

**NOTICE PUBLICATION/REGULATIONS SUBMISSION**

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

<b>OAL FILE NUMBERS</b>	NOTICE FILE NUMBER <b>Z-</b>	REGULATORY ACTION NUMBER <b>2016-0201-02N</b>	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

NOTICE	REGULATIONS
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**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

**MAR 08 2016**  
3:43 PM

AGENCY WITH RULEMAKING AUTHORITY <b>AIR RESOURCES BOARD</b>	AGENCY FILE NUMBER (if any)
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**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
<b>OAL USE ONLY</b> <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER	PUBLICATION DATE

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Section 100 - Table of Area Designations for Ozone	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2014-0227-02-S
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
<b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b>	ADOPT
	AMEND 60201
TITLE(S) 17	REPEAL

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

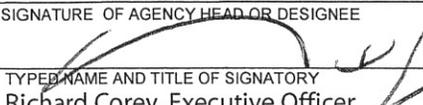
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code, §11347.1) N/A
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5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input checked="" type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal	
<input type="checkbox"/> Other (Specify) <u>N/A</u>			

7. CONTACT PERSON Trini Balcazar, Regulations Coordinator	TELEPHONE NUMBER 916 445 9564	FAX NUMBER (Optional) 916 322-3928	E-MAIL ADDRESS (Optional) Trinidad.Balcazar@arb.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 1/28/2016
TYPED NAME AND TITLE OF SIGNATORY Richard Corey, Executive Officer	

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

**MAR 08 2016**

**Office of Administrative Law**

# Final Regulation Order

## AREA DESIGNATIONS FOR STATE AMBIENT AIR QUALITY STANDARDS Chapter 1. Air Resources Board Subchapter 1.5. Air Basins and Air Quality Standards Article 1.5 Area Pollutant Designations

[Note: The preexisting regulation text is set forth below in normal type. The amendments are shown in underline italics to indicate additions.]

Amend sections 60201 title 17, California Code of Regulations, to read as follows:

### § 60201. Table of Area Designations for Ozone.

Area	Designation
North Coast Air Basin	Attainment
San Francisco Bay Area Air Basin	Nonattainment
North Central Coast Air Basin	Nonattainment- <u>Transitional</u>
South Central Coast Air Basin	Nonattainment
South Coast Air Basin	Nonattainment
San Diego Air Basin	Nonattainment
Northeast Plateau Air Basin	Attainment
Sacramento Valley Air Basin	
Colusa and Glenn Counties	Attainment
Sutter and Yuba Counties	Nonattainment-Transitional
Butte, Shasta, and Tehama Counties	Nonattainment
Placer, Sacramento, Solano, and Yolo Counties	Nonattainment
San Joaquin Valley Air Basin	Nonattainment
Great Basin Valleys Air Basin	
Alpine County	Unclassified
Inyo County	Nonattainment
Mono County	Nonattainment
Mojave Desert Air Basin	Nonattainment
Salton Sea Air Basin	Nonattainment
Mountain Counties Air Basin	
Amador, Calaveras, El Dorado, Nevada, Placer, Mariposa, and Tuolumne Counties	Nonattainment
Plumas and Sierra Counties	Unclassified
Lake County Air Basin	Attainment
Lake Tahoe Air Basin	Nonattainment-Transitional

NOTE: Authority cited: Sections 39600, 39601 and 39608, Health and Safety Code. Reference: Sections 39608 and 40925.5, Health and Safety Code.