkbox"/> Forestry & Fire Protection <input type="checkbox"/> Office of Historic Preservation <input type="checkbox"/> Parks & Recreation <input type="checkbox"/> Reclamation Board <input checked="" type="checkbox"/> SF Bay Conservation and Development Commission <input checked="" type="checkbox"/> Water Resources (DWR) Business, Transportation & Housing <input type="checkbox"/> Aeronautics <input type="checkbox"/> California Highway Patrol <input type="checkbox"/> Caltrans District # <input type="checkbox"/> Department of Transportation Planning (headquarters) <input type="checkbox"/> Housing and Community Development <input type="checkbox"/> Food and Agriculture Health & Welfare <input type="checkbox"/> Health Services _____ State & Consumer Services <input type="checkbox"/> General Services <input type="checkbox"/> OLA (Schools) | <ul style="list-style-type: none"> Environmental Protection Agency <input checked="" type="checkbox"/> Air Resources Board <input type="checkbox"/> California Waste Management Board <input type="checkbox"/> SWRCB: Clean Water Grants <input type="checkbox"/> SWRCB: Delta Unit <input checked="" type="checkbox"/> SWRCB: Water Quality <input type="checkbox"/> SWRCB: Water Rights <input checked="" type="checkbox"/> Regional WQCB # <u>2 (San Francisco Bay)</u> Youth & Adult Corrections <input type="checkbox"/> Corrections Independent Commissions & Offices <input type="checkbox"/> Energy Commission <input checked="" type="checkbox"/> Native American Heritage Commission <input type="checkbox"/> Public Utilities Commission <input type="checkbox"/> Santa Monica Mountains Conservancy <input type="checkbox"/> State Lands Commission <input type="checkbox"/> Tahoe Regional Planning Agency <input type="checkbox"/> Other: _____ |
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Public Review Period (to be filled out by lead agency)

Starting Date September 28, 2006 Ending Date November 13, 2006

_____ Signature of Lead Agency Representative	_____ Date	
_____ Andrew Berna-Hicks Representative's Name	_____ Project Manager Representative's Title	_____ (510) 5450-3956 Phone #

FOR SCH USE ONLY

Date Received at SCH:		Applicant:	
Date Review Starts:		Consultant:	
Date to Agencies:		Contact Phone #:	()
Clearance Date:		Address:	
Notes:			

** NOTE: Clearinghouse will assign identification numbers for all new projects. If SCH number already exists for a project (e.g., from a Notice of Preparation or previous draft document) please enter the SCH number in the box located in upper right corner of this document.*