

Les Baugh
County Member

Irwin Fust
Special District Alternate



Rick Bosetti
City Member Alternate

Dick Fyten
Public Member

Larry Farr
City Member

Pam Giacomini
County Member Alternate

David Kehoe
County Member

Bob Richardson
Public Member Alternate

James Yarbrough
City Member

Brenda Haynes
Special District Member

Stephen Morgan
Special District Member

Jan Lopez
Executive Officer

NOTICE OF INTENT TO ADOPT - STATUTORY EXEMPTION

To: Affected and Interested Agencies and Persons

COPY

From: Shasta LAFCO
Shasta Local Agency Formation Commission
2516 Goodwater Avenue, Suite A
Redding, CA 96002

Project Title: Mayers Memorial Healthcare District - MSR/SOI Update 2014

Project Location-Specific: District encompasses Northeastern Shasta County (Burney, Fall River Mills, Mc Arthur), portion of Southwestern Modoc County (Day Road area), and portion of Lassen County (Bieber, Neubieber, Adin).

Project Location – City: Fall River Mills **Project Location – County:** Shasta County

Description of nature, purpose and beneficiaries of project: Establish Municipal Service Review and Sphere of Influence boundary update pursuant to G.C. 56425. This project does not include any boundary changes. Please see Exhibit A, Map of Sphere of Influence Update attached herewith and incorporated by reference.

Name of Public Agency Approving Project: SHASTA LAFCO

Name of Person or Agency Carrying out the project: SHASTA LAFCO

Exempt Status (check one)

- Ministerial (Section 21080(b)(1); 15268);
- Declared Emergency (Section 21080(b)(3); 15269(a);
- Emergency Project (Section 21080(b)(4); 15269(b)(c);
- Categorical Exemption. *State type and section number :* _____
- Statutory Exemption. *State code number :* Guidelines Section 15262 - Feasibilities & Planning Studies
(Section 21083, Public Resources Code)

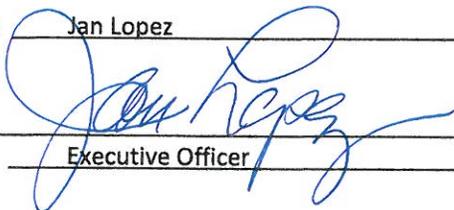
Reasons why project is exempt:

Project comprised of studies and evaluations and establishment of planning boundary for future growth pursuant to the requirements of G.C. 56425. There is no material effect on lands within the study area.

Lead Agency

Contact Person: Jan Lopez

Phone: 530-242-1112

Signature: 

Title of Person: Executive Officer

Date: 9-22-2014

Mayers Memorial Hospital District SOI

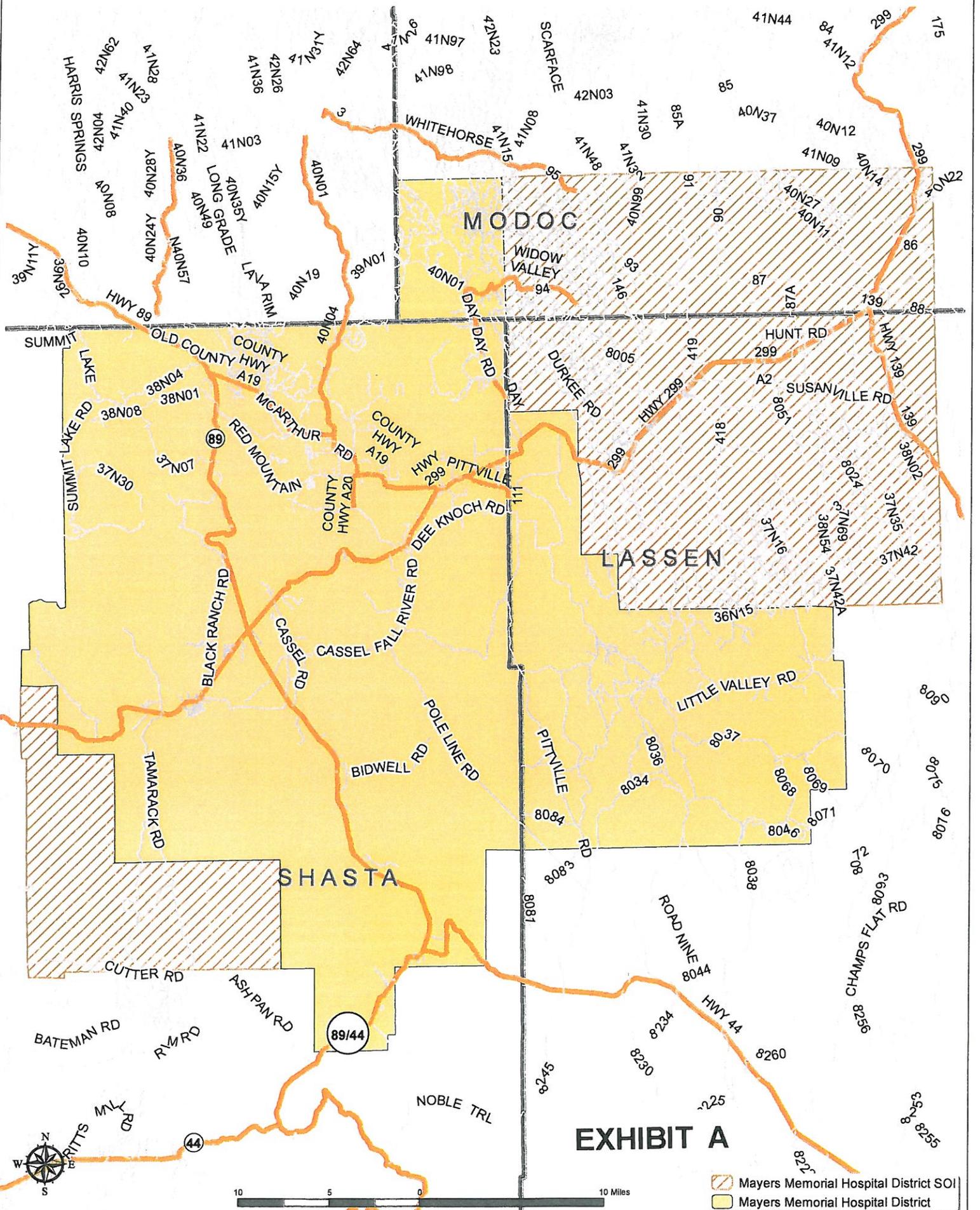


EXHIBIT A

- Mayers Memorial Hospital District SOI
- Mayers Memorial Hospital District



Lead agencies or project applicants that anticipate their project having no effect on fish and wildlife may use this form to request a "No Effect" Determination (NED) from the California Department of Fish and Wildlife (Department). This form prompts submittal of required information specified in the California Code of Regulations (Title 14 Section 753.5(c)(1)(A)). The California Environmental Quality Act (CEQA) document that was prepared for the project or a link to the webpage where the CEQA document has been published must also be provided with the written request.

Requests should be submitted when the CEQA document is released for public review, or as early as possible in the public comment period. Requests should include sufficient documentation to support a no effect determination, and must be submitted to the appropriate [Regional Office](#). Requests for projects with multi-region or statewide impacts should be submitted to the [Habitat Conservation Planning Branch](#).

If insufficient documentation is submitted, or if the project will cause a physical disturbance to habitat regardless of the magnitude of effect or size of a project a NED will not be issued. Please refer to Title 14 California Code of Regulations 753.5(d) for determination criteria.

Date Submitted: September 22, 2014

Applicant Name: Shasta Local Agency Formation Commission		Phone Number: 530-242-1112
Address: 2516-A Goodwater Avenue		Fax Number: 530-242-1113
City: Redding	State: CA	Zip: 96002
Contact Person: Jan Lopez, Executive Officer		Email: exec@shasta.lafco.ca.gov
Address: Same		Phone Number: Same as above
City: Redding		Fax Number: same
State: CA		Email: same
Zip: 96002		
CEQA Lead Agency: Shasta Local Agency Formation Commission		
Project Name: SOI & MSR Update for Mayers Memorial Healthcare District		
SCH Number and/or Local Agency ID number:		CEQA Document Type:
Statutory Exemption - SOI Update		Select CEQA Document Type
<p>Project Location: (Include street address, city, county, lat/long, township/range/section, or other description that clearly indicates the location of the project site. Submit an aerial photograph and/or topographic map showing the project location if otherwise not included with the CEQA document)</p> <p>Northeastern Shasta County: District encompasses Northeastern Shasta County (Burney, Fall River Mills, Mc Arthur), portion of Southwestern Modoc County (Day Road area), and portion of Lassen County, as shown on the attached map.</p> <p>Use "Comment" section on next page if more room is needed.</p>		
<p>Brief Project Description: (Include details on the type of project; e.g. new construction [with square footage], demolition of existing buildings, adaptive reuse of existing buildings, zoning amendments, general plan amendments, conditional use for sale of alcoholic beverages, etc.)</p> <p>This mandated update establishes baseline information for this agency's services and sphere of influence boundaries. The agency provides a critical access hospital including acute care, emergency, obsretics, hospice, ambulance, radiology, laboratory, surger, outpatient and would care, respiratory, cardiac rehab, physical therapy, and long-term care.</p> <p>Use "Comment" section on next page if more room is needed.</p>		
<p>Justification of No Effect Determination [Explain how the proposed project has no effect on fish and wildlife consistent with 14 CCR § 753.5(d)]:</p> <p>CEQA Document Type: Statutory Exemption, Section 15262-Feasibility & Planning Studies. LAFCO is mandated to conduct a services review (GC 56430) and a sphere of influence update (GC 56425) by 01/01/08, and is further required to review these two actions every five years thereafter, as needed. All local agencies must have these updated studies reviewed and established before LAFCO can approve any future boundary change proposals.</p> <p>Use "Comment" section on next page if more room is needed.</p>		



COMMENTS (Continued from previous page)

Project Location: (Include street address, city, county, lat/long, township/range/section, or other description that clearly indicates the location of the project site. Submit an aerial photograph and/or topographic map showing the project location if otherwise not included with the CEQA document)

No additional information to add.

COMMENTS (Continued from previous page)

Brief Project Description: (Include details on the type of project; e.g. new construction [with square footage], demolition of existing buildings, adaptive reuse of existing buildings, zoning amendments, general plan amendments, conditional use for sale of alcoholic beverages, etc.)

No additional information to add.

COMMENTS (Continued from previous page)

Justification of No Effect Determination [Explain how the proposed project has no effect on fish and wildlife consistent with 14 CCR § 753.5(d)]:

No additional comments.

Mayers Memorial Hospital District SOI

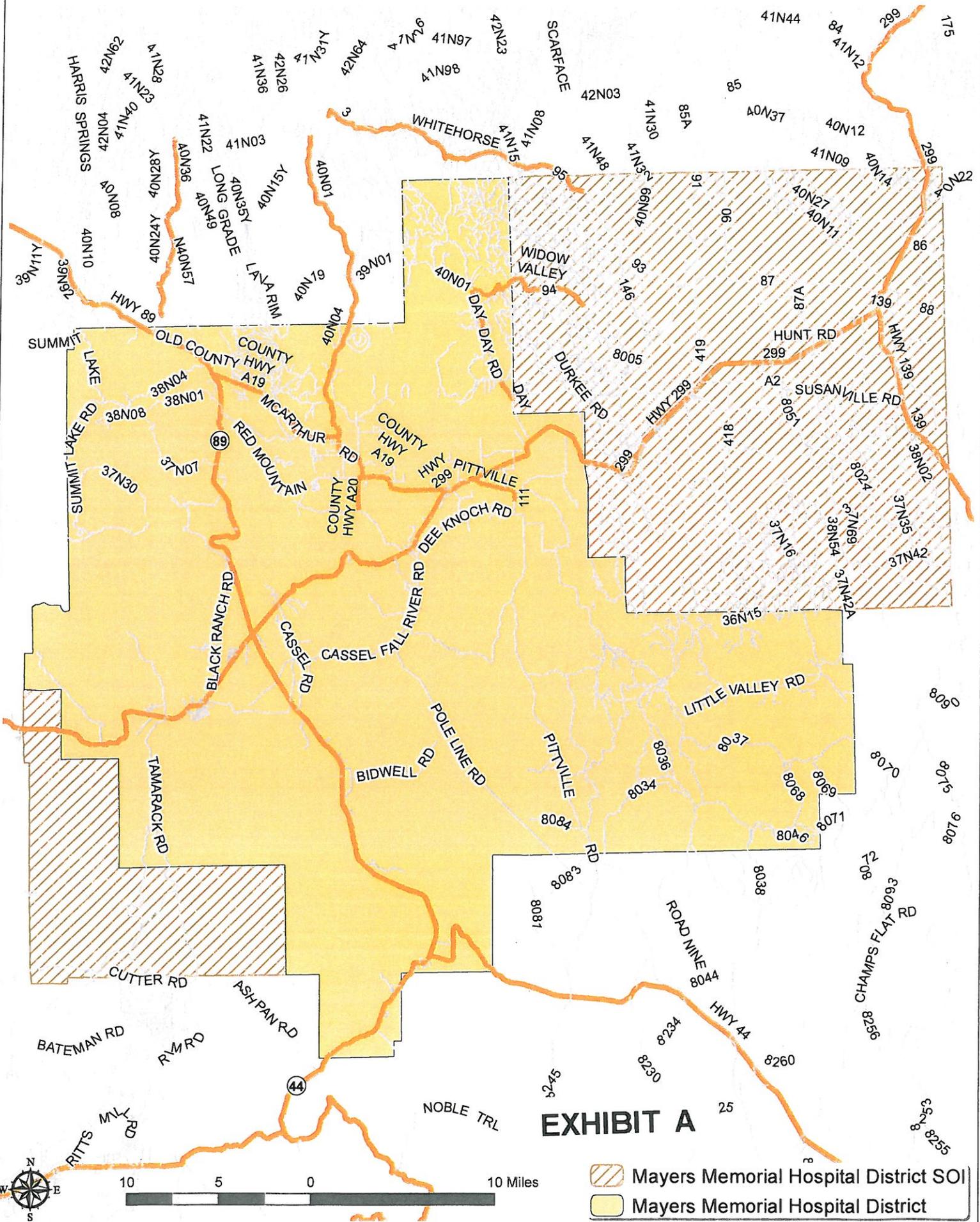


EXHIBIT A

-  Mayers Memorial Hospital District SOI
-  Mayers Memorial Hospital District