Santa Barbara Cottage Hospital Foundation Workforce Housing Project

Final

Environmental Impact Report

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Volume III
Final EIR Responses to Comments

Prepared For

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CITY OF SANTA BARBARA

SANTA BARBARA COTTAGE HOSPITAL FOUNDATION WORKFORCE HOUSING PROJECT

FINAL ENVIRONMENTAL IMPACT REPORT

VOLUME III

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11.0 FINAL EIR RESPONSES TO COMMENTS

As part of the Final Environmental Impact Report (EIR) for the Santa Barbara Cottage Hospital Workforce Housing project, this document provides written responses to agency and public comments received during the Draft EIR public review period. In accordance with the California Environmental Quality Act (CEQA) Guidelines (Section 15088), EIR written responses are provided only for comments received that address environmental issues and the EIR analysis and process.

Comments that do not address potential environmental impacts of the proposed project are not responded to as part of the EIR. This includes comments addressing the merits or drawbacks of the project or alternatives to the project, comments extending support or opposition to the project or alternatives, and comments addressing other planning or socio-economic issues. Such comments will be forwarded for consideration by the City decision-makers responsible for project approval or disapproval (Planning Commission and City Council).

The review period for the Santa Barbara Cottage Hospital Foundation Workforce Housing project Draft EIR extended from July 27 to September 23, 2005. A list of the agencies, organizations and persons that submitted comments on the Draft EIR is provided below. A copy of each comment letter is provided in this section, along with responses to comments that pertain to the environmental review of the proposed project. Responses to comments provided at the September 8, 2005 public hearing on the Draft EIR are also provided.

In addition to providing responses to individual comments on the Draft EIR, several "Master Responses" have been prepared that address issues of general concern. Master Responses have been prepared for the following issue areas:

Master Response No. 1. Project-Related Effects Resulting from Construction Operations. This response addresses concerns regarding the EIR's evaluation of potential short-term, construction-related health effects resulting from exposure to diesel particulate matter emitted from construction equipment that would operate on the project site.

Master Response No. 2. Baseline Conditions and Project-Related Traffic Impacts. This response addresses potential traffic impacts of the proposed project, the environmental baseline that was used to evaluate the significance of project-related traffic and other environmental impacts, and the ability of a proposed project resident shuttle to effectively reduce cumulative traffic impacts of the proposed project to a less than significant level.

Master Response No. 3 Additional Information Regarding the Reuse of Existing On-Site Buildings. This response provides additional information regarding the Building Reuse (Alternative 8.2) and Project Redesign (Alternative 8.3) alternatives to the proposed project. These alternatives would result in the conversion of former hospital buildings located on the project site to a residential use.

The responses to comments that have been provided regarding the Cottage Hospital Foundation Workforce Housing project are provided in this section and are presented in the following manner.

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1.0 MASTER RESPONSES

Master Response 1 – Project-Related Health Effects Resulting from Construction Operations.

Project-Related Cancer Risks. The Initial Study prepared for the Cottage Hospital Foundation Workforce Housing project indicated that the construction period for the proposed project would extend over a period of approximately 67 weeks (16 months or approximately 1.4 years). After reviewing the Initial Study, the Santa Barbara County Air Pollution Control District (APCD) provided a response to the Notice of Preparation (notification that an Environmental Impact Report would be prepared for the proposed project) that a health risk assessment may be warranted for the project due to potential health effects that have the potential to result from exposures to diesel exhaust during project construction. Diesel exhaust has been classified as a carcinogen by the state of California. Subsequent contact with the APCD indicated that a health risk evaluation for the proposed project was warranted, and that the project's potential health risk impacts should be evaluated using the Hot Spots Analysis and Reporting Program (HARP). The HARP model was developed by the California Air Resources Board as a tool to implement the requirements of the Air Toxics "Hot Spots" Information and Assessment Act of 1987 (AB 2588).

Under the requirements of AB 2588 stationary sources are required to report the types and quantities of certain substances their facilities routinely release into the air. Emissions of interest are those that result from the routine operation of a facility or that are predictable, including but not limited to continuous and intermittent releases and process upsets or leaks.[1] As directed by the requirements of AB 2588, the California Office of Environmental Health Hazard Assessment (OEHHA) adopted *The Air Toxics Hot Spots Program Guidance Manual for Preparation of Health Risk Assessments.* The intent of developing the Guidance Manual was to "provide health risk assessment procedures for use in the Air Toxics Hot Spots Program or for the permitting of new or modified stationary sources."[2] It is also the intent of the Guidance Manual to facilitate the use of consistent risk assessment procedures and report presentation, which allows the comparison of one facility to another.[3] The HARP computer program was subsequently developed as a tool to implement the risk assessment procedures outlined in the "Hot Spots" program Guidance Manual. In addition to preparing the Guidance Manual, OEHHA developed four Technical Support Documents that provide the scientific basis for values used in assessing risk from exposure to facility emissions.

The health risk analysis prepared for the Cottage Hospital Foundation Workforce Housing project that was included in the Draft EIR evaluated potential cancer-related health risks resulting from the proposed project. The health risk assessment was based on a number of reasonable worst-case assumptions relative to the proposed project, including estimates of the types and number of pieces of diesel equipment that could be used on project site,

[1] Source: Overview of the Air Toxics "Hot Spots" Information and Assessment Act (www.arb.ca.gov/ab2588/overview.htm)
[2] Source: Air Toxics Hot Spots Program Risk Assessment Guidelines, August, 2003 (www.oehha.ca.gov/air/hot_spots/pdf/HRAfinalnoapp.pdf)
[3] Ibid.

emissions from diesel trucks traveling to and from the site to haul demolition and other material, meteorological conditions, and the number of hours that individual pieces of equipment would be in operation over the proposed project's entire 16-month construction period. The health risk also reflects worst-case conditions because emissions from construction equipment were estimated assuming that no mitigation measures had been implemented to minimize diesel particulate emissions. Other health risk model parameters that were used, such as the breathing rate and body weight of persons exposed to project-related emissions of diesel particulate matter were consistent with OEHHA recommendations.

The health risk modeling for the proposed project that was provided in the Draft EIR concluded that the project-related construction emissions of diesel particulate matter would result in a statistical cancer risk probability along the northern property line of 4.90 in 1 million. The APCD's adopted significance threshold for determining if a project would result in a significant public health risk is 10 excess cancer cases in a million (i.e., a statistical risk of 10 in one million). Therefore, the highest predicted excess cancer risk resulting from the proposed project was less than one-half of the adopted APCD threshold.

The construction equipment emission estimates that were used to prepare the health risk assessment assumed that no mitigation measures were implemented to reduce project-related emissions of diesel particulate matter. Although project-related emissions from construction equipment would be far less than APCD guidelines for significant construction-related emissions, the Draft EIR identified mitigation measures to further reduce construction equipment emissions to the extent feasible. These mitigation measures are based on the recommendations provided in the APCD's *Scope and Content of Air Quality Section in Environmental Documents (June, 2004).* The air quality mitigation measures in the Final EIR have been updated to reflect the requirements of the July 2005 version of the *Scope and Content* document, which adds a requirement that all diesel-powered equipment shall use ultra-low sulfur diesel fuel.

For comparison purposes, the short-term health effects of proposed project can be compared to existing health risks associated exposure to ambient levels of diesel particulate matter. The California Air Resources Board has estimated the ambient cancer risk that existed in 2001 as a result of diesel particulate emissions from diesel compression ignition engines. That analysis concluded that throughout much of the urbanized Santa Barbara and Goleta area, the inhalation cancer risk ranged between 100 and 500 in a million[4]. The ARB data indicates that ambient diesel particulate matter exposure health risk is approximately 20 to 100 times greater than the risk of the proposed project. As a result, the worst-case diesel exposure impacts of the proposed project would not substantially contribute to cumulative diesel particulate matter exposure impacts that occur throughout the project region.

In their comment letter regarding the Draft EIR, the APCD stated that they did not concur with use of the 16 month (1.4 year) project construction duration exposure period, and indicated that OEHHA recommends a minimum of nine years of exposure duration for this type of analysis.

[4] www://www.arb.ca.gov/toxics/cti/hlthrisk/cncrinhl/staticmap/cncrtoxriskalldslstipm10sntabarbsw.gif

The 16 month construction period used for modeling health risks of the proposed project reflects the proposed duration of exposure to project-related diesel exhaust. Clearly, use of a 9-year duration assumption for a 16-month long construction project would substantially overestimate the impact and mislead the public and decision-makers.

As described above, the AB 2588 program was developed to evaluate potential health risks associated with the ongoing operations of long-term stationary facilities, such as a factory or business that routinely results in emissions of toxic air contaminants. When evaluating the health risk posed by such a facility, there is no certainty regarding how long that business or facility will remain in operation, or how long a person would be exposed to the facility's air emissions (i.e., how long would a person live at a residence that is affected by the facility's emissions). OEHHA recommends that risk assessments for stationary facilities be conducted using a 70-year exposure duration[5], and suggests that estimates for 9-year and 30-year exposure scenarios could also be presented. The 9- and 30-year estimates are figures that the U.S. EPA has recommended for the "central tendency" and "high-end" estimates, respectively, of the length of residency of an individual at a given location.[6] Therefore, for the evaluation of stationary source, such as a business or factory that will typically have an undefined or undermined duration of operation, OEHHA has recommended that a range of exposure durations be considered. The directions are in the form of guidelines and recommendations, not fixed factors. For the proposed project, more accurate and project-specific information is available for analysis, rather than general assumption guidelines.

The construction operations required for the development of the Cottage Hospital Foundation Workforce Housing project were not evaluated as a stationary source of toxic air contaminants because unlike the operation of a business or factory, the proposed construction project has an identified duration of approximately 16 months. Since the duration of exposure to diesel particulate emissions resulting from project-related construction equipment emissions can be defined with some certainty, a reasonable worst-case evaluation of project-related health risk should be based on the project-specific exposure duration information rather than lifetime (70 year) or residency duration estimates of exposure (9 or 30 years) that have no relationship to the timeframe characteristics of the proposed project exposures.

One of the primary reasons for using the HARP model is to provide consistency in the evaluation of potential health risks. However, if the health risks associated with construction projects were all to be evaluated for a nine-year duration, a consistent, accurate, and comparative evaluation of project-related potential health risks would not be provided. For example, if the emissions from a one-year long construction project were to be evaluated for a duration of nine years, and a six-year construction project were also to be evaluated for a nine year duration, both project's calculated health risk would be overestimated, however, the one-year project's risk would be overestimated by a factor of nine and the six-year

[5] Air Toxics 'Hot Spots" Program Risk Assessment Guidelines Part IV, Technical Support Document for Exposure Assessment and Stochastic Analysis, September, 2000 (www.oehha.ca.gov/air/hot_spots/pdf/chap11.pdf)
[6] Ibid.

project's health risk would only be overestimated by a factor of 1.5. Such a discrepancy in analysis outcomes would not allow the public or decision-makers to accurately or consistently compare the relative health risks of different projects. To provide consistent health risk evaluations of individual construction projects, the anticipated duration of the proposed project should be characterized as accurately as possible.

After further review of this matter, the APCD agreed that it is not appropriate to provide an evaluation of the proposed project's potential cancer and acute health risk impacts resulting from exposure to diesel particulate matter because there is not an appropriate method to assess impacts from short-term exposures to this pollutant. This conclusion was based on a determination that "the HARP model creates some uncertainty in the cancer risk from short-term exposure to diesel exhaust, and the existing emission factors used for acute non-cancer risk analysis are also uncertain" (SBAPCD, July 14, 2006). The "uncertainty" in the HARP model generally occurs because potential cancer risk estimates for the various substances found in diesel exhaust are based on relatively long-term exposures (at least nine years) rather than the short-term exposures that would result from the proposed project (Lambert, 2006). Additional information regarding the conclusion that it is not appropriate to include an analysis of potential project-related cancer and acute health effects in the project EIR is provided in Appendix H and I of Volume III (Responses to Comments) of the Final EIR.

It was also concluded that the most appropriate potential short-term health risk impact to be evaluated by the project EIR is potential chronic respiratory effects resulting from short-term project-related diesel exhaust exposures. The evaluation of potential chronic respiratory impacts is the appropriate health risk of concern because there is some evidence that chronic exposure to diesel particulate matter impairs lung function. In animal studies, it has been observed that exposure to diesel exhaust induced inflammatory airway changes and various lung function changes.

Based on this understanding, the health risk assessment for the proposed project was revised to consider potential chronic health impacts. The evaluation concluded that at a sensitive receptor located on the project site boundary (the Villa Riviera), the estimated Hazard Index for chronic health impacts would be 0.04, which is substantially lower than the significance threshold of 1.0. The health risk analysis report prepared for the proposed project to evaluate potential chronic health impacts is provided in Appendix J of Volume III (Responses to Comments) of the Final EIR.

The major health issue for the closest residents during demolition and construction activities is likely to be upper respiratory tract irritation resulting from the inhalation of fine diesel particulates, and possible exacerbation of existing lung and respiratory diseases such as chronic obstructive pulmonary disease, asthma, and emphysema. In the larger community, concern would focus on children and adults with asthma as well as older residents with respiratory disease who may live nearby. All of these health concerns are best addressed by use of the USEPA and OEHHA diesel chronic health risk standards, protecting the most sensitive members of the community with these types of respiratory ailments. As indicated

above, the estimated health risk of the proposed project is substantially below the significance threshold adopted by the APCD.

In conclusion, the health risk assessment included in the Final EIR provides an appropriate evaluation of the proposed project's health impacts, and is based on reasonable worst-case assumptions regarding potential exposures to diesel particulate matter. The health risk assessment determined that even without the implementation of proposed construction equipment emission mitigation measures, the project's maximum estimated health risk impact is nearly two orders of magnitude lower than the APCD's adopted significance threshold. Therefore, the Final EIR continues to conclude that the proposed project would not result in a significant public health impact (Class III).

Master Response 2– Baseline Conditions and Project-Related Traffic Impacts

Baseline Versus Existing Traffic Conditions. Reasons for considering the traffic baseline conditions to be the conditions that existed when the Saint Francis Hospital was in operation are detailed in the Draft EIR (see DEIR page 5.5-8). The CEQA Guidelines state that baseline conditions for impact analysis are "normally" established as the existing conditions at the time environmental review is commenced. The environmental review for the proposed project commenced approximately one year following closure of the Saint Francis Hospital. In circumstances involving a developed project site, project-related impacts are measured in terms of the net change between conditions resulting from the existing development and the proposed project-related conditions. As such, the baseline conditions are with hospital-related operations. Despite a decrease in hospital-related use and its closure in 2003, the proposed project site had been used for medical-related uses since the early 1900's. Therefore, traffic conditions associated with the use of the project site as a hospital were well established in the surrounding neighborhood.

Baseline traffic conditions (estimated traffic conditions that existed when the Saint Francis Hospital was in operation) were summarized by the Draft EIR on Table 5.5-2. For reference, that table is provided below.

Table 5.5-2
Estimated Baseline (with Hospital) Intersection Level of Service (LOS) Summary

	AM Peak Hour		PM Peak Hour	
Intersection	**Delay (sec)**	**LOS**	**Delay (sec)**	**LOS**
Unsignalized Intersections				
1. Anapamu Street/Laguna Street	15.2	C	20.0	C
2. Arrellaga Street/Olive Street	13.5	B	12.0	B
3. Micheltorena Street/Salsipuedes Street	9.7	A	9.4	A
4. Sola Street/Salsipuedes Street	10.4	B	9.9	A
5. Arrellaga Street/Laguna Street	10.0	B	10.2	B
6. Arrellaga Street/Garden Street	19.8	C	16.3	C
7. Pedregosa Street/Laguna Street-Olive Street	9.3	A	9.1	A
8. Pueblo Street/Chapala Avenue	10.1	B	11.4	B
9. Pueblo Street/De La Vina Street	15.4	C	18.4	C
	V/C	**LOS**	**V/C**	**LOS**
Signalized Intersection				
10. Mission Street/Bath Street	0.66	B	***0.80***	***C***

Notes:
Bold and *italic* numbers represent impacted intersections
An intersection is considered "impacted" in the baseline condition if the volume to capacity (v/c) ratio exceeds 0.77 v/c or the delay is 22 seconds or greater.

For information and comparison purposes, the Draft EIR also evaluated the potential for project-related impacts when compared to existing traffic conditions, as determined by project-area traffic counts taken in 2004. Existing traffic conditions in the project area were summarized by the Draft EIR on Table 5.5-8. For reference, that table is provided below.

Table 5.5-8
Existing Intersection Level of Service (LOS) Summary

Intersection	AM Peak Hour		PM Peak Hour	
	Delay (sec)	LOS	Delay (sec)	LOS
Unsignalized Intersections				
1. Anapamu Street/Laguna Street	15.1	C	19.8	C
2. Arrellaga Street/Olive Street	12.1	B	11.4	B
3. Micheltorena Street/Salsipuedes Street	9.5	A	9.3	A
4. Sola Street/Salsipuedes Street	10.3	B	9.8	A
5. Arrellaga Street/Laguna Street	9.9	A	9.9	A
6. Arrellaga Street/Garden Street	19.0	C	15.4	C
7. Pedregosa Street/Laguna Street-Olive Street	9.1	A	8.9	A
8. Pueblo Street/Chapala Avenue	10.1	B	11.4	B
9. Pueblo Street/De La Vina Street	15.2	C	18.2	C
	V/C	**LOS**	**V/C**	**LOS**
Signalized Intersection				
10. Mission Street/Bath Street	0.66	B	***0.80***	***C***

Notes: **Bold** *italic* numbers represent impacted intersections
An intersection is considered "impacted" in the cumulative baseline condition if the volume to capacity (v/c) ratio exceeds 0.77 v/c or the delay is 22 seconds or greater.

A comparison of the baseline and existing traffic condition tables indicates that traffic conditions under baseline (when the hospital was in operation) and existing conditions (2004 counts after the hospital was closed) are very similar, with only minor level of service changes at the Arrellaga St/Laguna St and Pedregosa St/Laguna St intersections. Since the baseline and existing traffic conditions are so similar, traffic impacts resulting from the addition of traffic generated by the proposed housing project to the street system are also similar under both scenarios. Therefore, regardless of which baseline/existing condition scenario is used, similar project-related traffic impacts were identified by the Draft EIR.

The baseline and existing traffic condition scenarios used to evaluate the project-related traffic impacts considered conditions that existed when the hospital was in operation, and after operations at the hospital had ceased, respectively. The EIR analysis and conclusions regarding potential project-related traffic impacts is based on the baseline traffic condition scenario. The existing conditions scenario is provided in the EIR for information and comparison purposes. Therefore, the baseline and existing traffic condition information provided by the EIR has adequately considered potential impacts that may result from a range of possible traffic conditions on streets surrounding the project site. The evaluation of additional traffic scenarios, such as traffic conditions that existed when the hospital was operating at less than full capacity, is not necessary to adequately assess the potential traffic impacts of the proposed project.

Trip Generation Estimates. The proposed project would be similar to the description of the ITE Land Use Code 230, Condominiums/Townhomes. The Institute of

Transportation Engineers (ITE) *Trip Generation* Manual, 7th Edition (2003), has several trip rates for condominium uses. However, the 6th and 7th editions of the ITE manual do not provide a clear description of the sample studies for condominium/townhome land uses. As shown in the 5th edition of the ITE manual, the locations of the condominiums studied are not in single-family neighborhoods, but in more densely populated areas that include commercial corridors.

The ITE manual states that "dwelling units that were larger in size, more expensive, or farther away from the central business district (CBD) had a higher rate of trip generation per unit than those smaller in size, less expensive, or closer to CBD. However, other factors, such as geographic location and type of adjacent and nearby development, also had an effect of the site trip generation."

The proposed project would provide a variety of unit types, however, most would consist of two-bedroom units. The project would be located within a predominately single-family neighborhood that is approximately one mile away from the CBD, and there is not a concentration of commercial uses adjacent to the project site that could serve the day-to-day needs of the project residents. In addition, the project site is located in an area of the City where transit stops are limited and where the sloping geography may limit pedestrian and bicycle movements. This may cause more residents to use their vehicles, resulting in a higher trip generation rate.

The EIR analysis acknowledges that many Cottage Hospital employees would work shifts that would not correspond to the peak commute hours. However, it would not be possible for the EIR to provide a traffic impact analysis based on estimates of the proposed project's resident work schedule characteristics. Residents of the proposed project would likely consist of three types of hospital employees: administrative, clinical and support, each of which have work schedules that vary substantially. It cannot be determined at this time how many of each type of hospital employee would occupy the project, and the "mix" of employee types is likely to change over the life of the project. Also, spouses of hospital employees and occupants of market rate units may have work schedules that do not correspond to hospital-related work schedules. Any attempt to predict trip timing characteristics of the project residents would be speculative and would not provide meaningful conclusions. Therefore, AM and PM peak hour traffic generation characteristics of the proposed project were based on applicable ITE trip generation factors, which reflect hospital-related trip generation characteristics, rather than using unquantifiable assumptions regarding project occupant shift schedule characteristics.

It is noted that ATE conducted trip generation surveys at two condominium sites in the City. However, City staff has also indicated that interviews and observations were conducted at condominium sites similar to the Cottage Workforce Housing project, and that the project is likely to have a trip generation rate more similar to single-family housing than condominiums. As a result, a trip generation rate for single-family residential was used to represent a conservative estimate of project trips. In addition, the significant cumulative traffic impacts at the three study area intersections are caused by the redistribution of trips

(i.e., residential project trip distribution patterns rather than hospital-related trip patterns) and not an increase in trip generation.

Project-Specific Traffic Impacts. The Draft EIR evaluated the potential for the proposed project to result in significant traffic impacts during the AM and PM peak traffic hours. That evaluation considered the potential for impacts when compared to baseline (conditions that existed when the Saint Francis Hospital was in operation) and existing (2004 traffic counts) traffic conditions. The analyses for both scenarios concluded that the Cottage Hospital Foundation Workforce Housing project would not result in significant project-specific traffic impacts based on the City's adopted traffic impact thresholds of significance.

Cumulative Traffic Impacts. Cumulative traffic impacts were identified as a significant and unavoidable impact of the proposed project. This determination was made not because the project would add a substantial net amount of traffic to intersections that currently operate at unacceptable levels of service, but because the City has adopted a very low threshold of significance for cumulative traffic impacts. Specifically, the proposed project would add 11 PM peak hour trips to the Mission St/Bath St intersection, eight PM peak hour trips to the Anapamu St/Laguna St intersection, and 13 AM peak hour trips to the Arrellaga St/Garden St intersection. The City's threshold of significance for cumulative impacts at an intersection that is not operating at an acceptable level of service is when traffic is added during the peak hour.

Proposed Shuttle Bus Program. The concept of providing a project resident shuttle has been proposed by the project applicant and that concept is included in the proposed project description. One of the objectives of the shuttle would be to reduce project-related traffic impacts, such as the proposed project's cumulative traffic impact at the intersections of Mission St/Bath St, Anapamu St/Laguna St, and Arrellaga St/Garden St.

The Draft EIR provided an analysis of the potential effectiveness of the shuttle program to minimize the proposed project's cumulative traffic impacts. The analysis provided in the Final EIR, and Table 5.5-11 (Resident Shuttle Program Effectiveness, Net Change in Traffic Volumes at Impacted Intersections) have been refined to recognize that the proposed shuttle would have a beneficial effect, and based on the shuttle ridership assumptions used by the Draft EIR, would have the potential to reduce project-related cumulative traffic impacts to a less than significant level. However, the Final EIR continues to conclude that the applicant has not provided information regarding the shuttle operation characteristics, or more importantly, to ensure that the shuttle would remain in operation over the life of the proposed housing project or that there would be a continued level of use to reduce project-related impacts to a less than significant level. Furthermore, state law prevents the City from requiring a project to incorporate transportation demand management measures. The Final EIR recognizes the potential benefits that could be provided by the shuttle program, but as presently proposed the shuttle program is not given full mitigation credit for providing a quantifiable and permanent reduction in project-related traffic impacts. Therefore, the shuttle program is not considered to be adequate to reduce project-related cumulative impacts to a less than significant level.

Master Response 3 – Additional Information Regarding the Reuse of Existing On-Site Buildings

At the request of the Planning Commission, and as requested by numerous comments on the Draft EIR, the following additional information is provided regarding the project alternatives that would result in the reuse of existing buildings located on the project site. Those alternatives are the Use Existing On-Site Buildings alternative (Alternative 8.2) and the Project Redesign Alternative (Alternative 8.3).

The alternatives analysis provided by the Draft EIR, along with the additional information provided below, is consistent with the requirements of CEQA Guidelines Section 15126.6(d), which states: "*The EIR shall include sufficient information about each alternative to allow meaningful evaluation, analysis, and comparison with the proposed project.*" The section also indicates that "*If an alternative would cause one or more significant effects in addition to those that would be caused by the project as proposed, the significant effects of the alternative shall be discussed, but in less detail than the significant effects of the project as proposed.*" The level of analysis detail provided by the Draft EIR and in the analysis provided below is adequate to allow a meaningful comparison of potential environmental impacts that would result from the proposed project and that could result from the building reuse alternatives. The information provided below supplements the analysis provided by the Draft EIR. This additional information has not changed the conclusions of the Draft EIR and the Project Redesign alternative is still considered by the EIR to be the environmentally superior project alternative.

Two building reuse alternatives were evaluated by the Draft EIR. Alternative 8.2 is the "Use Existing On-Site Buildings" alternative and would result in the conversion of most of the buildings located on the project site to a residential use. Some building demolition would occur to remove structures clearly not suitable for residential purposes, such as the Maintenance/Engineering Building, Generator Building and Storage Building. Under Alternative 8.2, approximately 12,000 square feet of building area would be demolished. Alternative 8.3 is the "Project Redesign" alternative and would result in the reuse of on-site structures most suitable for residential use. Under this alternative, in addition to the removal of the Maintenance/Engineering, Generator and Storage buildings, the southern portion of the Main Building and the parking structure would also be removed. Under Alternative 8.3, approximately 62,000 square feet of building area would be demolished. Although each building reuse alternative would have different demolition and construction characteristics, based on reasonable assumptions about the conversion of existing buildings to residential uses and new construction on the project site, it was estimated that both alternatives would result in the development of 89 dwelling units on the project site.

Air Quality. The Draft EIR concluded that with the implementation of proposed mitigation measures, the short-term air quality impacts of the proposed project would be reduced to a less than significant level. It was also concluded that heavy equipment use on the project site and associated emissions of diesel particulate matter during demolition and construction would not result in significant health-related impacts.

Use Existing Buildings Alternative. The existing structures on the project site provide approximately 168,000 square feet of floor area, all of which would be removed by the proposed project. Under the Use Existing Buildings alternative, most of the on-site structures would be retained, with the exception of the Maintenance/Engineering, Generator and Storage buildings, which provide a total of approximately 12,000 square feet in floor area (approximately 7% of the project site total building area). Therefore, demolition activity under the Use Existing Buildings alternative would be reduced by approximately 93% when compared to the proposed project. The reduction in demolition activity would result in a similar reduction in demolition-related air emissions, such as criteria pollutants (ROC, NOx and PM10) and diesel particulate matter. With other site modifications required to implement this alternative, such as parking lot removal/restoration and minor grading, it is likely that total demolition- and grading-related air emissions resulting from this alternative would be approximately 75% less than the demolition and grading emissions of the proposed project. It is likely that construction-related emissions under this alternative would be similar to the construction emissions of the proposed project. The reduction in air emissions resulting from this alternative would be beneficial, but are not required to reduce the short-term air quality impacts of the proposed project to a less than significant level.

The Use Existing Buildings alternative would result in the development of 89 dwelling units on the project site, compared to the 115 units that would be provided by the proposed project. The alternative would result in a 22% reduction in units, with a corresponding reduction in vehicle trips and air emissions. The reduction in air emissions resulting from this alternative would be beneficial, but are not required to reduce the long-term air quality impacts of the proposed project to a less than significant level.

Project Redesign Alternative. Under the Project Redesign alternative, the Maintenance/Engineering, Generator, and Storage, buildings, along with the southern portion of the Main Building and parking structure, would be demolished. The combined square footage of the above structures is approximately 62,000 square feet (approximately 37% of the project site total building area). Therefore, demolition activity under the Use Existing Buildings alternative would be reduced by approximately 63% when compared to the proposed project. This reduction in demolition activity would result in a similar reduction in demolition-related air emissions, such as criteria pollutants (ROC, NOx and PM10) and diesel particulate matter. With other site modifications required to implement this alternative, it is likely that total demolition- and grading-related air emissions resulting from this alternative would be approximately 50% less than the demolition and grading emissions of the proposed project. It is likely that construction-related emissions under this alternative would be similar to the construction emissions of the proposed project. The reduction in air emissions resulting from this alternative would be beneficial, but are not required to reduce the short-term air quality impacts of the proposed project to a less than significant level.

The Use Existing Buildings alternative would result in the development of 89 dwelling units on the project site, compared to the 115 units that would be provided by the proposed project. The alternative would result in a 22% reduction in units, with a corresponding reduction in vehicle trips and air emissions. The reduction in air emissions

resulting from this alternative would be beneficial, but are not required to reduce the long-term air quality impacts of the proposed project to a less than significant level.

Hazardous Materials. Implementation of the proposed project would require that hazardous materials located in the existing on-site buildings be removed from the project site prior to building demolition. The Draft EIR concluded that with the implementation of existing regulations and proposed mitigation measures, the hazardous material impacts of the proposed project could be reduced to a less than significant level.

Use Existing Buildings Alternative. The Use Existing Buildings alternative would also be required to remove hazardous materials prior to building demolition or renovation. Therefore, the hazardous material impacts of the Use Existing Buildings alternative would be similar to the impacts of the proposed project and not significant.

Project Redesign Alternative. Similar to the proposed project, the Project Redesign alternative would be required to remove hazardous materials prior to building demolition or renovation. Therefore, the hazardous material impacts of this alternative would be similar to the impacts of the proposed project and not significant.

Noise. Demolition activities required to remove the existing buildings from the project site would generally result in the highest short-term, project-related noise levels. Demolition activities are proposed to occur on approximately 173 days over the proposed project's 67-week construction period. The Draft EIR concluded that the proposed construction activities would result in a significant and unavoidable short-term noise impact.

Use Existing Buildings Alternative. Under the Use Existing Buildings alternative, demolition activities would be substantially reduced, requiring approximately 20 days to demolish the Maintenance Building and three days to demolish the Storage Building. Peak noise levels during the 23 days of demolition activities under the Use Existing Buildings alternative would be similar to the peak noise levels that would result from the proposed project, but fewer adjacent residences would be affected and the duration of demolition activities would be substantially reduced. Grading- and construction-related noise levels would also be reduced. The Draft EIR determined that the short-term noise impacts of the Use Existing Buildings alternative could be reduced to a less than significant level with the implementation of proposed mitigation measures.

Under the proposed project, the highest increase in vehicle traffic noise would occur on Arrellaga street, with a 3.3 dBA Ldn increase in traffic noise over existing conditions. The resulting average traffic noise levels would be approximately 53.3 dBA, which remains below the City's 60 dBA threshold of significance. The Use Existing Buildings alternative would result in fewer units being developed on the project site, resulting in a corresponding reduction in vehicle trips on streets adjacent to the project site. The estimated traffic noise along Arrellaga Street under the Use Existing Buildings alternative would be approximately 53.1 dBA. A reduction of 0.2 dBA would not result in a perceptible decrease in traffic noise and a reduction in traffic noise levels is not required to reduce the long-term noise impacts of the proposed project to a less than significant level.

Project Redesign Alternative. Under the Project Redesign alternative, demolition activities would be reduced, requiring approximately 20 days to demolish the Maintenance Building, three days to demolish the Storage Building, and 30 days to demolish the southern end of the Main Building. Peak noise levels during the 53 days of demolition activities under the Project Redesign alternative would be similar to the peak noise levels that would result from the proposed project, but fewer adjacent residences would be affected and the duration of demolition activities would be reduced. Grading- and construction-related noise levels would also be reduced. The Draft EIR determined that similar to the proposed project, the short-term construction noise impacts of the Project Redesign alternative would be significant and unavoidable.

The Project Redesign alternative would result in fewer units being developed on the project site, resulting in a corresponding reduction in vehicle trips on streets adjacent to the project site. The estimated traffic noise along Arrellaga Street under the Project Redesign alternative would be approximately 53.1 dBA. A reduction of 0.2 dBA would not result in a perceptible decrease in traffic noise and a reduction in traffic noise levels is not required to reduce the long-term noise impacts of the proposed project to a less than significant level.

Solid Waste. The proposed project would result in the demolition of all buildings located on the project site. The Draft EIR estimated that proposed demolition activities would result in the generation of approximately 18,200 tons of material. The Draft EIR also concluded that a significant short-term solid waste disposal impact would not occur if at least 70% of the waste material generated by the proposed project were recovered for reuse or recycling. Proposed mitigation measures would make it reasonably feasible for the proposed project's solid waste disposal impacts to be reduced to a less than significant level.

Use Existing Buildings Alternative. The Use Existing Buildings alternative would reduce building demolition activities on the project site by approximately 93%. As a result, this alternative would also provide a similar reduction in the amount of solid waste generated. The reduction in solid waste resulting from this alternative would be beneficial, but is not required to reduce the short-term solid waste impacts of the proposed project to a less than significant level.

Project Redesign Alternative. The Project Redesign alternative would reduce building demolition activities on the project site by approximately 63%. As a result, this alternative would also provide a similar reduction in the amount of solid waste generated. The reduction in solid waste resulting from this alternative would be beneficial, but is not required to reduce the short-term solid waste impacts of the proposed project to a less than significant level.

Traffic/Parking. The Draft EIR indicated that construction of the proposed project would result in the generation of approximately 16,920 vehicle and truck trips. This equates to an average of approximately 50 vehicle trips per day over the 67-week duration of construction activities. Of the estimated construction trips, demolition and grading activities would result in the generation of approximately 6,840 trips. The Draft EIR concluded that with the implementation of proposed mitigation measures, short-term construction traffic impacts of the proposed project could be reduced to a less than significant level.

The Draft EIR estimated that long-term residential occupation of the proposed project would generate approximately 1,101 average daily vehicle trips, and concluded that the proposed project would not result in significant project-specific AM and PM peak hour traffic impacts based on the City's adopted traffic impact thresholds of significance. The project would contribute traffic to several intersections that currently have poor levels of service, including the intersections of Mission St/Bath Street, Anapamu St/Laguna St, and Arrellaga St/Garden St. While the project's contribution of traffic to those intersections is relatively small, based on the City's adopted significance thresholds for cumulative impacts, the cumulative impacts were identified as being significant and unavoidable.

The proposed project would provide 254 on-site parking spaces, consistent with the requirements of the City of Santa Barbara Zoning Ordinance. The Draft EIR concluded that the proposed project would not result in a significant parking impact.

Use Existing Buildings Alternative. Under the Use Existing Buildings alternative, demolition and grading activities would be reduced by approximately 75% when compared to the proposed project. With a similar reduction in traffic, this alternative would result in approximately 1,710 demolition- and grading-related truck trips, and approximately 11,790 total construction-related trips. The reduction in construction traffic resulting from this alternative would be beneficial, but is not required to reduce the short-term traffic impacts of the proposed project to a less than significant level.

The Use Existing Buildings alternative would reduce the number of units on the project site from 115 to 89. This reduction in units would reduce long-term traffic from the project site from 1,101 average daily trips to 852 trips. The reduction in traffic generation resulting from this alternative would be beneficial, but is not required to reduce project-specific impacts of the proposed project to a less than significant level. Significant and unavoidable cumulative traffic impacts would still result under the Use Existing Buildings alternative.

The Use Existing Buildings alternative would reduce the parking demand of the proposed project by 59 spaces. The reduction in parking demand would be beneficial, but is not required to reduce the parking impacts of the proposed project to a less than significant level.

Project Redesign Alternative. Under the Project Redesign alternative, demolition and grading activities would be reduced by approximately 50% when compared to the proposed project. With a similar reduction in traffic, this alternative would result in approximately 3,420 demolition- and grading-related truck trips, and approximately 13,500 total construction-related trips. The reduction in construction traffic resulting from this alternative would be beneficial, but is not required to reduce the short-term traffic impacts of the proposed project to a less than significant level.

The Project Redesign alternative would reduce traffic from the project site from 1,101 average daily trips to 852 trips. The reduction in long-term traffic generation would be beneficial, but is not required to reduce project-specific impacts of the proposed project to a

less than significant level. Significant and unavoidable cumulative traffic impacts would still result under the Project Redesign alternative.

The Project Redesign alternative would reduce the parking demand of the proposed project by 59 spaces. The reduction in parking demand would be beneficial, but is not required to reduce the parking impacts of the proposed project to a less than significant level.

Water Quality. The Draft EIR concluded that with the implementation of existing regulations and proposed mitigation measures, the potential water quality impacts of the proposed project could be reduced to a less than significant level.

Use Existing Buildings Alternative. The Use Existing Buildings alternative would result in reduced project-site construction activities when compared to the proposed project. This reduction in site disturbance and construction would reduce the potential for construction-related water quality impacts, however, such a reduction is not required to reduce project-related short-term impacts to water quality to a less than significant level. The potential for long-term water quality impacts under this alternative would generally be similar to the impacts of the proposed project, which were determined to be less than significant.

Project Redesign Alternative. The Project Redesign alternative would result in reduced project-site construction activities when compared to the proposed project. This reduction in site disturbance and construction would reduce the potential for construction-related water quality impacts, however, such a reduction is not required to reduce project-related short-term impacts to water quality to a less than significant level. The potential for long-term water quality impacts under this alternative would generally be similar to the impacts of the proposed project, which were determined to be less than significant.

Cottage Hospital Foundation Workforce Housing Project
Building Reuse Alternatives/Proposed Project Impact Comparison Summary

	Air Quality	Hazardous Materials	Noise	Solid Waste	Traffic/Parking	Water Quality
Proposed Project Short-Term Impacts	Potentially Significant but Mitigable (Class II)	Potentially Significant but Mitigable (Class II)	Significant and Unavoidable Construction Noise (Class I)	Potentially Significant but Mitigable (Class II)	Potentially Sig. but Mitigable Parking (Class II). Less than Sig. Traffic (Class III)	Potentially Significant but Mitigable (Class II)
Proposed Project Long-Term Impacts	Less than Significant (Class III)	Less than Significant (Class III)	Less than Significant (Class III)	Less than Significant (Class III)	Cumulative Traffic: Class I. Parking: Class II	Less than Significant (Class III)
Use Only Existing Buildings Short-Term Impacts	Construction and demo. emissions reduced by approx. 75% compared to the proposed project. (Class II)	Impacts similar to proposed project. All haz. materials must be removed from the existing buildings. (Class II)	Approximately 23 work days of building demolition, compared to approx. 173 for the proposed project. (Class II)	Demo. waste material reduced by approximately 93% when compared to proposed project. (Class II)	Potentially Sig. but Mitigable Parking (Class II). Demo/grading trips reduced 75% (Class III)	Grading-related water quality impacts substantially reduced (Class II)
Use Only Existing Buildings Long-Term Impacts	Mobile t emissions reduced by approx. 22% when compared to the proposed project. (Class III)	Similar to proposed project, less than significant long-term impacts. (Class III)	Reduced traffic would not decrease traffic noise impacts (Class III)	Similar to proposed project, less than significant long-term impacts. (Class III)	Long-term traffic reduced 22%. Cumulative impacts still (Class I). Parking demand reduced by 59 spaces. (Class II)	Similar to proposed project, less than significant long-term impacts. (Class III)
Project Redesign – Reduced Number of Units Short-Term Impacts	Construction and demolition emissions reduced 50% when compared to the proposed project. (Class II)	Impacts similar to project. Hazardous materials must be removed from the existing buildings. (Class II)	Approximately 53 work days of building demolition, compared to approx. 173 for the proposed project (Class I).	Bldg/demo waste material reduced by approximately 63% when compared to proposed project. (Class II)	Potentially Sig. but Mitigable Parking (Class II). Demo/grading trips reduced 50%. (Class III).	Grading-related water quality impacts somewhat reduced. (Class II)
Project Redesign – Reduced Number of Units Long-Term Impacts	Mobile criteria pollutant emissions reduced by approximately 22% when compared to proposed project. (Class III)	Similar to proposed project, less than significant long-term impacts. (Class III)	Reduced traffic would not result in a perceptible decrease in traffic noise when compared to proposed project. (Class III)	Similar to proposed project, less than significant long-term impacts. (Class III)	Project-generated traffic reduced by 22%. Cumulative impacts still significant (Class I). Parking demand reduced by 59 spaces. (Class II)	Similar to proposed project, less than significant long-term impacts. (Class III)

STATE OF CALIFORNIA

Governor's Office of Planning and Research

State Clearinghouse and Planning Unit

Arnold Schwarzenegger
Governor

Sean Walsh
Director

RECEIVED
SEP 29 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

September 26, 2005

Irma Unzueta
City of Santa Barbara
P.O. Box 1990
Santa Barbara, CA 93102

Subject: Santa Barbara Cottage Hospital Foundation Workforce Housing Project
SCH#: 2004061105

Dear Irma Unzueta:

The State Clearinghouse submitted the above named Draft EIR to selected state agencies for review. The review period closed on September 23, 2005, and no state agencies submitted comments by that date. This letter acknowledges that you have complied with the State Clearinghouse review requirements for draft environmental documents, pursuant to the California Environmental Quality Act.

Please call the State Clearinghouse at (916) 445-0613 if you have any questions regarding the environmental review process. If you have a question about the above-named project, please refer to the ten-digit State Clearinghouse number when contacting this office.

Sincerely,

Terry Roberts

Terry Roberts
Director, State Clearinghouse

1400 TENTH STREET P.O. BOX 3044 SACRAMENTO, CALIFORNIA 95812-3044
TEL (916) 445-0613 FAX (916) 323-3018 www.opr.ca.gov

2.0 WRITTEN COMMENTS

Comment Letter No. 1
California Office of Planning and Research
Date: September 26, 2005

Response

1-1. No response is required regarding the distribution of the Draft EIR to various State agencies. No comments regarding the Draft EIR were received from the Office of Planning and Research or other State agencies.

August 23, 2005

Irma Unzueta, Project Planner
City of Santa Barbara
Planning Division
P.O. Box 1990
Santa Barbara, CA 93102-1990

LETTER No. 2

SUBJECT: Santa Barbara Cottage Hospital Foundation Workforce Housing Project- DEIR -MST2003-00827)

Dear Irma,

The Santa Barbara County Air Pollution Control District (APCD) appreciates the opportunity to comment on the air quality-related sections of the Draft EIR for the above-mentioned project.

In general, please note that the health risk assessment shows that the emissions resulting from the construction activities associated with this project will have a significant effect on public health. 2-1 The APCD does not agree with the conclusion stated on Page 5.1- 9 and 5.1-16 of the Draft EIR that the standard measures would reduce the impact to a level of insignificance. 2-2 Although Mitigation Measure AQ-2 includes measures to reduce equipment-related diesel particulate emissions, the language in the measures must be tightened and made enforceable. Phrases such as, "wherever feasible" should be removed in the conditions of approval. Enforceability should be ensured by requiring mitigation monitoring for each of the measures. 2-3 For example, the on-site monitor must ensure the diesel-powered construction equipment being used have been manufactured after 1996 and have been retrofitted for diesel emission reduction to the maximum extent. Clean diesel fuel purchase records must be monitored. Unless further analysis can justify the Draft EIR's conclusion, the public health risk from this project should be classified as significant and unmitigable. 2-4

SPECIFIC COMMENTS

1. The health risk assessment (HRA) was performed using the 9 year exposure method for cancer risk. However, the results shown in the EIR were adjusted to the 1.4 year construction period. The California Office of Environmental Health Hazard Assessment recommends a minimum of 9 years for exposure duration. For that reason, the results of the 9 year exposure should be presented and should not be adjusted to 1.4 years. 2-5 The results of the 9 year exposure would be 31.5 in a million (4.9 in a million* 9 years/1.4 years). This value exceeds the APCD's significance threshold for excess cancer risk. The significance threshold for public health risk is set at 10 excess cancer cases in a million for cancer risk.

2. Acute and chronic non-cancer health affects were not accounted for. The APCD recommends that the acute and chronic non-cancer risk be calculated and compared to our significance thresholds. 2-6 For non-cancer risk, the significance level is set at a Hazard Index of more than one (1.0). The Hazard Index of more than one means that predicted

levels of a toxic pollutant are greater than the exposure level, which is generally considered acceptable.

3. Attachment 7 to Appendix E was not included in the document the APCD was provided. Appendix E states that Attachment 7 contains the Hot Spot Analysis and Reporting Program (HARP) output files and the table showing the cancer risk at specific receptors. The APCD would be interested in reviewing this attachment. The HARP input and output files should be included in Appendix E of the EIR. The health risk assessment can not be thoroughly reviewed without these files. 2-7

4. **Clean Air Plan Consistency:** The document discusses the 1999 Clean Air Plan. There was no 1999 Clean Air Plan prepared. The 2004 Clean Air Plan, which superseded the 1998 CAP, is the most recent clean air plan for Santa Barbara County. The APCD concurs with the statement in the DEIR, Page 5.1-14, 3rd paragraph, that the project would be consistent with the 2004 Clean Air Plan because the project is consistent with the existing zoning and General Plan designations. While on-road vehicle emissions will continue to be the major source of reactive organic gases and oxides of nitrogen, the 2004 CAP forecasts substantial decreases in mobile source emissions of these pollutants over the next 20 years. The forecast was based on-road activity modeling inputs that included the 1994 Regional Growth Forecast prepared by Santa Barbara County Association of Governments to predict growth in population, housing and the number of vehicle miles traveled. The decrease in mobile source emissions is attributed mainly to older vehicles being replaced by cleaner, newer vehicles. 2-8

5. In order to mitigate public health risk, enforceable conditions, as discussed above, must be placed on the use and operation of diesel-fueled construction equipment. 2-9

Please call me at 961-8893 or contact me by e-mail at *vlj@sbcapcd.org*, if you have questions.

Sincerely,

Vijaya Jammalamadaka, AICP
Air Quality Specialist
Technology and Environmental Review Division

cc: Robin Cobbs, APCD
Project File (City of Santa Barbara St. Francis Housing Project)
TEA Chron File

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Comment Letter No. 2
Santa Barbara County Air Pollution Control District
Date: August 23, 2005

Responses

Responses provided below are for the letter submitted by the APCD on August 23, 2005. That letter was superseded by a letter dated July 14, 2006, which is provided in Apppendix H of Volume III of this EIR.

2-1. Please refer to Master Response No. 1. This response describes revisions that have been made to the Health Risk Analysis prepared for the proposed project. The revised evaluation is based upon a more appropriate assessment of potential chronic respiratory impacts that may result from short-term exposures to diesel particulate matter, rather than an assessment of potential cancer-related health effects.

2-2. Please refer to Master Response No. 1 regarding the evaluation of potential public health effects of the proposed project.

The analysis and mitigation measures provided on pages 5.1-9 and 5.1-16 of the Draft EIR pertain to construction-related emissions of criteria pollutants. The Draft EIR compared the combined estimated amount of NOx, ROG and PM10 that would result from the proposed project's construction activities to the 25 tons per year standard that is used by the APCD to evaluate the significance of construction-related emissions. The 25 tons per year standard, however, indicates that a significant air quality impact would occur if the project would result in construction equipment emissions of NOx or ROG that exceed 25 tons per year (i.e., the standard applies to the amount of each individual pollutant that is emitted, not the combined total amount of both pollutants). The Final EIR has been revised to correctly compare the proposed project's construction equipment emissions of NOx and ROG to the 25 tons per year significance standard, rather than including emissions resulting from the application of architectural coatings. With the clarification provided in the Final EIR, it is clearly demonstrated that even without the implementation of proposed construction equipment emission reduction measures, the project's construction equipment emissions would be substantially below the 25 tons per year significance standard. Therefore, emissions of criteria pollutants resulting from the use of construction equipment on the project site would result in a less than significant (Class III) air quality impact.

2-3. The construction equipment emission mitigation measures provided in the Draft EIR (mitigation measures AQ-2a through AQ-2j) were derived from the APCD's *Scope and Content of Air Quality Sections in Environmental Documents (June, 2004).* That document, as well as the 2005 and 2006 updated versions, indicates that mitigation requirements for the use of diesel engines manufactured after 1996 is to be implemented "wherever feasible," and that the diesel catalytic converters and particulate filters are to be used "if available."

Although not required to reduce a project-related air quality impacts to a less than significant level, proposed mitigation measure AQ-2a (use post-1996 diesel engines) has been modified in the Final EIR to delete "wherever feasible." The Mitigation Monitoring and Reporting Plan (MMRP) requires verification that the measure has been implemented at the project site.

It should be recognized that the current availability of diesel emission control technology for off-road equipment is limited, and approved retrofit systems may not presently be available for all types of construction equipment used on the project site. Therefore, it may not be feasible to install certified and/or verified diesel emission control retrofit equipment on all diesel-powered equipment that may be used on the construction site. Therefore, mitigation measure AQ-2g has not been revised and remains consistent with the mitigation requirements specified by the APCD's *Scope and Content of Air Quality Sections in Environmental Documents.*

The monitoring provisions for this mitigation measure have been revised to require that the project applicant/developer submit to the City information indicating what steps were taken to locate and use diesel construction equipment on the project site that has been retrofitted with diesel particulate matter control filters or oxidation catalysts, as required by the condition. This monitoring requirement applies to each piece of diesel-powered equipment that would be used on the project site. If it is demonstrated to the satisfaction of the City that a good-faith effort was made to use retrofitted diesel-powered equipment on the project site, but that such equipment is not available or it would not be feasible to use the equipment on the project site, the use of such equipment would not be required.

This approach to mitigation measure implementation is consistent with *CEQA Guidelines* Section 15126.4(a)(1) which requires that an EIR describe feasible mitigation measures. In determining if a mitigation measure is feasible, *CEQA Guidelines* Section 15021(b) states: "*In deciding whether changes in a project are feasible, an agency may consider specific economic, environmental, legal, social and technological factors.*" Therefore, if it is adequately demonstrated that the use of retrofitted construction equipment is not feasible due to technological reasons, CEQA does not require that the measure be implemented.

2-4. Please refer to Master Response No. 1. Consistent with the consensus achieved between the APCD and the City of Santa Barbara regarding the most appropriate methodology to review potential public health impacts of the proposed project (APCD letter dated July 14, 2006, provided in Appendix H), the Health Risk Assessment prepared for the proposed project was revised to evaluate potential chronic respiratory effects that have the potential to result from project-related construction emissions of diesel particulate matter. That analysis concluded that the proposed project would have a Hazard Index of 0.04, which is substantially lower than the APCD's adopted

significance threshold of 1.0. Final EIR has been revised to incorporate the conclusions of the revised Health Risk Analysis.

2-5. Please refer to response 2-4 and Master Response No. 1.

2-6. Please refer to response 2-4 and Master Response No. 1.

2-7. A copy of Attachment 7 of Appendix E from the Draft EIR was provided to the APCD for review on August 29, 2005.

2-8. The Final EIR has been revised to correctly refer to the 1998 Clean Air Plan rather than a 1999 Plan, and to identify the updated 2004 Plan.

2-9. Please refer to Master Response No. 1 and response 2-3 provided above.

September 22, 2005 LETTER No. 3

RECEIVED
SEP 22 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

To: Ms. Irma Unzueta, Project Planner
City of Santa Barbara

From: Cheri Rae and John McKinney, on behalf of the Bungalow Haven DEIR Response Team

Re. Santa Barbara Cottage Healthcare Foundation Workforce Housing Project Draft EIR

The Bungalow Haven DEIR Response team made a presentation at the hearing held on Thursday, Sept. 8, 2005. At that time, we indicated we would be submitting additional materials to complement and complete our comments about the draft Environmental Impact Report prepared for the Santa Barbara Cottage Hospital Foundation Workforce Housing Project. This document, as well as the attached material, will serve as the completion of our analysis of the DEIR, and an expression of our concerns about its content and omissions. 3-1

During the DEIR Scoping Hearing held July 29, 2004, Planning Commission Chair Jonathan Maguire stated that it was absolutely imperative that the EIR must be seen as "extremely credible," especially by the neighborhood. Because of the DEIR's errors and omissions within several study areas, because of the outright omission of key areas of study suggested by neighbors and planning commissioners in the scoping process, because of at least one conflict of interest question in one area of study, neighbors and these letter writers find the document falls far short of being "extremely credible."

Another way of evaluating the DEIR is by the CEQA standard of "good faith effort." By that standard the document again falls short. For example, it does not strike us a "good faith effort" for the DEIR to fail to study of the adaptive reuse of the hospital building as requested by both citizens and planning commissioners at every single public meeting. The applicant's contention that its project is now too far along the planning process to discuss adaptive re-use strikes us as disingenuous.

In his letter sent to neighbors, dated October 31, 2003, Mr. Ron Biscaro, Vice-President of Real Estate Development for Cottage Health System, stated, "We started the planning and design process with a clean slate, and we're looking for your ideas and suggestions as we move forward." Repeating what he told concerned citizens at meetings, the former St. Francis Medical Center administrator assured neighbors he wanted their input: "Together with environmental protection and financial reality, your suggestions, ideas, and concerns are a crucial component of creating a plan to provide workforce housing for our employees at the former Saint Francis campus."

Mr. Biscaro concluded, "...our hope is that by working with you and all our neighbors--together with city planners, workforce housing consultants, architects and financial consultants--we will put together a creative housing solution for our current and future healthcare workers that provides much-needed homes, while respecting your quality of life." *(see attachment)* 3-1 CONT

Environmental protection...ideas and suggestions...creative workforce housing solutions...respecting your quality of life...We couldn't agree more. It is in that spirit that we have participated at every possible opportunity to ensure that the ultimate project, reflect the "highest and best use" of the St. Francis property with the least detrimental short- and long-term effects on the community.

At the September 8 Planning Commission Hearing, the Neighborhood DEIR Response Team publicly thanked city planners, as well as city employees from other departments, for patiently answering our many questions about various issues and processes relating to the DEIR. We also thanked the many experts from around the state and across the country with whom we consulted--in the areas of adaptive re-use, air quality, health, history, economics, the law, DEIR preparation, and other fields--who so generously shared their respective expertise.

The wise input of experts here in Santa Barbara and from around the country contributed greatly to our ability to pinpoint omissions and errors in the DEIR, identify issues and areas crucial for further study, and to suggest where we might begin finding solutions to the enormous number of problems posed by a project of this magnitude.

We have chosen to respond to the DEIR subject by subject, in the same order as they are studied in the DEIR. Supplementary material has been attached at the end of this document for ease of referral. We believe responding in this manner will facilitate the review process, as well as subsequent meetings and discussions.

Thank you for your consideration and that of your colleagues as you review the document prepared by us for our Bungalow Haven DEIR Response Team on behalf of the neighbors.

Sincerely,

Cheri Rae

Cheri Rae

John McKinney

John McKinney

Bungalow Haven DEIR Response Team Comments

Addressing the

Santa Barbara Cottage Healthcare Foundation Workforce Housing Draft EIR

"Start by doing what's necessary,
then do what's possible,
and suddenly you are doing the impossible."
-St. Francis of Assisi

Submitted 9/22/05

Cheri Rae
John McKinney

PROJECT DESCRIPTION

The applicant's segmentation of its property into various projects, current and future, should not be allowed and the applicant should be compelled to disclose all development plans on its adjoining and adjacent properties.

All phases of the project must be considered now, so that *"environmental considerations do not become submerged by chopping a large project into many little ones, each with a potential impact on the environment, which cumulatively may have disastrous consequences."* (CEQA guideline 15126)

3-2

Plans for future development of the Grand Avenue strip as well as the Villa Riviera building ("no development is proposed on the 'R-2'lots at this time" claims the applicant) should be revealed now, and in the context of the rest of the project. The cumulative effects of those additional building projects may have disastrous consequences to the surrounding neighborhood and should be considered in their setting and context in relation to the rest of the project.

Cottage's development team has been quite clear, during several public meetings, that they're not in the business of long-term elder care, and will seek a new solution for the Villa Riviera parcel. Its development team has also indicated plans to sell off or develop the now-vacant land on Grand Avenue. The applicant's plans for the other adjacent properties in which Cottage Hospital holds substantial interest or over which it exerts substantial influence, should also be considered and studied at this time in terms of potential impacts to the neighborhood.

3-3

In addition to the potential cumulative environmental impacts brought upon the neighborhood by the development of the applicant's related properties, the financial opportunities offered by those potential developments must also be evaluated. The applicant's additional properties certainly should be factors when considering ways to offset modification, size reduction and redesigns the applicant may be required to make in order to make it more compatible with the existing neighborhoods.

ENVIRONMENTAL SETTING

The DEIR Must Better Define the Existing Physical and Social Geography

The Project Area Topography map shows that the site of St. Francis Hospital is situated between two neighborhoods: one directly above, one directly below. It stands at the base of a 250-foot ridge of the Riviera that rises to 750 feet in elevation at Mission Ridge Road. (By some accounts, the California Street incline is said to be the steepest street between Los Angeles and San Francisco!) The hospital stands above the Bungalow Haven Neighborhood that slopes to less than 100 feet in elevation at Anapamu Street. A further look at the map shows the alarmingly close as-the-crow-flies proximity of the site to the County Bowl. *(see attachment)*

3-4

The steepness of the proposed project site, surrounding slopes and the bowl-shaped nature of the neighborhood topography, as well as local wind patterns could very well combine to concentrate and retain over the surrounding neighborhood the considerable gases and particulate matter that will result from the project's tremendous amount of demolition, construction and grading. The way those byproducts settle, drift and remain in those environments should be much more clearly defined and studied in the DEIR, as well as the potential health effects to neighbors that may be caused by repeated exposure to these by-products.

Evaluation of Environmental Impacts

Good Faith Effort
According to CEQA guidelines 15151, *"An EIR need not be perfect, but must represent an adequate, complete, and good faith effort at full disclosure of environmental impacts."* We are concerned with the document's level of compliance with this requirement. Beginning with the inaccurate date on the cover of the DEIR, which reads June, 2005, when it wasn't released until July 27, 2005, and the many serious omissions, the inaccuracies and conflict-of-interest concerns, this document requires meticulous study and correction to meet this requirement. We specifically ask for the following:

3-5

A Greatly Improved Definition of the Environment and the Population. The article by John McKinney published in the News Press on Sept. 7, entitled, "Hospital to condos: What an EIR says and what it doesn't," effectively explores this issue. *(see attachment)* In his remarks before the Planning Commission on September 8, John McKinney emphasized the need for an effective EIR to accurately detail its geographical area and its subject population. For example, nowhere in the DEIR are the historic bungalow district's boundaries delineated; in fact, the Bungalow Haven neighborhood is not even mentioned by name.

3-6

Planning Commissioner John Jostes, acting chair for the September 8 meeting, also suggested better defined radii for the neighborhood so as to better ascertain the study area and measure environmental effects on the surrounding population.

3-7

Good Faith Effort (cont'd)

A New Historic Structures Report Must be Commissioned The current Historic Structures Report was prepared by Dr. Shelley Bookspan, who is married to Cottage Hospital physician Dr. Mark Bookspan. Both the applicant and the consultant failed to disclose this close relationship to the City or to the public. It was only through citizen research that this relationship came to light.

As a remedy to the conflict-of-interest concerns regarding the current Historic Structures Report, we ask that the current one--as well as its acceptance by the Historic Landmarks Commission--be negated, and a new one commissioned. We fully expect that the applicant will be directed this time to select one of the many fully qualified and impartial historians who appear on the City's Historical Consultants List. *(see attachments)* 3-8
We believe the preparation of a new Historic Structures Report would at least partially ameliorate this conflict-of-interest issue. In addition, a New Historic Structures Report should examine the structure from a more balanced perspective, and take into account what the community would stand to lose--historically and culturally, as well as the significance of the building to the continuity of the surrounding historic neighborhoods

We Request Statements of Disclosure in Regard to Potential Conflicts of Interest
The now tainted Historic Structures Report has created appropriate suspicion toward the credibility of others who potentially could receive financial or other benefits by participating in the review process of Cottage Health System's housing project. Because of one known conflict-of-interest, and because of the number of professionals who have quite honorably recused themselves from this process, it's proper that we make further inquiry. We request full and complete disclosure by all individuals--including, but not limited to--consultants, subcontractors, City Staff, engineers, architects, analysts--for any connections these individuals or their spouses and family may have with Cottage Health System. 3-9

We Request an Analysis of How the Scope of the DEIR was influenced by the applicant's legal counsel We have serious concerns about the applicant's participation in, and possible undue influence over, the direction of the scoping of the DEIR. The existence of the legal opinion letter sent by Cottage Hospital attorney Doug Fell (representing and on behalf of the applicant), addressing many of the requests in the letter submitted by Cheri Rae and John McKinney was not sent to the writers of the letter being analyzed. This strikes us as disrespectful at the very least, and the fact that no one on the City staff even thought to copy the McKinneys shows a lack of attention to detail that the public has a right to expect from these employees. 3-10

A comparative analysis of the point-by-point McKinney family letter and attorney Fell's attempt to refute those points show that many areas of study requested were ignored by the preparer of the DEIR who may have been directed by the comments of the applicant's lawyer. We ask for a timely and thorough examination of this issue and a report prepared to settle the question and appearance of unfair participation. *(see attachments)*

AIR QUALITY

Air Quality Issues: A far more thorough study must be required

An ad was recently placed in the Santa Barbara News Press by Cottage Hospital, light-heartedly entitled "Pardon Our Dust." *(see attachment)* We wish we could. But the toxic materials contained within that dust make this a deadly serious matter. The DEIR states the materials released into the air *each day* (unmitigated) will include: 32.89 pounds Reactive Organic Gases; 111.96 pounds of Oxides of Nitrogen; 100.97 pounds of Carbon Monoxide; 0.10 pounds of Sulfur Dioxide; 15.27 pounds of Diesel Exhaust and Dust (known carcinogens). 3-11

A total of 228.39 pounds of chemicals, exhaust and dust particulate matter released *daily* for more than one year will subject the nearby population to both short-term (24-hour) and long-term (one year or more) health risks. According to the DEIR, the project "would involve activities with the potential to result in the generation of a substantial amount of fugitive dust (e.g. dust leaving the project site)." 3-12

The demolition and truck traffic, along with the loading of demolition material and grading are listed as the major generators of the dust. Watering appears to be the most significant mitigation.

We doubt if after-the-fact watering is an adequate mitigation measure, when we're considering repeated exposure to a small population located directly downwind and upwind of this project. Common sense alone should be enough justification to support a thorough analysis of the wind patterns and times of air stagnation, and how those conditions may affect the health of the surrounding neighbors. (Please refer to this document's earlier discussion of the need for better definition and study of the neighborhood's physical and social geography.) 3-13

Without current access to the supplemental material that reveals how the HARP study was conducted, we have no way of knowing the scope and scale of the computer modeling to determine whether or not the study is complete. But we believe that the unique topographical features of the neighborhood surrounding the St. Francis site must be carefully and completely analyzed, especially considering the neighborhood and the number of small canyons located directly below. 3-14

We join Planning Commissioner Myers in his concern expressed during the September 8 hearing, in regard to minimizing potential mitigations for diesel emissions (AQ2a-g) by *requiring* the use of the smallest, most up-to-date, state-of-the-art vehicles with "clean" diesel engines that are *required* to have catalytic converters, oxidation catalysts, and diesel particulate filters. Further we request a good faith effort to replace diesel with electric equipment (AQ-2h) and the *requirement* of the use of low volatile organic compound architectural coatings (AQ-2j). 3-15

AIR QUALITY (cont.)

Health Risks Analysis

We have reviewed the letter submitted by Air Pollution Control District, and share the concerns expressed in it. We who live here in the neighborhood stand to be most affected by the serious potential effects of this project, and we were surprised and shocked that the potentially significant health effects caused by such a massive endeavor were examined in such a cursory manner. 3-16

Indeed, the number of cars in the neighborhood was meticulously recorded, hour by hour, but there is no similar accounting for the number of people, their ages, the current quality of their health, and how their health effects will be monitored during the lengthy period of demolition, grading and re-construction--and who will be responsible for their potentially compromised health. 3-17

According to the Santa Barbara County Air Pollution Control District website, residents in the downtown Santa Barbara have a far higher rate of cancer than those who live in other communities in the County. (Cancer rates for these Santa Barbarans are more than five times the rates of those who live in Santa Maria, and more than twelve times the rate of those who live in Lompoc.) 3-18

Because of the serious nature of the potential impacts of the demolition of this hospital, we request a complete and thorough census of the neighborhood with an analysis of the neighbors' individual and collective states of health. When neighbor Joan Marshall spoke at the Sept. 8 Planning Commission meeting, she reported on her door-to-door health survey of individuals who live on her block of De la Vista Street. She discovered a large number of children, the elderly and those with chronic health problems. The DEIR should be as resourceful and comprehensive as Ms. Marshall was. 3-19

We have serious concerns about the fact that the information supplied in the "Construction Health Risk Assessment," (Appendix E) contains no references to studies conducted since 1997; in the rapidly advancing field of Air Quality/Health Effects, this appears to be dated science. Our research reveals a significant amount of current information that should be considered in the health risks analysis, particularly in regard to the myriad health impacts that may occur as a result of air quality degradation related to demolition, grading and construction. They include: 3-20

Particle Pollution. The alarming articles about the health effects of Ozone and Particle Pollution are of particular interest in relation to this project's potential impacts on the nearby population. *(see attachment)* The article sums up assessments covered in a report dated 2000-2002, particularly important because "thorough reviews have left no room for doubt: particles are shortening human life at the levels seen in the United States today. Particle pollution causes a broad range of health problems. Exposure worsens asthma, and causes wheezing, coughing, and respiratory irritation in anyone with sensitive airways. It also triggers heart attacks, cardiac arrhythmias (irregular heartbeat) and premature death." 3-21

AIR QUALITY (cont.)

Health Risks Analysis (cont.)

Children. We share the deep concern of health experts who have studied the potential short- and long-term health effects children may face simply because they live, play or attend school near a construction project of the size and scope of the one being proposed at the St. Francis site. California's Children's Environmental Health Protection Act became law in 2001 and it cites specific additional risks to children exposed to toxic materials and increased particulate matter. Exposures affect the development of their central nervous systems, their endocrine systems, their immune systems and their respiratory systems, and generate different cancer risks than adults face. 3-22

The September 21, 2005 Los Angeles Times article entitled "Study Links Freeways to Asthma Risk" reports the definitive link made by scientists between air pollution and asthma in children. Because NOx is the single-most prevalent emission in the peak daily emissions chart in the DEIR, this issue should be carefully modeled, analyzed and mitigation measures proposed. *(see attachment)* 3-23

We request that the number of children who live in or attend school in this neighborhood with pre-existing asthma, and other breathing difficulties should be defined and very carefully assessed. The numbers add up quickly: the student population of Santa Barbara High School, for example, is 2,400, and the student population at nearby Roosevelt School is approximately 530. A thorough analysis of this at-risk population is essential. 3-24

We ask specifically that the additional health risks faced by children who live in and attend schools in this neighborhood, and how those risks will be mitigated.

An alarming number of schools and parks are located in very close proximity to the St. Francis site. They were detailed in the statement presented by Cheri Rae during the hearing of Sept. 8, but left off the DEIR. We request the inclusion of all schools and parks in the study and the health risks to this demonstrably more vulnerable population be assessed thoroughly. *(see attachment)* 3-25

Seniors. The long-time stability of this neighborhood has resulted in a large population of senior citizens who have lived in their home for decades. Many of them are in frail health, and either recovering from or coping with long-term illness. Among those illnesses is emphysema, and the concern about the health effects on those individuals cannot be overstated. 3-26

We ask for a full and complete accounting for the senior citizens who either live in their own homes or in "sensitive receptors" including (but not limited to) Villa Santa Barbara and Laguna Cottages for Seniors, neither of which is currently listed in the DEIR. We ask specifically for an analysis of the additional health risks faced by seniors who live in the neighborhood, and how the applicant might mitigate these impacts.

HAZARDOUS MATERIALS

Mitigation Measures for Possible Accidental Release Must be Detailed for the Health and Protection of the At-Risk Population

Dr. Neil Carman, clean air consultant, pointed out the synergistic effects of toxic materials that are present in the St. Francis Hospital building that will inevitably be a daily part of the demolition and construction project, and will expose the neighbors to toxic materials for more than one year. *(see attachment)*

We are far from convinced that mitigation measures will control the exposure to the individuals who live, work, attend school, or otherwise will be present in the neighborhood regularly during this extensive period of demolition and construction. 3-27

The recent *accidental* release of asbestos (a carcinogenic substance which has no known safe level of exposure) during a construction project at Santa Barbara City College, points out the high potential of accidental release of hazardous materials and toxic substances at the St. Francis site. *(see attachment)*

Should an accident occur, how will neighbors be treated and compensated for their exposure to toxic substances? This response should be clearly articulated in the DEIR.

NOISE

A Contemporary Baseline Must be Used to Measure Noise Levels

We disagree with the baseline used to determine previous noise levels during the hospital's operation. According to the DEIR, the baseline for the operation of an 85-bed hospital reached back into history 14 years to 1991, the peak of St. Francis Hospital's success. (DEIR noise 5.3-6) (This inaccurate, inappropriate baseline was also used in the Traffic section of the DEIR to determine Average Daily Trips generated). And, as we analyze in more detail in that section, this baseline has no relation to the reality at the St. Francis site for the last five years in operation, when the average daily occupancy was in fact, 43.5--about half a fully occupied 85-bed hospital. 3-28

We request an adjustment and a re-study more closely related to actual, on-the-ground conditions, ideally no more than a few years prior to the closure of the hospital.

Health Effects of Excessive Noise

According to recent research, long-term exposure to high noise levels (in excess of 65 decibels), excessive noise poses serious health impacts to individuals, ranging from mental health effects to cardiovascular disease. *(see attachment)* At particular risk are children and the elderly, as well as those predisposed to preexisting illnesses, including depression and aggressive behavior. The noise impacts of this project are seen as "a significant and unavoidable impact" (DEIR Noise 5.3-12) that the neighborhood is simply expected to absorb. 3-29

Vibration

The DEIR touches on the subject of vibration in general, but does not specifically address the potential effects vibrations may have to nearby structures. In fact, neighbors on Micheltorena Street opposite the proposed construction site expressed their outrage that the proposed vibration study area did not even reach across the street to their front doors. Planning Commissioners during the September 8 hearing agreed the area of potential effects should be extended to include nearby homes, but there was no indication of what mitigation measures would be required to avoid--or repair--damage done to those 80-90 year-old homes in the neighborhood that stand to be most affected by these vibration impacts. 3-30

Evidence suggests that during previous construction efforts at the St. Francis site that low frequency vibration has been a serious issue. Neighbors who live along Micheltorena Street were recently strongly affected by vibration during the construction project just up the hill on the corner of California Street. The project site and surrounding area is known to be underlain by solid bedrock, and that fact significantly adds to the vibration impacts. The DEIR must better define the potential effects of vibration on *this* neighborhood, as well as where and how mitigation measures will take place to offset these effects.

SOLID WASTE

The DEIR Should Discuss Embodied Energy as it Relates to the Project's Construction Alternatives from Demolition to Adaptive Re-Use

In modern "green" or "sustainable community" circles (of which the city of Santa Barbara has long been in the forefront) the notion of "embodied energy" is an important one when it comes to discussing new construction and adaptive reuse. Instead of the unnecessary generation of 36 million pounds of solid waste, as will be the case with the demolition of St. Francis Hospital, the re-use of the building will take advantage of the "embodied energy" sources retained in it, and contribute mightily to the sustainability of the new project. 3-31

(For staff's review, we have attached an article that discusses the philosophy and practicalities of "embodied energy.")

11-42

TRANSPORTATION, CIRCULATION AND PARKING

The Traffic Baseline is Antiquated and Nearly Irrelevant; the DEIR Should Adopt a More Contemporary One

We challenge the validity of the baseline used for traffic studies, one "assuming that the hospital contained 85 beds and a 9-bed convent facility." According to the Cottage Health System press release of March 13, 2003, the 85-bed St. Francis Hospital had for "over the past five years, a low inpatient census." (*see attachment*)

According to the report prepared for the office of the California Attorney General that documented the effects of the sale of St. Francis Medical Center to Cottage Health System, (April, 2003), the average daily census of the 85-bed hospital was just under 43.5 beds per day during the five-year period from 1998 to 2002. *(see attachment)* In short, the hospital was operating at half capacity, in terms of bed use. Further, a study of Emergency Room use in the same document reveals an average of just 25 visits per day.

Obviously, had the hospital been fully occupied, as the traffic report would have us believe, St. Francis would not have needed to close, and the hospital administrators would not have felt compelled to sell the property. The traffic study must be re-done using the accurate data that was submitted to the State of California Department of Justice. The traffic study in the current DEIR, based on an after-the-fact revisiting and re-calculation based on an inflated number of patients and overnight stays, should be discarded. The City and the applicant must re-evaluate this baseline based on information previously used to state the case for shutting down St. Francis Medical Center; since this data was submitted to the Department of Justice, we can be confident in its veracity. 3-32

Circulation

The traffic conditions that existed during the operation of St. Francis Hospital have been speculated about by those who want to promote this project, and that speculation has consistently exaggerated and misstated the actual conditions. As long-time residents in the neighborhood, we want to make it quite clear that never did ambulances scream through the neighborhood at breakneck speed. Indeed the most impact neighbors ever observed from ambulances was an abbreviated "whoop" sound as the ambulance stopped, entered and then drove through an intersection. 3-33

Never was there a significant build-up of traffic in the vicinity. The hospital's own statistics as detailed in the Attorney General report *(see attachment)* support the recollections of neighbors. During the last several years of operation, according to hospital records, St. Francis Hospital averaged but *one* emergency room patient per hour; thus ER visits had an absolutely negligible effect on the neighborhood's traffic count.

TRANSPORTATION, CIRCULATION AND PARKING (cont'd.)

Circulation (cont'd.)

Indeed, the cumulative effects of relatively recent infill projects and significantly higher density condominium development in the neighborhood *that have been built since the hospital's closure* have resulted in significantly more traffic than any local neighbors dealt with during the hospital's operation. Yet these newer, high-density projects and so-called "in-fill" developments were not acknowledged or calculated in the traffic element of the DEIR. These include the new condo project on the 1400 block of Olive Street and the almost-completed Laguna Court project on Laguna Street. 3-34

We request that the new traffic study include these new developments, as well as others that are planned--including future development by Cottage Hospital on its attached and adjacent properties to the St. Francis site. 3-35

The Applicant's Proposed Shuttle Cannot be Used as a Mitigation Measure

We reiterate our objection to the proposed shuttle system offered by Cottage Hospital being used as a mitigation measure to reduce traffic impacts. While a shuttle may help reduce traffic impacts between Cottage Hospital and the St. Francis site, such trip reduction programs are legally unenforceable pursuant to SB#437. It is thus not legally enforceable as a mitigation measure (CEQA 15126.4(a) (2). 3-36

Therefore should the project be approved, the City must require enforceable traffic mitigation measures in addition to shuttles and/or feasible project alternatives that reduce the estimated daily trips for the 115-unit project from 1,101. The 89-unit alternative, for example, significantly reduces the average daily trips by some 249.

The Impact of the Just-Launched Neighborhood Traffic Management Plan Must be Re-Evaluated

Concern about *already existing* traffic conditions in this neighborhood led the City and residents to develop the Neighborhood Traffic Management Plan "to address traffic concerns and inappropriate motorist behavior, and to improve the quality of life within the neighborhood."

A meeting was held August 13, 2005 between neighbors and City transportation officials (including Dru van Hengel and Tully Clifford) at the corner of Victoria and Alta Vista Streets. During that meeting two dozen neighbors showed up, and many of them strongly and loudly voiced their opposition to the calming devices that have been put in place in this neighborhood. A flurry of e-mails between Bungalow Haven neighbors shows the level of their concern and their unhappiness with these current measures. *(see attachment)* This is evidence of the present need for a traffic management plan--without the additional impacts of 115 more residences--and demonstrates that this neighborhood's traffic problems are already significant and that the proposed traffic management--which is cited in the DEIR as a mitigation for the traffic impacts to come--is already overwhelmed and largely ineffective. 3-37

Parking

We Again Request an Analysis of County Bowl-Related Parking Impacts

Despite the requests by neighbors and City Planning Commissioners during the EIR scoping process for consideration of the County Bowl's additional traffic requirements and neighborhood impacts, the DEIR, failed to study this important, regularly occurring parking issue at all.

We reiterate our concern about significant parking-related impacts that occur throughout this neighborhood *every time* there is an event at the County Bowl. The six-month performance schedule allows several dozen events, and the moment the parking fills up at Santa Barbara High School, Anapamu Street becomes completely jammed for blocks, and concert-goers begin hunting for parking spaces in the residential neighborhood that quickly fills up until there is not a single spot for six to eight blocks.

Many of these concert-goers displace homeowners (remember in this early 20th-century neighborhood, very few of the homes even have garages), who are then forced to park several blocks from home for the duration of the event. Many women are uncomfortable walking such a distance from home, especially in the dark, and/or when tending infants and children, and carrying bags of groceries and the like. Retrieval of those vehicles the next morning is an inconvenience at best. 3-38

This is a very significant, regularly occurring impact to this neighborhood, primarily because the only consistent vacant street is part of Micheltorena Street, adjacent to the proposed development. Some of the questions we expect to be answered are:
--When the project is built, where will the neighborhood overflow park during those County Bowl events?
--What are the County Bowl's current parking requirements?
--Is it simply expected that concert-goers will park in the surrounding neighborhood as a way to handle its parking needs? Where else in this city is this the case?
--Why should this neighborhood be expected to absorb all these traffic-related impacts, squeezed as it is between the County Bowl parking needs, and the parking needs of the 115-unit project?

Project-related Parking

A number of tandem parking units are contained within this project as currently configured, and are seen as a way of simplifying circulation, yet in the surrounding neighborhood, when a Bungalow Haven homeowner recently proposed such a solution during the course of a remodel, tandem parking was not allowed. 3-39

Additionally, the parking needs of this neighborhood are already less than adequate. The large apartment buildings in the area, such as Las Flores on Anapamu Street, and smaller complexes on the 600-block of Victoria Street are examples of under-parked developments, and every nearby resident is familiar with the spillover parking from them. 3-40

We are alarmed at the potential for a similar situation occurring at the St. Francis property, in a neighborhood that is currently dealing with the impacts of many simultaneous building projects, the parking of completely inappropriate vehicles on residential streets, and just too many cars. 3-40 CON'T

WATER QUALITY

Many ephemeral streams and creeks appear in the area during very rainy months. Should we have El Nino-type conditions during the one-year-plus period of demolition, grading and construction, impacts to the ocean environment may be seriously affected by runoff mixed with particulate matter. 3-41

As discussed earlier, the precipitous slope of California Street is indicative of the elevation drop-off on the St. Francis site. Water quality issues and run-off should be analyzed more closely with this severe slope in mind.

CUMULATIVE EFFECTS

We join the Commissioners who, at the September 8, 2005 DEIR hearing, in suggesting a study be made of the cumulative effects of this project's environmental impacts and an offer of significant mitigation to benefit the neighborhood.

Just the anticipation of this proposed project has already taken a toll on the nearby neighborhood: longtime residents have sold their homes or have contemplated selling, moving into a rental or even relocating out of town for the duration. One neighbor has already been prescribed a sedative to calm his nerves; another has installed double-paned windows at great expense. Physicians have moved out of the adjacent medical buildings, and children have begun asking what they will do if they can't play outside.

Among the many potential effects on the neighborhood are: degraded, unhealthful air; exposure to toxic materials; significant, unavoidable, long-term traffic impacts; significant, unavoidable noise-related stresses of more than 75 decibels daily for more than a year; potential for degraded water supply--all of which will be part of daily life for more than a year's time.

3-42

The subjection of a neighborhood population to just one of these environmental impacts might very well adversely affect the health of neighbors and precipitate a distinct decline in quality of life; taken together, these impacts could result in what CEQA terms "disastrous consequences" that could very well damage the health and well-being of a heretofore stable and vibrant neighborhood.

Should the hospital be demolished, the loss of the historic presence of the St. Francis building would add to the cumulative impacts suffered by the neighborhood. The hospital has been a part of the local streetscape since the turn of the 20th century. It's very much a part of the community to this day, and seems ideally situated, located as it is, on the border of Bungalow Haven Historic overlay district.

Not only does the neighborhood have everything to lose from this project, it has absolutely nothing to gain. The applicant in the past, when it advanced its more modest proposal to construct a 30,000-square-foot office building, offered as mitigation a park, underground utility lines and a cash contribution to St. Vincent's low-income housing project. Planning Commissioners insisted on these mitigation measures, as did the neighbors. Today, with a project more than six times larger, and a demolition to boot, the applicant offered the neighborhood absolutely nothing.

SOCIO-ECONOMIC IMPACTS

Per CEQA 15064(e), Socio-Economic Concerns Related to This Project, as they Affect the Neighborhood, Should be Addressed

While the neighborhood looks forward to welcoming our new neighbors, we are concerned about the restrictions placed on them as participants in this project. Some of these concerns were previously aired in public, and in written comments addressing the scoping and we are disappointed that this important subject area was summarily ignored by the DEIR. We will raise these concerns again here as a reminder of the unusual and potentially troublesome social conditions that might arise in conjunction with the construction and occupation of this housing project. Ideally, for a full and complete environmental impact report, these important social conditions should be addressed before the plan is fully implemented.

The point was raised during the September 8, 2005 hearing about the destabilizing effect of losing one's home. Yet Cottage's current plan proposes that when employees retire or stop working for the hospital--either by choice or other circumstances--they must leave their homes. Where will potential retirees then go, when their artificially suppressed below-market profits will not allow them to purchase property in the area? Isn't this project in some ways just deferring the problem to become one of placing workers until they can no longer work, then dealing with them as retirees who lose their homes? 3-43

Evidence exists that there are already significant conflicts in the workforce at Cottage Hospital between the regular hires and the traveling nurses who are paid significantly more money and provided with housing benefits. How does Cottage Hospital plan to handle the significant issues of who qualifies for one of these units--and who does not--and the inevitable conflicts that will arise as a result? How does Cottage plan to handle the fact that the workforce who qualifies for one of these units will gain a significant "perk" that may be unavailable to others? How will those individuals who qualify for a unit be able to address any grievances they may have on the job, requests for a pay raise, or possible promotions? Will the "perk" of the housing be expected to offset those other benefits?

Conversely, how will those who qualify for a unit address their housing concerns, should there be a construction or maintenance issue that requires attention? Living in such close quarters with people who all work for the same employer may pose unique right-to-privacy issues that have not yet been addressed to the satisfaction of the neighbors who live in close proximity and may be affected by such issues. None of us wants to contemplate issues of domestic violence or discord between or among neighbors, but the stress of trying to keep home- and neighborhood-related issues a secret from the employer--to whom the employer is beholden for their very housing--may put individuals in pressure-cooker situation that could well heat up and spill into the neighborhood. How will these serious social implications, which have the potential of affecting the surrounding community, be anticipated and dealt with?

PROJECT ALTERNATIVES

Despite repeated requests for the study of adaptive re-use of St. Francis Hospital by both neighbors and planning commissioners, before and during the scoping hearing, the DEIR failed to study it.

The call for the study of adaptive re-use was repeated by both neighbors and Planning Commissioners at the September 8, 2005 hearing, and has received widespread public support, including an editorial in the Santa Barbara News-Press on September 21, 2005, entitled, "No Wrecking Ball for St. Francis." *(see attachment)*

Had the applicant or the DEIR preparers researched the adaptive reuse of hospitals, it would have easily discovered many examples of successful hospital-to-housing-conversions. Among many recent examples are: Ravenswood Hospital in Chicago; Northhampton State Hospital in Northhampton, MA; St. Christopher's Hospital for Children in Philadelphia; Morrisania Hospital in the South Bronx; Harkness Hospital in San Francisco; Scripps Hospital in La Jolla; and Mercy Hospital in Oxnard. 3-44

According to CEQA guideline 15126(d)(1), Reasonable alternatives must sometimes be considered "even if they substantially impede the project or are more costly." Surely with fine examples of the adaptive reuse for housing of hospitals, consideration of the adaptive reuse of St. Francis Hospital is a reasonable alternative to consider. Many experts in the field say adaptive reuse is a considerable cost-saving practice as well as an environmentally sound one.

The DEIR does examine several potential alternatives to the proposed project, including "use Only Existing On-Site Buildings to Develop New Residences" and "Project Redesign--Reduced Number of Units." Both of these alternatives can provide 89 units, which according to the document, "would achieve the basic objectives of the proposed project." We are baffled, however, why, by the document's own criteria, the use of some of the hospital building for housing is termed the more "environmentally superior" option than the use of most of the hospital building. We insist on a further analysis with any documentation that may not have been included in the EIR that was used as criteria for rendering that decision. 3-45

To follow-up with the DEIR's conclusion that the two most environmentally superior alternatives are use part of the building and use most of the building, the adaptive reuse of St. Hospital must be thoroughly studied. At the September 8 hearing, several Planning Commissioners voiced their support for an in-depth study of the adaptive reuse of the hospital building. 3-46

Construction management expert Ted Bumgartner, a principal with Gafcon in La Jolla, offered his expertise about the feasibility of adaptive re-use, and the possible financial savings that might occur. He was quoted in Cheri Rae's article published in the Independent on Sept. 8, 2005, entitled, "Extreme Makeover, Hospital Edition: A Win-Win Solution for Nurses and Neighbors." *(see attachment).* After inspecting the St. 3-47

Francis property, Mr. Bumgartner observed it made no sense at all to even consider demolition for this intact, attractive building. Further, he pledged his full support in assisting community members with alternate plans for the building's adaptive reuse and offered to appear in a community forum discussing the issue.

Renowned adaptive reuse expert Donovan Rypkema, (who traveled here from Washington, D.C. a few years ago as a guest of the City, and who consulted with the Planning Commission and other City staff at that time) has stated repeatedly that St. Francis Hospital is an ideal candidate for adaptive reuse. Other experts from around the country—developers, realtors, contractors, city officials, historians and conservationists —have touted adaptive reuse in their communities and the many advantages it would offer Santa Barbarans. 3-47

We believe that the neighborhood's research into adaptive re-use (see attachments) of the St. Francis buildings, coupled with the DEIR's conclusions, shows that the avoidance of demolition can result in a far superior project with far fewer environmental impacts than the proposed project. We further believe that this alternative is far more in line with the kind of construction that is typically done in Santa Barbara. For example, when the huge downtown redevelopment project known as Paseo Nuevo was built, a significant number of the historic State Street-facing buildings were retained, re-used and carefully incorporated into the new design.

In Closing

We recognize that the preparation of the DEIR marks the beginning of a very long evaluation process for a project of this scope and magnitude. We fully expect to participate in this process in every possible way. Please ensure that we are noticed about every public meeting and given every opportunity to participate.

3-48

Barbara Shelton, EIR scoping specialist, noted at the September 8 Planning Commission hearing on the DEIR, that an economic analysis of the project could well affect or counter the findings of the final EIR. In the clearest terms possible, we neighbors expect to be actively involved in every step of such an economic analysis. We would like to examine the criteria for economic analysis, discuss the kinds of documentation and accounting that will be required, and more. We intend to examine the economics of the project with the same level of detail as we did with the environmental effects, and thank staff in advance for its cooperation in this regard.

We close, by returning to where we began, with a thank you to staff for its time on this complex project and for its careful evaluation of our neighborhood response.

--CR & JM

Bungalow Haven DEIR Response List of Attachments

1) Cottage Hospital letter dated 10/31/03
2) Topographical Map
3) "Hospital to Condos: What an EIR says and what it doesn't," Santa Barbara News Press, 9/7/05
4) Planning Commission Comments by John McKinney
5) City of Santa Barbara Historical Consultants List
6) Health Grades Website listing for Dr. Mark A. Bookspan
7) Letter to Mr. Steve Wiley, City Attorney, dated 9/1/05
8) Rae/McKinney letter Re: Scoping of EIR dated 7/19/04
9) Doug Fell response dated 7/22/04
10) Rae/McKinney letter to Jonathan Maguire, Planning Commissioner, dated 8/20/05
11) "Pardon Our Dust" ad
12) Cancer Risks in downtown Santa Barbara from APCD website
13) American Lung Association, "Health Effects of Particle Pollution"
14) Air Resources Board Children's Health Study, 9/10/04
15) "Study Links Freeways to Asthma Risk," L.A. Times, 9/21/05
16) Planning Commission Comments by Cheri Rae
17) Dr. Neil Carman letter to Cheri Rae
18) "City College can expect citation over asbestos," Santa Barbara News Press, 8/16/05
19) WHO Study on Health Effects of Excessive Noise
20) "The Quietest War: for many Americans, noise pollution is no joke, "E: The Environmental Magazine, 1998
21) Australian Government article, "Adaptive Reuse: Preserving our past, building our future"
22) Cottage Health System Press release, dated 3/13/2003
23) Attorney General Report, dated 4/30/03
24) Bungalow Haven traffic e-mail exchange
25) Collection of Public Opinion articles and letters to the editor
26) Collection of articles of adaptive reuse examples and philosophy

--CR & JM

3-49

Comment Letter No. 3
Cheri Rae and John McKinney, Bungalow Haven DEIR Response Team
Date: September 22, 2005

Attachments included with Comment Letter No. 3 are provided in Appendix K located in this volume (Volume III) of the Final EIR.

3-1. This letter generally provides an introduction to comments that are to be provided regarding the Draft EIR prepared for the Cottage Hospital Foundation Workforce Housing project. The introductory comments do not identify specific comments regarding the analysis provided by the Draft EIR and no response is required.

The comment incorrectly indicates that the EIR does not include a study of the "adaptive reuse" of the existing hospital structures. The Draft EIR evaluated two alternatives to the proposed project where existing buildings on the project site would be retained and retrofitted for residential use. Alternative 8.2 evaluated the potential environmental effects associated with the reuse of most of the buildings located on the project. Buildings that would be removed under this scenario would be structures such as the Engineering and Generator buildings, which would clearly not be suitable for human habitation. Alternative 8.3 evaluated the potential environmental impacts associated with the reuse of on-site buildings that could be most feasibly converted to residential use. This alternative would result in the demolition of portions of the Main Building, such as the parking garage. To supplement the alternatives analysis provided by the DEIR, additional information regarding the two building reuse alternatives is provided by Master Response No. 3. The supplemental information has not changed the conclusions of the Draft EIR and the Project Redesign alternative is still considered by the EIR to be the environmentally superior project alternative.

3-2. The portion of this comment in italics is <u>not</u> a quote from CEQA Guidelines section 15126 as cited by the commenter. The Draft EIR did evaluate impacts that could result from the demolition of the two residences located on the northwest corner of the project site, which is a component of the proposed project. For example, the potential for significant noise impacts resulting from the demolition of the residences was identified on page 5.3-9 (second paragraph) of the Draft EIR. Emissions from the heavy equipment that would be used to demolish the residences were also included in the air quality impact evaluation and health risk assessment. In addition, traffic that would be generated by new residences that could be developed on the lots that would be reconfigured by the proposed project was included in the Draft EIR's evaluation of cumulative traffic impacts.

The northern parcels are zoned R-2 and would continue to be zoned R-2. A Rezone would adjust the C-O/R-2 zone line to follow the proposed property lines. The main project site would continue to be zoned C-O, which allows residential development at the same density as R-2 zoning. The minor zone adjustment would not result in an

increase in development potential for the northern parcels. Therefore, the proposed rezone would not result in project-specific or cumulative environmental impacts.

To date, no proposals have been made regarding potential future uses for the Villa Riviera or development for the vacant property located off of Grand Avenue. Speculation regarding what those properties may be used for in the future and the potential impacts that may result from those uses is not required by CEQA (CEQA Guidelines section 15145 and supporting case law). At the point when there is a proposed use for the properties (such as a Pre-Application or Concept Review), such a project would become "reasonably foreseeable" and it would be included on appropriate cumulative project lists. At the time an application is submitted, the proposal will be subject to its own environmental review requirements.

3-3. CEQA does not require that an EIR evaluate potential economic impacts of a proposed project (*CEQA Guidelines* Section 15131). Therefore, speculation regarding potential "financial opportunities" that may result from vacant areas, or areas of the project site that are to be redeveloped in the future, is not required to be included in the EIR.

3-4. The Environmental Setting section of Draft EIR (Section 4.0) describes the topography of the project site and surrounding area as sloping gently to moderately to the south. A topographic map (Figure 4.1-1, Project Area Topography) depicts the location of the project site and also provides information regarding the topographic characteristics of the project area. The description of site conditions and the detail provided by the Figure 4.1-1 adequately describes the general topography of the project area. Figure 4.1-1 also indicates that the County Bowl is approximately 2,000 feet east of the project site.

As indicated by the Draft EIR, the topography of the project site and surrounding area slopes to the south. Other than a very small topographic depression in the vicinity of Laguna Street, approximately 900 feet south of the project site, the topography of project area consistently slopes southward. As a result, the topography of the project area is not "bowl-shaped" and would not substantially contribute to trapping or concentrating emissions from the project site. Additional information regarding the evaluation of potential health effects caused by project-related construction equipment emissions is provided in the Air Quality analysis section and by response 3-17 and Master Response No. 1.

3-5. The date on the cover of the Draft EIR accurately reflects the time of the report's completion. A difference of several weeks between the Draft EIR's completion date and its release date does not affect the analysis or conclusions provided by the EIR. Other concerns generally expressed by this comment are addressed below.

3-6. The Draft EIR described the project area by the commonly used reference of the "Lower Riviera" neighborhood. Section 4.1 of the Final EIR has been amended to

indicate that the project area is also referred to as "Bungalow Haven." This addition does not affect any of the conclusions of the EIR regarding potential impacts of the proposed project.

3-7 The request of the Planning Commission was to add figures to the EIR that depict the areas that could potentially be affected by significant project-related vibration and air emission impacts. A figure that depicts the proposed 100-foot vibration impact monitoring zone around the perimeter of the project site (Figure 5.3-2) has been added to the Final EIR.

A figure depicting the area of potentially significant project-related health effects is not required because the project would not result in significant health impacts. The area with the highest estimated potential health impact resulting from project-related emissions of diesel particulate matter was determined to be located along the northern project site boundary, and potential health impacts at that location were determined to be less than significant when compared to the APCD threshold of significance. Please refer to Master Response No. 1 for additional information regarding the potential health impacts of the proposed project.

3-8 This comment states that a new historic structures report (HSR) should be prepared because the preparer of the report submitted for the proposed project, Dr. Shelley Bookspan, is married to a physician employed by Cottage Hospital. It is the commenter's opinion that due to this relationship, there was a conflict of interest regarding the preparation of the HSR and new report should be prepared. The City Attorney has reviewed this contention and determined that no legal conflict of interest has occurred that would require the preparation of a new HSR, or negate actions taken by the City's Historic Landmarks Commission based on the findings and conclusions of the report.

The City requires that HSRs be prepared by a qualified historian listed on the Historical Consultants List, and Dr. Bookspan is currently one of the qualified historical consultants on that list. In accordance with City procedures, the HSR prepared for the proposed project was reviewed by the City's Urban Historian and the Historic Landmarks Commission (HLC), which includes a qualified historian. Both of these peer reviews of the proposed project's HSR concluded that the report was prepared in compliance with the requirements outlined in the City's Master Environmental Assessment (MEA) Guidelines for Archaeological Resources and Historic Sites.

In response to comments regarding the objectivity of Dr. Bookspan's report, Jake Jacobus, a qualified historian and the City Urban Historian, re-reviewed the report and reconfirmed that it was prepared in compliance with the City MEA Guidelines and provides adequate support for its conclusions. Mr. Jacobus continues to agree with the conclusion that the hospital buildings do not retain sufficient integrity of design, materials, workmanship, or feeling to qualify as architecturally or historically

significant. It is his opinion that, in accordance with the Secretary of the Interior standards and adopted City standards, without sufficient historical or architectural integrity, the existing hospital buildings cannot be considered a significant historic resource. The Historic Landmarks Commission concurred that the buildings themselves do not have architectural or historic significance, but recognized that the location has cultural importance due to its long-term use as a hospital, and they directed that the new project incorporate a commemoration of that prior use. The commenter's opinion that the hospital structures have significance to the "continuity" of the neighborhood is noted and will be forwarded for decision-maker considerations. Staff's view is that the proposed residential structures would be more compatible with the surrounding predominantly residential neighborhood than the existing institutional structures.

3-9. The EIR consultant and subconsultants, and City staff and their families have no financial interest in the outcome of the Cottage Hospital Foundation Workforce Housing project.

3-10. All letters and comments received during the EIR scoping period were given due consideration in establishing the EIR scope of analysis. All letters are part of the public record and are available for review by the public upon request. All letters were also included in Appendix B of the Draft EIR. It is not the case that the applicant had "undue influence" over the scope of the EIR.

A comparison of the environmental impact analysis provided by the Draft EIR and the items identified the McKinney family scoping letter dated July 19, 2004 (attachment No. 8) is provided below.

a. **The baseline used to determine traffic, air quality and noise impacts.**

The analysis of potential traffic and noise impacts provided by the Draft EIR evaluated potential project-related impacts based on changes to baseline and existing conditions. Project-related changes to "baseline" conditions determined the extent of change in traffic and noise conditions when the project's effects were compared to conditions that existed when the Saint Francis Hospital was in operation. Project-related changes to "existing" conditions determined the extent of change in traffic and noise conditions when compared to the conditions that presently exist on and adjacent to the project site. As detailed by the Draft EIR's analyses of potential traffic and noise impacts, there is very little difference between the baseline and existing conditions scenarios in terms of impact identification, severity or significance. Please refer to Master Response No. 2 for additional information regarding the similarities in traffic conditions under the baseline and existing condition scenarios.

The evaluation of potential air quality impacts estimated the emissions that would result from the construction and operation of the proposed project and compared

those emissions estimates to significance thresholds adopted by the Santa Barbara APCD and the City of Santa Barbara. Therefore, the quantification of project-related emission and determinations of impact significance did not rely on a comparison to prior or existing air quality conditions.

In conclusion, the analysis requested in the July 19, 2004 McKinney family letter was provided by the Draft EIR.

b. **The socio-economic impacts of this project must be considered within the context of an EIR.**

The potential physical environmental effects of the proposed project identified by this comment, such as traffic, parking and circulation impacts, were evaluated by the Draft EIR. Social impacts such as "stresses placed on this established neighborhood" and "forcing more neighbors to consider leaving their homes" are social and speculative effects that are not required to be evaluated in an EIR. Therefore, the Draft EIR evaluated the potential physical environmental changes identified by this comment and evaluated project-related physical changes to environmental conditions to the extent required by *CEQA Guidelines* Section 15131.

c. **The EIR must analyze cumulative impacts.** The Cottage Hospital reconstruction project was included on the list of reasonably foreseeable cumulative development projects that were evaluated by the Cottage Hospital Foundation Workforce Housing project EIR. The hospital project was included on the cumulative project list because it is located in the vicinity of the housing project, not because of a link or connection between the hospital reconstruction and proposed housing projects. Therefore, the EIR cumulative analysis was conducted consistent with this comment item.

d. **Mitigation of significant traffic impacts.** A comprehensive evaluation of project-specific and cumulative traffic impacts of the proposed project was provided in the Draft EIR. The Draft EIR provided an analysis of the potential effectiveness of the proposed resident shuttle program, but concluded that although the shuttle would have beneficial effect in reducing project-related traffic impacts, it was not possible to know what the continued level of use of the shuttle would be, and the program as presently proposed would not therefore provide a quantifiable or assured permanent reduction in project-generated vehicle trips. Therefore, the traffic analysis did not consider trip reductions that could be provided by a shuttle program as adequate to reduce project-related cumulative traffic impacts to a less than significant level. In conclusion, the traffic analysis was prepared consistent with this comment and the requirements of CEQA.

e. **County Bowl as part of existing environmental setting.** Consistent with standard traffic analysis methodology, parking- and traffic-related impacts associated with the County Bowl were not considered by the Draft EIR to be representative of existing on-street parking or traffic conditions in the project area and were not included in the EIR's evaluation of potential project-related traffic and parking impacts. Traffic and parking impacts resulting from County Bowl events occur approximately 25 times per year (the number of events conducted at the bowl each year) and affect the neighborhoods adjacent to Bowl for approximately three to four hours each time an event occurs. Due to the temporary and intermittent nature of County Bowl-related traffic and parking impacts, conditions that exist immediately before, during and after County Bowl events were not used to describe existing environmental conditions, or to evaluate the parking-related impacts of the proposed project. Furthermore, the EIR's evaluation of the parking demand of the proposed housing project and the supply of parking spaces that would be provided on the project site indicated that the proposed project would not result in significant parking impacts or demand for on-street parking spaces in the vicinity of the proposed project. The Final EIR has been amended to indicate that events at the County Bowl result in intermittent and short-term parking impacts in the neighborhoods surrounding the project site. This situation would continue with or without the proposed project.

f. **Piecemealing.** A lot split has not been recently approved on the project site. As described in the first paragraph of response 3-2, an evaluation of potential environmental impacts associated with project-related operations located on the northwest corner of the project site was provided by the Draft EIR to the extent possible and consistent with the requirements of CEQA. No piecemealing of CEQA impact analysis has occurred.

g. **Concerns about hazardous materials released during the demolition and construction period.** The potential for hazardous material impacts resulting from demolition and construction operations on the project site was provided by the Draft EIR. Materials likely to be located on the project site that have the potential to result in hazardous material impacts were identified, and methods to reduce significant environmental hazards were provided. The Draft and Final EIRs also provide the results of a project-specific health risk assessment that determined no significant impacts would occur resulting from neighborhood exposures to diesel particulate matter from the use of heavy construction equipment on the project site. Therefore, the EIR's analysis of potential hazardous material impacts was conducted consistent with this comment item.

h. **Alternatives.** The EIR evaluated two alternatives to the proposed project involving the reuse of existing buildings located on the project site. Both of those alternatives would reduce the number of units that have been proposed for the project site. Therefore, the EIR's analysis of alternatives to the proposed project was conducted consistent with this comment item.

i. **An EIR is required pursuant to CEQA.** An EIR was prepared for the Cottage Hospital Foundation Workforce Housing project consistent with the requirements of CEQA.

3-11. The amounts of criteria pollutants cited by this comment are unmitigated peak day emissions, or the maximum amount of construction-related emissions that would have the potential to be generated by the proposed project in a day. Peak daily emissions would not occur every day that construction activities occur on the project site. For example, the maximum daily emissions of PM_{10} (15.27 pounds per day) would occur only as a result of peak demolition activities on proposed Development Area 4, and would not occur every day that construction activities occur on the project site.

The estimated peak daily emissions were used to estimate the total project-related construction emission on a tons per year basis. Therefore, the estimated project-related emission on a tons per year basis is very conservative (i.e., the emissions have been overestimated). Please refer to response 2-2 (Santa Barbara County APCD) and Table 5.1-2 in the Final EIR. The refined analysis in accordance with APCD parameters clearly demonstrates that the proposed project's emissions of ozone precursors (ROG and NOx) would be substantially below the APCD's significance standard of 25 tons per year. In addition, standard APCD and City mitigation measures would further reduce dust and equipment emissions

3-12. Please refer to Master Response No. 1 regarding the evaluation of potential acute, chronic and cancer-related health effects of the proposed project's construction process.

3-13. The EIR concluded that the proposed project has the potential to result in significant dust-related impacts. The Draft EIR identified 12 mitigation measures to control dust emissions from the project site. In addition to watering dust-causing materials before, during and after loading, other mitigation measures require minimizing vehicles speeds on the project site, covering loads of material being delivered or removed from the site, methods to minimize dirt on adjacent streets, long-term dust control measures, and methods for project area residents to register complaints regarding dust impacts.

3-14. Information regarding the preparation of the health risk assessment was provided in Appendix E, contained in Volume II (Technical Appendix) of the Draft EIR. The Technical Appendix was released for public review along with Volume I (the Draft EIR). Please refer to responses 3-4, 3-17 and Master Response No. 1 regarding the topography of the area south of the project site and how the health risk assessment was prepared.

3-15. Please refer to response 2-3 (Santa Barbara County APCD) regarding the feasibility of implementing the requirements of the proposed mitigation measures to reduce

construction-related emissions. The monitoring provisions for proposed mitigation measure AQ-2j (architectural coatings) have been amended to require the applicant to use low volatile organic compound architectural coatings, or provide written justification demonstrating why it would not be feasible to do so.

3-16. Please refer to Master Response No. 1 regarding the preparation of the health risk assessment for the proposed project. Potential health risks of the proposed project were not evaluated in a "cursory manner." Potential health effects resulting from construction equipment emissions of diesel particulate matter have been evaluated and quantified using the Hot Spots Analysis and Reporting Program (HARP) computer model that was developed by the California Air Resources Board, and was based on reasonable worst-case assumptions regarding potential diesel equipment use on the project site.

3-17. Similar to the analysis of traffic impacts that estimated average daily trips and peak hour trips generated by the proposed project, extensive analysis was conducted to evaluate the potential health effects of the proposed project. The EIR recognizes that the surrounding residential neighborhood includes sensitive receptors, such as children, the elderly and those in poor health. The health risk assessment provided in the Draft EIR was based on estimates of unmitigated diesel particulate emissions that were calculated based on the number of hours each piece of diesel equipment that may be used on the project site would operate over the total duration of the construction project. Diesel emissions of trucks traveling to and from the project site were also estimated. Using the HARP and other computer models, the dispersion of project-related construction equipment emissions over the project area was predicted assuming worst-case weather conditions, such as low wind speeds and low inversion levels, which results in limited pollutant distribution and higher pollutant concentrations. After estimating the concentration of project-related construction equipment emissions over the project area, potential health risks were calculated based on risk exposure factors provided by the California Office of Environmental Health Hazard Assessment (OEHHA). Based on the use of conservative (i.e., worst case) emission estimates, pollutant dispersal assumptions, and the application of adopted health risk factors, the health risk assessment that was included in the Draft EIR provides a reasonable evaluation of the potential health effects of the proposed project. The analysis demonstrates that the project's construction would not result in significant health risks. A requirement for monitoring of air quality mitigation measures would be in place throughout the project's construction period. There is no basis or authority for requiring the monitoring of individual residents' health.

Please also refer to Master Response No. 1 regarding subsequent revisions to the evaluation of potential project-related public health impacts provided by the Final EIR. Master Response also provides additional information regarding the consensus between the Santa Barbara County APCD and City of Santa Barbara indicating that an evaluation of potential chronic respiratory health effects is the appropriate project-related impact to be considered, rather than evaluating potential cancer effects.

3-18. A contributor to existing cancer risk in Santa Barbara and in all urbanized areas is airborne diesel particulate matter. Please refer to Master Response No. 1 regarding the appropriateness of evaluating potential cancer-related health effects of the proposed project.

3-19. Please refer to response 3-17.

3-20. The health risk assessment was prepared using the most recent version of the HARP computer model and support documentation prepared by OEHHA. Please refer to Master Response No. 1 regarding changes to the health impact analysis provided by the Final EIR.

3-21. Particles such as PM_{10} (fine particulate matter 10 microns or less in size that can be inhaled deeply into the lungs), have the potential to result in adverse repiratory and other health effects. The APCD has not adopted a significance threshold for PM_{10} emissions, but since the South Central Coast Air Basin overall is a non-attainment area for the State PM_{10} air quality standard, the Draft EIR provided mitigation measures to reduce temporary construction-related dust and PM_{10} emissions from the project site. The Health Risk Analysis provided by the Final EIR is focused on potential chronic respiratory impacts. The analysis concluded that the proposed project would not result in a significant health-related impact.

3-22. Please refer to Master Response No. 1 regarding the analysis of potential public health impacts provided by the Final EIR.

3-23. Please refer to responses 3-17 and Master Response No. 1.

3-24. Please refer to responses 3-17 and Master Response No. 1.

3-25. Please refer to response Master Response No. 1.

3-26. Please refer to Master Response No. 1 and response 3-17. The Villa Riviera was specifically evaluated by the Health Risk Assessments provided by the Draft and Final EIRs. The Final EIR determined that the chronic respiratory Hazard Index at the Villa Riviera would be 0.4, which is substantially below the APCD-adopted significance threshold of 1.0. Therefore, potential health impacts to the nearest sensitive receptor, and other receptors located in the project area, would not be significant.

3-27. The Draft EIR has identified hazardous materials such as asbestos that are likely to be located in the hospital buildings, identified regulations that pertain to the abatement and disposal of those materials, identified procedures that can be feasibly implemented to identify and remove hazardous materials from the buildings, and has provided a mitigation measure that requires those materials to be removed from the on-site structures prior to the start of demolition activities. A mitigation measure has

also been provided that requires the applicant to certify to the City that required abatement activities have been completed prior to building demolition. Based on what is known about the types of hazardous materials likely to be located on the project site, the EIR determined that the potential for hazardous waste exposure impacts can be feasibly reduced to a less than significant level. There is no basis for the commenter's assertion of a high potential for accidental releases of such substances.

3-28. Please refer to Draft EIR Table 5.3-2, which provides measured noise levels adjacent to the project site. The noise measurements were taken in 2004 and are representative of existing (current) noise conditions. Also, please refer to Draft EIR Table 5.3-3, which provides estimated traffic noise levels in the project area for baseline (conditions that existed when the Saint Francis Hospital was in operation) and existing (current) conditions. As depicted on Table 5.3-3, only the intersection of Arrellaga St/Garden St exhibits a substantial decrease in traffic noise levels when baseline and existing conditions are compared. Draft EIR Tables 5.3-7 and 5.3-8 provide project-related traffic noise impacts based on baseline and existing noise conditions, respectively. Therefore, the Draft EIR provided the noise impact analysis that was requested by this comment.

3-29. The commenter cites unspecified research indicating health effects from long-term exposure to noise effects in excess of 65 dBA. The Draft EIR analysis demonstrates that the ambient noise levels in the project area are well below 65 dBA and that the proposed residential project would not result in perceptible or significant long-term noise effects. The commenter's statement regarding significant effect refer to temporary construction-related noise effects, not long-term noise exceeding 65 dBA.

3-30. Sections 5.3.1 (page 5.3-2) and 5.3.3 (page 5.3-16) of the Draft EIR evaluated vibration effects and concluded that the proposed construction process project would have the potential to result in significant temporary vibration-related impacts to residents and residences in the project area. Proposed mitigation measure N-2a outlines an extensive vibration impact monitoring program, and requires that the project applicant be responsible for the cost of repairing project-related vibration damage. Mitigation Measure N-2a has been modified to expand the required monitoring area from 50 to 100 feet from the project site property line. Proposed mitigation measure N-1f also provides a mechanism for project-area residents to register complaints about vibration impacts before structural damage occurs.

3-31. This comment expresses the opinion of the commenter that the building materials that were used to develop the Saint Francis Hospital have intrinsic value that should be conserved. Please note that the Draft EIR requires that at least 70% of the existing on-site building materials be recycled, which would conserve the "embodied energy" that has been incorporated into the existing structures located on the project site. The EIR also evaluates two building reuse alternatives that would retain existing structures and adapt them for residential use.

3-32. Please refer to Master Response No. 2 regarding baseline conditions.

3-33. Traffic conditions that existed in the vicinity of the project site when the Saint Francis Hospital was in operation (baseline conditions) were estimated based on traffic generation factors for hospitals published by the Institute of Transportation Engineers (ITE) Trip Generation Report (7th Edition) for Hospitals and Convalescent Care Facilities (ATE, 2004). The ITE trip generation rate represents the results of trip generation surveys conducted for numerous hospitals, and provides a trip generation factor that is adequate to provide a reasonable estimate of traffic conditions that existed when the Saint Francis Hospital was in operation.

3-34. The commenter provides no basis for the assertion that recent residential development has resulted in significantly more traffic than the former hospital operation. Traffic generated by more recent development that has been completed since the hospital's closure was included in traffic counts conducted in the project area in 2004 and that were used to establish existing (current) traffic conditions. Please refer to Master Response No. 2 for an evaluation of the similarities between baseline and existing traffic conditions in the project area.

3-35. The evaluation of traffic impacts provided by the Draft EIR included an assessment of cumulative traffic impacts, which considers traffic generated by reasonably foreseeable development in the project area.

3-36. Please refer to response 3-10, item d. While potentially beneficial, the Draft EIR did not consider that the proposed shuttle program could be shown to result in a quantifiable and permanent reduction in project-generated vehicle trips, and mitigation "credit" was not given in the analysis.

3-37. Neighborhood concerns regarding recently implemented traffic calming measures in the vicinity of the project site are not related to the potential impacts of the proposed housing project. The analysis of potential project-related impacts to neighborhood streets (Draft EIR, page 5.5-43) determined that the proposed project's impacts to the operation of streets in the project vicinity would not be significant. Therefore, additional mitigation measures, including provisions identified by the Neighborhood Traffic Management Plan, are not required for the proposed project, and the project would not substantially change traffic characteristics of neighborhood streets in a manner that would affect the selection of traffic calming devises.

3-38. Please refer to response 3-10, item e.

3-39. The Draft EIR's evaluation of the proposed on-site parking plan determined that a potentially significant impact could result due to the proposed use of tandem parking if the tandem spaces were not assigned to a single unit. Mitigation measure TRF-2a

would reduce this potential impact to a less than significant level by requiring that the tandem spaces be assigned to the same residential unit.

3-40. The Draft EIR evaluated the proposed project's potential parking demand using several factors, including the City of Santa Barbara Zoning Ordinance parking requirements, the ITE Parking Generation Handbook, and vehicle ownership data from the 2000 Census. The proposed project would provide 254 parking spaces on the project site for use by project residents, which would meet or exceed each of the above parking demand references. The proposed project's parking supply would also be similar to the parking requirements used by other cities similar to Santa Barbara. Therefore, the Draft EIR concluded that the proposed project would not result in a significant demand for the approximately 136 on-street parking spaces that are available within one block of the project site, and that the proposed project would not result in a significant parking impact.

3-41. The analysis of potential short-term, construction-related water quality impacts of the proposed project that was provided by the Draft EIR recognized that the project site slopes to the south, and the proposed project would have the potential to result in significant water quality impacts. The Draft EIR identifies the types of erosion and water quality protection measures that must be implemented on the project site, and identifies 18 water resource protection strategies that must be included in a project-specific erosion control plan. The implementation of mitigation measures identified by the Draft EIR would reduce potential construction-related water quality impacts to a less than significant level.

3-42. This comment generally summarizes concerns regarding the proposed project and describes potential construction-related and long-term project-related impacts that were identified by the Draft EIR. The Draft EIR did provide an evaluation of the project's cumulative impacts as required by CEQA Guidelines Section 15130, which states: "*An EIR shall discuss cumulative impacts of a project when the project's incremental effect is cumulatively considerable...*" The development projects included in the EIR's evaluation of cumulative impacts were identified on Table 4.3-1 of the Draft EIR.

3-43. The social and economic concerns raised by this comment are issues that may be considered by future residents of the project, and do not have the potential to result in significant physical environmental impacts. As provided by *CEQA Guidelines* Section 15131, the Draft EIR does not evaluate such effects.

3-44. The Draft EIR evaluated two alternatives that were considered to be feasible and that would reuse existing buildings located on the project site. Those evaluations were based on conditions at the project site, and potential environmental impacts that could result from the conversion of the on-site structures to residential use. The Draft EIR appropriately evaluated the potential feasibility of implementing the building reuse alternatives. The potential environmental effects of the building reuse alternatives

were based on project-specific conditions, and not conditions at other hospital facilities located around the country.

3-45. The Draft EIR concluded that the Project Redesign alternative (Alternative section 8.3) would be environmentally superior to the proposed project because it would minimize demolition- and construction-related impacts of the proposed project, while also recognizing that some of the structures located on the project site would only be marginally suitable, if at all, for subsequent residential use. For example, conversion of the existing parking structure to residential use would present substantial, access, ventilation, solar access and infrastructure design issues. Therefore, the elimination of the very constrained portions of the existing buildings would enhance the feasibility of using the remaining structure that would be better suited for conversion to a residential use.

3-46. The evaluation of alternatives to the proposed project provided by the Draft EIR is consistent with the requirements of CEQA Guidelines Section 15126.6(d), which states: "*The EIR shall include sufficient information about each alternative to allow meaningful evaluation, analysis, and comparison with the proposed project.*" The section also indicates that "*If an alternative would cause one or more significant effects in addition to those that would be caused by the project as proposed, the significant effects of the alternative shall be discussed, but in less detail than the significant effects of the project as proposed.*" The level of analysis detail provided by the Draft EIR is adequate to allow a meaningful comparison of potential environmental impacts that would result from the proposed project, and that could result from the alternatives that were evaluated. To supplement the alternatives analysis provided by the DEIR, additional information regarding the two building reuse alternatives is provided by Master Response No. 3. The supplemental information has not changed the conclusions of the Draft EIR and the Project Redesign alternative is still considered by the EIR to be the environmentally superior project alternative.

3-47. This comment expresses the opinions of the commenter that the conversion of buildings located on the project site to residential use is feasible. The Draft EIR also concluded that it would be feasible to retrofit on-site buildings for residential use.

3-48. The commenter has misstated staff comments made at the EIR hearing. An economic analysis of building reuse options for the Saint Francis Hospital site will not "affect or counter" the findings of the EIR regarding the environmental impacts of the proposed project or the ability of the alternatives to minimize environmental impacts associated with the proposed project. The analysis of the building reuse alternatives provided by the Draft EIR has been prepared in accordance with the requirements of CEQA, including *CEQA Guidelines* Section 15126.6(b) which requires that the EIR evaluate a reasonable range of alternatives to the proposed project even if the "*...alternatives would impede to some degree the attainment of the project objectives, or would be more costly.*" CEQA specifies that economic or social effects of a project shall not be

treated as significant effects on the environment. The EIR identifies the re-use alternatives as feasible alternatives to the proposed project. A fiscal evaluation of building reuse alternatives would provide additional information about the feasibility of reusing existing structures that can be considered by decision-makers in their deliberations on the proposed project.

3-49. The listed attachments are located in Appendix K of this volume (Volume III) of the Final EIR and provide supporting material for issues and concerns raised in the commenter's letter. Responses to those comments have been provided and no additional response to the supplemental information is required. Responses to Attachment 16 (Planning Commission Comments by Cheri Rae) are provided in section 3.0 (Verbal Comments) of the Final EIR responses to comments.

LETTER No. 4

SANTA BARBARA BOWL FOUNDATION

RECEIVED
SEP 22 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

September 21, 2005

City of Santa Barbara
Planning Division
Irma Unzueta, Project Manager
P.O. Box 1990
Santa Barbara, CA 93102-1990

Dear Irma,

I am writing this letter to inform you of some concerns I have regarding the planned demolition and construction project of the St. Francis Hospital area. The Santa Barbara Bowl lies due East of this area and at a lower elevation. The data that delineates the 228.39 pounds of chemicals, exhaust and dust particulate matter is of special concern. Due to the prevailing Westerly winds combined with simple gravity it would seem logical that this cloud would typically be headed towards the Bowl. Possibly the Bowl's grounds crew will have to occupy themselves on a more consistent basis with the cleaning of 4562 seats. While this may be bothersome, it is not the real worry. Perhaps our patrons will leave the premises wondering about that layer of dust-like material either on their clothing or on the seats of their pants. This begs the question, if it is on their clothing then were they breathing it as well? This is pretty concerning, but still not show or season threatening unless patrons began to worry about health concerns and decide not to attend. What could really threaten the shows themselves is the question of what to tell the artists. 4-1

Every show artists bring to the Bowl hundreds of thousands of dollars and sometimes millions of dollars worth of sensitive sound, lighting and video equipment. This equipment begins to come into the Bowl early in the morning of every show and is set up over a period of hours until the sound check which is typically around 4 PM. At this time the artist and their technicians run through a bit of the performance to make sure everything is working properly. The Bowl season generally consists of twenty-five shows that can happen on any day of the week. Therefore, Monday through Friday shows which have the same pre-performance routine I previously described, would possibly be subjected to the particulate cloud raining down on the Bowl. The natural enemies of all of this expensive equipment are dust and moisture. If the winds were perfectly wrong on a show day with gravity working against us I can foresee a very bad situation here at the Bowl. The idea that an artist would have to perform a sound check with this occurring is unthinkable. Again, it is not the performance itself, which occurs after 7PM that is the immediate concern. A Bowl show is an all day event even if the show time itself is after the daily working hours of the St. Francis demolition or construction period. I am not sure how long the cloud remains after the last shovel has been put away and the last bulldozer turned off. If there is a cloud heading towards the Bowl, it probably lasts somewhat longer.

1122 N. Milpas Street Santa Barbara, CA 93103
805 962.7411 FAX 805 962.7858 email: sbbowl@sbbowl.com www.sbbowl.com

So, should the Bowl and its partner Nederlander warn artist's representatives about this danger? If we do I would fully expect them not to perform in Santa Barbara that season. Why risk the equipment or the health of the artist for one date? They have an entire tour to think about so skipping the Bowl would be the smart thing to do. If we did not warn them and these issues manifested themselves with equipment being damaged or artist's sustaining throat injury or discomfort, the representatives would be furious and rightly so. The reputation of the Bowl would suffer. I have spent the better part of the last twenty-six years working to build the Bowl to what it is today. The Bowl is a premiere venue with a national reputation. We attract many of the most popular artists in the world today and the expectations of our community are very high. Arguably, we are witnessing the golden age of this facility. We could not risk our place in the industry by trying to pretend that the possibility of a dangerous situation did not exist. One incident and the word within the touring industry would travel fast. All of the artist's contracts today have language dealing with dangerous situations, the knowledge thereof and the failure to disclose such information. The financial implications are significant.

Clearly all of this jeopardizes at least one Bowl season and possibly more. The fragile nature of our business is much like the house of cards. If you wiggle one card too much the house may fall. It can take some time to build it back up to its previous level. Financially the Santa Barbara Bowl Foundation could ill afford any kind of interruption of this magnitude. Similarly, Nederlander could risk its reputation as well which would have repercussions outside of this area for their business interests. I would not expect them to place themselves in jeopardy based upon unknown dangers or vague promises. 4-1 CON'T.

With the efforts of our volunteer Board of Directors and Capital Campaign Committee members in full swing, it would be unfortunate to damage this momentum due to a negative situation such as this. The Bowl is proud to be a part of the local arts community and considers itself an integral part of it. Decreasing the quality of our concerts would have a negative effect in the long term on the Santa Barbara community's ability to attract tourists to its' incredible variety of arts entertainment.

Therefore, I urge the Planning Division of the City of Santa Barbara to consider carefully the concerns of the neighbors of this project and to question thoroughly the scope of the project itself. If the Bowl seasons are affected then so too are the cultural health, vitality and integrity of the diverse audience served by the Bowl, as well as the financial impact of those forces.

Very Truly Yours,

Sam Scranton,
Executive Director of Operations
Santa Barbara Bowl

Comment Letter No. 4
Santa Barbara Bowl Foundation
Date: September 21, 2005

Response

4-1. The majority of the construction-related emissions that would result from the development of the Cottage Hospital Foundation Workforce Housing project would be reactive organic gases (ROG) and oxides of nitrogen (NOx), which are the typical components of vehicle exhaust. These are substances of concern from an air quality perspective because they are precursors to the formation of ozone. Ozone has the potential to cause a variety of respiratory and other health-related effects and Santa Barbara County is a non-attainment area for the State 1-hour ozone air quality standard. Emissions of ROG and NOx from the proposed project site would not have the potential to migrate toward and settle on seats or equipment at the County Bowl.

The Santa Barbara County Air Pollution Control District (APCD) does not have an adopted significance threshold for emissions of short-term, construction-related pollutants. As a guideline, however, a project would have the potential to result in a significant short-term, construction equipment-related air quality impact if it would release more than 25 tons of ROG or NOx per year. The estimates of project-related annual construction emissions of ROG and NOx provided by the EIR were obtained by extrapolating the estimate of peak daily emissions (e.g. emissions resulting from maximum daily construction operations at the project site) over the proposed project's entire 1.4-year construction period. Since peak construction-related emissions would not occur every day that construction-operations occur on the project site, the estimate of annual construction-related emissions is considered to be "conservative" or representative of "worst-case" conditions. Based on these assumptions, the Final EIR has estimated that without the implementation of proposed mitigation measures, the construction activities associated with the development of the Cottage Hospital Foundation Workforce Housing project would emit approximately 2.69 tons of ROG and 19.67 tons of NOx over the project's 1.4-year construction period. Please refer to response 2-2 (Santa Barbara County APCD) regarding refinements to construction equipment emission estimates that are provided in the Final EIR. Temporary project-related construction emissions of ROG and NOx would not exceed the APCD evaluation standard and would not have a significant effect on the air quality of the project area.

The Draft EIR also indicates that construction-related activities would have the potential to result in emissions of fugitive dust, which could result in significant nuisance-related impacts. Dust from construction activities generally consists of relatively large particles that tend to settle out of the atmosphere relatively quickly. Therefore, land uses closest to the construction site have the greatest potential to be affected by dust-related impacts. The County Bowl is approximately 2,000 feet from the project site and dust impacts would not have the potential to result in a significant

impact. The Draft EIR also identified 13 mitigation measures to reduce emissions of dust from the project site, including the implementation of a program to collect and respond to dust-related complaints. Implementation of those mitigation measures would reduce the potential for dust-related impacts to the neighborhood surrounding the proposed project site to a less than significant level.

LETTER No. 5

1 of 2

THE RIVIERA ASSOCIATION
OF SANTA BARBARA

Established 1930

SEP 23 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

September 22, 2005

City of Santa Barbara Planning Commission
P.O. Box 1990
Santa Barbara, CA 93102-1990

Members of the Planning Commission,

On behalf of The Riviera Association, we offer the following thoughts.

The Santa Barbara Cottage Hospital Foundation Workforce Housing Project benefits few and harms many. The upfront costs (the dust, noise, traffic and fumes) of the destruction of Saint Francis Hospital and the building of the housing project will be borne most heavily by the immediate neighborhood. For the most part the Riviera neighborhood will avoid these costs but notes the inequity of their distribution. The longer term costs of the increased density impacts many. This said the Association would like to express 9 concerns.

1. The uneven density of the project. 5-1

Though the project site comprises 7.39 acres the building activity is confined to a 5.94 acre parcel. Further compacting results from an unequal distribution of the 115 units in this 5.94 area. 81 units are placed in the Southern Project Area and 34 occupy the high ground of the Northern Project Area. This unequal density and separation creates two projects: upscale (Northern Project Area) and less upscale (Southern Project Area) divided by an 11 foot wall. A height East Germany found adequate for dividing Berlin.

2. The Building Setback Modifications and the resulting canyon effect. 5-2

The Salsipuedes Street buildings would seek front yard setbacks of one to seven feet. This modification would compound the alley like character of the street and limit the possibility of tree planting. The west end of the street would become tunnel like with 3 story medical offices on the south side facing off 2 story Cottage housing on the north.

3. The awkward ingress and egress to the Southern Project Area parking. 5-3

The Southern Project Area is auto accessed solely from Salsipuedes Street. 80 units and 149 parking spaces. Salsipuedes is narrow. How well will its width accommodate the flow of traffic onto the Southern Project Area, medical offices' parking lots on the south side of the street and traffic moving between Arrellaga and Micheltorena?

4. The South Project Area underground parking. 5-4

The inconvenience of tandem-one car behind another- parking (3-12 Draft EIR) will cause owners to use unassigned parking. Tandem parking should be eliminated.

5. The Grand Avenue development and the loss of street parking. 5-5

By creating and excluding the north east Grand Avenue lots from the Workforce Housing Project the project's density is increased and the access to these three lots is limited to Grand Avenue for 4 of the future units and Grand Avenue or California Street for 2 of the units. The consequence is Grand Avenue curb cuts and lost street parking.

6. The ambiguity created by the use of both terms "offered" and sold". 5-6

At 3-1 of the Draft EIR we are told 81 units are to be sold to Cottage Hospital Employees. At 7-1 we are told housing units "would primarily be *offered* to existing employees of Cottage Hospital" (Italic added). Is Cottage Hospital satisfied to merely offer housing or is the intent to actually house hospital workers?

7. In what sense is the project "Workforce Housing"? 5-7

Cottage Hospital is seeking 81 affordable housing units for hospital employees. These units would be priced for Middle and Upper Middle income persons. For the single person that income is defined as $72,480-Middle and $90,600-Upper Middle. Labor statistics for California medical workers whose median earnings fall in that range list only: Optometrists, Podiatrists, Pharmacists, Physicians and Surgeons. What class of employee is Cottage Hospital seeking to house? By pricing the units in the middle and upper middle range Cottage has excluded most hospital workers.

8. Has Cottage Hospital considered an expanded mix of housing options? For example more locations with rental and condo options. 5-8

At 8-2 of the Draft EIR we are told Cottage Hospital owns 15 additional properties in the Oak Park neighborhood and areas near the hospital. It would be helpful to know the zoning designations for these properties, located within walking distance of the Hospital, and the number of dwelling units they would accommodate.

9. Consideration of alternative projects as outlined in the draft EIR. 5-9

We respectfully ask that re-use of the existing structures or a reduced density project be considered.

Sincerely,

Paul Cashman, President

Comment Letter No. 5
The Riviera Association
Date: September 22, 2005

Responses

5-1. This comment expresses concern regarding the project design, which separates the project into northern and southern portions. This concern does not address the adequacy of the environmental impact evaluation provided by the Draft EIR. A review of the project plans, however, shows that the appearance of proposed residences on the northern and southern portions of the project site are generally similar. The comment also expresses a concern regarding the proposed retaining wall that would separate the northern and southern portions of the project site. The EIR identified a potentially significant access impact that could be created by the proposed wall, and proposed mitigation measure TRF-5a requires that pedestrian access between the northern and southern portions of the project site be improved.

5-2. This comment expresses concern regarding the proposed project's request for a reduction in building setback requirements along Salsipuedes Street. This concern does not address the adequacy of the environmental impact evaluation provided by the Draft EIR.

5-3. The Draft EIR evaluated the adequacy of Salsipuedes Street to provide access to the southern portion of the project site (see page 5.5-38 of the Final EIR). That evaluation concluded that Salsipuedes Street (which would be upgraded to a public street) would be adequate to serve the proposed project. It was also noted by the EIR that traffic volumes on Salsipuedes Street adjacent to the project site that would be generated by the proposed housing project would be similar to the amount of traffic on the same street segment that was formerly generated by operations at the Saint Francis Hospital.

5-4. The EIR identified a potentially significant impact associated with the use of tandem parking and proposed mitigation measure TRF-2 requires that tandem parking spaces be assigned to the same residential unit to minimize the potential for parking-related conflicts.

5-5. The reconfiguration of the four existing lots in the northeast corner of the project site into three lots would have the potential to result in a maximum of three new curb cuts on Grand Avenue. Development of the existing lots (as they are currently configured) would have the potential to result in the installation of two curb cuts along Grand Avenue. The potential for the installation of one additional curb cut would not result in substantial loss of on-street parking that is presently provided along Grand Avenue.

5-6. The proposed 81 units of affordable housing would be sold to employees of Cottage Hospital.

5-7. This comment expresses concern regarding the pricing structure of the proposed affordable units and merits of the project. This concern does not address the adequacy of the environmental impact evaluation provided by the Draft EIR. The project applicant has indicated that the 42 bonus density units that would be provided by the project would be targeted for the Moderate income range. 39 of the proposed units would be priced at the option of the applicant within the Moderate to Upper Middle income range. The remaining 34 would have a market rate price range.

5-8. As indicated by the Draft EIR (page 8-2), most of the additional parcels owned by Cottage Hospital in the vicinity of Oak Park are developed with existing structures, most of them with hospital or accessory/support uses (Cottage Hospital, central plant facilities, parking structures, day care facilities and medical office uses). As a result, the Oak Park area properties would not be suitable, either individually or collectively, for the development of a workforce housing project that would at least partially fulfill the objectives of the proposed project. Therefore, the use of the Oak Park area parcels as an alternative site for the proposed project was not considered to be feasible. The provision of different types of housing (i.e., rental properties rather sale of the units) would increase or decrease the potential for the project to result in significant environmental impacts.

5-9. The Draft EIR evaluated two alternatives related to reduced density and the reuse of the existing buildings located on the proposed project site. Alternative 8.2 considered the reuse of most of the existing structures located on the project site, with only the demolition of accessory structures that would not be suitable for residential use (i.e., the Maintenance and Generator Buildings). Alternative 8.3 evaluated a more limited existing building reuse option, which would result in the demolition of the southern portion of the Main Building, which due to its size, bulk and present parking-related use, would be difficult to convert to a residential use. City of Santa Barbara decision-makers will consider the EIR's evaluation of potential project alternatives before taking action regarding the proposed project.

CITIZENS PLANNING ASSOCIATION OF SANTA BARBARA COUNTY, INC.
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23 September 2005

LETTER No. 6

Irma Unzueta, Planner &
Chair Maguire & Planning Commissioners
Santa Barbara City Planning Commission
P.O. Box 1990
Santa Barbara, CA 93102-1990

RECEIVED
SEP 23 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

RE: St. Francis / Cottage Workforce Housing Project

Dear Ms. Unzueta, Chair Maguire, and Planning Commissioners,

The Citizens Planning Association (CPA) is certainly supportive of the fact that Cottage is looking at addressing its employee housing need by planning to supply a number of affordable workforce housing units. As we are all aware, this is a major undertaking and therefore Cottage's plans must be considered very carefully so that the end result is a beneficial project that does not adversely impact the area in the project's proximity.

CPA has studied land-use, resource, and traffic issues surrounding the St. Francis Hospital campus for over 40 years now, and has addressed the Commission many times with comments regarding this site.

We previously expressed concern that the proposed density of this project would not be consistent or compatible with the surrounding neighborhood and that the traffic impacts would be significant.

TRAFFIC BASELINE

We question the traffic baseline used in the DEIR. To use a baseline that assumes a fully operating 85-bed hospital when in fact the actual ADT for the 5 years prior to the hospital's closure was only 43.5[1] is faulty and disingenuous. It certainly does not represent the traffic reality experienced by the neighborhood, and skews the report. 6-1

Furthermore, the hospital has been closed for two years now. This needs to be taken into consideration when analyzing the true change to traffic in the neighborhood that will result from this project.

[1] Per the Attorney General's Report

11-75

Additionally, the cumulative traffic impacts from new development in the neighborhood that has occurred since the hospital's closure should be included in the analysis.

6-1 CON'T.

For these reasons, a new traffic study using a more accurate and realistic baseline must be performed and the DEIR amended to reflect the corrected information.

ADAPTIVE RE-USE

Adaptive re-use of hospital buildings is not a new concept. Indeed, hundreds of hospitals have been re-used across the nation.

CPA proposed and has supported the idea of adaptive re-use for this project since 2003. We were therefore quite pleased to see that the DEIR also supports this idea.

We support the DEIR's alternative recommendation that only existing onsite buildings be developed for new residences, this being a viable, environmentally superior alternative, that meets the project's objectives, and that also speaks to the concern regarding density and compatibility with the surrounding neighborhood.

With adaptive re-use, we already know what this part of the project will look like. It's already there.

Reconfigured to an 89-unit project, only 195 parking spaces would be required, according to the DEIR. As the Bungalow Haven neighborhood group has pointed out to you, adaptive re-use would accomplish the goals of downsizing the project and recycling the 315 parking spaces that already exist on the property. This is significant in a neighborhood that already uses St. Francis to serve its overflow parking needs. It also opens the possibility to creating more green space, since only 195 of the parking spaces would be required for the project. 6-2

Additionally, adaptive re-use would notably reduce health, environmental, and short-term noise impacts resulting from the project's construction.

Re-use would circumvent several months of a constant parade taking the demolished materials down and out of the site, which the neighbors would otherwise have to endure if the building were to be demolished. Potentially serious health impacts on neighboring residents would be lessened.

By reducing the emissions and particulate matter generated by diesel fuel and tire wear, air quality impacts and health impacts would be lessened.

By avoiding demolition, many water quality impacts on the property will be lessened or eliminated.

Finally, per the DEIR, adaptive re-use "would achieve the basic objectives of the proposed project."

It is not surprising that the DEIR identifies adaptive re-use as the environmentally superior and recommended alternative. It is clearly the best solution for this project.

SOLID WASTE

Another benefit of adaptive re-use would be the significant decrease in solid waste produced by this project. Clearly the tonnage of waste dumped into our landfills would be decreased significantly. At the same time, Cottage could benefit from potentially considerable cost savings. (In fact, as the price of (and demand for) construction materials skyrocket in the aftermath of Hurricane Katrina, the cost savings from re-use might be even more significant at this time.) 6-3

We join the Bungalow Haven neighborhood group in requesting an evaluation of the financial costs and savings regarding solid waste impacts associated with adaptive re-use of the hospital.

CONCLUSION

The Planning Commission can demonstrate its commitment to sound community planning, and its awareness that even "good" projects proposed by worthy people or institutions, must meet the highest creative, design, and environmental standards our minds can conjure.

We are confident that your Commission will adhere to the highest possible standards, based on the best range of environmental and design options for a project this large and this visible.

Sincerely,

Naomi Kovacs
Executive Director

NK;lb[NK,(LM);lb]

Comment Letter No. 6
Citizens Planning Association
Date: September 23, 2005

Responses

6-1. Please refer to Master Response No. 2 regarding the baseline conditions that were used to conduct the analysis of project-related traffic impacts. As provided by CEQA, when an already developed site is redeveloped, the net change in impacts is considered. For information purposes, the EIR also includes a comparative analysis using the existing traffic conditions.

The traffic analysis provided by the Draft EIR also considered reasonably foreseeable cumulative development in the project area. As depicted by Draft EIR Table 4.3-1, the size and number of cumulative development projects in the vicinity of the project generally consists of relatively small projects. In addition to the identified projects, the traffic analysis added a "background" traffic growth rate of one percent per year to accommodate for the typically small residential projects that may occur in the project area over the next ten years. Therefore, the Draft EIR has adequately addressed cumulative traffic growth in its consideration of project-related traffic impacts.

6-2. This comment expresses support for the alternatives evaluated by the Draft EIR (Alternatives 8.2 and 8.3) that would maintain existing structures on the project site and result in the adaptation of those structures for residential use. Please note that the EIR does not "recommend" any particular course of action with respect to approval of either the project or alternatives. Such a decision is the purview of the City elected and appointed decision-makers. The EIR only provides information regarding the environmental impacts of the project and the alternatives to the project.

6-3. The EIR identifies that waste generation would be reduced if the building reuse alternatives were to be implemented. Under both the project and building reuse alternatives, a substantial portion of the construction and demolition waste that would be generated would be diverted from landfill disposal through the implementation of recycling requirements.

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LETTER No. 7

September 23, 2005

SEP 23 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

City of Santa Barbara
Planning Division
Ms. Irma Unzueta, Project Planner
P.O. Box 1990
Santa Barbara, CA 93102-1990

SUBJECT: Santa Barbara Cottage Hospital Foundation Workforce Housing Project
Draft Environmental Impact Report (DEIR)
(SCH No. 2004061105/ MST2003-00827)

Dear Ms. Unzueta:

Thank you for the opportunity to comment on the above referenced Draft Environmental Impact Report (DEIR). Having reviewed the document, our project team has prepared the following comments on behalf of the Santa Barbara Cottage Hospital Foundation:

- **Page 1-4, Introduction, Alternatives Analysis:** It would be helpful to the reader to have the DEIR identify the project objectives within this section. 7-1

- **Page 1-4, Introduction, Alternatives Analysis:** Please identify or reference where the reader can determine how project alternatives satisfy project objectives and how the breakdowns of units and/ or commercial building area (square feet) were derived. 7-2

- **Page 1-5, Introduction, Alternatives Analysis:** The "Project Redesign—Reduced Number of Units" would not satisfy the basic project objective of providing a hospital workforce housing project which is financially feasible (please refer to CEQA Section 15125.6 [a]), nor would it avoid or substantially lessen significant effects of the project (see comments below). As is explored in greater detail below, we disagree with the designation of cumulative traffic impacts as Significant and Unavoidable (Class I). With the significant reduction of units (22.6%) identified within this alternative, the number of workforce and affordable housing units would have to be substantially reduced and the proposed shuttle effort would not likely be economically feasible; as with any mass transit effort, certain economies of scale are necessary. Peak Hour Traffic impacts associated with this alternative would, therefore, be much more closely aligned with the former institutional use of the site and/ or the "No Project—Reestablish Medical Uses" Alternative. Relative to short-term construction noise, with the implementation of the suggested mitigations, we believe that impacts associated with the alternative, even with mitigation, would still fall in the same category as the proposed project—significant and unavoidable (Class I). It is likely, therefore, that this alternative would neither satisfy the project's primary objectives, nor would it result in lesser environmental impacts. 7-3 7-4 7-5 7-6

Similarly, CEQA Section 15041(c) states: "With respect to a project which includes housing development, a lead or responsible agency shall not reduce the proposed number of housing units as a mitigation measure or alternative to lessen a particular significant effect on the environment if the agency determines there is another feasible, specific mitigation measure or alternative that would provide a comparable lessening of the significant effect." As stated above, we do not believe that there would be significant effect on traffic nor do we believe that a reduced density alternative would lessen any significant effects. 7-7

- **Page 2-2, Summary, Short-Term Construction Noise and Cumulative Traffic:** Please refer to traffic impact analysis comments commencing on Page 9 of this letter. 7-8

- **Page 2-2, Summary, Cumulative Traffic:** See ATE comments on Traffic commencing on Page 9 of this letter. 7-9

- **Page 2-3, Beneficial Impacts (Class IV):** The statement is made that there would be a beneficial effect of reducing traffic and associated air quality associated with placing housing near Cottage Hospital (we agree). However, the traffic impact evaluation does not reach the same conclusion. 7-10

- **Page 2-4, Summary, Use Only Existing On-Site Buildings to Develop New Residences** Please refer to the Alternative discussion below as well as the Reuse Analysis for the Cottage Hospital Workforce Housing Project (attached). 7-11

- **Page 2-4, Summary, Alternatives:** Please refer to discussion below related to the Alternatives section of the DEIR. 7-12

- **Page 2-4, Summary, Alternatives, Project Redesign-Reduced Number of Units:** Please explain the statement: "...incremental reduction in development related noise impacts, which is the only significant and unavoidable impact of the proposed Project." Also, the project applicant does not agree that the Project Redesign-Reduced Number of Units alternative would be capable of substantially fulfilling the objectives of the proposed project, particularly when considering that this would involve a 22% reduction in the number of housing units in the Project. 7-13

- **Page 2-4, Alternatives, Use Only Existing On-Site Buildings to Develop New Residences & Project Redesign—Reduced Number of Units**: In the discussion of the two reuse alternatives, the "project redesign" is concluded to be environmentally superior because it would "result in an incremental reduction in development related noise impacts." 7-14

However, when discussing the noise impacts of this alternative, on page 8-16, it states that noise impacts of this alternative "would not be substantially reduced when compared to the impacts of the proposed project."

In Section 8.2.3, page 8-10, when discussing the "use only existing" alternative, the DEIR concludes it is likely that the short term noise impacts of this alternative would be less than significant, with mitigation (Class II). Is this conclusion correct and why is this alternative not environmentally superior to the "Project redesign" alternative (a conclusion with which we disagree)? 7-15

- **Page 2-6, Summary, Table 2.3-1:** Please refer to traffic impact analysis comments commencing in Page 9 of this letter. 7-16

- **Page 2-9, Summary, Table 2.3-1, TRF-1a.3:** Please replace "Shuttle ~~Readership~~ Program" with "Shuttle Ridership Program." 7-17

- **Page 3-5, Project Description, Figure 3.3-1:** Revise Site Plan to remove pedestrian access corridor through the R-2 lots up to Grand Avenue. 7-18

- **Page 3-11, Project Description, Pedestrian Access:** As a result of further exploration of access issues with the City, it has come to our attention that the original pedestrian access corridors identified for the project would not be in compliance with the Americans with Disabilities Act (ADA). The revised project, therefore, will contain the following revised pedestrian components: 7-19

  - Removal of the pedestrian access corridor through the R-2 lots up to Grand Avenue.

  - Removal of the stairways along the central pedestrian corridor from Micheltorena Street to the duplex units on the upper level of the site.

- **Page 3-20, Project Description, Project Objectives:** The first paragraph should be revised as follows: "The goal of the Cottage Hospital Workforce Housing project is to maximize the development of new residences…" In addition, please amend objective #2 as follows: "Maximize development of affordable for-sale residential units that will provide housing opportunities for Cottage Hospital employees." Also, please add objective #7: "Provide quality architecture and green design elements compatible with the character of the surrounding neighborhood with periphery building massing similar to adjacent residential patterns." 7-20

- **Page 4-8, Environmental Setting, Cumulative Projects List:** Please provide a map of projects identified within Table 4.3-1. Several of the projects identified within the table appear to be outside the project's immediate vicinity whose further consideration may not be warranted. 7-21

- **Page 5.1-1, Air Quality Impacts and Mitigation Measures:** Please strike the first sentence of the third paragraph starting with "The demolition of the buildings…" Because asbestos removal will be completed by certified professionals, who are trained in the safe handling and disposal of asbestos materials, and who will operate only after obtaining all appropriate permits from the Santa Barbara County Air Pollution Control District (APCD) and any other local, State, or Federal with jurisdiction over this effort; we feel it is inappropriate and misleading to indicate that the demolition of buildings has the potential to result in the release of asbestos fibers to the environment. The removal of asbestos is a highly regulated activity in which a number of environmental safeguards are employed in order to protect the public's safety at all times. Rather than state that the potential for a release exists, the reader should be directed to the Hazardous Materials section 5.2 for an expanded discussion of the asbestos issue. 7-22

- **Page 5.1-3, Air Quality, Existing Emission Sources:** Please add the following statement within this paragraph: "For purposes of CEQA analysis, the environmental baseline from which future environmental impacts must be identified is the fully operational Saint Francis Medical Center. This analysis, therefore, should evaluate the net environmental impacts between the fully operational Saint Francis Medical Center and the proposed project." 7-23

- **Page 5.1-4, Air Quality, Sensitive Receptors:** Please provide a map identifying the location of the sensitive receptors and their distance(s) from the proposed project site. 7-24

- **Page 5.1-5, Air Quality, Long-Term (Operational) Impact Guidelines:** Please note, the APCD latest revision to its *Scope and Content of Air Quality Sections in Environmental Documents* is dated July 2005. 7-25

- **Page 5.1-5, Air Quality, Short-Term (Operational) Impact Guidelines:** Please correct spelling of "APDC" to "APCD". 7-26

- **Page 5.1-7, Air Quality, Criteria Pollutants:** Please correct the second paragraph to reflect a nine-hour workday, which correlates with the City's required construction hours of 8 a.m. to 5 p.m. 7-27

- **Page 5.1-8, Air Quality, Criteria Pollutants, Last Paragraph:** The City, APCD, and County of Santa Barbara do not maintain quantitative thresholds for construction air quality 7-28

impacts. The *County of Santa Barbara Environmental Thresholds and Guidelines Manual* (July 2003), in fact, states the following:

> *The short-term thresholds for NO_x and ROG emissions from construction equipment were not established. Emissions of NO_x from construction equipment in the County are estimated at 1000 tons per year of NO_x. When compared to the total NO_x emission inventory for the County of approximately 17,000 tons per year, construction emissions comprise approximately six percent of the 1990 county-wide emission inventory for NO_x (Santa Barbara County 1993 Rate-of Progress Plan). In general, this amount is considered insignificant.*

7-28

The DEIR's reliance on APCD Rule 202.F.3 as an arbitrary environmental threshold is not appropriate as this rule explicitly indicates that APCD permits "shall not be required for the engines used in construction activities [unless]... the combined emissions from all construction equipment used to construct a stationary source which requires an Authority to Construct have the potential to exceed 25 tons of any pollutant, except carbon monoxide, in a 12 month period." Construction of the proposed project is exempt from obtaining permits for non-related hazardous materials activity; stationary sources such as residential heating and cooling equipment, wood burning stoves and fireplaces, etc. do not require APCD permits and/ or an Authority to Construct.

It should also be noted that the analysis contained within this DEIR section is additive for ROG and NOx pollutants, whereas the specific 25-ton threshold language of APCD Rule 202.F.3 is arguably meant to be applied as a singular emissions standard for either ROG or NOx, but not to both emission categories tallied together. Further, APCD Rule 202.F.3 applies only to engines used in construction activities; if the 25-ton standard were to continue to be employed, one would have to net out project emissions associated with asphalt and architectural coating application prior to applying this standard. Finally, for a true on-the-ground disclosure, any comparison with the 25-ton threshold should be considered against a project with all air quality mitigations/ conditions applied.

- **Page 5.1-11 through 5.5-12, Air Quality, Long-Term Project Operation Impacts:** Because shuttle operations are included as part of the proposed project description, air quality emissions associated with project vehicular traffic should be based on true traffic projections with this element of the project identified and evaluated. In addition, the analysis should net out the CEQA baseline condition. As stated above, the environmental baseline from which future environmental impacts must be identified is the fully operational medical facility. The air quality analysis, therefore, should calculate the net environmental impacts between the fully operational St. Francis Medical Center and the proposed project. The end result should be that (assuming proper impact evaluation of traffic impacts [see

7-29

Traffic analysis comments commencing on Page 9 of this letter]) there will be a beneficial long-term operational air quality impact (Class IV). The trip generation numbers and conclusions need to be revised (see Traffic analysis comments commencing on Page 9 of this letter). URBEMIS calculations should be re-run with the net traffic number for the vehicular emissions component of the analysis. 7-29 CON'T.

- **Page 5.1-13, Air Quality, Cumulative Impacts:** Add bold face type to last sentence of second paragraph. Also, as indicated above, there should be a net decrease in project traffic, as such Cumulative Air Quality impacts should be Class IV. 7-30

- **Page 5.1-14, Air Quality, Second to last Paragraph before 5.1.4.** The reference to mitigation measure TRF-6 should be removed, although references to the revised project description would be acceptable—please refer to our Traffic mitigation discussion commencing on Page 9 of this letter below. 7-31

- **Page 5.1-15, Air Quality, Mitigation Measures and Residual Impacts, Mitigation AQ-1b:** We will investigate the feasibility of utilizing reclaimed water for the job site dust control. The inclusion of this mitigation within the DEIR's Air Quality section is, however, inappropriate in that there is no nexus between air quality impacts and water use. 7-32

- **Page 5.1-17, Air Quality, Mitigation Measures and Residual Impacts, Mitigation AQ-2:** We believe that contrary to APCD's August 23, 2005 letter, that the "wherever feasible" language is indeed appropriate. APCD's recent revision of *Scope and Content of Air Quality Section in Environmental Documents* (July 2005), in fact, continues to recommend use of the "wherever feasible" language. In addition, we understand, as with any CEQA EIR, that a mitigation monitoring and reporting program will be required in which compliance with all mitigations will be monitored. This plan, in its draft form is currently located in the DEIR Appendix. 7-33

- **Page 5.2-1, Hazardous Materials Impacts and Mitigation Measures:** Please refer to the attached Response to APCD Comment Letter addressing the project Health Risk Assessment which we feel was appropriately prepared. In addition, in order to supplement the data and analysis prepared for this section within the DEIR, Precision Environmental, Inc. (PEI), a General Contractor and a licensed Asbestos Abatement Contractor in the State of California, was asked to provide additional information on the safety procedures followed for removal and remediation of hazardous materials. PEI has performed many projects similar to the anticipated Saint Francis Medical Center remediation effort and is considered an expert in their field. PEI indicates that the following procedural steps are generally included in a project of this magnitude: 7-34

1. Suspect Materials – Materials in a hospital that may be suspect environmentally controlled building materials include asbestos, lead and lead paint, fluorescent tubes and ballasts, hazardous material storage tanks, hydraulic elevators, bio-hazard materials or contamination, and various maintenance and housekeeping chemicals. There may be additional materials determined by the consultant. Most of these materials will require removal, but some may be determined to be in small enough quantities that they can be removed as general construction debris along with non-hazardous construction materials. This is determined based on local, state, and federal regulations and requirements.
2. Survey and Assessment – An assessment or survey of existing conditions to include testing to determine the presence, location and amount of hazardous materials should be conducted by a third party consultant. The survey should include laboratory analysis of samples. In California, the asbestos and lead paint portions of an environmental assessment must be done by state certified consultants or inspectors.
3. Scope of Work Development – Based on the results of the survey/assessment, a scope of work should be developed by the consultant to direct the contractor in the remediation effort. It is important to involve the expertise of the remediation contractor during this phase of the project to assure appropriate economies during demolition. 7-34
4. Hazardous Material Removal and Disposal – To assure safety of the environmental remediation contractor workers, demolition contractor workers, and the general public surrounding the project site; specific engineering controls will be required. These controls are implemented during the removal and disposal of hazardous materials. Engineering controls may include specific containments to isolate materials, negative air in the contained space to prevent cross-contamination of adjacent non-hazardous spaces, air scrubbers, appropriate personal protection for workers, specific removal techniques to prevent disturbance, controlled removal to appropriate hazardous waste disposal facilities and other controls to be determined dependent upon building conditions and the types of materials that require removal. CON'T.
5. Quality Control – A third party monitor, typically the consultant providing the assessment and scope of work may be retained for quality control purposes during remediation. This may involve full or part-time monitoring of the abatement process to include air testing of both work areas in and around the contained spaces and for ambient air concerns outside the project area. Because of the engineering controls used during the abatement, external ambient air monitoring is typically not necessary other than to demonstrate effectiveness of the process to concerned neighbors.
6. Post Remediation Sampling and Assessment – Upon completion of gross removal of suspect and known materials, post remediation sampling and attendant laboratory testing is performed by the consultant to determine efficacy of the removal process. Upon achieving a final clearance from the consultant based on both visual inspection and laboratory analysis, construction barriers are removed and the demolition process can safely begin.

- **Page 5.3-3, Noise, Baseline and Existing Ambient Noise Conditions:** The April 22, 2004 noise measurements taken by Veneklasen are not representative of the true CEQA baseline. Although some attempt was made to quantify traffic noise associated with the fully operational Saint Francis Medical Complex, further attempts should be made to characterize and quantify other noises associated with the Saint Francis Medical Complex, including emergency vehicle sirens, fire evacuation drills/ false alarms, heating/ventilation equipment, generators, etc. Also, please review pages 4.2-6 through 4.2-9 of the July 2002 FEIR for the St. Francis Medical Office Project for baseline information for the operating hospital. 7-35

- **Page 5.3-6, Noise, Baseline and Existing Traffic Noise Conditions:** Remove the "Existing ADT" column, as this is not the baseline condition and as such is not what the Project's impacts should be based upon. 7-36

- **Page 5.3-9, Noise, Construction Noise Estimates:** Identify whether noise levels identified within paragraph 1 are "peak", "Leq", "Ldn", or "CNEL". Because City Significance Thresholds are measured in Ldn, convert all Leq figures within Table 5.3-4 (page 5.3-10) and Table 5.3-5 (page 5.3-11) to allow for appropriate comparison. 7-37

  Given the close proximity of sensitive receptors and that virtually any project pursued in this location would "substantially exceed existing ambient noise levels," resulting in Class I noise impacts, for edification of the reader, please provide further explanation of the various type(s) of construction sounds, the length(s) of their duration, their carrying distances, the sound level experienced by humans in outdoor and indoor environments (provide a frame of reference) as a result of these sounds, any permanent effects on the human anatomy as a result of short-term exposure, and an estimate of the numbers of individuals whom would be impacted during construction hours based on noise proximity/ sound severity. 7-38

- **Page 5.4-4, Solid Waste, Mitigation Measures and Residual Impacts:** We agree that the implementation of Mitigations SW-1a and SW-1b will fully mitigate both short-term construction and long-term operational solid waste impacts associated with the proposed project.. Santa Barbara Cottage Hospital Foundation is fully committed to the reuse and recycling of materials recovered during construction and demolition and expects a minimum of 70% materials recovery rate. Cleveland Wrecking, a URS Company who has worked with Cottage in the past, indicates that in their demolition efforts for the Staples Center construction project in Los Angeles, 20 buildings were demolished, with 95% materials recovery rate. It is Cottage's hope to replicate and/ or exceed the Staples materials recovery rate. 7-39

- **Page 5.3-20/ 21, Noise, Mitigation N-1g, Noise Complaint Resolution:** The noise levels restrictions identified within mitigation N-1g range from being very difficult to impossible 7-40

to achieve for a construction effort of this magnitude (i.e., there is no feasible method to reduce repetitive impulse noises to 60 dBA or below, nor are there any feasible methods to reduce steady noises that may be described as a whine, screech or hum to 60 dBA or below, etc.). Given the other numerous noise mitigations contained within this section, we believe that this mitigation should be stricken in its entirety. 7-40 CON'T.

- **Page 5.5, Transportation, Circulation and Parking:** Associated Transportation Engineers (ATE) has reviewed Section 5.5 (Transportation, Circulation and Parking) for the Santa Barbara Cottage Hospital Foundation Workforce Housing Project (SCH#2004061105), as well as the traffic study prepared by LSA which is contained in the Volume II Appendices. The DEIR traffic analysis identifies significant Class I cumulative impacts at three intersections (Arrellaga/Garden, Anapamu/Laguna, and Mission/Bath) in the study-area. The Class I impacts cited in the EIR are incorrect at all three locations, as they are based on erroneous traffic generation estimates for the project, flawed traffic distribution modeling assumptions, mathematical errors, and incorrect intersection level of service calculations. Each of these issues will be reviewed in detail below. 7-41

- **Page 5.5-9, Transportation, Circulation and Parking, Baseline Traffic Conditions:** The DEIR provides a discussion of the counts collected for the Bath/Mission intersection, and indicates that the new counts taken in December 2004 were not used; instead the counts conducted in March of 2004 were used because they were higher. Comparison of the count data used in the DEIR with the previous counts conducted at this intersection as part of the traffic study for the Cottage Hospital Project Traffic Study (Kaku Associates, July 2004) show a significant difference in traffic volumes and levels of service (LOS B v/c ratio 0.70 versus LOS C v/c ratio 0.80). The counts from the Kaku study are attached for reference. 7-42 The main difference in the counts at the intersection is the volume observed for the northbound Bath Street left-turn. The volumes increased from 156 left-turns in 2003 to 282 left-turns in 2004. This is a significant difference. The counts should be redone to confirm the validity of the March 2004 counts completed for the DEIR. The December count data should also be provided in the Appendices for review. It is noted that with the correct project trip generation (see comment on Project Trip Generation below), the project would result in a significant reduction of traffic in the study area and a beneficial impact at this intersection.

- **Page 5.5-9, Transportation, Circulation and Parking, Baseline Traffic Conditions:** The DEIR provides a discussion of the trip distribution percentages derived from the St. Francis Medical Office Building EIR which were used to distribute traffic for the St. Francis Hospital. The percentages listed in this section are not the same as those presented in the St. Francis Medical Office Building EIR, and, are different than those used to distribute project as shown on Figure 4 of the LSA traffic study contained in the DEIR Volume II Appendices. 7-43

- **Page 5.5-10, Transportation, Circulation and Parking, Figure 5.5-3:** This figure is supposed to show the trip distribution and assignment data for the existing St. Francis Hospital trips. Instead it shows the trip distribution and assignment assumptions for the Cottage Hospital Workforce Housing Project. Figure 4 presented in the LSA traffic study that is contained in the DEIR Volume II Appendices shows the actual distribution and assignment used for the existing hospital trips. The figure should be expanded to show the routing of St. Francis Hospital traffic through the entire study area to allow the reader to better understand the distribution routes assumed for the study. 7-44

- **Page 5.5-10, Transportation, Circulation and Parking, Figure 5.5-3:** The following comment relates to the trip distribution and assignment data developed for the St. Francis Hospital (Figure 4 in LSA traffic study). Only a portion of the freeway traffic generated by St. Francis Hospital is distributed from U.S. 101 to the Mission corridor to access St. Francis Hospital in the A.M. and P.M. peak hours. The distribution map contained in the traffic study shows that 38% of the traffic should be distributed from U.S. 101 through the Mission/ Bath intersection (see attached **Figure A**). The DEIR assumes that only 19% of the project traffic is distributed through the intersection. By correcting this distribution error, the Class I impact identified for the project at this intersection would be reduced to a Class IV beneficial impact as the project would result in a net reduction of traffic. This information is summarized below. 7-45

  <u>Mission/Bath Traffic Additions</u>

  P.M. Peak Hour Trips (PHT) to/from St. Francis presented in DEIR = 24 PHT

  Corrected P.M. PHT to/from St. Francis based on DEIR assumptions = 35 PHT

  Trips to/from Cottage Housing presented in DEIR = 34 PHT (no adjustments)

  Net project-added P.M. PHT added to the intersection = -1 PHT (No Impact)

  It is noted that with the correct project trip generation (see comment on Project Trip Generation below), the project would result in a significant reduction of traffic in the study area and a beneficial impact at this intersection.

- **Page 5.5-10, Transportation, Circulation and Parking, Figure 5.5-3:** The following comment relates to the trip distribution and assignment data developed for the St. Francis Hospital (Figure 4 in LSA traffic study). The DEIR distribution for the Cottage Hospital Housing project assumes that 12% of the project traffic would travel south on either Salsipuedes Street or Olive Street and then turn right on Anapamu Street to travel towards the downtown area. The distribution for the St. Francis Hospital assumes that NO traffic 7-46

generated at the hospital would travel on this same route; in other words no traffic from the Hospital is assumed to travel on Anapamu Street but 12% of the traffic from the Workforce Housing development would travel on Anapamu Street. The analysis also assumes that outbound traffic from the St. Francis Hospital travels south on Laguna through the Anapamu intersection but no inbound traffic travels north of Laguna Street. Given that Laguna Street is a two-way street, this distribution theory does not make sense.

The net affect of this erroneous distribution is that 9% to 10% of the total traffic generated by the Cottage Hospital Housing project is assumed to travel through the intersection but only 1% to 3% of the St. Francis Hospital traffic is assumed to travel through this location, thus overstating the impacts of the project. If a more reasonable distribution methodology is applied (see attached **Figure B**), the Class I significant impact would be reduced to a level of insignificance. It is noted that with the correct project trip generation (see comment on Project Trip Generation below), the project would result in a significant reduction of traffic in the study area and a beneficial impact at this intersection. 7-46 CON'T.

- **Page 5.5-12, Transportation, Circulation and Parking, Table 5.5-2:** The level of service information presented in this table reports the vehicle delay and corresponding level of service for the two-way stop-sign controlled intersections based on the highest delay observed on one stop-sign controlled approach rather than the average delay for both stop-sign controlled approaches. The methodology used to develop the intersection LOS is incorrect and needs to be modified. The average weighted delay for both stop-sign controlled approaches should be calculated and used to determine overall intersection levels of service, rather than reporting the highest delay for any one movement. This recommended methodology accounts for all of the vehicles that go through the stop-signs at an intersection, rather than reporting the delay (and LOS) for just half of the intersection (i.e. just one approach) as presented in the DEIR. 7-47

  It is also noted that the theoretical delay estimates generated by the HCM software package do not always correlate to the actual vehicle delays experienced at the intersection. It is therefore the common traffic engineering practice to also conduct delay studies at stop-sign controlled intersections. The delay data is used to adjust the results of the HCM calculations.

  With the correct methodology applied, the Class I cumulative impact identified for the Garden/Arrellaga intersection would be reduced to a Class IV beneficial impact as the average weighted delay for the intersection improves between Cumulative and Cumulative + Project conditions. This information is summarized below in **Table A.**

Table A
Corrected Intersection LOS - Garden/Arrellaga Street

Intersection	Cumulative LOS[(a)]	Cumulative + Project LOS[(a)]	Impact?
Garden/Arrellaga	21.04 Sec./LOS C	20.99 Sec./LOS C	NO

(a) LOS based on average weighted delay for eastbound and westbound Arrellaga Street

7-47 CON'T.

It is also noted that with the correct project trip generation (see comment on Project Trip Generation below), the project would result in a significant reduction of traffic in the study area and a beneficial impact at this intersection.

- **Page 5.5-12, Transportation, Circulation and Parking, Pending and/or Approved (Cumulative) Projects**: The DEIR uses a growth rate of 1% per year for 10 years to account for "projects which would generate less than 10 peak hour trips". When applied to the Bath/Mission intersection, this growth factor adds 277 peak hour trips to the intersection. This is the equivalent of building 277 single family homes (or 533 condominiums) on Mission Street and overstates cumulative growth in the corridor, particularly given the additional traffic that is added to the intersection from the approved and pending project list. 7-48

- **Page 5.5-12, Transportation, Circulation and Parking, Pending and/or Approved (Cumulative) Projects:** The DEIR adds traffic from the Cottage Hospital Modernization Project to the cumulative traffic numbers and then adds the trips from the Cottage Hospital Housing project on top of that. This is double counting of traffic in the corridor as it adds additional staff trips twice. It also fails to recognize that the staff trips generated from the Cottage Affordable Housing project already exist in the Mission Street corridor, and would simply be rerouted with the proposed project. 7-49

- **Page 5.5-17, Transportation, Circulation and Parking, Table 5.5-4:** As noted in the comment on Table 5.5-2 above, the intersection levels of service presented in the DEIR should be based on the average delay for both stop-sign controlled approaches. The DEIR should be revised to show the average delay for all approaches that are stopped. With the correct methodology applied, the delay for the Garden/Arrellaga intersection would be 21.0 seconds which would not exceed the City's standard of 22.0 seconds of delay under cumulative conditions. 7-50

- **Page 5.5-19, Transportation, Circulation and Parking, Project Trip Generation:** The trip generation analysis presented in the DEIR for the Workforce Housing Project is based 7-51

on ITE trip rates for single family detached housing units rather than condominium and townhome units. The rationale offered in the DEIR for the use of single family rates is that "according to City staff, the trip generation characteristics of condominiums in the City of Santa Barbara are similar to the trip generation of single family homes as described in the ITE trip Generation Manual." The DEIR offers no valid statistical or analytical reasons for using single family rates for the proposed project, nor does it provide study data to support the use of these rates.

The trip generation analysis for the project should be based on the Residential Condominium/Townhome rates from ITE (Land Use Code 230). There are over 200 sample studies for this category for the A.M. and P.M. peak hour rates, and the majority of the studies are for condominium developments studied that had less than 200 units. The ITE condominium rates also have been used consistently by the City when analyzing condominium developments over the last 5 years (see attached table for a listing of condominium projects), including the recently completed condominium project located two blocks away on Micheltorena Street and Laguna Street. In fact, the traffic consultant who prepared the DEIR (LSA) used the condominium trip rates when they previously analyzed the St. Francis Workforce Housing Project as a cumulative project in the Cottage Hospital EIR (see attached Table B from the LSA report). 7-51 CON'T

The ITE describes the Single Family Detached Housing category as follows: "Single family detached housing includes all single family detached homes on individual lots. A typical site surveyed is a suburban subdivision". The average number of units contained in the subdivisions studied in the ITE report were over 200 units. This description does not match the Cottage Affordable Housing Project.

The ITE report also states: "Single Family detached units had the highest trip generation rate per dwelling unit of all residential units, because they were the largest units in size and had more residents and more vehicles than other land uses; they were generally located farther away from shopping centers, employment areas and other trip attractors than other residential land uses; and they generally had fewer alternate modes of transportation available, because they were typically not as concentrated as other residential units."

The Cottage Affordable Housing project proposed is denser, more affordable, will have fewer bedrooms, occupants and vehicles per unit, is better served by alternative transportation and is located closer to the City's downtown core than the typical suburban single family subdivisions that comprise the majority of the ITE samples for Single Family Detached Housing category. This is particularly true given the fact that a portion of the Cottage residents will be single, that many of the residents will work shifts that start and end outside of the normal A.M. and P.M. peak hours, and that the project includes a mix of one-bedroom, two-bedroom, and three-bedroom stacked flats and duplex units.

ATE conducted trip generation surveys at two condominium developments located in suburban areas of Santa Barbara in order to verify the ITE rates. One site studied was the San Remo Condominiums located on San Remo Drive adjacent to the Grove Lane single family neighborhood and the other site studied was the Stonecreek Condominiums located in the Las Positas Valley. The San Remo condominiums generated a P.M. peak hour trip rate of 0.59 peak hour trips per unit, and the Stonecreek Condominiums generated a P.M. peak hour trip rate of 0.64 peak hour trips per unit (studies attached). These observed trip generation rates are significantly lower than the ITE single family rate of 1.01 trips per unit, and are closer to the ITE Condominium rate of 0.52 trips per unit. Based on these local studies, it is clear the use of the ITE single family housing rates for the proposed project is inappropriate. 7-51 CON'T.

Table B shows the corrected trip generation calculations for the project that should be incorporated in the DEIR.

Table B
Correct Project Trip Generation

		ADT		A.M. Peak Hour		P.M. Peak Hour	
Land Use	**Size**	**Rate**	**Trips**	**Rate**	**Trips**	**Rate**	**Trips**
Condominiums	115 units	5.86	674	0.44	51	0.52	60

- **Page 5.5-20, Transportation, Circulation and Parking, Table 5.5-6:** This table should be modified to incorporate the correct trip generation estimates for the workforce housing project based on condominium trip rates. **Table C** below provides the corrected trip generation comparison to the St. Francis Hospital trips.

Table C
St. Francis Hospital and Proposed Condominium Project
Correct Trip Generation Comparison 7-52

Land Use	**ADT**	**A.M. PHT**	**P.M. PHT**
St. Francis Hospital	1,023	97	113
Proposed Project	674	51	60
Net Change In Traffic	**-349**	**-46**	**-53**

Table C shows that development of the proposed workforce housing project would generate significantly less daily and peak hour traffic than the St. Francis Hospital. These statistics need to be incorporated in the DEIR, and the project traffic impacts should be reclassified from Class I (significant) to Class IV (beneficial). 7-52 CON'T.

- **Page 5.5-20, Transportation, Circulation and Parking, Trip Distribution and Assignment**: The trip assignment pattern developed for the Workforce Housing Project assumes that 50% of all traffic generated at the housing site (from both the affordable Cottage Hospital units and the market rate units) would travel to and from Cottage Hospital during the peak hours. This results in a total of 59 peak hour trips traveling between the hospital and the 81 affordable units during the P.M. peak hour. This equates to 72% of the affordable units (59/81 = 72%) traveling between the two sites during the peak hour - this is not realistic given the shift schedules and travel patterns of Cottage Hospital employees. The DEIR analysis should be revised to present a more realistic percentage of 35% of total project traffic and 50% of Workforce Housing traffic traveling between the hospital and the site. 7-53

- **Page 5.5-22, Transportation, Circulation and Parking, Figure 5.5-7**: The trip assignment pattern developed for the Cottage Hospital Housing project assumes that **all** of the project traffic that travels from the housing site to Cottage Hospital would go through the Bath/Mission intersection. Given the City's grid system and the myriad of travel routes available between the housing site and Cottage Hospital, it is unrealistic to assume that all traffic would go through this one intersection. The distribution analysis should be revised to assume that a portion of the inbound traffic (40%) would travel on other routes such as Pueblo Street, Los Olivos Street, Chapala Street, State Street, etc. to access the Hospital site. The figure should also be expanded to show the routing of the Workforce Housing Project traffic through the entire study area to allow the reader to better understand the distribution routes assumed for the study. 7-54

- **Page 5.5-22, Transportation, Circulation and Parking, Figure 5.5-7:** The trip assignment pattern developed for the Cottage Hospital Housing project assumes that **no** project traffic would travel north of Cottage Hospital on surface streets. Thus none of the site traffic is distributed to the Outer State Street retail and employment area via Garden, Anacapa, Santa Barbara, State, or Chapala Streets. The distribution analysis should be modified to assume that 10% to 15% of the project traffic travels to and from the Outer State Street area via surface streets. 7-55

- **Page 5.5-22, Transportation, Circulation and Parking, Figure 5.5-7:** The total number of A.M. and P.M. peak hour trips distributed to and from the Cottage Hospital Housing site as shown on Figure 5.5-7 are greater than the number of trips presented in the project trip 7-56

generation table (Table 5.5-6). There are also math errors in the distribution of trips at some intersections such as southbound Salsipuedes Street at Sola Street, where 11 trips are added to 3 trips to show 15 trips. As noted above, the figure should be expanded to show the routing of the Workforce Housing Project traffic through the entire study area to allow the reader to better understand the distribution routes assumed for the study. 7-56 CON'T

- **Page 5.5-25, Transportation, Circulation and Parking, Table 5.5-7:** As noted in the comment on Table 5.5-2 above, the intersection levels of service presented in the DEIR should be based on the average delay for both of the stop-sign controlled approaches instead of just one approach. 7-57

- **Page 5.5-27, Transportation, Circulation and Parking, Table 5.5-8:** As noted in the comment on Table 5.5-2 above, the intersection levels of service presented in the DEIR should be based on the average delay for both of the stop-sign controlled approaches instead of just one approach. 7-58

- **Page 5.5-29, Transportation, Circulation and Parking, Table 5.5-9:** As noted in the comment on Table 5.5-2 above, the intersection levels of service presented in the DEIR should be based on the average delay both the stop-sign controlled approaches rather than on the single highest approach at the intersection. 7-59

- **Page 5.5-31, Transportation, Circulation and Parking, Cumulative Impacts:** The DEIR states that the project would generate significant cumulative impacts at the three intersections. As reviewed in the various comments above on project trip generation and distribution, the DEIR findings should be revised to indicate Class III or Class IV impacts at these locations. 7-60

- **Page 5.5-31, Transportation, Circulation and Parking, Cumulative Impacts:** The DEIR states that the project would generate significant cumulative impacts at the Arrellaga/Garden intersection during the A.M. peak hour under cumulative conditions. The trip distribution data presented in the DEIR show that the St. Francis Hospital adds 34 A.M. peak hour trips to the intersection and the Cottage Hospital Housing project adds 21 A.M. peak hour trips to the intersection. The project therefore reduces traffic at the intersection by 13 peak hour trips (38% reduction). The DEIR findings should be modified to indicate a Class IV beneficial impact at this location. 7-61

- **Page 5.5-33, Transportation, Circulation and Parking, Shuttle Operations:** The DEIR discussion of the proposed shuttle system should recognize that the Cottage Hospital employees living at the site will also receive a $75.00 per month parking cash out payment for using alternative transportation to travel to and from Cottage Hospital. This will act as 7-62

an even greater incentive for residents to use the shuttle and will help to ensure the success of the program. Thus the shuttle program has an even greater potential to reduce traffic generated at the site. 7-62 CON'T.

- **Page 5.5-33, Transportation, Circulation and Parking Mission/Bath Residual Impacts:** The DEIR states that even with the successful implementation of the shuttle program, the project would have a significant cumulative impact at the Mission/Bath intersection during the A.M. peak hour. The Mission/Bath intersection is not impacted in the A.M. peak hour, thus this is an incorrect statement. As depicted in Table 5.5-10, the shuttle would mitigate the project's impacts to the Mission/Bath intersection during the P.M. peak hour. 7-63

- **Page 5.5-33, Transportation, Circulation and Parking, Residual Impacts:** The DEIR states that there is not assurance that the shuttle program would work, thus no credit is give for the trip reduction and the impacts are classified as Class I. As noted above in Shuttle Operations comment above, Cottage Hospital will be required to implement a $75 per month parking cash-out program to help insure the success of alternative transportation measures for hospital employees. 7-64

- **Page 5.5-34, Transportation, Circulation and Parking, Table 5.5-11:** Footnote 7 on the table states that an intersection is "impacted" when measurable traffic (five or more vehicles) is added to the intersection during the peak hour. As noted in the comment on Page 5.5-31 (Cumulative Impacts), the data presented in the DEIR show that the St. Francis Hospital adds 34 A.M. peak hour trips to the intersection and the Cottage Hospital Housing project adds 21 A.M. peak hour trips to the intersection. The project therefore reduces traffic at the intersection by 13 peak hour trips. Further review of the data shows that the project would add -16 trips to the eastbound stop-sign approach and +2 trips to the westbound stop-sign approach. The traffic additions to these stop-sign approaches are also less than the City's impact standard. The DEIR findings should be modified to indicate a beneficial impact at this location. 7-65

- **Page 5.5-34, Transportation, Circulation and Parking, Table 5.5-11:** The math in column 3 of the table is wrong; it shows negative trips for Anapamu/Laguna Street and positive trips for Arrellaga/Garden. These should be reversed. 7-66

- **Page 5.5-34, Transportation, Circulation and Parking, Table 5.5-11:** This table indicates that there is a significant impact at the Mission/Bath intersection during the A.M. peak hour (column 7). This intersection is not impacted during the A.M. peak hour and the determination should be revised. 7-67

- **Page 5.5-53, Transportation, Circulation and Parking, Mitigation TRF-1:** The DEIR states that the successful implementation of the shuttle program would not reduce the project's Class I impacts. As noted above in the comments on Table 5.5-11 and Mission/ Bath Residual Impacts (Page 5.5-33) above, the shuttle program would mitigate all of the project's impacts, including at the Mission/Bath intersection. The DEIR mistakenly concludes that this intersection is impacted during the A.M. peak hour and it is not. 7-68

- **Page 5.5-55, Transportation, Circulation and Parking, Residual Impact:** Again the DEIR states shuttle program would not reduce the project's Class I impacts at the Mission/Bath intersection. This should be corrected. 7-69

- **Page 5.5-56, Transportation, Circulation and Parking, Shuttle Program Utilization.** The DEIR states that it is not possible to assess the effectiveness of the shuttle program because the occupancy characteristics of the Cottage residents and the type of peak hour commuting and shift change patterns for these employees are not known. This statement is in direct opposition to the assumptions made in the DEIR regarding the project trip generation and trip distribution – the DEIR assumes that each Cottage Hospital housing unit would generate one peak hour trip and 72 percent of the Cottage Hospital housing unit trips would travel to and from Cottage Hospital during the peak hour. This statement underscores the problems with the DEIR traffic analysis and the determination of Class I traffic impacts. 7-70

- **Page 5.5-57, Transportation, Circulation and Parking, Impacts that Can be Reduced to a Less than Significant Level, Mitigation TRF-4a.2:** As with any construction effort within the City's urban core, use of portions of the public right-of-way are often necessary in order to more effectively and expeditiously construct large projects. We would ask, therefore, that this mitigation be revised as follows: "Storage of construction materials or equipment within the public right-of-way shall be prohibited, <u>unless the applicant can demonstrate that approval of such use would serve to accelerate construction without significantly diminishing neighborhood traffic circulation.</u>" Also, this condition should not apply to the extension of Salsipuedes Street between Micheltorena and Arrellaga until the project is completed. 7-71

- **Page 5.5-57, Transportation, Circulation and Parking, Impacts that Can be Reduced to a Less than Significant Level, Mitigation TRF-5a:** Please refer to comment on Page 3-11, Project Description, Pedestrian Access. 7-72

- **Page 5.5-53 and 5.5-57, Transportation, Circulation and Parking, Impacts that Can be Reduced to a Less than Significant Level, Mitigation TRF-1a/ Mitigation TRF-6a:** The current project description indicates that a shuttle service would be used to transport 7-73

employees to and from Cottage Hospital and other Cottage Health System work sites. Based on the project's net trips versus baseline, the proposed project would not have any significant impacts and with the shuttle program included within the project description, there is no nexus for the requirement for any other long-term traffic mitigations. 7-73 CON'T.

- **Page 5.5-57, Transportation, Circulation and Parking, Impacts that Can be Reduced to a Less than Significant Level, Mitigation TRF-6a:** The current project description indicates that a shuttle service would be used to transport employees to and from Cottage Hospital and other Cottage Health System work sites. Based on the project's net trips versus baseline, the proposed project would not have any significant impacts and with the shuttle program included within the project description, there is no nexus for the requirement for any other long-term traffic mitigations. We are, however, committed to the goals of making public mass transit readily available within the community. To that end, we will incorporate into our project description (or agree to a condition of approval) the requirement that we file with City Public Works (as per MTD's direction) a bus stop improvement bond for bus stop improvements along both sides of Salsipuedes Street adjacent to the project site, the amount of which is to be agreed upon by the City, MTD, and Santa Barbara Cottage Hospital Foundation. This bond would be released after a one-year period if MTD determines that bus stop improvements are not warranted in this location. 7-74

- **Page 6-1, Plans and Policy Analysis, General Plan Land Use Designation:** Last paragraph, change sentence as follows: "...and would also be higher ~~that~~ <u>than</u> the residential unit density..." 7-75

- **Pages 6-8 and 6-9, Plans and Policy Analysis:** Please compare the discussion of Implementation Strategy 4.1.10 on page 6-8, with the discussion of Policy 13.2 on page 6-9. Please revise to make the discussion concerning bonus density consistent on page 6-9 with the discussion on page 6-8. 7-76

- **Page 8-1, Alternatives:** Please refer to the Reuse Analysis for the Cottage Hospital Workforce Housing Project (attached). The re-use/ redesign alternatives should be evaluated with respect to each of the alternatives' compliance with the requirements of the City's General Plan and Zoning Ordinance. Parts of the existing structures proposed to be retained under the re-use/ redesign alternatives are legally non-conforming with the 45 foot height limitations of the "CO" zone. The analysis should consider what restrictions will be placed on the remodeling of the legally non-conforming buildings and what will be the impact of these restrictions. 7-77

  In addition, any reuse or reconfiguration of the existing buildings as an alternative to the proposed Project should be evaluated for potential aesthetic impacts. In the Initial Study it 7-78

was determined that the aesthetic impacts of the proposed Project would be "less than significant" and was not further addressed within the DEIR. The reuse or reconfiguration alternatives would retain all or part of the existing hospital building and could have significant aesthetic impacts which should be evaluated within the FEIR. 7-79

Each of the alternatives presented in the DEIR provide for a reduction in the number of housing units. Please analyze each of these alternatives under Government Code §65589.5(j), which provides that the density of a proposed housing project that complies with the applicable, objective general plan and zoning standards and criteria in effect when the application is determined to be complete cannot be reduced, or the project disapproved, unless the agency makes specific written findings supported by substantial evidence showing a need to do so to avoid adverse health or safety effects. To deny the project, or to approve it conditioned on a reduction in density, the agency must find that the proposed project would have a specific, adverse impact on the public health or safety unless it is disapproved or the density reduced. A "specific, adverse impact" means a significant, quantifiable, direct, and unavoidable impact based on objective, identified written public health or safety standards, policies, or conditions as they existed on the date the application was deemed complete. Govt Code §65589.5(j)(1). 7-80

The agency must also find that there is no feasible method to satisfactorily mitigate or avoid the adverse impact on the public health or safety other than a reduction in density or disapproval. Govt Code §65589.5(j)(2).

When Govt Code §65589.5(j)(1) applies, <u>it prevents an agency from adopting a mitigation measure or project alternative that would reduce the number of units in a proposed housing project</u> unless it is necessary to do so to avoid public health or safety impacts. Such a mitigation measure or alternative may not be adopted to reduce environmental impacts that will not adversely affect the public health or safety. An agency may therefore reject a reduced density alternative as legally infeasible if the findings required by Govt Code §65589.5(j) cannot be made. *Sequoyah Hills Homeowners Ass'n v City of Oakland* (1993) 23 CA4th 704, 714, 29 CR2d 182. Government Code §65589.5 specifically states that it is applicable to Charter Cities.

Analysis of the re-use/ redesign alternatives should consider the strong likelihood that all buildings would be required to be completely gutted, leaving only exterior skin and interior structural supports. The likely amount of demolition debris and associated short-term air quality, noise, traffic, and hazardous materials concerns would, therefore, be similar to the proposed project and could, in fact, be greater as all remediation would have to be conducted on-site, whereas there is a possibility that for at least some portions of the proposed project that remediation of materials could be conducted off-site after appropriate packaging and removal. 7-81

Also, under the re-use/ redesign alternatives, even if the existing parking and driving areas are preserved, the actual surfaces may require removal and replacement due to their deteriorated condition, thus resulting in roughly similar solid waste impacts, potential dust emissions, potential water quality deterioration, etc. Play areas, landscaping, gardens, etc. that would be part of a residential reuse of the existing building(s) would require hardscape removal resulting in potential dust emissions, generation of solid waste, and noise. 7-82

Finally, the DEIR should consider the possibility that given the age of the original buildings, under the re-use/ redesign alternatives (and without a complete gutting of the entire waterline infrastructure), there would be a potential for the continued presence of lead water pipes and pipe fittings which could expose residents, particularly children, to unsafe lead levels. 7-83

- **Page 8-2, Alternatives, No Project Alternative—No Development:** As per CEQA Guidelines Section 15126.6(e)(3)(B), "where failure to proceed with the project will not result in preservation of existing environmental conditions, the analysis should identify the practical result of the project's non-approval and not create and analyze a set of artificial assumptions that would be required to preserve the existing physical environment." Clearly, while the No Project Alternative—Reestablish Medical Uses or some derivative thereof could be construed as a condition that would be "reasonably expected to occur in the foreseeable future if the project were not approved" (CEQA Guidelines, Section 15126.6(e)(2), there is no reasonable expectation that the buildings/ property would sit vacant in perpetuity. Consideration and discussion of this "No Development" Alternative should, therefore, be stricken from the EIR. 7-84

- **Page 8-4, Alternatives, No Project Alternative—Reestablish Medical Uses, Air Quality, Long-Term Impacts:** Because of the proposed project location within the urban core and the convenience and availability of Cottages employees being able to utilize the proposed shuttle, traffic impacts (and therefore, vehicle-related air quality emissions) would likely be substantially less than those associated with the "No Project Alternative" AND the "Reestablish Medical Uses" alternative (refer to our Traffic and Circulation comments). In this regard, it must be concluded that this alternative creates more air quality impacts than the Proposed Project. It should also be noted that the use of heating, ventilation, and air conditioning (HVAC) systems associated with medical office facilities would likely create greater operational air quality emissions than the proposed residential use of the site, particularly in light of Santa Barbara's temperate coastal climate (i.e., limited HVAC use by residential users). 7-85

- **Page 8-5, Alternatives, No Project Alternative—Reestablish Medical Uses, Noise, Long-Term Impacts:** The use of heating, ventilation, and air conditioning systems 7-86

associated with medical office facilities would likely create greater operational noise emissions than the proposed residential use of the site, particularly in light of Santa Barbara's temperate coastal climate (i.e., limited HVAC use by residential users). 7-86 CON'T.

- **Page 8-7, Alternatives, Use Only Existing On-Site Buildings to Develop New Residences:** Please refer to the Reuse Analysis for the Cottage Hospital Workforce Housing Project (attached). 7-87

- **Page 8-10, Alternatives, Use Only Existing On-Site Buildings to Develop New Residences, Short Term Noise:** As indicated above, analysis of the re-use/ redesign alternatives should consider the strong likelihood that all buildings would be required to be completely gutted, leaving only exterior skin and interior structural supports. The likely amount of demolition debris and associated short-term air quality, noise, traffic, and hazardous materials impacts would, therefore, be similar to the proposed project and could, in fact, be greater as all remediation would have to be conducted on-site, whereas there is a possibility that for at least some portions of the proposed project that remediation of materials could be conducted off-site after appropriate packaging and removal. As no construction/ demolition details (schedules, volumes of material, etc.) are available for this alternative and the analysis contained within this section is qualitative, it is unlikely that even with mitigation that this short-term construction noise impact could be mitigated to less than significant levels. Given the absence of detailed information and analysis, the residual noise impacts for this classification should be considered similar to the proposed project and be classified as Class I, significant and unavoidable. 7-88

- **Page 8-10, Alternatives, Use Only Existing On-Site Buildings to Develop New Residences, Long Term Noise:** Please consider and comment on the long term noise impact of required HVAC Systems for this alternative as compared with the Project. 7-89

- **Page 8-11, Alternatives, Use Only Existing On-Site Buildings to Develop New Residences, Transportation, Circulation and Parking, Long-Term Impacts:** As discussed within our Traffic and Circulation comments above, all traffic analysis should net out the traffic associated with the previous hospital use of the project site. For purposes of comparison, the use of shuttle service for Cottage employees should be considered for proposed 115-unit project only. As indicated in our Traffic and Circulation comments, the Proposed Project results in beneficial traffic impacts when compared to the previous hospital use. 7-90

- **Page 8-12, Alternatives, Use Only Existing On-Site Buildings to Develop New Residences, Transportation, Water Quality, Long-Term Impacts:** The last line of the first paragraph should be revised to state: "reduced to a <u>less than</u> significant level." 7-91

- **Page 8-12, Alternatives, Project Redesign-Reduced Number of Units Alternative.** Please refer to our comments above on Page 1-5, Introduction, Alternatives Analysis. This alternative does not meet the basic objectives of the applicant, nor is it allowed under CEQA (Section 15041[c]). 7-92

- **Page 8-13, Alternatives, Redesign-Reduced Number of Units Alternative, Figure 8.3-1 (Impact Upon Reconfigured R-2 Lots):** The visual presentation of the Project Redesign alternative (Figure 8.3-1) appears to eliminate the demolition of the two residences at the corner of California and Grand Avenue and does not contemplate the proposed creation of legally conforming R-2 lots fronting on Grand Avenue. The reasoning behind this change should be explained and evaluated under the Plans and Policy Analysis. 7-93

- **Page 8-14, Alternatives, Project Redesign-Reduced Number of Units Alternative:** Please refer to the Reuse Analysis for the Cottage Hospital Workforce Housing Project (attached). 7-94

- **Page 8-16, Alternatives, Project Redesign-Reduced Number of Units Alternative, Noise, Long-Term Impacts:** Noise impacts associated with this alternative may actually be greater than the proposed 115-unit residential project as the peak hour traffic generated from the reduced project (without the project-proposed shuttle service) would likely be greater than the peak hour traffic associated with the proposed 115-unit project. Also, the reused hospital building(s) will require substantial HVAC Systems which will create long term noise impacts, which will not occur with the Project. Additionally, as indicated in our comments on the Traffic and Circulation section, the Proposed Project results in beneficial traffic impacts when compared to the previous hospital use. 7-95

- **Page 8-17, Alternatives, Project Redesign-Reduced Number of Units Alternative, Transportation, Circulation and Parking, Long-Term Impacts:** As discussed within our Traffic comments above, all traffic analysis should net out the traffic associated with the previous medical use of the project site. For purposes of comparison, the use of shuttle service should be considered for proposed 115-unit project only. As indicated in our comments on the Traffic and Circulation section, the Proposed Project results in beneficial traffic impacts when compared to the previous hospital use. 7-96

- **Page 8-19, Alternatives, Mixed Use Alternative:** This alternative would not satisfy any of the project objectives, nor would it substantially reduce any of the identified environmental impacts. Pursuant to the alternative evaluation factors described in CEQA Guidelines Section 15126.6(c), which are as follows: 1) failure to meet most of the basic 7-97

project objectives, 2) infeasibility, and 3) inability to avoid significant environmental effects, consideration of this alternative should be eliminated from the Final EIR. 7-97 CON'T.

- **Page 8-19, Alternatives, Mixed Use Alternative:** Non-medical professional office uses are not allowed within the C-O zone district. The uses contemplated under this alternative would require a rezone to R-O. Additionally, it is not appropriate to consider the use of 77,000 square feet of medical office space uses, when there is no longer a hospital that would justify the presence of these uses. As such, this alternative either needs to be removed or modified significantly. 7-98

- **Page 8-20, Alternatives, Mixed Use Alternative, Parking and Air Quality.** Since this alternative increases parking demands and air quality impacts and does not reduce short-term construction noise impacts, it does not meet the basic parameters of an alternative, which is to reduce impacts that would result for the Proposed Project. Additionally, the alternative is based upon a faulty premise (as discussed above) that non-medical professional office uses are allowed within the C-O zone district. Finally, the alternative is comparing the air quality impacts with the incorrect Project-related traffic numbers (see our comments on the Traffic and Circulation section). As such, this alternative either needs to be removed or modified significantly. 7-99

- **Pages 8-23, 8-24, and 8-25, Environmentally Superior Alternative:** The provision of 89 residential units associated with the reuse/ redesign alternatives considered within the DEIR would result in a 22% reduction in housing units proposed under the current project. Such a drastic reduction would make the provision of supplying the maximum number of for-sale workforce housing units (a central project objective), coupled with the proposed implementation of an innovative employee shuttle service system, untenable. 7-100

  As discussed within the context of this letter, the only Class I, significant and unavoidable impact associated with the proposed project is Short-Term Construction Noise; all other environmental issue areas are either less than significant or will be mitigated to less than significant through implementation of mitigations. As stated in our comments on the Traffic and Circulation section, the DEIR miscalculates the Proposed Project's traffic impacts; thereby erroneously necessitating the evaluation of alternatives that could reduce traffic impacts. Impacts associated with the reuse/ redesign alternatives would, for all practical purposes, be similar to the proposed project, with the exception of peak hour traffic and aesthetics, which would be greater than the proposed project. 7-101 7-102

  As indicated in CEQA Guidelines Section 15126.6(b), "the discussion of alternatives shall focus on alternatives to the project or its location which are capable of avoiding or substantially lessening any significant effects of the project, even if these alternatives would impede to some degree the attainment of the project objectives, or would be more costly." 7-103

The only alternative which would result in a "substantially lessening" of short-term construction noise impacts is the "No Project—Reestablish Medical Use" alternative. This alternative while potentially addressing short-term noise concerns would, in addition to not achieving any of the project objectives, also result in greater long term environmental impacts (refer to the table below). As demonstrated within this letter, neither the "Use Only Existing On-Site Buildings to Develop New Residences" alternative nor the "Project Redesign-Reduced Number of Units Alternative" would result in a "substantially lessening" of short-term construction noise impacts when compared to the proposed project. 7-104

It also very important to note that the proposed 115-unit project, which consists of 81 workforce units and 34 market-rate units is being undertaken by a non-profit foundation who is dedicated to constructing this workforce housing project at a substantial financial loss in order to attract and maintain employees whom provide the critical medical services upon which the residents within the City of Santa Barbara depend upon—no profit whatsoever will be realized from the development of this project. Further, despite the legal and environment objections raised within this letter in regards to the analysis and consideration of the project alternatives, if hypothetically, either of the 89-unit alternative projects were selected, in order to develop a financially feasible project (even at a substantial financial loss), the number of workforce housing units would have to be dramatically reduced. This would, of course, defeat the very basis and primary objective for this important community project. 7-105

It should also be noted that because of the constraints associated with the reuse/ redesign alternatives, units developed under these scenarios would because of their size and building configuration have to be configured as rental apartments which would not further the objectives of the project in providing for-sale workforce housing units. Both exit interviews and employee surveys conducted by Cottage Hospital and the Santa Barbara Cottage Hospital Foundation indicate conclusively that in order to attract and retain Cottage Health System employees, they must be presented with the following:

1) the opportunity to build equity through real estate ownership
2) an opportunity to be able to afford quality housing in a safe environment
3) the ability to live and work within the same community
4) the option of being able to arrive to and leave work in a timely manner without having to rely upon single occupant automobile travel

Implementation of the reuse/ redesign alternatives would result in small, dark apartment units with balconies which look like they were attached after the fact. Access to units would be via dark internal corridors. Limited southern exposure and limited natural lighting would be available for the majority of the units. The reuse/ redesign alternative site would look and feel like a high-rise hotel, similar to the style and character of Ventura's

Downtown Holiday Inn readily visible from Highway 101. In addition to not being an appealing residence for the intended occupant (Cottage Health System employees), the look and feel of the project site would not be consistent at all with the initial design direction provided to the applicant by the Planning Commission, the Architectural Board of Review, and the neighborhood. 7-105 CONT.

Please also refer to the Reuse Analysis for the Cottage Hospital Workforce Housing Project (attached).

- **Pages 8-26, Environmentally Superior Alternative:** To allow for a more user-friendly comparison of the alternatives identified within Table 8.5-1, we would recommend the following replacement table:

Alternative	Aesthetics	Air Quality	Haz. Mat.	Noise	Solid Waste	Traffic	Water Quality	Project Objectives	TOTAL
NO PROJECT REESTABLISH MEDICAL USE									
Short Term	0	0	-1	+1	+1	+1	0	-1	**+1**
Long Term	-1	0	-1	-1	0	-1	0	-1	**-5**
EXISTING BUILDING REUSE									
Short Term	0	0	0	0	0	0	0	-1	**-1**
Long Term	-1	0	0	0	0	-1	0	-1	**-3**
REDESIGN REUSE									
Short Term	0	0	0	0	0	0	0	-1	**-1**
Long Term	-1	0	0	0	0	-1	0	-1	**-3**

7-106

KEY:
-1: Alternative Impacts > Project Impacts
0: Alternative Impacts = Project Impacts
+1: Alternative Impacts < Project Impacts

- **Pages 8-26, Environmentally Superior Alternative:** Table 8.5-1 states that the re-use, redesign, and mixed use alternatives have "achieved" or "partially achieved" the Project objectives. Please demonstrate further how the project objectives have been "achieved" by these alternatives. It is the applicant's contention that these alternatives do NOT meet the basic project objectives, and as stated in our comments on the Traffic and Circulation section, the DEIR miscalculates the Proposed Project's traffic impacts; thereby erroneously necessitating the evaluation of alternatives that could reduce traffic impacts. We would recommend use of the following table: 7-107 7-108 7-109

PROJECT OBJECTIVES	NO PROJECT REESTABLISH MEDICAL USE	EXISTING BUILDING REUSE	REDESIGN REUSE	PROPOSED PROJECT
1. Feasible Development Plan	+1	-1	-1	+1
2. Maximize Affordable For-Sale Workforce Units	-1	-1	-1	+1
3. Develop Housing in City/ Reduce VMT	-1	+1	+1	+1
4. Develop Market-Rates to Provide Add'l Housing in City and Support Development of Workforce Housing	-1	-1	-1	+1
5. Minimize Short-term and Long-term Env. Impacts to Adjacent Neighborhood	-1	0	0	0
6. Ensure Development Provides Adequate Public Services & Facilities	-1	+1	+1	+1
7. Provide Quality Architecture and Green Design Elements & Neighborhood Compatibility	-1	-1	-1	+1
TOTAL:	-5	-2	-2	+6

KEY:
-1: Project/ Alternative Does Not Meet Objectives
0: Neutral
+1: Project/ Alternative Meets Objectives

Based on the discussion contained within this comment letter and the tables above, we believe that although the proposed project could generate significant and unavoidable impacts relative to short-term construction noise, it is the only alternative capable of meeting the basic project objectives with the least amount of both short-term and long-term environmental impacts. The proposed project should, therefore, be considered the environmentally superior alternative. 7-109 CON'T.

- **Page 9-1, Significant Irreversible Environmental Effects:** Second to last paragraph indicates that "the only significant and unavoidable impact of the proposed project would result from construction-related noise impacts." Cumulative traffic impacts, which we do not believe are associated with the proposed project, but which are mentioned elsewhere within the DEIR as Class I impacts, are not identified or discussed here. 7-110

This completes our comments on the Draft EIR on the Santa Barbara Cottage Hospital Foundation Workforce Housing Project. On behalf of Santa Barbara Cottage Hospital Foundation, I would like to thank you in advance for your time and consideration of these matters. Should you have any questions regarding our comments, please don't hesitate to give me a call at (805) 963-0651, ext. 21.

Sincerely,
DUDEK & Associates, Inc.

Kenneth E. Marshall, AICP
Principal Planner

Attachments

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Brian Cearnal, *Cearnal-Andrulaitis*
Scott Schell, *ATE*

The very first effort of the Cottage Hospital Foundation upon the purchase of the St. Francis campus was to evaluate the potential reuse of the various buildings on the campus. The project architects, Cearnal Andrulaitis, identified this approach as potentially desirable in November of 2002. They identified the building most adaptable for reuse was the original hospital building built in 1927 and the surgery wing added in the 1980's. They concluded, as did the draft Environmental Impact Report, that reuse would not be an option for many of the buildings, including the large southern building addition completed in 1973 that contained mostly lab and x-ray functions, the general storage/central supply addition at the northern subterranean portion of the 1927 building, and the maintenance/engineering building. It was determined that these buildings were not convertible to housing due to their basic configurations and lack of exterior walls available for required lighting and ventilation. This meant that approximately 65,000 square feet would be demolished regardless. The remaining main hospital building (approximately 96,000 square feet) would have to be completely gutted of all interior partitions, non code-compliant stairs, sub-standard electrical wiring and plumbing, and all of the hazardous materials, including asbestos, would have to be totally removed. Essentially, the only part that can be reused would be the gutted shell. Impacts, therefore, associated with construction and demolition noise, traffic, solid waste, air quality, etc. would be quite similar to the proposed project.

7-111

Reuse analysis required examination of how new residential units could fit within that gutted shell. Because the majority of the 1927 building is only 40 feet wide, the layout of new units was challenging. A number of potential configurations for the reuse, including flats at each floor and townhouses built within the existing structure were considered. The townhouse configuration would have been the most structurally invasive because it would require stairs between floors within each unit that compromise the structural integrity of the existing floor system. This was also a problem in light of the fact that this change of use requires that the building be brought up to current seismic standards. The solution that would be the most feasible structurally was to maintain the double loaded corridor scheme of the original hospital building, creating narrow individual units on either side (see attached graphic). These units would be less than 16 feet wide and would vary in length depending on their number of bedrooms. The window size and spacing of the 1927 building would want to remain for structural, and the required outdoor open space at each unit (6' wide X 14' long minimum for two bedroom units) would have to be cantilevered off the face of the building, which would be architecturally inappropriate, or not provided. From a practical standpoint, these factors proved to be a substantial design hindrance which limited the ability to design the type and quantity of workforce housing requested by the Santa Barbara Cottage Hospital Foundation.

In addition to the reuse option, which includes the construction of new units and parking around it. A second scenario was based on the demolition of all the existing structures to allow for all new housing units to be configured in a way that was most compatible to the neighborhood. Based on 7-112

this analysis, the full potential of the site became clear. Efficient use of the site allowed for creation of a design that considered the aesthetic impacts of development as required by CEQA. The sloping nature of the site lent itself ideally to tucking all of the parking underground and out of sight, which contrasted the parking options of the reuse scenario. The newly designed units were terraced to follow the natural topography of the hillside, allowing for enhancement of open space and views both to and from the project site. The proposed project would provide for an overall lower scale of development that both the current site and the reuse alternatives lack. It would complement the neighborhood with a combination of architectural styles including bungalows and traditional Spanish. Unlike the existing hospital structure, whose size, bulk, and scale is unlike the character of the surrounding environment, the proposed project would reflect it. According to the City's CEQA Initial Study for the proposed project, significant visual aesthetic impacts may result from "incompatibility with surrounding land uses or structures due to project size, massing, scale, density, architecture, signage, or other design features." Clearly, the CEQA alternatives evaluation needs to take into consideration the significant aesthetic impacts associated with the implementation of the reuse alternatives, versus the beneficial aesthetic impacts associated with the proposed project. 7-112

The Cottage Board, through its appointed HTF (Housing Task Force), spent several months considering the project design alternatives before presenting them to the neighborhood in our first of a series of neighborhood meetings that began in October 2003. Issues considered and discussed included neighborhood compatibility, quality of life, economics, and the long-term value of each scenario. It became abundantly clear, when looking at this project over the long term, in consideration of the similar and/ or greater environmental impacts associated with the reuse alternatives, and in consideration of the generations of neighbors within the bungalow haven and the generations of Cottage employees who will share that neighborhood, that a low scale, compatible, more bungalow like community made more sense than reusing the old hospital building.

As attractive as the reuse of the building was initially, the Cottage Board could not ignore that it compromised the long term potential of the site. The opportunity to create the kind of neighborhood that would reflect the scale and character of what was built all around it; one that would create an enhanced, sustainable environment for the neighborhood and surrounding community; one that would meet the goal to create a just and livable environment for Cottage employees who deserve the opportunity to buy housing and have an equitable stake within the Santa Barbara community, outweighed any benefits associated with reuse of the existing Main Hospital building. 7-113

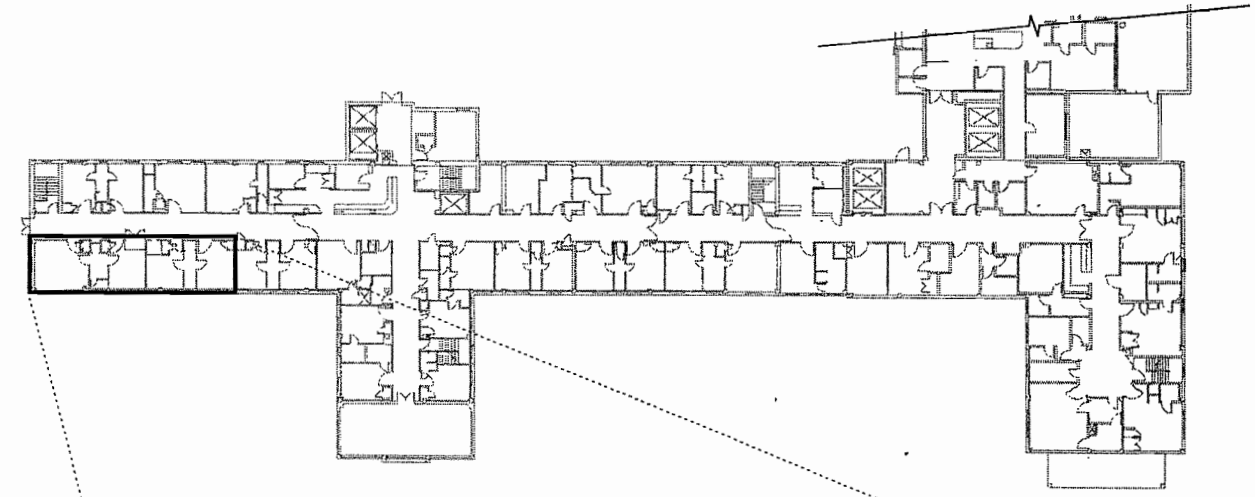
The importance of the aesthetic impacts of this project was acknowledged by the Planning Commission's review in December 2003. As was pointed out in the Aesthetics impact evaluation within the CEQA Initial Study that was prepared for this project, the commission "thought the

overall density proposed was acceptable and wanted to see some of the bungalow design common in the neighborhood to be incorporated into the project design." The Initial Study goes on to state that in March 2004 the Architectural Board of Review (ABR) conceptually reviewed the proposed project and that the "Board appreciated the breaking up of the massing along the perimeters but would like to see more to ensure that the massing patterns are similar to adjacent residential patterns across the street." In addition to the concern of the significant aesthetic impacts associated with the reuse alternatives, the reuse option is not consistent with the direction provided by both the Planning Commission and ABR to the applicant to design the project to be more in keeping with the character of the surrounding community.

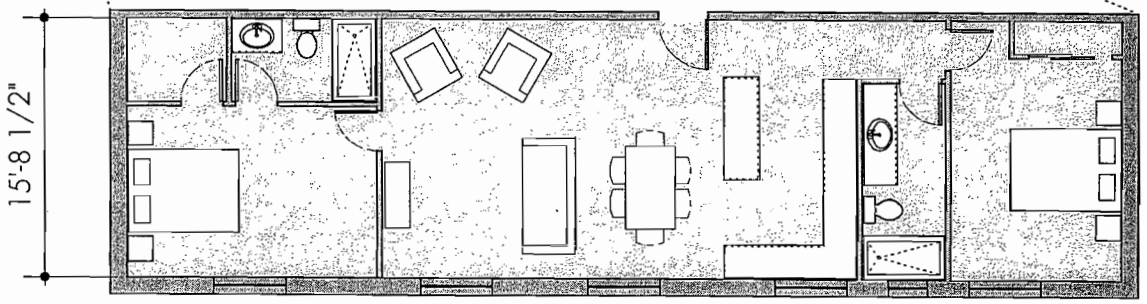
7-113 CON'T.

Clearly, in their conceptual reviews of this project, even without the benefit of environmental review of the reuse alternatives (which we now know clearly should support the proposed project as the environmentally superior alternative), the Cottage board, the neighborhood, the ABR, and the Planning Commission, all agreed that building a new project and not reuse of the existing structure was and continues to be the best alternative.

Attachment



MAIN HOSPITAL BUILDING



TYPICAL 2 BEDROOM REUSE UNIT
940 SQ. FT.

We are in receipt of APCD's August 23, 2005 comment letter for the Santa Barbara Cottage Hospital Foundation Workforce Housing Project DEIR. Please consider the following comments in response to the APCD's concerns related to the project Health Risk Assessment (HRA). The numbering below corresponds to the numbering of APCD's letter. 7-114

HRA-1

The significance threshold adopted by the SBCAPCD (Environmental Review Guidelines for the Santa Barbara County Air Pollution Control District, October 1995) for public health risks stipulates:

A proposed project will not have a significant air quality effect on the environment if ***operation*** *of the project will not exceed the APCD health risk public notification threshold adopted by the APCD Board [emphasis added].*

Neither the SBCAPCD nor the City of Santa Barbara has adopted a significance threshold for project construction activities. The CARB AB2588 Air Toxics Hotspots Program is similarly designed to address permanent or operational hotspots in the community, not construction activities. AB2588 Air Toxic Hotspots Program requires a health risk assessment for any facility that would emit toxic air contaminants.

Cancer risk is an appropriate community concern but applying the threshold for long-term permanent exposure to carcinogens from a temporary construction activity overstates the risk and introduces an undue element of alarm. As the primary model to address long-term exposure from operationally-derived hot spots, the HARP model has a minimum exposure duration of 9 years. The California Office of Environmental Health Hazard Assessment does in fact recommend using 9 years as the minimum exposure duration for air-borne carcinogens. However, the recommendation is geared toward permanent exposure sources and excess cancer risk over the lifetime of an individual. In the context of a temporary carcinogen source with duration far less than 9 years, the direction to use 9-years in HARP is without meaning. Again, neither CARB AB2588 nor HARP is geared toward temporary or transient sources.

As a very conservative approach, and in a comparative sense, it is instructive to examine airborne concentrations of carcinogens during the 1.4 year construction effort. But these should not be evaluated under the guidelines and thresholds set for a permanent source. The concentration of airborne carcinogens to which vicinity recipients will be exposed has a real-world duration of 1.4 years; those concentrations will not be present in the ambient air for the total 9 year period described in the guideline for evaluation of permanent sources. Therefore as an accurate reflection of the environmental consequences of the construction effort it is precisely appropriate

to apply an exposure factor of 1.4 years/9 years to the model results from HARP (since HARP has a minimum exposure duration of 9 years). 7-114 CON'T.

It must also be noted that the worst-case property line boundary value of 4.9 in a million excess cancer risk is at least one order of magnitude greater than all of the sensitive receptor locations included in the HARP analysis. Even though located at the property boundary, there are no sensitive receptors at this location. For every off-site receptor population in the HARP analysis, the excess cancer risk would be less than 6 in a million even if the inappropriate 9-year exposure duration is employed.

Given the absence of an adopted short-term significance threshold for health risks and lack of an appropriate exposure model designed for this purpose, the existing HARP analysis as corrected for 1.4 year exposure should be accepted as a comparative analysis. Exposure to airborne carcinogens across the actual 1.4 year construction effort would result in an excess cancer risk of 4.9 in a million (at the worst case property boundary), which would be acceptable by comparison to the long-term operational threshold.

HRA-2

The significance threshold adopted by the SBCAPCD (Environmental Review Guidelines for the Santa Barbara County Air Pollution Control District, October 1995) for public health risks stipulates:

A proposed project will not have a significant air quality effect on the environment if ***operation*** *of the project will not exceed the APCD health risk public notification threshold adopted by the APCD Board [emphasis added].*

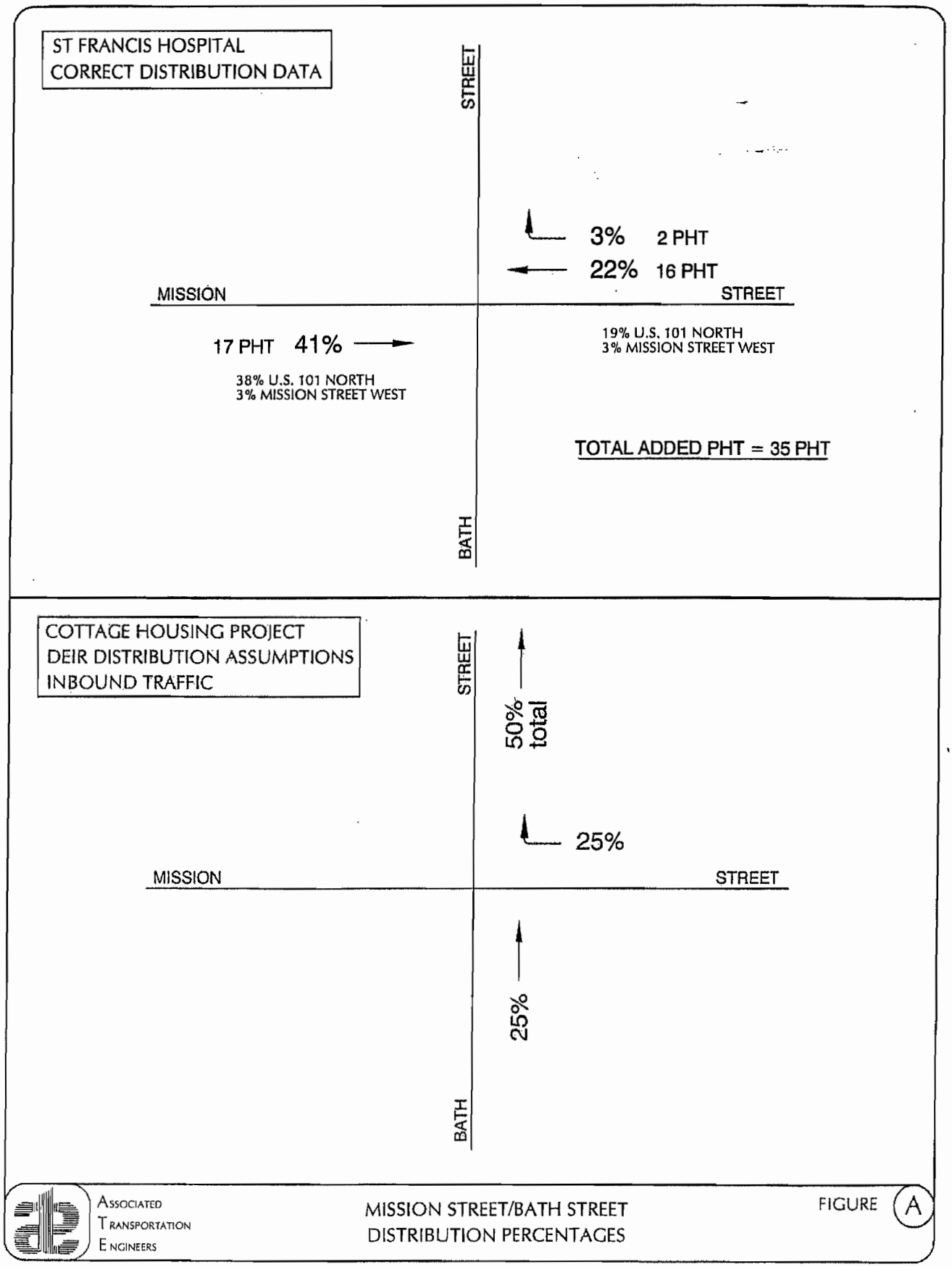
Neither the SBCAPCD nor the City of Santa Barbara has adopted a significance threshold for project construction activities. The CARB AB2588 Air Toxics Hotspots Program is similarly designed to address permanent or operational hotspots in the community, not construction activities.

Consequently the environmental document need not calculate the acute and chronic non-cancer health effects associated with short-term, construction related toxic pollutant emissions. The cited significance threshold Hazard Index was designed and adopted to apply to long-term, permanent emissions activities/sources not temporary or transient sources.

HRA-3

7-114 CON'T.

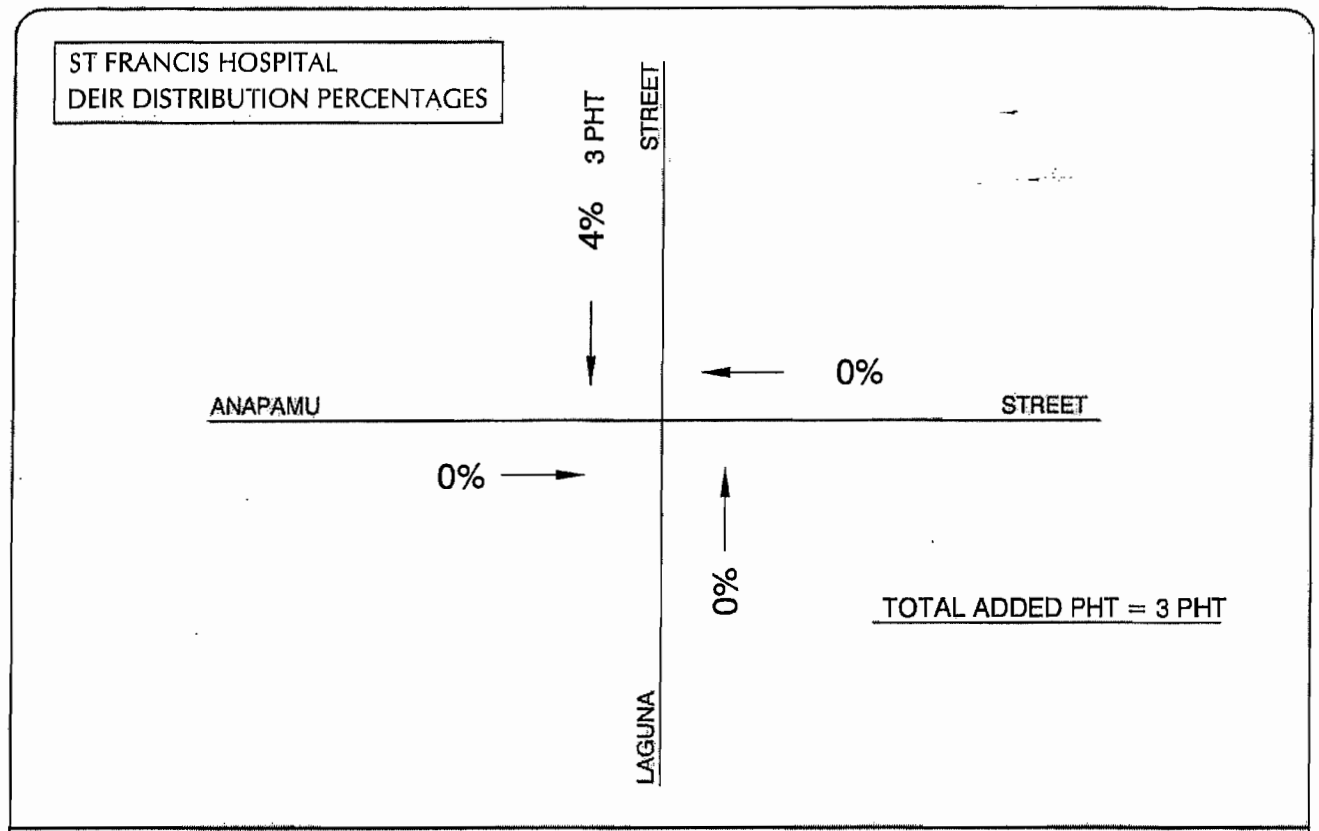
Attachment 7 to Appendix E confirms the output of the HARP model, using the shortest time duration of 9 years. The unadjusted model results indicate all sensitive receptors in the project area would experience an excess cancer risk of less than 6 in one million. While the long-term significance threshold should not be applied to a short-term source or activity, the identified risk would be acceptable if compared against the long-term exposure threshold. The adjusted highest property boundary value (adjusted to account for actual exposure across the 1.4 year construction duration) would also be acceptable if the excess cancer risk from this temporary activity were compared to the adopted threshold for long-term sources.

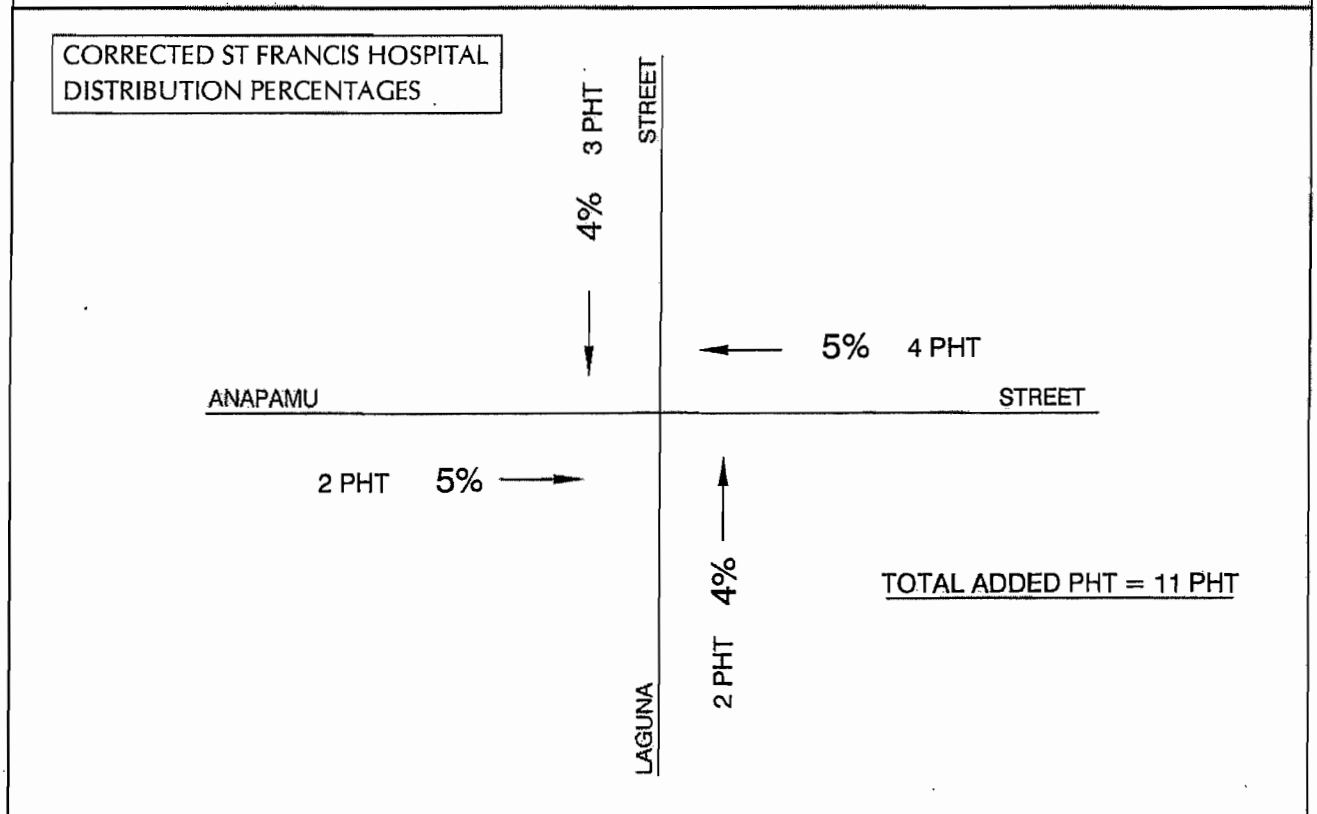


ASSOCIATED TRANSPORTATION ENGINEERS

MISSION STREET/BATH STREET
DISTRIBUTION PERCENTAGES

FIGURE A





ASSOCIATED TRANSPORTATION ENGINEERS

LAGUNA STREET/ANAPAMU STREET
DISTRIBUTION PERCENTAGES

FIGURE B

Table B: Cumulative Projects Trip Generation Summary

Land Use	Size	Unit	ADT	AM Peak Hour In	AM Peak Hour Out	AM Peak Hour Total	PM Peak Hour In	PM Peak Hour Out	PM Peak Hour Total
1. 1221 Anacapa Street (APN# 039-183-034)									
Trip Rate [1]									
Office		TSF	11.01	1.36	0.19	1.55	0.25	1.24	1.49
Trip Generation	8.810	TSF	97	12	2	14	2	11	13
2. 601 E. Micheltorena Street (APN# 027-270-030)									
Trip Rate [1]									
Condominum		DU	5.86	0.07	0.37	0.44	0.35	0.17	0.52
Trip Generation	115	TSF	674	9	42	51	40	20	60
3. 3721 Modoc Road (APN# 049-030-018)									
Trip Rate [1]									
Private School		TSF	-	6.55	5.36	11.91	3.33	3.47	6.80
Trip Generation	9.120	TSF	-	60	49	109	30	32	62
4. 1298 Las Positas Road (APN# 047-010-034)									
Trip Rate [1]									
Community Center		TSF	22.88	0.99	0.63	1.62	0.48	1.16	1.64
Trip Generation	12.950	TSF	296	13	8	21	6	15	21
5. 3815 State Street (APN# 051-010-014)									
Trip Rate [1]									
Shopping Center		TSF	ITE Regression Equation						
Trip Generation	5.979	TSF	1,088	18	11	29	47	51	98
6. 3869 State Street (APN# 051-022-037)									
Trip Rate [1]									
Day Care Center		TSF	79.26	6.78	6.01	12.79	6.19	6.99	13.18
Trip Generation	2.858	TSF	227	19	17	37	18	20	38
7. 2520 Modoc Road (APN# 049-091-008)									
Trip Rate [1]									
Single-Family Residential		DU	9.57	0.19	0.56	0.75	0.64	0.37	1.01
Trip Generation	18	DU	172	3	10	13	11	7	18
8. 315 W. Cabrillo Street (APN# 039-302-030)									
Trip Rate [1]									
Apartments		DU	6.72	0.102	0.408	0.51	0.403	0.217	0.62
Trip Generation	61	DU	410	6	25	31	25	13	38
9. 900-1100 Las Positas Road (APN#047-010-016)									
Trip Rate [1]									
Single Family Residential		DU	9.57	0.19	0.56	0.75	0.64	0.37	1.01
Trip Generation	24	DU	230	5	14	18	15	9	24
10. 1235 Veronica Springs Road (APN# 047-010-039)									
Trip Rate [1]									
Apartments		DU	6.72	0.102	0.408	0.51	0.403	0.217	0.62
Trip Generation	178	DU	1,196	18	73	91	72	39	110
TOTAL TRIP GENERATION			**4,390**	**162**	**250**	**437**	**266**	**216**	**533**

[1] Trip rates taken from the Institute of Transportation Engineers (ITE) *Trip Generation* Manual, 7th Edition (2003).

No daily trip rates provided for Private School

DU = Dwelling Unit, TSF = Thousand Square Feet

P:CSB430\Traffic\cum trip gen.xls\Sheet1(10/26/2004)

3663 & 3705 San Remo P.M. Peak Hour 09/01/05
Total of 51 units

	Driveway		Street Parking		Total
	IN	*OUT*	*IN*	*OUT*	
4:15-4:30	1	1	2	2	**6**
4:30-4:45	6	1	1	0	**8**
4:45-5:00	2	2	1	0	**5**
5:00-5:15	0	1	1	2	**4**
5:15-5:30	8	1	0	0	**9**
5:30-5:45	6	3	3	0	**12**
Hourly Totals					
4:15-5:15	9	5	5	4	**23**
4:30-5:30	16	5	3	2	**26**
4:45-5:45	16	7	5	2	**30**
Peak Hour					
4:45-5:45	16	7	5	2	**30**

Trip Generation Rate Calculation
30 Peak Hour Trips/51 units=**0.59 trips/unit**
21 in/9 out = **70%/30%**

Stonecreek P.M. Peak Hour 09/22/05
Total of 105 units

	Driveway		Street Parking		Total
	IN	*OUT*	*IN*	*OUT*	
4:15-4:30	8	8	0	0	**16**
4:30-4:45	9	4	0	0	**13**
4:45-5:00	9	8	0	0	**17**
5:00-5:15	5	4	0	0	**9**
5:15-5:30	15	5	0	0	**20**
5:30-5:45	14	7	0	0	**21**
Hourly Totals					
4:15-5:15	31	24	0	0	**55**
4:30-5:30	38	21	0	0	**59**
4:45-5:45	43	24	0	0	**67**
Peak Hour					
4:45-5:45	16	24	0	0	**67**

Trip Generation Rate Calculation
67 Peak Hour Trips/105 units=**0.64 trips/unit**
43 in/24 out = **64%/36%**

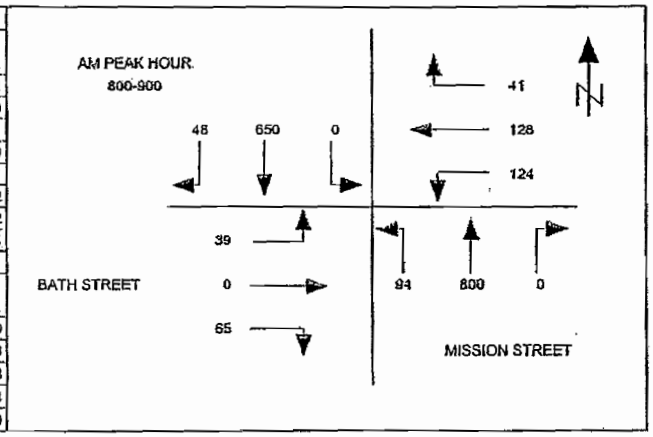
CLIENT: KAKU ASSOCIATES, INC
PROJECT: SANTA BARBARA COTTAGE HOSPITAL
DATE: TUESDAY, JULY 29TH, 2003
PERIODS: 7:00 AM TO 9:00 AM AND 4:00 PM TO 6:00 PM
INTERSECTION: N/S MISSION STREET
E/W BATH STREET

15 MIN COUNTS — 7:00 AM TO 9:00 AM

PERIOD	1 SBRT	2 SBTH	3 SBLT	4 WBRT	5 WBTH	6 WBLT	7 NBRT	8 NBTH	9 NBLT	10 EBRT	11 EBTH	12 EBLT	TOTAL
700-715	5	55	0	2	14	20	0	75	14	9	0	7	201
715-730	6	104	0	9	24	30	0	133	22	14	0	7	349
730-745	7	140	0	9	23	34	0	142	18	10	0	8	391
745-800	6	168	0	4	26	33	0	205	25	11	0	9	489
800-815	8	143	0	3	28	27	0	175	16	17	0	4	421
815-830	15	175	0	13	38	35	0	229	27	10	0	10	552
830-845	14	150	0	12	31	34	0	186	24	21	0	11	482
845-900	11	182	0	13	31	28	0	211	27	17	0	14	534

HOUR TOTALS

TIME	1 SBRT	2 SBTH	3 SBLT	4 WBRT	5 WBTH	6 WBLT	7 NBRT	8 NBTH	9 NBLT	10 EBRT	11 EBTH	12 EBLT	TOTAL
700-800	24	467	0	24	89	117	0	555	79	44	0	31	1430
715-815	27	555	0	25	103	124	0	655	81	52	0	28	1650
730-830	36	626	0	29	117	129	0	751	86	48	0	31	1853
745-845	43	636	0	32	125	129	0	794	92	59	0	34	1944
800-900	48	650	0	41	128	124	0	800	94	65	0	39	1989

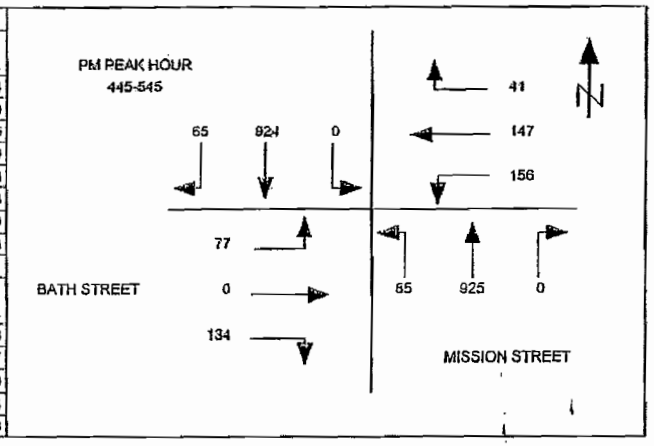


15 MIN COUNTS — 4:00 PM TO 6:00 PM

PERIOD	1 SBRT	2 SBTH	3 SBLT	4 WBRT	5 WBTH	6 WBLT	7 NBRT	8 NBTH	9 NBLT	10 EBRT	11 EBTH	12 EBLT	TOTAL
400-415	12	160	0	10	22	26	0	159	15	27	0	13	444
415-430	20	225	0	10	43	35	0	213	29	33	0	22	630
430-445	14	202	0	8	34	40	0	173	10	45	0	29	555
445-500	28	206	0	8	41	35	0	224	17	44	0	26	629
500-515	11	230	0	8	33	44	0	223	22	36	0	16	623
515-530	16	259	0	16	35	45	0	256	26	24	0	16	693
530-545	10	229	0	9	38	32	0	222	20	30	0	19	609
545-600	7	185	0	11	36	33	0	233	14	16	0	13	548

HOUR TOTALS

TIME	1 SBRT	2 SBTH	3 SBLT	4 WBRT	5 WBTH	6 WBLT	7 NBRT	8 NBTH	9 NBLT	10 EBRT	11 EBTH	12 EBLT	TOTAL
400-500	74	793	0	36	140	136	0	769	71	149	0	90	2258
415-515	73	863	0	34	151	154	0	833	78	158	0	93	2437
430-530	69	897	0	40	143	164	0	876	75	149	0	87	2500
445-545	65	924	0	41	147	156	0	925	85	134	0	77	2554
500-600	44	803	0	44	142	154	0	934	82	106	0	64	2473



811-118

Project Address MST #	Proposed Residential Dwelling Unit (du)	CEQA Review	Residential ADT & PHT Rates Source	Res. ADT	Res. AM PHT	Res. PM PHT	Approval Date
3885-3887 State St. (MST2004-00801)	55 Condos (Includes 17 Affordable), Mixed-use	Pending	5.86/0.44/0.52 ITE Condo Rates	322	24	29	Pending
3714 State St. (MST2003-00286)	64 Condos	Pending	5.86/0.44/0.52 ITE Condo Rates	375	28	33	Pending
15 S. Hope Ave. (MST2004-00594)	16 Condos Mixed-Use	Pending	10/1.0/1.0 City Staff Rates	160	16	16	Pending
214 E. Yanonali St (MST2000-00466)	40 Condos	Exempt	5.86/0.44/0.52 ITE Condo Rates	234	18	22	PC/CC April 2001
1420-1430 Laguna (MST2001-00199)	16 Condos 2 Rentals	MND	5.86/0.44/0.52 ITE Condo Rates	69	5	6	PC 5/15/03
Cottage Hospital St Francis Housing (in Cottage FMP EIR)	115 Condominium	EIR	5.86/0.44/0.52 ITE Condo Rates	674	51	60	CC 2005
617 Garden St. (MST2002-00257) Mental Health Association	41 Affordable Rentals Mixed-Use	Exempt	Workforce 2.10 Mental Health 3.48 Special Study/ITE Senior	53 90 143	5 2 7	4 3 7	PC 1/27/05
210 Meigs Rd. (MST2002-00710)	10 Condos	MND	5.86/0.44/0.52 ITE Condo Rates	59	4	5	Pending
535 E. Montecito St (MST2004-00235)	90 Condos Affordable Mixed-Use	Pending	5.86/0.52/0.44 ITE Condo Rates	527	40	47	
401 Chapala St. (MST2002-00328)	46 Condos (Includes 11 Affordable), Mixed Use	MND	6.63 ITE Apt. Rates	305	23	29	PC 9/11/03
721-739 Chapala St. (MST2002-00405)	29 Condos (Includes 12 Affordable), Mixed-Use	Exempt	5.58/0.52/0.44 ITE Condo Rates	162	13	15	PC 2/5/04

AVERAGE WEIGHTED DELAYS

Anapamu/Laguna

	vehicles	delay	vehXdelay	total vehic	total delay	AWD
EB	132	24.1	3181.2	205	4685	22.85366
WB	73	20.6	1503.8			

Arrellaga/Garden

	vehicles	delay	vehXdelay	total vehic	total delay	AWD
NB	55	17.4	957	131	2756.6	21.04275
SB	76	23.1	1755.6			

Future Volume Alternative

Anapamu/Laguna

	vehicles	delay	vehXdelay	total vehic	total delay	AWD
EB	135	23.9	3226.5	203	4593.3	22.62709
WB	68	20.1	1366.8			

Arrellaga/Garden

	vehicles	delay	vehXdelay	total vehic	total delay	AWD
NB	71	19	1349	145	3043.6	20.99034
SB	74	22.9	1694.6			

Comment Letter No. 7
Dudek and Associates
Date: September 23, 2005

Responses

7-1. *CEQA Guidelines* Section 15124 indicates that the Project Description section of an EIR shall contain "*a statement of objectives sought by the proposed project.*" Therefore, the statement of the proposed project's objectives has been retained in the Project Description section of the EIR.

7-2. The Table of Contents and Introduction sections of the Draft EIR indicate that the EIR contains an Alternatives section. Such s references are adequate to direct the reader to where the alternatives analysis is located in the EIR. A reference to "Section 8.0" has been added to the Introduction section to direct the reader.

7-3. It is presumed that this comment meant to refer to *CEQA Guidelines* Section 15126.6(a) in regard to the EIR's evaluation of feasible alternatives. The *CEQA Guidelines* provides additional direction regarding the evaluation of "feasible" alternatives in Section 15126.6(f)(1), which states: "*Feasibility. Among the factors that may be taken into account when addressing the feasibility of alternatives are site suitability, economic viability, availability of infrastructure, general plan consistency, other plans or regulatory limitation, jurisdiction boundaries...and whether the proponent can reasonably acquire control or otherwise have access to the alternative site...**No one of these factors establishes a fixed limit on the scope of reasonable alternatives**"* (emphasis added).

In developing a reasonable range of project alternatives to be evaluated in the EIR, it was determined that the "Use Existing Buildings" and "Redesigned Project" alternatives (Alternatives 8.2 and 8.3) would be feasible in terms of site suitability, available infrastructure, and General Plan consistency. Criteria pertaining to site availability and jurisdiction pertain primarily to the selection of alternative sites and are not applicable to the building reuse alternatives. In terms of financial feasibility, it was recognized that there could be cost differences between demolishing all existing structures and retrofitting the buildings for residential use. No cost differential data was available for review at the time the Draft EIR was prepared, therefore it was assumed that under the building reuse alternatives, decreased costs associated with a reduced project construction period duration, along with decreased demolition/waste disposal costs, would generally offset increased building retrofit costs. Additional guidance regarding the evaluation of a reasonable range of alternatives is provided by *CEQA Guidelines* Section 15126.6(b) when it states: "*...the discussion of alternatives shall focus on alternatives to the project or its location which are capable of avoiding or substantially lessening any significant effects of the project, **even if these alternatives would impede to some degree the attainment of the project objectives, or would be more costly.***" (emphasis added)

While it is not the intent of CEQA to require applicants to implement financially infeasible projects, it is a requirement of CEQA to evaluate a reasonable range of alternatives to the proposed project. Given the direction provided by CEQA that no single feasibility factor shall be used to limit the scope of reasonable alternatives evaluated in an EIR, the two building reuse alternatives evaluated by the Draft EIR were considered to be feasible alternatives to the proposed project.

A final determination of feasibility and merits of the project is made by the City decision-makers. The applicant may submit evidence supporting its assertion that alternatives evaluated would not be financially feasible.

7-4. The Final EIR has been revised to indicate that shuttle ridership assumptions used by the Draft EIR to evaluate the effectiveness of the proposed project resident shuttle would be sufficient to reduce project's contribution to cumulative impacts to a less than significant level. The Final EIR continues to conclude, however, that as proposed, it is unclear what level of shuttle use would actually occur. Therefore, the proposed shuttle program would not provide a quantifiable or permanent reduction in peak hour traffic generated by the proposed housing project. Please refer to Master Response No. 2 for additional information regarding the evaluation of the proposed project shuttle. The shuttle program is not considered to reduce project-related cumulative traffic impacts to a less than significant level. The Alternatives analyses have been amended to reference that a reduction in the number of project-related units could affect the feasibility of operating the proposed shuttle program.

7-5. The assertion that peak hour traffic generated by the building reuse alternatives would be "more closely aligned" with the No Project – Reestablish Medical Uses alternative is incorrect. As indicated by the Draft EIR, the reestablishment of medical uses on the project site alternative would result in traffic generation characteristics similar to the operation of the former hospital. Information provided by the Draft EIR regarding the traffic generation characteristics of the former hospital, proposed project and the building reuse alternatives is summarized in the table presented below.

Project Site Use	Average Daily Trips	AM Peak Hour Trips	PM Peak Hour Trips
Former Hospital/Reestablished Medical Use	1,023	97	113
Proposed Housing Project (1)	1,101	87	116
Reuse Existing Building Alternatives	852	67	90

(Refer to Master Response No. 2 for additional information how the proposed project's trip generation was estimated)

As shown by the table, the former hospital/reestablish medical use alternative and the proposed project are "more closely aligned" in traffic generation characteristics. Total ADT and peak hour trip generation characteristics of the building reuse alternatives are

less than the former hospital use and the proposed housing project. The potential for the proposed housing project to result in cumulative traffic impacts occurs primarily from changes to traffic distribution patterns (differences in trip destination characteristics associated with the former hospital and proposed residences) rather than an increase in traffic volumes when compared to baseline traffic conditions (traffic conditions that existed when the hospital was in operation).

7-6. The Draft EIR's evaluation of short-term noise impacts associated with the "Project Redesign" alternatives concurs that the alternative would result in significant and unavoidable noise impacts to the neighborhood surrounding the project site, similar to the proposed project (see Draft EIR Table 8.5-1). It was also concluded that the Project Redesign alternative would result in a reduction in air quality and solid waste impacts when compared to the impacts of the proposed project. Therefore, the Project Redesign alternative would result in some reduced environmental impacts.

7-7. *CEQA Guidelines* Section 15041(c) provides guidance to lead and responsible agency decision-makers regarding when the number of proposed residential units may be reduced to minimize a proposed project's environmental impacts. The information provided by the EIR alternatives analysis is to be considered by decision-makers, however, the EIR does not have "approval authority" over any project. Rather, it is the purpose of the EIR alternatives analysis "*to foster informed decision-making and public participation*" even if the "*alternatives would impede to some degree the attainment of the project objectives, or would be more costly*" [CEQA Guidelines Section 15126.6 (a) and (b)]. The EIR has fulfilled its CEQA alternatives analysis requirement by evaluating a reasonable range of alternatives, including the reuse of existing buildings located on the project site for residential purposes. As indicated above, the building reuse alternatives would result in a reduction in project-related impacts. Under the requirements of *CEQA Guidelines* Section 15041(c), City decision-makers have the option of reducing the number of units that would be provided by the Cottage Hospital Foundation Workforce Housing project to reduce the project's project-specific and cumulative impacts to a less than significant level. A reduction in housing units may be the only feasible mitigation to reduce cumulative traffic impacts because it has not been demonstrated that the proposed shuttle program would be sufficient to reduce project-generated traffic volumes over the life of the proposed project.

7-8. Subsequent traffic impact analysis comments will be responded to.

7-9. Subsequent traffic impact analysis comments will be responded to.

7-10. The Final EIR text has been amended to clarify that providing workforce housing near the hospital would reduce traffic and air quality impacts associated with employee commute trips from more distant locations and communities.

7-11. Subsequent alternative analysis comments will be responded to.

7-12 Subsequent alternative analysis comments will be responded to.

7-13. The indicated sentence has been amended to state "...incremental reduction in development-related noise impacts, which is the only project-specific significant unavoidable impact of the proposed project."

Please refer to response No. 7-3 above regarding the Draft EIR's evaluation of a reasonable range of feasible alternatives. The EIR is responsible for evaluating a reasonable range of alternatives to the proposed project even if the *"...alternatives would impede to some degree the attainment of the project objectives, or would be more costly."* [*CEQA Guidelines* Section 15126.6(b)]

7-14. The indicated summary section states that the Project Redesign alternative would result in "an incremental reduction in development-related noise impacts," which means that the alternative would result in a small reduction in overall construction-related noise. The reference on page 8-16 indicates that construction-related noise associated with the same alternative "would not be substantially reduced," which also means that only a small reduction in overall construction-related noise would occur. Therefore, the meaning of both statements is similar. However, the text on page 8-16 has been revised to state that the construction noise resulting from this alternative "would only be incrementally reduced when compared to the impact of the proposed project."

7-15. The conclusion of the EIR that the Use Existing Buildings alternative (Alternative section 8.2), along with proposed construction noise mitigation measures, would reduce short-term construction noise impacts to a less than significant level is correct and is also reflected on Draft EIR Table 8.5-1. It was concluded that the Use Existing Buildings alternative, along with proposed mitigation measures, would be capable of reducing short-term construction noise impacts to a less than significant level because of the substantial reduction in demolition activity that would occur on the project site, and because much of the demolition activity that would occur under this alternative would be "indoors" which would further reduce noise impacts to surrounding uses.

The Draft EIR concluded that the Project Redesign alternative (Alternative section 8.3) would be environmentally superior to the proposed project because it would minimize demolition- and construction-related impacts of the proposed project, while also recognizing that some of the structures located on the project site would only be marginally suitable, if at all, for subsequent residential use. For example, the use of the Maintenance Building would not be suitable for residential purposes, and conversion of the existing parking structure to residential use would present substantial, access, ventilation, solar access and infrastructure design issues. Therefore, the elimination of the very constrained portions of the existing buildings would enhance the feasibility of using the remaining structure that would be better suited for conversion to a residential use. Therefore, the EIR concluded that the environmentally superior alternative would be the Project Redesign alternative because it would be the building reuse option that would be most feasible to implement, would still provide reductions in project-related

environmental impacts, and would still achieve the basic objective of the project to provide workforce housing.

7-16. Subsequent traffic impact analysis comments will be responded to.

7-17. The requested text correction has been made.

7-18. The site plan contained in the EIR was provided by the project applicant. The site plan and project description were also reviewed by the project applicant prior to the start of the environmental review process. It is understood by the City, however, that the project applicant intends to change the project design to revise the pedestrian circulation system. These changes would include the removal of the pedestrian corridor through the R-2 lots and northward to Grand Avenue, and the removal of the stairway along the central pedestrian corridor from Micheltorena Street to the duplex units on the upper level of the site. Proposed changes will be reviewed and must be approved by the City's Building and Safety Division to ensure compliance with ADA requirements.

7-19. Proposed mitigation measure TRF-5a requires the project to provide pedestrian circulation between the northern and southern portions of the project site that complies with ADA requirements. Proposed changes to the project's internal circulation must be reviewed and approved by the City.

7-20. The project objectives provided by the Draft EIR are considered to be a reasonable representation of the objectives of the Cottage Hospital Foundation Workforce Housing project. Under CEQA, a proposed project's objectives are considered somewhat broadly such as public objectives rather than just private developer objectives, and cannot be defined so narrowly as to preclude the identification of reasonable range of alternatives that are also capable of obtaining, to at least some degree, the objectives of the project. The suggested objective of addressing architectural and green design and neighborhood compatibility has been added to the Final EIR.

7-21. The addresses of the cumulative projects included on Table 4.3-1 is provided, which provides an adequate description of the location of those projects. The cumulative project list was developed not only to identify reasonably foreseeable development projects located in proximity to the proposed project site, but to also include projects that could generate traffic that would affect intersections that may also be affected by the proposed project. The cumulative project list used for the preparation of the Draft EIR is considered to be adequate to fulfill the cumulative impact evaluation requirements of CEQA.

7-22. The Draft EIR appropriately indicates that the proposed project does have the potential to result in the release of asbestos fibers. As indicated by the Air Quality section, this potential impact is further evaluated is section 5.2 (Hazardous Materials), where it is concluded that potential asbestos fiber-related impacts can be feasibly reduced to a less than significant level. The first sentence identified by this comment has been revised to

state: "Buildings located on the project site that would be demolished contain asbestos, which will need to be contained and removed prior to demolition." The following clarification text has also been added to the paragraph: "That evaluation determined that containing and removing the asbestos material from the buildings prior to demolition, as well as compliance with applicable existing regulations and proposed mitigation measures, would reduce the potential for asbestos exposure impacts to a less than significant level."

7-23. The evaluation of project-related long-term air quality impacts was conducted in accordance with the guidelines and thresholds adopted by the Santa Barbara County Air Pollution Control District and the City of Santa Barbara. Those guidelines indicate that a significant air quality impact would occur if the operation of a project would emit pollutants in exceedance of adopted thresholds. It is the requirement of the impact assessment guidelines that the EIR report the total emissions that would occur as a result of project-related operations (i.e., what are the impacts of "the project," not what is the net change in emissions from previous environmental conditions).

A qualitative comparison of project-related vehicle emissions versus former hospital-related vehicle emissions was provided on page 5.1-12 of the Draft EIR. That comparison concluded that the Cottage Hospital Foundation Workforce Housing project "*would not result in a substantial increase in vehicle-related air emissions when compared to the emissions that previously occurred as a result of hospital operations.*"

7-24. A map depicting the location of sensitive receptors identified by the health risk analysis was provided in Appendix E of the Draft EIR. A similar map has been added to the Air Quality section of the Final EIR.

7-25. The air quality impact analysis contained in the Draft EIR was prepared prior to the release of the July 2005 *Scope and Content* document. The analysis is consistent with the 2005 document, and the EIR text reference has been changed.

7-26. The requested text correction has been made.

7-27. The ten hour workday was referenced by the Draft EIR because that was the length of the workday reported in the construction management report prepared for the proposed project (Rider, Hunt, Levett & Bailey, April, 2004) and that was provided by the project applicant. A change from a ten hour workday to a nine hour workday would not have a substantial effect on construction emission estimates provided by the Draft EIR because, as seen in the air emission worksheets provided in Draft EIR Appendix F, it was assumed that most construction equipment used on the project site would be used substantially less than ten hours during a peak work day. Furthermore, based on the equipment use assumptions used by the Draft EIR, it was determined that peak construction-related emissions would not result in a significant air quality impact.

7-28. The Draft EIR acknowledges that a short-term, construction-related emission threshold has not been adopted by the Santa Barbara County APCD or the City of Santa Barbara (Draft EIR page 5.1-6). The use of the 25 tons/year for any pollutant except carbon monoxide guideline (i.e., APCD Rule 202.3) is not arbitrary and is consistent with the direction provided by the APCD in their EIR Notice of Preparation (NOP) response, which stated:

> *"The I.S.* (Initial Study) *states that the total project construction period will be about 67 continuous weeks; this is a long-term construction project. Construction emissions should be estimated using URBEMIS 2002, version 7.5. As a guideline, the APCD uses 25 tons/year of NOx or ROG to determine significance of construction equipment impacts."*

In evaluating the construction-related emission impacts of the proposed project, the Draft EIR did include emissions that would result from the entire project, including emissions from architectural coatings and asphalt off-gassing. As indicated by the APCD NOP response, however, the evaluation should have only included emissions from construction equipment. The evaluation of short-term, construction-related air quality impacts has been revised in the Final EIR to exclude emissions from architectural coatings and asphalt off-gassing. The revised analysis now only includes emissions from construction equipment operations, as directed by the APCD NOP response. The evaluation has also been revised so that emissions of NOx and ROG are not combined, also as directed by the APCD NOP response. The revised air quality impact analysis indicates that the proposed project's construction equipment emissions would be below the APCD guideline of 25 tons per year, therefore, project-related construction equipment emissions would not result in a significant air quality impact (Class III). However, as required by the APCD, mitigation measures are still recommended to reduce ROG, NOx and other emissions from construction equipment to the extent feasible.

7-29. The concept of providing a shuttle program has been proposed by the project applicant and that concept is included in the proposed project description. However, no information has been provided regarding the shuttle operation characteristics, or more importantly, to ensure that the shuttle would remain in operation over the life of the proposed housing project. Therefore, similar to the analysis of potential project-related traffic impacts, the EIR has determined that potential benefits that could be provided by the shuttle program should be recognized, but that the shuttle program as presently proposed should not be considered as a feasible project component capable of providing a quantifiable and permanent reduction in project-related air quality impacts.

The Draft EIR provided a quantified estimate of long-term emissions that would have the potential to occur as a result of the proposed project. This analysis is consistent with the requirements of CEQA and the APCD to identify impacts of the proposed project. That evaluation determined that the proposed project's long-term emissions would not exceed the 25 pounds per day threshold for ROG and NOx. The Draft EIR

also acknowledged in a qualitative manner that traffic generation characteristics of the proposed housing project and the former operation of the Saint Francis hospital would be similar, "*therefore, the proposed project would not result in a substantial increase in vehicle-related air emissions when compared to the emissions that previously occurred as a result of hospital operations*" (Draft EIR, page 5.1-12). Please refer to Master Response No. 2, which indicates that the Draft EIR used an appropriate traffic generation factor for the proposed project and that the project's traffic generation characteristics were appropriately identified and evaluated. Therefore, the mobile emissions of the proposed housing project would be similar to, but not less than, the mobile emissions that resulted from former hospital operations.

7-30. The requested text revision has been made. Please refer to response No. 7-29. The proposed housing project would not substantially increase localized emissions, but not result in a beneficial (Class IV) air quality impact. However, as noted by the commenter previously, there may be a beneficial effect from locating employee housing close to the hospital, thereby reducing long commuter trips from other communities.

7-31. The reference to proposed mitigation measure TRF-6 (provide bus stop improvements) has been retained. Please also refer to comment letter No. 8 from the Metropolitan Transit District. Subsequent comments will be responded to.

7-32. A substantial amount of water may be used on the project site to provide adequate dust control throughout the project's construction period. Therefore, there is a direct nexus between air quality impact mitigation and water use. The use of reclaimed water for dust control whenever feasible is also a standard City requirement. The proposed mitigation measure has been retained.

7-33. Please refer to APCD comment letter response No. 2-3.

7-34. Please refer to Master Response No. 1 regarding the health risk assessment provided by the Draft and Final EIRs. The information provided in Master Response No. 1 generally concurs with the issues and concerns raised in this comment regarding the assumption that project-related construction activities would have a nine-year duration. The Final EIR provides information regarding potential chronic health-related impacts of the proposed project's construction activities. The evaluation of potential chronic respiratory impacts that may result from the proposed project determined that the sensitive receptor located at the project site perimeter (Villa Riviera) would have a Hazard Index of 0.04, which is substantially below the APCD-adopted significance threshold of 1.0.

The hazardous waste management procedures included in this comment appear to be consistent with the requirements of proposed mitigation measure HAZ-1a. A final hazardous material management plan must be submitted to the City for review and approval prior to the issuance of a demolition permit. Proposed mitigation measure

HAZ-1a has been amended to include requirements similar to those outlined by this comment.

7-35. Noise sources previously associated with the operation of the Saint Francis Hospital (baseline conditions) were qualitatively described by the EIR as consisting of "*traffic generated by employees, patients and visitors, delivery trucks, and the operation of heating, ventilation equipment and generators.*" While sirens could have occasionally been a noise source, it is not likely that they substantially contributed to average ambient noise conditions. Quantification of hospital-related noise sources that are no longer in operation would be speculative at best, and it is not required to evaluate the impacts of the proposed project. The City's thresholds of significance for long-term noise impacts (see Draft EIR section 5.3.2) require an evaluation of noise conditions at and adjacent to the project site, and consideration of whether siting of proposed land uses is appropriate given the ambient noise conditions. The analysis does not involve an evaluation of the net increase or decrease in baseline noise conditions.

7-36. The "Existing ADT" column of Table 5.3-3 has been retained. For information and full-disclosure purposes, baseline traffic noise conditions (conditions that existing when the Saint Francis Hospital was in operation) and existing traffic noise conditions have been reported in the EIR.

7-37. The referenced paragraph indicates that the reported noise levels are derived from Table 5.3-4, which labels the noise values as "Leq." The paragraph has been amended to also include an "Leq" reference. In the case of the proposed project, all construction activities would occur during daytime hours, and no activities would occur at night (between 10:00 PM and 7:00 AM). Therefore, no correction is required to account for nighttime noise sensitivity, as the reported Leq noise levels would be similar to Ldn noise levels.

7-38. The Draft EIR indicated that construction noise would result from the use of equipment such as "*cranes, jack hammers, generators and compressors, loaders, backhoes, dozers, graders and dump trucks* (Draft EIR, page 5.3-8, third bullet)." It is reasonably anticipated that the reader is familiar with the types of noise generated by the identified types of construction equipment. The Draft EIR also indicates that the estimated construction noise levels reported on Tables 5.3-4 and 5.3-5 are average or Leq noise levels that would occur throughout the workday (Draft EIR, page 5.3-8, fifth bullet). The evaluation of construction noise levels at sensitive receptors located adjacent to the project site that is provided on Tables 5.3-4 and 5.3-5 adequately portrays how construction-related activities on various portions of the project site would affect receptors located at various distances from the project site, and what the resulting exterior noise levels would be. Based on the noise data that has been provided, it can clearly be determined that a substantial number of households would experience noise levels is excess of the of the City's construction noise significance threshold. Quantification of the number of households or affected persons is not required to determine the significance of the impact. It is generally agreed that exposure to

excessive noise levels has the potential to result in adverse health effects. A statement indicating that elevated noise levels have the potential to result in adverse health-related effects has been added to the Final EIR.

7-39. This comment reflects the intent of the project applicant to achieve a minimum recycling rate of 70% for project-related construction and demolition waste. No further response is required.

7-40. The Final EIR concurs that due to the significant and unavoidable noise levels that would result from proposed demolition and construction activities, the requirements of proposed mitigation measures N-1g.1 (repetitive impulse noises) and N-g.2 (steady noise levels) to reduce noise levels at sensitive receptors to 60 dBA or lower, would not be feasible. Therefore, those mitigation measures have been omitted from the Final EIR.

7-41. Responses to specific comments raised by Associated Transportation Engineers (ATE) are provided below. The commenter believes that the results of the analyses presented in the Draft Environmental Impact Report (DEIR) and Traffic Impact Analysis (TIA) are incorrect. In summary, after reviewing the more detailed comments provided below, it was determined that the Draft EIR traffic analysis was based on reasonable and appropriate traffic generation estimates, that Draft EIR's traffic distribution assumptions were reasonable and accurately reflected the traffic characteristics of the proposed project, and that minor mathematical errors did not affect the conclusions of the Draft EIR. The ATE differing opinion about analysis assumptions is incorporated in this document as part of the Final EIR.

7-42. The December 2004 traffic counts at the intersection of Mission Street/Bath Street show 214 northbound left-turn movements during the p.m. peak hour. This observation is very close to the average of the counts conducted by Kaku Associates in July 2003, of 156 northbound left-turn movements, and by LSA Associates, Inc. in March 2004, of 282 northbound left-turn movements. The December 2004 traffic counts for this intersection are provided at the end of these comment responses. Since the proposed project is not forecast to contribute any traffic to the northbound left-turn movement of the intersection, the March 2004 counts were included to provide a conservative estimate of the intersection operations, and these counts are consistent with the counts used in the Santa Barbara College Hospital (SBCH) EIR.

7-43. It is acknowledged that the trip distribution percentages are not identical to the St. Francis Medical Office Building EIR. As stated on page 5.5-9 of the DEIR and page 10 in the TIA, regional trip distribution percentages similar to, but not identical to the percentages in the St. Francis Medical Office Building EIR were used to distribute St. Francis Hospital trips. It is likely that the trip distribution of a hospital would be slightly different than a medical office building, as hospitals would be made up of more types of employees with different shift changes and different types of ancillary and support trips. This is why the percentages referenced in the St. Francis Medical Office

Building EIR were not used exactly as represented in the EIR, but rather were examined to identify the regional distribution. The project trip distribution was based on the project's location in relation to shopping and employment centers, including Cottage Hospital. The distribution is also based on the project's proximity to major arterial streets and regional routes.

7-44. The commenter is correct that Figure 5.5-3 in the DEIR shows the trip distribution and assignment assumptions for the Cottage Workforce Housing project, not the St. Francis Hospital trips. However, the correct figure is presented in the TIA, and the conclusions presented in the DEIR are based on the correct figure from the TIA. Figure 4 in the TIA shows the distribution of trips at study area intersections only. Expanding the figure to show the distribution of trips throughout the study area would not affect the results of the analysis. Figure 5.5-3 in the Final EIR has been revised to present the trip distribution and assignment assumptions for the Saint Francis Hospital.

7-45. The distribution map shows that 38 percent of the project traffic is distributed to northbound U.S. 101. It does not indicate that 38 percent of the project traffic is distributed to northbound U.S. 101 through the Mission/Bath intersection. It is unlikely that all traffic destined to northbound U.S. 101 would use the same route of travel. Rather, the trip distribution utilized in the DEIR and the TIA, assumes that 19 percent of the project trips are distributed to U.S. 101 using Mission Street/Bath Street, while the remaining 19 percent would use Arrellaga Street or other corridors to access U.S. 101. This is not a distribution error, as stated in the comment, and therefore does not need to be corrected in the document.

7-46. The trip distribution patterns for St. Francis Hospital and for the Cottage Workforce Housing project would not be expected to be identical due to the difference in land use, trip types, and commute hours. For example, it would be reasonable to expect the proposed housing project to generate more trips destined for the downtown area than were generated by the former hospital operation. Therefore, it is reasonable that the traffic distribution for the housing project would place more traffic on Anapamu Street than the previous hospital operation. Trip distribution would not be the same.

The project-related traffic distribution patterns used in the Draft EIR were developed prior to conducting the analysis of the project's potential traffic impacts, and were based on reasonable estimates of project-related traffic patterns given the City's grid pattern street system. The estimated project-related trip distribution patterns were also reviewed and approved by the City Transportation Department, which is familiar with city-wide traffic patterns. The commenter's assertion that the trip distribution is erroneous and unreasonable represents an opinion of the commenter. It is acknowledged that a different distribution would result in a reduced the level of significance at this intersection. However, the purpose of the trip distribution patterns is to represent the existing and proposed land uses at the project site based on the available information.

7-47. Chapter 17 in the Highway Capacity Manual (HCM) 2000 states, "the level of service at a two way stopped controlled intersection is determined by the control delay and is defined for each minor movement. LOS is not defined for the intersection as a whole." (Source: HCM 2000, Chapter 17, page 17-1) The City has indicated that the level of service (LOS) of all legs in an unsignalized intersection should be shown separately and not averaged. Otherwise, the amount of delay experienced on one leg versus the other would not be described accurately by the LOS results. It is acknowledged that delay studies would provide a more detailed analysis than the HCM methodology. However, the City has deemed that the HCM methodology is sufficient for use in identifying impacts for traffic studies. Therefore, this methodology was applied to the unsignalized intersection LOS analysis. It is noted that the commenter disagrees with the trip generation. However, no specific comment is provided.

7-48. The growth rate accounts for reasonably foreseeable cumulative development projects that were identified in Appendix D of Volume II of the Draft EIR that would generate fewer than 10 peak-hour trips, as well as increases in traffic over time due to ambient and regional growth that is not related to approved/pending projects located within the study area. The growth rate, along with larger cumulative projects within the study area, was used to provide a reasonable "worst-case" cumulative traffic growth estimate. The 1 percent per year growth along with the traffic from larger cumulative projects provides a conservative estimate of growth in the project area.

7-49. The commenter is correct that the methodology used results in double-counting of cumulative SBCH staff trips. However, this would only affect intersections that are used for travel between the proposed project and SBCH, such as Mission Street/Bath Street. Even if the trips from the Cottage Workforce Housing project are removed from the cumulative baseline traffic volumes, it would not reduce the baseline cumulative LOS at that intersection to an acceptable level. When the proposed housing project is added to the cumulative conditions, there is no net change to the LOS at the intersection. Rather a significant impact is identified because the project adds vehicles to an intersection already operating at unsatisfactory LOS. This conclusion would not be changed if the analysis was revised to avoid the minor double counting of SBCH staff trips.

7-50. Please refer to Response to Comment 7-47.

7-51. Please refer to Master Response No. 2 regarding estimates of project-generated traffic provided by the Draft EIR.

7-52. Please refer to Master Response No. 2 regarding trip generation assumptions.

7-53. The comment is correct that the proposed project results in a total of 59 peak-hour trips traveling between the hospital and the 81 affordable units during the p.m. peak hour, totaling approximately 72 percent of the affordable units traveling between the Cottage Workforce Housing project and SBCH. The comment states that the DEIR and TIA

should be revised to present a more realistic percentage of 35 percent of total project traffic, based upon "shift schedules and travel patterns of SBCH employees." Please refer to Master Response No. 2 regarding the feasibility of estimating project resident shift schedules. The Draft EIR traffic analysis provided a conservative approach to the trip assignment by assuming that 50 percent of the project traffic will be destined for SBCH from the project site.

7-54. The trip distribution was derived based upon the most logical routes of travel through the study area. However, during the period of peak-hour congestion, motorists may travel through other routes between the project site and SBCH. If traffic diversion were to occur, however, it is unlikely that all project trips would avoid the intersection of Mission Street/Bath Street. As a result, project trips would still be added to this intersection. The significant cumulative impact identified at the Mission Street/Bath Street intersection is due to the fact that the project adds approximately 11 PM peak hour trips to an intersection that is already operating at an unsatisfactory level of service. If the trip distribution were revised, there would still be project trips added to the intersection, the intersection would still be significantly impacted, and the results of the analysis would not be changed. Figure 4 of the TIA shows the distribution of trips at study area intersections only. Expanding the figure to show the distribution of trips throughout the study area would not affect the results of the analysis.

7-55. As depicted on Figure 5.5-7 in the DEIR and in Figure 8 in the TIA, at the intersection of Pedregosa Street and Laguna Street, project trips were assigned north of the SBCH site. A percentage of trips would travel on Laguna Street to Pedergosa Street or Mission Street and may use State Street, Anacapa Street, Santa Barbara Street, or Chapala Street. The analysis and results of the TIA include this trip distribution pattern.

7-56. The increase in one or two trips is not a math error, but rounding effects in the traffic model. The figure illustrates all the project traffic that will be traveling though the study area intersections. The trip assignment was used for purposes of the intersection LOS analysis. A difference of one or two trips will not change the results of the analysis.

7-57. Please refer to Response to Comment 7-47.

7-58. Please refer to Response to Comment 7-47.

7-59. Please refer to Response to Comment 7-47.

7-60. Please refer to Master Response No. 2. The trip generation and trip distribution included in the DEIR and TIA represent reasonable and conservative estimates of project effects through the study area.

7-61. It is acknowledged that project-related trips at the intersection of Arrellaga Street/Garden Street with the Cottage Workforce Housing would be less than with the St. Francis Hospital. The different trip distribution of each land use would cause trips at

the intersection to be distributed differently with the project. The significant impact at this intersection is not caused by an increase in volume, but by the increase in intersection delay due to the redistribution of trips (i.e., changes to turning characteristics at legs of an intersection) which must be acknowledged as an effect of the project.

7-62. Please refer to Master Response No. 2. It is noted that the employee cash-out payment program is available as an incentive for residents to use the shuttle. However, this does not provide assurance that the program would be utilized by residents of the Cottage Workforce Housing project, or that the shuttle program would be operating indefinitely, regardless of the financial obligation. Because the future level of shuttle use cannot be known and there is no assurance of continued operation of the shuttle for the life of the project, mitigation credit for reducing traffic was not applied in the analysis.

7-63. The commenter is correct that the intersection of Mission Street/Bath Street is not impacted in the a.m. peak hour. Table 5.5-11 of the Final EIR has been revised to indicate that a project-related cumulative impact at Mission Street/Bath Street intersection would only occur during the p.m. peak-hour. Please refer to Master Response No. 2 regarding the EIR's evaluation of the effectiveness of the proposed project resident shuttle program. Table 5.5-11 of the Final EIR has also been clarified to indicate that although the proposed shuttle could have the potential to reduce project-related cumulative traffic impacts to a less than significant level. The shuttle program level of use and continued operation is not assured, and therefore, not considered to reduce traffic project-related cumulative traffic impacts to a less than significant level.

7-64. Please see Response to Comment 7-62.

7-65. Although the commenter does not refer to an intersection in the comment, it is assumed that the comment pertains to the intersection of Arrellaga Street/Garden Street. However, the change in LOS at the location referenced is due to the redistribution of traffic, not the addition of project-generated traffic. There is still a significant cumulative impact at this location due to the increase in intersection delay, not the increase of vehicles.

7-66. The commenter is correct that the figures shown in Column 3 of Table 5.5-11 were incorrectly labeled. Table 5.5-11 in the Final EIR has been corrected to indicate the correct "Net Change with Proposed Project" numbers in Column 3 (8 PM peak hour trips at the Anapamu/Laguna intersection, and -13 AM peak hour trips at the Arrellaga/Garden intersection). However, the revision has not changed the results of the analysis.

7-67. Please see Response to Comment 7-63.

7-68. Please see Response to Comment 7-63.

7-69. Please refer to Response to Comment 7-63.

7-70. The project trip generation was not based on the occupancy characteristics, commuting patterns, or shift change patterns of the Cottage Workforce residents, but on trip rates included in the ITE Trip Generation Manual. In contrast, to determine the effectiveness of the shuttle program, it would be necessary to have information such as occupancy characteristics, commuting patterns, and shift change patterns, Please refer to Master Response No. 2 regarding the feasibility of estimating project resident shift schedules. The assumptions used represent reasonable worst case conditions to provide a realistic and conservative identification of impacts, consistent with CEQA requirements and standard traffic analysis methodologies.

7-71. It is the policy of the City to not allow the use road right of way in residential areas for the storage of construction materials. This requirement also applies to the segment of Salsipuedes between Micheltorena and Arrellaga Streets because that access easement area must be kept clear to provide access to the adjacent medical buildings at all times.

7-72. Please refer to comment response 7-19.

7-73. No long-term traffic mitigations besides implementation of the applicant-proposed resident shuttle program have been identified for the purpose of mitigating the proposed project traffic. Other mitigation measures that have been identified are intended to ensure the project's consistency with the bicycle, transit, and pedestrian planning goals of the City, which may result in a beneficial reduction in vehicle traffic.

7-74. The Final EIR continues to conclude that the Cottage Hospital Foundation Workforce Housing project would result in a significant and unavoidable cumulative traffic impacts at the Mission St/Bath St, Anapamu St/Laguna St, and Arrellaga St/Garden St intersections. Proposed mitigation measure TRF-6a has been revised as requested by the Metropolitan Transit District to indicate that bus stop improvement fees are to be paid to the City Public Works improvement bond.

7-75 The requested text correction has been made.

7-76 The two policy consistency evaluations provide information regarding the maximum number of units that could be developed on the project site under existing conditions, and the number of units that could be developed under the City's bonus density provisions. It is not clear what inconsistency this comment is referring to and it does not appear that there is an inconsistency in the evaluation of the two policies.

7-77. As required by CEQA Guidelines section 15126.6(a), the evaluation of alternatives to the proposed project provided by the Draft EIR is focused on alternatives that can feasibly reduce the environmental impacts of the proposed project. As described in response 7-3 provided above, the potential feasibility of an alternative can be determined by a number of factors, including regulatory limitations. The reuse of the

portions of existing buildings that exceed the project site's 45-foot height limit would not be infeasible, as section 28.92.026 of the City's Zoning Ordinance enables a proposed project to request a modification of building height limitation for existing buildings that exceed the current building height limit, and to allow the exterior of the portion of that building to be improved or upgraded. The proposed project application currently includes requests for Zoning Ordinance standard modifications pertaining to lot area, separation between buildings and building setbacks. Therefore, the fact that portions of existing buildings on the project site exceed applicable height standards does not make the building reuse alternatives evaluated by the Draft EIR infeasible.

7-78. The building reuse alternatives evaluated by the Draft EIR generally assumed that most of, or portions of, the existing buildings located on the project site would be retained. If the existing buildings were to be retained, existing visual characteristics of the project site would also generally be retained. Since the building reuse alternatives would minimize the potential for changes to visual character of the project site, it is unlikely that the alternatives would result in significant visual impacts.

7-80. Government Code Section 65589.5 et. seq. applies to projects that provide housing for very low-, low- and moderate income households. Section 65589.5(h)(3) indicates that for the purposes of this section, very low- and low-income housing projects must provide at least 20 percent of the proposed units for lower income households; or that 100 percent of the units be made available to moderate-income households. Since the proposed project would not provide 20 percent of the proposed units to lower income households, or 100 percent of the units to moderate-income units, the requirements of Section 65589(6)(j) [not section 65589(5)(j) as indicated by the comment] do not apply to the proposed project. Furthermore, Section 65589.(6)(j) requires that a project subject to this section must comply with applicable zoning standards in effect at the time that the housing development was determined to be complete. The proposed project does not comply with this requirement as the project has requested a discretionary approval to allow a project unit density above what would be allowed by the projects site's zoning, as well as modifications of several zoning-related development standards.

Even if the cited legislative requirements did apply to the proposed project, the Draft EIR concluded, and the Final EIR continues to conclude, that the proposed project would have the potential to result in a significant and unavoidable cumulative traffic impact at the intersections of Mission St/Bath St (PM peak hour); Anapamu St/Laguna St (PM peak hour); and Arrellaga St/Garden St (PM peak hour). While these impacts could be minimized with the implementation of a resident shuttle program, the program that has been proposed by the project is not considered to be capable of providing a quantifiable and permanent reduction in project-related traffic generation. A reduction in housing units may be the only feasible mitigation for the project's cumulative traffic impacts. The Draft EIR also concluded that the Use Existing Buildings alternative would reduce the significant and unavoidable short-term, construction-related noise impacts of the proposed project to a less than significant level.

Please also refer to response 7-7 regarding the requirement of the EIR to provide and evaluate a reasonable range of alternatives to the proposed project. Alternatives pertaining to the reuse of existing buildings on the project site fulfill obligation of the EIR to evaluate a range of alternatives that promote informed decision-making.

7-81. The Draft EIR recognized that extensive modifications to the existing buildings and their interiors would be required to implement the building reuse alternatives that were evaluated (Draft EIR page 8-7, second paragraph; and Draft EIR page 8-12 and 13, each bullet item). The assertion provided in this comment that environmental impacts of the building reuse alternatives would be similar to the proposed project is not supported by the analysis provided by the Draft EIR. For example, if the "building skin" of existing structures were retained on the project site, the amount of demolition debris produced by the project would be substantially reduced, along with corresponding reductions in demolition-related noise, traffic and air quality impacts. It is not clear what type of on-site versus off-site remediation activities are being referred to by this comment. As described by the Draft EIR and the information provided in comment No. 7-34, hazardous and potentially hazardous materials are to be removed from the project site prior to demolition.

7-82. Please refer to response 7-81. Even if some or all of the existing on-site parking areas had to be removed, the amount of demolition material produced by the building reuse alternatives would be substantially less than the amount of demolition material that would be produced by the proposed project, which would result in the removal of all buildings and structures from the project site.

7-83. In evaluating the building reuse alternatives, the Draft EIR assumed that all existing plumbing infrastructure would need to be replaced (Draft EIR, page 8-7, second paragraph).

7-84. The Draft EIR does not state or imply the project site would "sit vacant in perpetuity" if the proposed project is not approved. The EIR does reasonably conclude, however, that blighted conditions would have the potential to develop at the site if it were to remain vacant for an extended period of time. The establishment of medical office uses on the project site is a reasonably foreseeable outcome of not approving the proposed project, as it would not be reasonable to assume that the site would sit vacant in perpetuity and medical-related uses are permitted under the project site's existing "CO" zoning. Therefore, the "Reestablish Medical Uses" alternative is a scenario that has been appropriately evaluated as a "No Project" alternative and has been retained in the Final EIR.

7-85. The implementation of a resident shuttle program as is presently proposed is recognized for its potential benefit in reducing traffic impacts, but is not considered to provide a quantifiable and permanent reduction in project-related traffic impacts or related noise and air quality impacts because the level of use is not assured. While any traffic

reduction provided by a shuttle would be beneficial, the relatively small reduction in project-generated traffic would not result in a substantial reduction in mobile air emissions or a measurable decrease in traffic noise. Operation emissions (i.e., HVAC) that may be associated with medical and residential use of the project site would be a relatively small portion of overall project-related emissions when compared to mobile emissions. Furthermore, it is unlikely that medical office-related operational emissions would be substantially different from emissions associated with occupancy of residential units that could be developed on the project site.

7-86. Mechanical equipment noise, such as air conditioners, is generally not a substantial noise source because the equipment can be located or shielded to minimize the potential for noise-related impacts. It is unlikely that there would be a substantial difference in noise levels resulting from mechanical equipment use when comparing medical and residential uses that could be developed on the project site.

7-87. Subsequent comments regarding the building reuse alternatives will be responded to.

7-88. Please refer to response 7-81 regarding the Draft EIR's assumptions regarding the need to make extensive building modifications to implement the building reuse alternatives. The conclusion of the Draft EIR that the Use Existing Buildings alternative would result in less construction noise than the proposed project was based on reasonable assumptions that the exterior of most on-site buildings would be retained, resulting in reduced heavy equipment use and demolition noise; and that interior construction operations would result in reduced noise levels at surrounding residences than building demolition activities.

7-89. Mechanical equipment noise, such as air conditioners, is generally not a substantial noise source because the equipment can be located or shielded to minimize the potential for noise-related impacts. It is unlikely that there would be a substantial difference in operation-related noise levels resulting from mechanical equipment use when comparing residences developed under this alternative, and residences developed in conjunction with the proposed project.

7-90. The traffic analysis for the proposed project has been conducted based on the net increase in project-related traffic when compared to baseline conditions (conditions that existed when the Saint Francis Hospital was in operation). Estimates of total and peak hour traffic that would be generated by the proposed project and the alternatives to the project did not include traffic reductions that could be achieved by a shuttle program because it has not been demonstrated that such a program would result in a quantifiable and permanent reduction in project-related vehicle trips. As indicated in Master Response No. 2, the EIR has appropriately estimated the trip generation characteristics of the proposed project, and the project would generate approximately 78 additional average daily trips than were previously generated by the Saint Francis Hospital.

7-91. The requested text change has been made.

7-92. Please refer to response 7-3 pertaining to the selection and evaluation of alternatives that are considered to be potentially feasible. A final determination regarding the feasibility of project alternatives will be made by the City decision-makers.

7-93. Figure 8.3-1 does not depict any existing or proposed lot lines, and only depicts the two residences as existing structures on the project site. The alternative being evaluated does not address or pertain to the status of the existing residences.

7-94. Subsequent comments regarding the building reuse alternatives will be responded to.

7-95. Estimates of total and peak hour traffic that would be generated by the proposed project and the alternatives to the project did not include traffic reductions that could be achieved by a shuttle program because it has not been demonstrated that such a program would result in a quantifiable and permanent reduction in project-related vehicle trips.

7-96. The traffic analysis for the proposed project has been conducted based on the net increase in project-related traffic when compared to baseline conditions (conditions that existed when the Saint Francis Hospital was in operation). Estimates of total and peak hour traffic that would be generated by the proposed project and the alternatives to the project did not include traffic reductions that could be achieved by a shuttle program because it has not been demonstrated that such a program would result in a quantifiable and permanent reduction in project-related vehicle trips. As indicated in Master Response No. 2, the EIR has appropriately estimated the trip generation characteristics of the proposed project, and the project would generate approximately 78 additional average daily trips than were previously generated by the Saint Francis Hospital. Even if the proposed project were to generate fewer average daily vehicle trips than the former hospital, it would not be appropriate to refer to the traffic generated by the proposed project as a "beneficial" impact.

7-97. For analysis purposes, it was assumed that the Mixed Use alternative would provide up to 51 residential units, which would partially fulfill the housing objectives of the proposed project. The Mixed Use alternative was included in the EIR because it would be a potentially feasible alternative to the proposed project and it fulfills the obligation of the EIR to assess a range of feasible alternatives (i.e., uses that could be implemented under the project site's current "CO" zoning). Additional information regarding the selection and evaluation of a reasonable range of alternatives to the proposed project is provided in response 7-3.

The evaluation of the Mixed Use alternative was based on reasonable assumptions about how the alternative could be implemented at the project site. Those assumptions were described in Section 8.4 of the Draft EIR. Based on those assumptions, however, it was determined that the alternative would not result in a reduction in environmental impacts when compared to the proposed project. Consequently, the alternative was not identified as being environmentally superior to the proposed project. The alternative analysis was retained in the EIR to demonstrate that a reasonable range of alternatives to the project had been evaluated as required by CEQA, and to demonstrate to the

public and decision-makers how a reasonable and feasible alternative to the proposed project would have the potential to result in environmental impacts that are generally similar or greater than the impacts of the proposed project.

7-98. The introductory text for the Mixed Use alternative has been revised to accurately indicate the types of uses that may be established in the CO zone. The evaluation of an alternative that keeps medical office uses on the project site was considered to be part of a reasonable range of alternatives to the proposed project because medical uses are the primary type of land use allowed by the site's existing CO zoning. Medical uses are also a type of use that has historically occurred on the project site and continues to occur in the project vicinity.

7-99. Please refer to responses 7-97 and 7-98 regarding why the Mixed Use alternative was considered to be part of a reasonable range of alternatives to the proposed project. Please refer to response 7-98 regarding changes that have been made to the Final EIR to accurately reflect the types of uses that may be established in the CO zone. The changes to the EIR text do not alter the analysis conclusions of the Draft EIR regarding the potential environmental impacts of the Mixed Use alternative. Please refer to Master Response 2 regarding estimates of the amount of traffic that would be generated by the proposed housing project.

7-100. This comment indicates that an alternative that reduces the number of units on the project site would reduce the number of market rate units that would be provided by the project, and that a resident shuttle program would not be feasible. In regard to the proposed shuttle program, no information has been provided to indicate that under the proposed project, the shuttle would be capable of providing a quantifiable and permanent reduction in project-generated traffic trips. Similarly, the comment does not provide the basis for the assertion that the reduction in units and the shuttle would be "untenable."

7-101. Please refer to Master Response 2 regarding the analysis of the proposed project's trip generation characteristics and cumulative traffic impacts. Similar to the conclusions of the Draft EIR, the Final EIR has determined that the proposed project would result in significant and unavoidable cumulative traffic impacts. Also, the Final EIR continues to conclude that under the Building Reuse/Project Redesign alternatives, cumulative traffic impacts would remain significant, and that under the Project Redesign alternative, construction noise impacts would be significant and unavoidable.

7-102. Please refer to responses provided above, such as 7-81 and 7-82, which indicate that the environmental impacts of the building reuse alternatives would not be similar to the impacts of the proposed project.

7-103. Please refer to responses 7-3 and 7-7 regarding the EIR's selection and evaluation of a reasonable range of alternatives to the proposed project.

7-104. The Draft EIR concluded that the Reestablish Medical Uses scenario under the No Project Alternative would result in reduced short-term, construction-related impacts when compared to the impacts of the proposed project. The Draft EIR also concluded that the No Project Alternative would not even partially achieve the objectives of the proposed project. Please refer to responses provided above, such as 7-81 and 7-82, which indicate that the building reuse alternatives would result in reduced environmental impacts when compared to the impacts of the proposed project.

7-105. This comment expresses the opinions of the commenter regarding the merits (drawbacks) of the building reuse alternatives evaluated by the Draft EIR and will be forwarded for decision-maker consideration. The comments do not pertain to the adequacy of the environmental review provided by the Draft EIR.

7-106. Assigning numerical values to the environmental issue areas considered as part of a proposed project's alternative analysis is a method that can be used to compare and evaluate the advantages and disadvantages of a diverse range of alternatives. However, such a methodology assumes that all issue areas are perceived by the public and decision-makers as having equal importance. For example, such a methodology provides equal "weight" to all environmental issue areas that were evaluated by the EIR, but project area residents may consider traffic and air quality impacts to be more important than solid waste impacts. Additionally, under this methodology, the "credit" given to an alternative that reduces a significant impact to a less than significant level is equal to the "credit" given to an alternative that provides only an incremental reduction in the effects of a significant impact. Therefore, the suggested numerical scale has not been used to compare the different alternatives evaluated by the EIR.

7-107. Please refer to responses 7-3 and 7-7. The Building Reuse, Project Redesign and Mixed Use alternatives evaluated by the EIR would provide housing on the project site, consistent with the objectives of the proposed project. Project-related objectives cannot be so narrowly defined that any reduction in the number of housing units results in an inconsistency with the stated project objectives. The evaluation of alternatives to the proposed project has been prepared "*to foster informed decision-making and public participation*" even if the "*alternatives would impede to some degree the attainment of the project objectives, or would be more costly*"[CEQA Guidelines Section 15126.6 (a) and (b)].

7-108. Please refer to Master Response 2 regarding estimates of the amount of traffic that would be generated by the proposed housing project and the traffic analysis provided by the Draft EIR.

7-109. The table provided by this comment represents the applicant's opinions regarding the relative ability of alternatives to meet project objectives. Please see the responses to comments 7-3 and 7-7 regarding the alternatives analysis.

7-110. The second to the last paragraph of the Significant Irreversible Environmental Effects section has been revised to indicate that short-term, construction-related noise

impacts would be the only project-specific significant and unavoidable impact of the proposed project. The section has also been revised to indicate that the proposed project would result in significant and unavoidable cumulative traffic impacts at the intersections of Mission St/Bath St, Anapamu St/Laguna St, and Arrellaga St/Garden St.

7-111. This comment describes constraints associated with the conversion of the existing buildings located on the project site to residences, and is generally consistent with the constraints that were identified by the Draft EIR. The description of building reuse constraints concludes that "*from a practical standpoint, these factors proved to be a substantial design hindrance which limited the ability to design the type and quantity of workforce housing requested by the Santa Barbara Cottage Hospital Foundation.*" This conclusion indicates that a building reuse alternative would be constrained but not infeasible. The conclusion indicating that a reduced number of units would be provided on the project site if a building reuse alternative were to be implemented is also consistent with the alternative assumptions used by the Draft EIR.

7-112. This comment indicates that the proposed project would have reduced aesthetic impacts when compared to the existing conditions of the project site. This conclusions is not necessarily consistent with the requirements of CEQA, as the building reuse alternatives evaluated by the Draft EIR generally assumed that most of, or portions of, the existing buildings located on the project site would be retained. If the existing buildings were to be retained, existing visual characteristics of the project site would also generally be retained. Under the requirements of CEQA, continuation of existing visual conditions would not result in significant visual impacts. An evaluation of potential impacts that may result from the possible addition of architectural features to the buildings to implement the building reuse alternatives would be speculative and not appropriate at this time as design plans have not been prepared.

7-113 These comments expresses the opinions of the commenter regarding the implementation of the proposed project. The comments do not pertain to the adequacy of the environmental review provided by the Draft EIR, but will be forwarded for decision-maker consideration.

7-114 Please refer to Master Response 1.

Intersection Turning Movement

Prepared by: Southland Car Counters

N-S STREET: Mission St DATE: 12/8/2004 LOCATION: City of Santa Barbara

E-W STREET: Bath St DAY: WEDNESDAY PROJECT# 04-7010-003

	NORTHBOUND			SOUTHBOUND			EASTBOUND			WESTBOUND			
	NL	NT	NR	SL	ST	SR	EL	ET	ER	WL	WT	WR	TOTAL
LANES:	0	2	0	0	2	0	1		1	1	1	1	
6:00 AM													
6:15 AM													
6:30 AM													
6:45 AM													
7:00 AM	33	81			76	2	7		3	28	12	6	248
7:15 AM	19	188			80	2	5		5	27	13	6	345
7:30 AM	22	139			115	7	7		11	28	16	7	352
7:45 AM	19	182			133	9	6		14	28	17	9	417
8:00 AM	27	188			164	12	6		15	29	18	9	468
8:15 AM	15	176			150	11	5		17	29	19	8	430
8:30 AM	32	200			159	15	8		4	26	34	8	486
8:45 AM	26	148			118	8	8		5	27	23	7	370
9:00 AM													
9:15 AM													
9:30 AM													
9:45 AM													
10:00 AM													
10:15 AM													
10:30 AM													
10:45 AM													
11:00 AM													
11:15 AM													
11:30 AM													
11:45 AM													
TOTAL VOLUMES =	NL 193	NT 1302	NR 0	SL 0	ST 995	SR 66	EL 52	ET 0	ER 74	WL 222	WT 152	WR 60	TOTAL 3116

AM Peak Hr Begins at: 745 AM

PEAK VOLUMES =	93	746	0	0	606	47	25	0	50	112	88	34	1801
PEAK HR. FACTOR:		0.904			0.928			0.852			0.860		0.926

CONTROL: Signalized

11-143

Intersection Turning Movement

Prepared by: Southland Car Counters

N-S STREET: Mission St DATE: 12/8/2004 LOCATION: City of Santa Barbara

E-W STREET: Bath St DAY: WEDNESDAY PROJECT# 04-7010-003

	NORTHBOUND			SOUTHBOUND			EASTBOUND			WESTBOUND			
	NL	NT	NR	SL	ST	SR	EL	ET	ER	WL	WT	WR	TOTAL
LANES:	0	2	0	0	2	0	1		1	1	1	1	
1:00 PM													
1:15 PM													
1:30 PM													
1:45 PM													
2:00 PM													
2:15 PM													
2:30 PM													
2:45 PM													
3:00 PM													
3:15 PM													
3:30 PM													
3:45 PM													
4:00 PM	29	186			225	7	13		44	30	33	6	573
4:15 PM	21	207			239	13	16		49	32	49	11	637
4:30 PM	22	197			293	14	18		52	46	47	11	700
4:45 PM	25	179			299	15	22		49	45	41	6	681
5:00 PM	23	187			348	13	27		55	65	49	15	782
5:15 PM	24	195			253	5	13		42	58	55	17	662
5:30 PM	26	206			239	11	14		44	48	48	14	650
5:45 PM	25	196			232	9	16		42	37	41	11	609
6:00 PM													
6:15 PM													
6:30 PM													
6:45 PM													
TOTAL VOLUMES =	NL 195	NT 1553	NR 0	SL 0	ST 2128	SR 87	EL 139	ET 0	ER 377	WL 361	WT 363	WR 91	TOTAL 5294

PM Peak Hr Begins at: 430 PM

PEAK VOLUMES =	94	758	0	0	1193	47	80	0	198	214	192	49	2825
PEAK HR. FACTOR:		0.973			0.859			0.848			0.875		0.903

CONTROL: Signalized

McMillion, Deana

From: David Damiano [DDAMIANO@sbmtd.gov]
Sent: Friday, September 23, 2005 4:36 PM
To: Unzueta, Irma
Subject: Bus Stop Improvement Bond

LETTER No. 8

Hello,

Please see the suggested language change in bold for TRF-6 on pages 5.5-57 and 5.5-58:

Prior to occupancy of the proposed project, the project applicant shall submit to the **public works improvement bond an amount sufficient to provide bus stop improvements (including but not limited to shelters, benches, trash receptacles, and required road improvements).**

8-1

MTD will provide temporary bus stops complete with pole and bench during the initial one-year evaluation period.

David Damiano
Manager of Transit Development & Community Relations
Santa Barbara Metropolitan Transit District
550 Olive Street
Santa Barbara, CA 93101
PH: (805) 963-3364
FX: (805) 962-4794

Comment Letter No. 8
Santa Barbara Metropolitan Transit District
Date: September 23, 2005

Response

8-1. The requested text change has been made. The project applicant would be required to make a payment to the City of Santa Barbara improvement bond, rather than MTD.

From: Joseph A Rution [joerution@juno.com]
Sent: Wednesday, August 17, 2005 9:59 AM
To: cheri@thetrailmaster.com
Subject: St. Francis EIR

9/8/05

1 of 2

LETTER No. 9

Cheri:

I find myself so short of time as a result of another project, the following is the most I could devote to the St. Francis deal at this time. It is just a quick, rough draft or outline of my ideas for a persuasive piece. Do with it or any part of it what you will - it could benefit by the hand of a real writer, like yours.

Joe R.

9-1

The Environmental Impact Report, on the proposal of Cottage Hospital to demolish the old Saint Francis Hospital buildings to build 115 units of new housing on the site, is out. Although many had the impression that the plan was pretty much a "done deal" - especially after the City Council denied an appeal by surrounding neighborhoods of the special zoning that permitted the project's density - this Report breathes new life into the possibility of serious consideration of alternatives.

Cottage's plan for the new housing received a warm reception by the City because it proposed making 70 percent of the 115 new units available for purchase exclusively to its hospital personnel, at below market rates. Provision of new "affordable workforce" housing - especially by employers
- is a concept applauded by the City as an alternative to the daily commute of local workers, forced out of town by our high housing prices.

Many felt that the objective of providing such housing could have been met by conversion of the existing building to residential use: either rental units or condos. It certainly seemed to make sense: this is, after all, is Santa Barbara, where we cherish our heritage and its artifacts, and would seemingly be one of the last places to go about knocking down perfectly usable buildings that have been part of our landscape for generations. We also happen to be regarded as ground zero for the environmental movement, a place where what would be the biggest demolition project in anyone's memory might be regarded with some degree of skepticism.

Cottage based its decision upon a survey of preferences of its personnel: the potential inhabitants of the units. They reportedly overwhelmingly voted in favor of home ownership over rentals, and against the prospects of living in a converted hospital, evocative of the one they work in every day. One might reflect on the inevitability of such a survey response, one that proposed the juicy alternative of new home ownership over retrofitted hospital units. Or on the fact that Cottage might overlook more pragmatic realities in achieving their housing objectives in favor of such an obvious show of preference. Nevertheless, the decision was made and plans sprung forth.

Now the EIR blatantly and brazenly suggests a more environmentally friendly alternative: reuse of the existing building to provide the approximate desired number of workforce housing units. Is such a suggestion out of line in an EIR, a document presumably devoted to listing the usual environmental fallout of a project and discussing possible mitigations?

We would suggest it is perfectly legitimate in this case - in fact, it illustrates the highest and best use of the EIR process: posing of realistic alternatives to what might amount to a long term wreaking of environmental havoc upon one of Santa Barbara's best, modest traditional neighborhoods.

The impacts that the demolition would, for the next several years, rain upon the peaceful neighborhoods surrounding and beneath it - noise, emissions, hazardous materials, congestion - are amply illustrated in the Report. That it should shine light upon the perfectly obvious - a superior alternative that secures the same objectives - is a

9-1 CON'T.

refreshing confirmation of the utility of an EIR to an environmentally concerned community.

The City should seize upon the opportunity to examine that alternative.

Cheri: I wanted to squeeze in the following bit, but couldn't figure out where:

Cottage even sought to placate concerned neighbors by working up renderings of the area with the new project in place, illustrating how much less obtrusive the new would be compared to the old looming hospital building. One would wonder if a developer proposing the demolition of the Mission - or the Arlington, the Granada, Brooks Institute, Marymount, etc. - would use the same tactic in making his case.

Comment Letter No. 9
Joseph A Rution
Date: August 17, 2005

Response

9-1. This comment expresses the opinions of the commenter regarding the relative merits of the proposed project and alternatives that would result in the reuse of existing structures located on the project site. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

DISTRIBUTED TO: DATE: 8/25/05
PLANNING COMMISSION (7)
JAN HUBBELL, SR. PLANNER
SCOTT VINCENT, ASST. CITY ATTY.
CASE PLANNER APPLICANT(S) AGENT
PC SECRETARY

Cheri Rae & John McKinney

610 E. Victoria Street ■ Santa Barbara ■ California 93103
(805) 963-7037 ■ Fax (805) 564-7793 ■ john@thetrailmaster.com

August 20, 2005

LETTER No. 10

RECEIVED
AUG 25 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

Mr. Jonathan Maguire
City Planning Commissioner
630 Garden Street
Santa Barbara, CA 93101

Dear Mr. Maguire,

Thank you and your colleagues for your dedication and service to our City.

Our neighborhood Draft EIR Response Team requested a 45-day extension of the public comment period for the draft EIR document for the Cottage Hospital/St. Francis project. Ms. Irma Unzueta informed us that the comment period was extended from September 9 until September 23; however, our request to reschedule the hearing to a later date was denied. 10-1

Ms. Unzueta also stated that you and the other commissioners have not been informed about why we believe it was just and imperative to make such adjustments to serve the public good.

For your reference, we have enclosed two documents:

1) a letter dated July 19, 2004, that we sent the City Planning Department requesting several points to be included in the scoping of the EIR and
2) a letter dated July 22, 2004, that is a legal analysis of the points raised in our letter, conducted by Cottage Hospital's lawyer, Doug Fell, and copied to several parties, but not to us. (It was an amazingly short time between the submission of our letter to the City Planning Department, its referral to the applicant and its near-instant analysis by the legal team.) 10-2

Both documents became part of the material used to scope and create the draft EIR. But significantly, no other member of the public--most particularly we, the letter writers--had any knowledge of the legal analysis of our letter. We were shocked, on July 27, 2005, to discover the exchange when we examined the Draft EIR appendix on the day it was released to the public, a full year after the exchange took place.

We are seriously concerned about two significant points:

1) Had we been extended the common courtesy of a copy, we would have had the benefit of an entire year in which we and our neighbors would have been able to examine, research and refine our position in regard to the points made by Mr. Fell, as well as to rebut the attorney's points with our own legal analysis. City staff failed to inform concerned parties of Mr. Fell's letter. For an entire year, while the public was excluded from knowledge of this analysis, the applicant, its legal team, city staff and the EIR preparer had access to it. 10-2 CON'T.

2) We believe that there is substantial evidence indicating that the actual scope of the EIR was significantly influenced by the unanswered, uncontested, legal analysis done by Mr. Fell on behalf of Cottage Hospital. Such a maneuver could be interpreted as a way to guide the City staff and the EIR preparers in the very direction that the applicant wished to take. Indeed, even a casual reading of the document reveals that the points raised in our letter, as well as other neighbors, were simply ignored in the draft EIR.

Because this particular project has so many serious impacts associated with it, the review process must be impeccable in order for the public to have full faith in the fairness it has a right to expect. Yet, time and again, we neighbors and concerned parties have had to negotiate through a maze of serious roadblocks that have kept us from most effectively participating in the process.

When this troubling issue about the scoping is coupled with the false date on the Draft EIR, the staff's inability to post the document online in a timely manner, and then only half of it posted halfway into the comment period, as well as an unfortunate mid-project change in planning personnel, the respondents are put at a distinct disadvantage.

We're preparing our comments for the hearing on September 8th, and look forward to the opportunity to continue to participate in our City's planning process.

Sincerely,

Cheri Rae John McKinney

Cheri Rae and John McKinney

Cheri & John McKinney

610 E. Victoria Street ■ Santa Barbara ■ California 93103
(805) 963-7037 ■ Fax (805) 564-7793 ■ cheri@thetra[illegible]

RECEIVED
JUL 19 2004
CITY OF SANTA BARBARA
PLANNING DIVISION

July 19, 2004

Ms. Jessica Grant
Associate Planner
City of Santa Barbara Planning Division
Post Office Box 1990
Santa Barbara, CA 93102-1990

Re: Scope of EIR for Santa Barbara Cottage Hospital Foundation Workforce Housing Project

Dear Ms. Grant:

We are writing to request that a complete Environmental Impact Report be prepared for consideration of the project proposed at 601 E. Micheltorena Street, known as the "Santa Barbara Cottage Hospital Foundation Workforce Housing Project." Substantial evidence exists that this project will pose significant environmental impacts to the neighborhood and that it will significantly degrade the quality of life of the individuals who live there. 10-2 CON'T.

Even the simplest review of the information regarding this project reveals a fair argument based on substantial evidence that significant impacts may occur and they require a thorough and comprehensive Environmental Impact Report.

As an interested party (since 1993, we have lived at the corner of Victoria and Salsipuedes, three blocks from the site), we have many concerns that we believe must be addressed in the Environmental Scoping process, leading to the inevitable conclusion that the City should require the preparation of an Environmental Impact Report. Specifically, they include:

1. The baseline used to determine traffic air quality and noise impacts. It is our understanding, according to CEQA Guidelines 15125, subd. (a), that "a draft EIR must include a description of the physical environmental conditions in the vicinity of the project as they exist at the time…the environmental analysis is commenced." Of course, what we're dealing with now is a closed-down hospital with virtually no traffic. It is inappropriate to use the proposed trips that *may have occurred* if an approved medical building had been built. CEQA does not permit use of a non-existent, hypothetical baseline environmental setting based on a project that was never built. The traffic and other impacts of the medical building never occurred, and thus it is inappropriate under CEQA to use this baseline. As a result of using the incorrect CEQA baseline, the predicted traffic impacts of the project are substantially underestimated.

EXHIBIT B

2. The socio-economic impacts of this project must be considered within the context of an EIR. CEQA Guidelines Section 15064(e) requires the City to consider the physical environmental changes resulting from socio-economic impacts, if any, in an EIR. As a result of this proposed project, and its impacts of traffic, circulation, and density out-of-keeping with the nearby neighborhood, the destabilization of the surrounding neighborhood has already occurred. Such destabilization will continue as residents contemplate and act in response to the negative impacts posed by enormously increased traffic, parking problems, circulation and degradation of the neighborhood character, leading to a reduced quality of life for all who live within the neighborhood. A significant number of homes along Micheltorena Street and beyond have already been placed on the market, and continued concerns about the additional stresses placed on this established neighborhood by the proposed project are forcing more neighbors to consider leaving their homes. The burdens placed on this neighborhood are inappropriately large, due to the size and scope of this project. The high turnover caused by the proposed project is a socio-economic impact that results in indirect physical environmental impacts; sold homes are often torn down and replaced by larger homes which degrade views, impair traffic and result in other environmental impacts. 10-2 CON'T.

3. The EIR must Analyze Cumulative Impacts. The workforce housing project on Micheltorena and the reconstruction of Cottage Hospital must be considered linked and part of the same project because they are components of the same undertaking by Cottage. In addition, impacts of one are related to the other. In the area of parking, for example, it is obvious that parking places are being constructed for *the same vehicles* in neighborhoods that are less than a two-mile walk apart from each other, yet there is as of now, no incentive offered for Cottage Hospital employees who choose to maintain a car-free lifestyle.

4. Mitigation of Significant Traffic Impacts. We expect a comprehensive traffic analysis in the EIR that includes extensive mitigation efforts that go far beyond the mere promise of a shuttle service. While shuttles may help reduce traffic somewhat, employee trip reduction programs are legally unenforceable. A *shuttle system or trip reduction program is legally unenforceable pursuant to SB#437.* It is thus not legally enforceable as a mitigation measure pursuant to CEQA Guidelines Section 15126.4(a) (2). Therefore, if the project is approved, the City must require enforceable traffic mitigation measures in addition to shuttles, and/or feasible project alternatives that reduce the 1, 023 average daily trips and enormous traffic impacts this project will bring to the neighborhood.

5. County Bowl as part of Existing Environmental Setting. As the applicant admitted during a public meeting on Tuesday, July 13, its development team had not even considered traffic and parking impacts to this neighborhood generated by attendees of County Bowl performances. As every resident of this neighborhood is well-aware, during the ever-increasing schedule of performances at the County Bowl, there is already no street parking to be found—all the way up to the St. Francis site. Unlike the City's proposed CEQA baseline, this existing constrained situation is part of the existing physical environmental baseline. As a result, the EIR must analyze impacts in light of this, and should conclude that any increase in parking demand and traffic during performances will result in significant impacts.

6. **Piecemealing.** The City recently approved a lot split involving this property. That lot split is linked to this property; it facilitates this project. Development of the resulting lot will cause impacts relating to views, noise and traffic. The impacts of the lot split should have been analyzed in the context of the EIR for the Santa Barbara Cottage Hospital Foundation Workforce Housing Project. Since it was considered previously in a piecemeal fashion, the City should re-analyze the effects of the lot split, including development of the remainder parcel, in this Draft EIR, either as part of the project, or, at a minimum, in a cumulative impact analysis. 10-2 CON'T.

7. **Concerns about hazardous materials released during the demolition and construction period.** We request a thorough, detailed analysis of the site prior to release of the Draft EIR, including soil samples, paint, insulation, carpets, and the like to determine the extent of hazardous materials and carcinogens that exist on the site. Additionally, we request a full evaluation of how those materials can best be contained to insure the short-and long-term health of neighborhood residents who will be exposed throughout a lengthy demolition and construction period. Because of the applicant's plan to provide even more extensive underground parking than before, we have even more concern about containment of particulate matter during the extensive excavation process. These issues should be thoroughly analyzed in the Draft EIR.

Feasible mitigation measures and alternatives that could avoid or lessen these impacts should be analyzed in sufficient detail to facilitate City approval without supplemental review. Specifically, an alternative that retains and reuses rather than demolishes the building should be analyzed at a project level of detail.

Air quality and health issues merit particular concern in this specific neighborhood because of the significant number of residents who are at home during the workday when the demolition and construction impacts will occur. They include the elderly, children at home with their caregivers and a large number of individuals who work at home-based businesses. Seniors and children are susceptible to numerous respiratory conditions caused or exacerbated by degraded air quality.

8. **Alternatives**

(A) Retain Existing Building The City should evaluate the feasibility of an alternative that retains the existing building in order to minimize the potentially significant impacts of demolitions (e.g. air quality, traffic, noise, hazardous materials). Alternative uses of the building are many, including, but not limited to, rental housing, retirement living, medical uses, a research institute, and the like.

(B) Reduced Project Size In order to accommodate the project's underlying objectives and mitigate impacts such as traffic, noise, air pollution and views, we propose that one way to mitigate these substantial environmental impacts is to reduce the number of units in this housing project from the proposed number of 115 units to 60 while still retaining the proposed mix of workforce and market-rate units (i.e. 70%: 30%).

The Reduced Size Alternative merits full consideration under CEQA Guidelines Section 15126.6(a). The project would still provide a significant number of housing units, meeting most of the underlying project objectives. Given the project economics, including sales price, carrying costs, permit processing and environmental review costs, and development costs, a 60-unit alternative appears feasible. Finally, it would substantially reduce the environmental impacts in terms of traffic, parking, air quality general congestion, and aesthetics. 10-2 CON'T.

9. **An EIR is required pursuant to CEQA.** This project requires an EIR. Under CEQA, a lead agency shall prepare an EIR when a fair argument can be made, based on substantial evidence in the record as a whole, that a project MAY have a significant effect on the environment, even if other evidence suggests the project will not have a significant effect. (CEQA Guidelines Section 15164) This fair argument standard is a low standard for requiring an EIR because CEQA requires the application of caution by a lead agency when a project MIGHT have a significant impact. The proposed project—the most massive building demolition and reconstruction project proposed in Santa Barbara since the 1925 earthquake—poses a complex set of environmental impacts that warrant consideration in an EIR. The City's NOP is for an EIR—not a Negative Declaration—and it identifies a range of potentially significant impacts. The NOP itself suggests the potential for an array of significant impacts, and thus supports the need for preparation of an EIR.

The project involves creating a neighborhood right in the middle of a neighborhood, one significantly inhabited by at-risk populations of children and the elderly, and dealing with hazardous substances and known carcinogens. The short-and long-term effects of the demolition of a huge building, the construction of a massive new neighborhood and the introduction of a major new traffic pattern must be carefully analyzed. Alternatives must be considered as potentially viable ways to reduce these impacts. If only a Negative Declaration is required, this decision will not only violate CEQA, it would eliminate consideration of any project alternatives and would thus take away valid options for the City to reduce the environmental impacts to the public.

Interested parties have testified repeatedly before the planning commission, at City Council and at four neighborhood meetings conducted by Cottage Health Systems. City Staff, the project's promoters, and residents alike have heard time and again about the concerns about this project's environmental impacts. It is now time for the City to require that the objections posed in public testimony and expressed in this letter be fully and completely addressed.

If ever a project required a comprehensive Environmental Impact Report (that includes a comprehensive general plan consistency analysis with all applicable policies) this is the one.

Sincerely,

Cheri Rae & John McKinney

Cheri Rae and John McKinney

Cc: Planning Commission Members; Mayor Marty Blum and City Council Members; Allied Neighborhood Association; Bungalow Haven Neighborhood Association; Riviera Neighborhood Association; Citizens Planning Association

JAN HUBBELL, SR. PLANNER
SCOTT VINCENT, ASST. CITY ATTY.
CASE PLANNER APPLICANT('S) AGE
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SANTA BARBARA, CALIFORNIA 93101-2142
TELEPHONE (805) 963-0755
Fax (805) 965-7237

10.2
CON'T.

July 22, 2004

VIA E-MAIL AND U.S. MAIL

City of Santa Barbara
Attention: Ms. Jessica Grant
P. O. Box 1990
Santa Barbara, CA 93102-1990

SUBJECT: Scope of the EIR for the Proposed Santa Barbara Cottage Hospital Foundation Workforce Housing Project; Response to Ms. Cheri Rae and Mr. John McKinney Letter

Dear Ms. Grant:

This letter is a written on behalf of the Santa Barbara Cottage Hospital Foundation and is intended to respond to the issues addressed in a July 19, 2004 letter to you from Ms. Cheri Rae and Mr. John McKinney, relating to the Scope of the EIR for the Proposed Santa Barbara Cottage Hospital Foundation Workforce Housing Project. This response follow the same numbering system as was used in Ms. Rae's letter.

1. Baseline

Ms. Rae claims that the baseline used to determine traffic, air quality and noise impacts must be based on the "physical environmental conditions in the vicinity of the project as they exist at the time… the environmental analysis is commenced." However, the City of Santa Barbara has previously concluded that the environmental baseline can include impacts from uses that could occur without any new discretionary permits. This was the case in the Entrada de Santa Barbara Project, where the Californian Hotel was closed (for required seismic safety improvements) when the Entrada de Santa Barbara Project application was deemed complete and when the environmental analysis commenced. It was the City's conclusion that the baseline should include trips attributed to the Californian Hotel when it was open, because there were permits for

10-2 CON'T.

its use and it could be re-opened without any discretionary approvals[1]. Therefore, the conclusion to utilize the St. Francis Hospital's trip generation as the traffic baseline for the Proposed Santa Barbara Cottage Hospital Foundation Workforce Housing Project is entirely appropriate.

Additionally, Ms. Rae claims that it is inappropriate to use the proposed trips that *may have occurred* if the approved medical office building had been built. We do not disagree. However, Associated Traffic Engineers (ATE) Traffic Report did NOT include the traffic trips associated with the approved Medical Office Building traffic as part of their traffic baseline analysis.[2]

2. Socio-Economic Impacts Must be Considered in the EIR

Ms. Rae states that CEQA Section 15064(e) requires the City to consider the physical environmental changes resulting from socio-economic impacts, if any, in an EIR. However, CEQA Section 15064(e) actually states that "Economic and social changes resulting from a project shall not be treated as significant effects on the environment". (emphasis added) It goes on to say that "Economic or social changes may be used, however, to determine that a physical change shall be regarded as a significant effect on the environment". (emphasis added) These statements clearly state that economic and social changes are not to be considered significant impacts and that economic and social changes are not required to be evaluated.

Ms. Rae claims that the proposed Santa Barbara Cottage Hospital Foundation Workforce Housing Project has already destabilized the surrounding neighborhood and has prompted a significant number of homes to be placed on the market. These "issues" should not be considered in the CEQA document as these statements are speculative and without factual support. CEQA Section 15064 (f)(5) states: "Argument, speculation, unsubstantiated opinion or narrative, or evidence that is clearly inaccurate or erroneous, or evidence that is not credible, shall not constitute substantial evidence. Substantial evidence shall include facts, reasonable assumptions predicated upon facts, and expert opinion supported by facts." (emphasis added)

[1] The City's conclusion was based on the Court of Appeal decision in Fairview Neighbors v. County of Ventura (1999) 70 CA 4th 238. This case involved a mining operation that was proposing new improvements, but at the time the application was deemed complete and when the environmental analysis was commenced, the mining operation was not in full use. The appellants argued that the baseline should be the trips generated at the time the mining expansion application's environmental analysis is commenced. However, the Court ruled that the EIR appropriately assumed the existing traffic impact level (baseline) to be the traffic generated when the mine operated at full capacity pursuant to the entitlement previously permitted by its Conditional Use Permit (CUP-1328). The court concluded that discussing the possible environmental effects of the expanded mining operation project based on actual traffic counts would have been misleading and illusory under the facts.

[2] ATE's "Revised Traffic, Circulation and parking Study for the Santa Barbara Cottage Hospital Foundation Workforce Housing Project" dated May 6, 2004, did NOT include the approved Medical Office Building traffic as part of their traffic baseline analysis. ATE only utilized the permitted 85-bed hospital facility and the permitted 9 bed convent facility as part of their traffic baseline analysis.

3. Cumulative Impacts

10-2 CON'T.

Ms. Rae claims that the proposed Santa Barbara Cottage Hospital Foundation Workforce Housing Project must be linked to the reconstruction of Cottage Hospital. However, the two projects are entirely separate and are clearly not part of the same project. The reconstruction of Cottage Hospital is a modernization of the existing hospital facility to comply with Senate Bill 1953, which requires all acute care hospitals to satisfy new seismic requirements. The Workforce Housing Project is proposed by Cottage to address their existing employee (retention and recruiting) due to the extremely high cost of housing in the South Coast community. There is no link or connection between the two projects. Neither project depends on the other in order to proceed.

A draft EIR on the acute care Hospital Project is scheduled to be released in a month or so. The Workforce Housing Project is just beginning its review.

4. Mitigation of Significant Traffic Impacts

Ms. Rae claims that the proposed Santa Barbara Cottage Hospital Foundation Workforce Housing Project will create significant traffic impacts, and as such, enforceable mitigation measures must be required. However, as indicated above, ATE's Traffic Report concluded that the proposed Workforce Housing Project will actually result in a 349 daily trip reduction on area streets and intersections, thereby creating a net beneficial traffic impact. In this regard, no traffic mitigations are required. The fact that Cottage Hospital is offering to include a shuttle program as part of the Workforce Housing Project Description (which will be an enforceable condition notwithstanding SB 437), shows that Cottage is voluntarily going above and beyond what is required to address neighborhood issues/concerns and to accommodate their employees who will be living on the property.

5. County Bowl Parking Impacts

Ms. Rae claims that there are parking problems in the neighborhood when there are concerts at the County Bowl, and that this should be considered part of the existing baseline. As indicated in ATE's Traffic and Parking Report (referenced above), the proposed Santa Barbara Cottage Hospital Foundation Workforce Housing Project is providing 265 parking spaces for residents and visitors, and the demand is anticipated to be 184-241 parking spaces. In this regard, the project is providing between 24-81 parking spaces in excess of anticipated demand (NOT taking into consideration ANY) on-street parking spaces. Therefore, the proposed Workforce Housing Project is actually anticipated to result in improving the existing perceived parking problem in the area.

6. Piecemealing

Ms. Rae claims that the City recently approved a lot split involving the property, and that this lot split should have been evaluated in the context of the EIR for the Workforce Housing Project. Ms. Rae is confused regarding the details of the Project. The City has NOT recently approved a

10-2 CON'T.

lot split involving the property. The City Council DID initiate a Zoning Designation Change on the property affecting the C-O and R-2 zoning boundaries on the subject property. This is a Zoning Boundary "clean-up" request (that does not change the allowances on the subject property, but rather allows the creation of legal conforming lots, where non-conforming lots presently exist). The zoning request, and legal conforming lots request, is part of the Workforce Housing Project application and will be considered in the CEQA document for the Project.

7. Release of Hazardous Materials During Demolition/Construction

Ms. Rae claims that a detailed analysis of the site should be undertaken prior to the Draft EIR, including soil samples, paint, insulation, carpets and the like to determine the extent of hazardous materials and carcinogens that exist may on the site. The City will determine, as part of the Scoping Hearing, the extent to which these studies are necessary to be included in the CEQA document.

8. Alternatives

Ms. Rae claims that the City should evaluate various alternatives in the EIR. The City will determine, as part of the CEQA process, whether there are any significant environmental effects of the Project, and if so, the Alternatives that should be included in the CEQA document which "...would avoid or substantially lessen any of the significant effects of the Project". Guidelines, Section 15.126.6(a).

9. EIR is Required Under CEQA

Ms. Rae claims that an EIR is required under CEQA, based upon CEQA Section 15164 (fair argument/substantial evidence). I believe she meant to cite CEQA Section 15064. However, as indicated above, there does not appear to be a fair argument or substantial evidence that there could be a significant impact relating to any of the issues raised by Ms. Rae. However, the final decision/conclusion will be made by the City, based on the evidence at the upcoming Scoping Meeting.

Thank you in advance for your consideration of these matters, should you have any questions regarding this letter, please do not hesitate to call me at 963-0755.

Sincerely,

Douglas E. Fell

DEF:lb
cc: Ms. Barbara Shelton (via e-mail)
Mr. Ron Biscaro (via e-mail)
Mr. Ken Marshall (via e-mail)

Comment Letter No. 10
Cheri Rae and John McKinney
Date: August 20, 2005

Response

10-1. This comment accurately states the public review and hearing schedule for the Draft EIR.

10-2. Please refer to response 3-10.

Rec'd @ PC 9/8/05

Mary Louise Days
2833 Puesta del Sol Road
Santa Barbara, California 93105

September 6, 2005

LETTER No. 11

To the City Planning Commission
Santa Barbara, California

SUBJECT: Draft EIR for Redevelopment of St. Francis Hospital

Commissioners:

I am a lifelong Santa Barbaran who was born at the St. Francis Hospital. Also, I worked there in the office during my senior year of high school. This property and its complex of structures reflects deep historical, medical, emotional, and neighborhood identity significance to the people of Santa Barbara. Wholesale destruction and redevelopment of the site would seem to deny and negate its importance to the community and to the Lower Riviera neighborhood. I lived in this neighborhood for several years, and it has a very special historical identity. 11-1

Please carefully study each of the issue statements in the subject document; please take action to ensure that issues of historical significance, adaptability of existing structures, neighborhood compatibility, traffic, and health and safety are properly addressed. 11-2

Thank you.

Mary Louise Days

Mary Louise Days
687-2957

Comment Letter No. 11
Mary Louise Days
Date: September 6, 2005

Response

11-1. This comment expresses the opinion that the existing Saint Francis hospital facility has "historical, medical, emotional, and neighborhood identity significance." The Historical Structures Report prepared for the proposed project concluded that the Saint Francis hospital was a significant part of the City's heritage, however, the buildings located on the project site do not qualify as a National, State or City landmark due to the extensive structural modifications that have occurred during their years of use. On April 28, 2004, the Historic Landmarks Commission (HLC) accepted this conclusion and agreed that the existing hospital structures are not historically significant. However, the HLC did find that the long-term presence of the hospital facility within the City is historically significant and recommended that the site be memorialized with a commemorative plaque. The HLC determined that such a commemoration would be adequate to reduce the historic resource impacts of the proposed project to a less than significant level. To clarify the requirement of the HLC to provide on-site recognition of the presence of the Saint Francis Hospital, proposed mitigation measure CUL- 2a has been revised as follows:

CUL-2a Historic Display. A commemorative display to educate the public regarding the history of the former St. Francis Hospital shall be integrated within the proposed housing project's open space area located at the corner of Micheltorena and Salsipuedes Streets. All text to be included in the display shall be written by a City qualified Historical Consultant and all text and photographs to be included in the display shall be approved by the City's Historic Landmarks Commission. Additionally, at least one of the art pieces from the former St. Francis Hospital shall be maintained on the project site.

11-2. This comment requests that historical significance, existing structure adaptability, neighborhood compatibility, traffic, and health and safety issues be evaluated by the Draft EIR. Please refer to response 11-1 regarding the proposed project's historical resource impacts. Adapting existing structures for residential purposes was evaluated by the Alternatives section of the Draft EIR. To supplement the alternatives analysis provided by the DEIR, additional information regarding the two building reuse alternatives is provided by Master Response No. 3. The supplemental information has not changed the conclusions of the Draft EIR that the Project Redesign alternative, which would retain some of the on-site structures while demolishing portions of buildings not readily suited for residential conversion, is identified by the EIR as the environmentally superior project alternative.

In terms of potential neighborhood compatibility-related impacts, the Draft EIR evaluated a range of short- and long-term environmental impacts, including potential traffic, health and safety, and noise impacts.

The Draft EIR evaluated the potential for the proposed project to result in significant traffic impacts during the AM and PM peak traffic hours. That analysis concluded that the project would not result in significant project-specific traffic impacts based on the City's adopted traffic impact thresholds of significance. The project would contribute traffic to several intersections that currently have poor levels of service, including the intersections of Mission St/Bath Street, Anapamu St/Laguna St, and Arrellaga St/Garden St. While the project's contribution of traffic to those intersections is relatively small, based on the City's adopted significance thresholds for cumulative impacts, the cumulative impacts were identified as being significant and unavoidable by the Draft EIR. Other potential short- and long-term traffic impacts of the project could be reduced to a less than significant impact by mitigation measures identified by the Draft EIR.

The Draft EIR concluded that potential construction-related health and safety impacts of the proposed project could be reduced to a less than significant level. The Draft EIR determined that the proposed project would result in a significant and unavoidable short-term, construction-related noise impact. Long-term impacts of the proposed project were determined to not be significant.

McMillion, Deana

From: Unzueta, Irma
Sent: Tuesday, September 06, 2005 4:31 PM
To: McMillion, Deana
Subject: FW: traffic calming request

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SEP 0 6 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

LETTER No. 12

-----Original Message-----
From: julie and warren wood [mailto:thewoods@sbceo.org]
Sent: Monday, August 29, 2005 8:45 PM
To: Unzueta, Irma
Subject: traffic calming request

Hello Irma,

12-1

Thank you for the new roundabouts in our neighborhood (the Bungalow Haven district). We live on Salsipuedes near Victoria and want to request one more roundabout. We need a roundabout at Salsipuedes and Victoria because of the huge increase in traffic that will be coming from the condo complex on the St. Francis site.

A major artery out of the condo complex will be Salsipuedes St.! Couple that additional traffic with traffic from County Bowl concerts at night and high school traffic in the day.

Thank you for all you've done and for considering this additional roundabout.

Sincerely,

Julie Wood
1225 N. Salsipuedes St.
Santa Barabara, CA 93103
(805) 966-7344

11-167

Comment Letter No. 12
Mary Julie Wood
Date: September 6, 2005

Response

12-1 As depicted on Figure 5.5-7 (Project Trip Assignment and Distribution) of the DEIR, the proposed project would add approximately 15 AM and 10 PM southbound peak hour trips through the Salsipuedes St/Sola St intersection. When the Saint Francis Hospital was in operation, the hospital generated approximately 4 AM and 9 PM southbound trips through the intersection (FEIR Figure 5.5-3). Therefore, the proposed project would not result in a substantial change in traffic conditions when compared to the conditions that existed when the hospital was in operation, or add a substantial amount of additional traffic to the Salsipuedes St/Victoria St intersection, which is even further south of the project site. Due to relatively small amount of traffic that would be added by the proposed project to the Salsipuedes St/Sola St intersection, no project-related mitigation is required.

McMillion, Deana

From: Unzueta, Irma
Sent: Tuesday, September 06, 2005 4:30 PM
To: McMillion, Deana
Subject: FW: St. Francis demoltition

RECEIVED
SEP 0 8 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

LETTER No. 13

From: Sheri Mize Design [mailto:sherimize@cox.net]
Sent: Monday, August 29, 2005 11:24 AM
To: Unzueta, Irma
Subject: St. Francis demoltition

13-1

Since we will feel the pain of this for 2 or more years, can't we receive a more beautiful neighborhood by burying the utilities up Micheltorena. It seems they will be overloaded overhead with all the additional homes, and they certainly are an eyesore to the neighborhood.

Sheri Mize
516 E. Micheltorena Street

Comment Letter No. 13
Sheri Mize
Date: September 6, 2005

Response

13-1. There is no connection, or "nexus" between project-related environmental impacts and a requirement to place existing overhead utilities adjacent to the project site underground. However, Section 27.08.025 of the Santa Barbara Municipal Code requires that utilities serving new subdivisions be placed underground and such a requirement would be a condition of the proposed project.

McMillion, Deana

From: Unzueta, Irma
Sent: Wednesday, September 07, 2005 11:23 AM
To: McMillion, Deana
Subject: FW: Cottage Health System's Plan to Create Workforce Housing

LETTER No. 14

RECEIVED
SEP 0 7 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

-----Original Message-----
From: Elaine Forest [mailto:eforest@sbch.org]
Sent: Wednesday, September 07, 2005 11:20 AM
To: Unzueta, Irma
Subject: Cottage Health System's Plan to Create Workforce Housing

Dear Santa Barbara Planning Commission:

I am writing this email in support of Cottage Health System's plan to create workforce housing for health care employees. As a Cottage Health System employee, I know that this project is essential for the future of health care in our community. 14-1

I believe that there are several flaws in the draft EIR's traffic analysis including the following: the draft EIR assumes that hospital employees work a regular shift from 9 a.m. to 5 p.m. This, of course, is not the case. Many hospital workers work shifts that do not coincide with typical peak drive times. The draft EIR should reflect with accuracy when hospital employees will be on the road. 14-2

In closing, retaining healthcare professions is a huge challenge for Cottage Health System. Home ownership in our local community is an important factor in employee retention. It is my hope that workforce housing will be provided on the former St. Francis site to help ensure the future of quality health care for our community. 14-3

Elaine Forest

Comment Letter No. 14
Elaine Forest
Date: September 7, 2005

Response

14-1. This comment expresses support for the proposed project and does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

14-2. Estimates of average daily trips and peak hour trips that would be generated by the proposed housing project were based on Institute of Transportation Engineers (ITE) Trip Generation Report factors that reflect average trip generation characteristics of single-family dwellings. Please refer to Master Response No. 2 for additional information regarding how project-related trips were estimated.

14-3. This comment expresses support for the proposed project and does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

-----Original Message-----
From: sschmid2@cox.net [mailto:sschmid2@cox.net]
Sent: Wednesday, September 07, 2005 9:56 PM
To: Unzueta, Irma
Subject: EIR report on Cottage Workforce Housing

Attached find my comments.

LETTER No. 15

September 7, 2005

Dear Ms Unzueta,

I am writing you in support of Cottage Hospital's Work Force Housing Program, and to voice my concern over the Environmental Impact Report. I understand that the EIR has implied a significant and detrimental increase in traffic in the proposed workforce neighborhood, as well as the hospital neighborhood area of Mission and Bath streets. 15-1

I have lived and worked in Santa Barbara for over 25 years, indeed, I have lived in just about every area of town, including the Saint Francis area. I cannot believe that a community of work force housing will increase traffic any more than what was before a 24 hour a day business with hundreds of employees coming and going around the clock. In addition there were patients, families, visitors, vendors, delivery trucks, and ambulances that were also in operation and impacting the neighborhood traffic around the clock. How can that compare to a small complex of condominiums where the inhabitants are gone most of the day or night at work? Yes, they may have families and visitors, but the traffic activity cannot even compare with that of a functioning hospital. 15-2

I understand the current neighborhood inhabitants are angry about the closure of Saint Francis, and do not wish to see it destroyed. Making it a shrine, however, serves no one in this community. It was made very clear over the years, and several campaigns to save it, that financially, it could no longer go on. No one in the community, no matter how much they loved the institution, could support it enough financially to keep it running. I would hope that the neighbors could broaden their minds enough to see that blocking the work force housing project will only hurt the entire Santa Barbara community, as we continue to lose health care workers who cannot afford to buy a home for their families. 15-3

As to the claim that this housing project will increase traffic at the Bath and Mission street intersection, I believe that is absolutely untrue. Most of the people I know who work at Cottage use other routes to get home, no matter what area of town they live in. That intersection is certainly not the only route, nor the favorite of the current employees who like to enjoy congestion free traffic as much as anyone else. 15-4

The average age of the nurse in California is 49, and in Santa Barbara, is probably higher. Nurses make up the majority of the workforce in hospitals. Those nurses lucky enough to own homes in Santa Barbara are going to be retiring in 5-15 years. As a nursing supervisor, I see a steady stream of transient, young, new nurses come and go because 15-5

they want more for their young families than renting their incomes away. Those who have chosen to buy out of town will soon no longer be able to afford to pay the increasing gas price of commuting The workforce housing project would allow young families to accrue money towards purchase of their own home, here in the community they are already invested in. It will also encourage a steady stream of new healthcare workers willing to stay the course, and provide Santa Barbara with an stable and experienced healthcare work force. 15-5 CON'T.

Sincerely,

Susan Schmid (sschmid2@cox.net)

Comment Letter No. 15
Susan Schmid
Date: September 7, 2005

Response

15-1. These comment expresses support for the proposed project and do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

15-2. Please see Master Response No. 2 regarding project-related traffic generation assumptions.

15-3. These comment expresses support for the proposed project and do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

15-4. The Draft EIR concluded that the proposed project would not result in a project-specific traffic impact at the intersection of Mission St/Bath St. It was determined, however, that even though the project would add a relatively small amount of traffic to the Mission St/Bath St intersection during the afternoon peak traffic period (approximately 11 trips), the project would result in a significant and unavoidable cumulative traffic impact. This determination was made because the intersection is projected to operate at an unacceptable level of service under cumulative traffic conditions (LOS D) during the afternoon peak traffic period, and the City's threshold of significance for cumulative traffic impacts is the addition of measurable traffic to an impacted intersection.

15-5. These comment expresses support for the proposed project and do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

LETTER No. 16

Comments on the Draft EIR prepared for the Cottage Hospital Workforce Housing Project

By John McKinney, 9/8/05

I'm John McKinney and I'll begin this evening by introducing Cheri Rae and Steve Dowty, fellow members of the Neighborhood EIR Response Team, and thanking them for the hundreds of hours of work they—and other neighbors—have already logged studying the EIR. Certainly our professional experience—in the areas of environmental writing, history, architecture and investigative journalism—helped us analyze the document, but of even more help were the many citizens who lent their expertise to our response efforts.

Cheri and Steve join me in a special acknowledgement to city staff—planners and experts from other departments as well--for answering our many persistent questions. And a thank you to experts in housing, health issues, adaptive reuse, air quality and the environment from all across the nation who took the time to share their wisdom with us. We'll be detailing the insights of these renowned professionals in our extensive written response to the EIR. 16-1

Recently we Bungalow Haven neighbors were very pleased to hear commissioners praise our neighborhood activism. The Commission was hearing discussions about Upper State Street developments and a number of commissioners advised those with concerns to get organized. Like Bungalow Haven. "Carefully study the neighborhood," Commissioners said. Like Bungalow Haven. Express yourselves. Like Bungalow Haven.

We appreciate the commissioners' notice of our neighborhood. We appreciate the many city departments, city officials, the media, and other neighborhood groups looking to us for advice that have taken the time to learn about this particular neighborhood and its neighbors.

Given this high degree of public awareness, it was quite surprising that the Draft EIR fails to define our neighborhood or the people who live in it. Nowhere in the document is the now commonly accepted geography of the neighborhood described. Nowhere is the Bungalow Haven neighborhood even mentioned by name. 16-2

It shouldn't have been difficult for the EIR preparers to define the neighborhood. Surely if it walks like a duck and it talks like a duck—it's a duck. And surely if it looks like a neighborhood, expresses itself like a neighborhood, and acts like a neighborhood—it's a neighborhood.

The document's lack of clarity about the environment it purports to study and its all-but-missing-specifics about the population base subjected to the impacts of the proposed project means flawed and incomplete analysis in quite a number of subject areas: air quality, traffic, health effects, adaptive reuse, historical review, & more. 16-3

Before turning the podium over to my colleagues on the EIR response team, let me point out a few of the many areas where the document's poor or missing definitions of the neighborhood environment leads to poor or incomplete scientific analysis. 16-4

Air Quality. The document failed to include any air quality studies that specifically address the unique bowl-shaped Lower Riviera neighborhood.

Vibration. The document failed to cite past construction projects at St. Francis that caused significant vibrations in the neighborhood. The EIR proposes a woefully inadequate neighborhood study area for the effects of vibration. 16-5

Traffic. The document fails to disclose exactly what point in time, during the long history of St. Francis Hospital in relationship to the neighborhood, the EIR used to determine its baseline traffic count. 16-6

Health Effects. Health effects from the demolition and construction to the neighbors, whoever they are and wherever they live, are almost completely ignored. 16-7

History. We strongly take issue with the Historic Structures Report that found that the demolition of St. Francis Hospital would be "a less than significant historic impact," and further concluded that the historical significance of the long-term presence of the building would be mitigated to "a less than significant level" by the placement of a commemorative plaque at the new project. 16-8

If you ask the question: Will the demolition of St. Francis Hospital destroy a building that's an architectural wonder and historic gem? You'll get one answer. If you ask the question: In what ways is St. Francis hospital historically significant to the life of the city and the historically significant neighborhood around it? You'll get another answer.

One compelling reason for requiring a new historical structures report is the dark cloud hanging over the current one. We understand, from a determination by City Attorney Wiley, that although no conflict-of-interest laws have been broken, there is a significant appearance of conflict of interest in the preparation of the Historic Structures Report that was not revealed to the city historian or the city planning staff until just last week, more than a year after that report's acceptance by the Historic Landmarks Commission. 16-8 CON'T.

Another compelling reason for requiring a new historical structures report is suggested by the very directions taken by the EIR itself. The EIR determined that the two most "environmentally superior" options for the housing project are the adaptive re-use of some of the building and the adaptive reuse of most of the building. With this in mind, a new historical study should be commissioned that asks how an adapted historic building might provide housing and its presence might contribute to the historic character of the neighborhood around it. Closed hospitals located around the country—hospitals historically significant to their communities and hospital buildings that are official Historic Landmarks, such as old Scripps Hospital in La Jolla, have been successfully converted into condominiums. 16-9

In closing, I wholeheartedly embrace the most environmentally superior of the EIR's options—the adaptive reuse of St. Francis for housing for Cottage Hospital's work force. It's by far the best solution for nurses and neighbors alike. 16-10

Thank you, Commissioners, and now, I'd like to introduce neighbor and architect Steve Dowty.

Comment Letter No. 16
John McKinney
Date: September 8, 2005

Response

16-1. These comments provide a general introduction to following comments and do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

16-2. The Environmental Setting section of Draft EIR (Section 4.0) describes the topography of the project site and surrounding area as sloping gently to moderately to the south. A topographic map (Figure 4.1-1, Project Area Topography) depicts the location of the project site and also provides information regarding the topographic characteristics of the project area. The description of site conditions and the detail provided by the Figure 4.1-1 adequately describes the general topography of the project area.

The draft EIR described the project area by the commonly used reference of the "Lower Riviera" neighborhood. The Final EIR has been amended to indicate that the project area is also referred to as "Bungalow Haven." This addition does not affect any of the conclusions of the EIR regarding potential impacts of the proposed project.

16-3. Determinations of impact significance for environmental issue areas such as air quality, traffic, health effects, historical resources, etc, are based on the predetermined thresholds of significance that were described by the Draft EIR. Determinations of significance are not based on the number of people or the characteristics of the people that would be affected by the construction or operation of the project.

16-4. As indicated by the Draft EIR, the topography of the project site and surrounding area slopes to the south. Other than a very small topographic depression in the vicinity of Laguna Street, approximately 900 feet south of the project site, the topography of project area consistently slopes southward. As a result, the topography of the project area is not "bowl-shaped" and would not substantially contribute to trapping or concentrating emissions from the project site.

16-5. Sections 5.3.1 (page 5.3-2) and 5.3.3 (page 5.3-16) of the Draft EIR concluded that the proposed project would have the potential to result in significant vibration-related impacts to residents and residences in the project area. Proposed mitigation measure N-2a outlines an extensive vibration impact monitoring program, and requires that the project applicant be responsible for the cost of repairing project-related vibration damage. Mitigation Measure N-2a has been modified to expand the required monitoring area from 50 to 100 feet from the project site property line. Proposed mitigation measure N-1f also provides a mechanism for project-area residents to register complaints about vibration impacts before structural damage occurs.

16-6. Please refer to Master Response No. 2.

16-7. The Draft EIR provided an extensive evaluation of potential health effects resulting from potential exposures to diesel exhaust particulate matter, asbestos, lead, mercury, PCBs, dust and noise. The comment does not identify a specific concern or evidence beyond a general assertion of inadequacy in regard to the above issue area evaluations, therefore, a more detailed response cannot be provided.

16-8. The Historical Structures Report prepared for the proposed project concluded that the Saint Francis hospital was a significant part of the City's heritage, however, the buildings located on the project site do not qualify as a National, State or City landmark due to the extensive structural modifications that have occurred during their years of use. On April 28, 2004, the Historic Landmarks Commission (HLC) accepted this conclusion and agreed that the existing hospital structures are not historically significant. However, the HLC did find that the long-term presence of the hospital facility within the City is historically significant and recommended that the site be memorialized with a commemorative plaque. The HLC determined that such a commemoration would be adequate to reduce the historic resource impacts of the proposed project to a less than significant level. To clarify the requirement of the HLC to provide on-site recognition of the presence of the Saint Francis Hospital, proposed mitigation measure CUL- 2a has been revised as follows:

CUL-2a Historic Display. A commemorative display to educate the public regarding the history of the former St. Francis Hospital shall be integrated within the proposed housing project's open space area located at the corner of Micheltorena and Salsipuedes Streets. All text to be included in the display shall be written by a City qualified Historical Consultant and all text and photographs to be included in the display shall be approved by the City's Historic Landmarks Commission. Additionally, at least one of the art pieces from the former St. Francis Hospital shall be maintained on the project site.

16-9. There is no connection, or "nexus" between the aesthetic or historic resource impacts of the proposed project and a requirement to provide alternative project appearance design studies or historical reports as part of the project's environmental review under CEQA. Therefore, such a requirement has not been added to the Final EIR.

16-10. This comment expresses support for the alternatives evaluated by the Draft EIR that evaluated the environmental impacts of retaining existing structures on the project site for conversion to residential use. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

Comments about the EIR prepared for the
Santa Barbara Cottage Hospital Foundation Workforce Housing Project
9/8/2005

by Cheri Rae McKinney LETTER No. 17

Planning Commissioners,

Thank you for the opportunity to speak with you today. I'd like to frame my remarks today with the views of internationally known adaptive re-use specialist Donovan Rypkema, who has been a guest here in Santa Barbara many times. Last year he was in town for a speaking engagement with the Pearl Chase Society. At that time, he walked the St. Francis grounds with one of the society's members. I spoke with him on Tuesday about the possibility of adaptive re-use, instead of demolition, of St. Francis Hospital. He said, "There are many challenges with old buildings, and adaptive re-use is often difficult. That's not the case with this building. It's a solid building with lots of re-use potential. There are hundreds of examples across the country where hospital buildings have been re-used. It's just a paucity of imagination to think it can't happen on this site. It's just short-term, silly thinking. Adaptive re-use is a common sense solution." 17-1

Now I don't like to think that here in Santa Barbara we exhibit "a paucity of imagination" or "short-term, silly thinking." Indeed, until now, Cottage Hospital's plan to create much needed workforce housing for its staff has been considered an innovative move. Now it's time to take that plan to the next level, with the findings of the draft Environmental Impact Report in mind.

Adaptive re-use may just be the win-win solution that solves many of the short- and long-term impacts posed by this project's size, setting and magnitude.

Air Quality--The serious health impacts of the daily release of more than 228 pounds of toxic chemicals, exhaust and particulates have not been adequately studied, nor has the at-risk population been defined. 17-2 We request a thorough analysis of long-and short-term health impacts, with particular attention devoted to the specific health concerns of children, the aged and infirm, those recovering from illness, people who exercise, work and play outdoors, pregnant and nursing mothers and their infants. Additionally, we request the full and accurate listing of all the "sensitive receptors" nearby: schools, elder care homes and medical, dental and other treatment facilities, and a complete analysis of the risks faced by those who use those facilities. 17-3 Among the missing schools are The Orca School, Santa Barbara Middle School, San Roque School, The Santa Barbara Community Academy, The Cesar Chavez School, and various home-based pre-schools in the area. We request the study of impacts on those schoolyards as well as local playgrounds and parks, such as Alice Keck Park Memorial Gardens, and Kids World, as well as outdoor performance venues such as the County Bowl and Sunken Gardens. The avoidance of demolition has the potential to significantly reduce the potentially serious health impacts of 18 weeks of demolition and 19 weeks of grading, and the subsequent degradation of our air quality. 17-4

Hazardous Materials--According to the draft document, the hazardous materials contained within the building include asbestos, mercury, lead, and PCBs. Those materials will have to be dealt with in preparation for demolition or adaptive re-use, but avoidance of demolition would significantly reduce the emissions and particulate matter produced by carcinogenic diesel fuel. We request the thorough review of mitigation measures--especially in case of accidental toxic release or exposure, as was the case recently at City College. A monetary fine to the agency or company does nothing to mitigate the health impacts to the individuals exposed, and we expect to have that concern addressed appropriately. 17-5 17-6

Noise--The typical noise level in the neighborhood is 52 to 60 decibels. But 70 days of demolition of the main building alone are expected to generate noise levels ranging from 76 to 98 decibels from the use of cranes, jackhammers, generators, compressors, loaders, backhoes, graders and dump trucks making more than 1,100 truck trips. These short-term noise levels are "considered to be a significant and unavoidable impact (Class I)." Yet they, in fact, are avoidable with the adaptive re-use approach to this project. 17-7

Solid Waste--The demolition of the hospital will generate more than 36 million pounds of solid waste. Mitigation measures call for reuse or salvage up to 70 percent of that waste, but naturally, avoidance of demolition would generate far less, and have much less impact on our landfills. We ask you to have the solid waste impacts savings evaluated with an eye toward adaptive re-use. 17-8

Transportation, Circulation and Parking--The document already notes that this project has "the potential to result in significant contribution to cumulative peak hour traffic." And even the implementation of the shuttle program "would not reduce the impact to a less than significant level." The so-called traffic calming plan contained within the EIR as a mitigation measure for additional traffic already has many neighbors quite agitated, and is already causing a great deal of disruption--without the construction of 115 more households in the vicinity. We ask that this traffic study both reexamine the mitigation in present context and with regard to many more drivers in the neighborhood. 17-9 17-10

In a neighborhood that already uses St. Francis to serve its overflow parking needs, wouldn't we be wise to consider down-sizing the project and re-cycling the 315 parking spaces that already exist on the property? Adaptive re-use would not only accomplish both goals, it has the potential to create more green-space, since a reconfigured 89-unit project would require only 195 parking spaces, according to the EIR. 17-11

Water Quality--The document notes that hazardous materials released when buildings are demolished and soil exposed when vegetation is scraped away increases the potential for erosion and hazardous runoff into water resources. It states, "the release of those substances may have a serious adverse effect on water quality." Obviously, the avoidance of demolition eliminates many of the most serious water quality impacts on the property with its 12.7 percent slope, and adaptive re-use is a real plus in this regard. 17-12

Several years ago, St. Francis administrators stood here and insisted that the 30,000-square foot medical building had to be built in order to save the hospital. The neighborhood reluctantly backed off, and the Planning Commission granted permission for the requested construction. But that was only after the applicant offered the neighbors a park, underground utility lines and a substantial donation to St. Vincent's affordable housing project. But after all that, the building was never built.

Today, when some of the very same players now present us with a different set of priorities, we're debating the effects of a project six times larger--including a massive demolition--without a single offer to benefit nearby residents whose environment--and quite possibly their health--will be forever altered. If there's a way to avoid those serious impacts, we're wise to consider it.

We have a perfect example just a few blocks away from St. Francis. A few years ago, when neighbors expressed concern about the demolition of three relatively unremarkable, yet perfectly inhabitable older homes, this Planning Commission not only listened, it acted. It required the developer to re-use the buildings that were part of the streetscape well before most of us were born. Today, we can point to those three homes with pride; even though they were not carefully preserved, they still retain some original character and their presence serves as an example of the power this commission can use.

17-13

I refer you to my article in today's Independent which cites examples where hospital to housing has worked successfully all over this nation. Information is easily available about the highly successful adaptive re-use of closed hospitals--City Hospital in St. Louis, old Scripps Hospital in La Jolla, and many, many more, which I'm happy to share with you. .

I spoke by phone recently with 89-year-old Sr. Sylvianne Mattern, once known as "the Guiding Light" at St. Francis. She now lives in Frankfort, Illinois, and would be here today if her health permitted. She asked me to tell you the following: "I think that hospital had a real important place in the community, and if I had my say about it, I'd say, 'keep the building up.' It's a very lovely place, with the view and all, and we paid a lot of money to make that building safe. I don't know why they wouldn't want to re-use it; it sure is wasteful to tear it down. The City should step up and say this building is structurally good, and should be saved."

Experts may disagree, but those we have consulted see the adaptive re-use of St. Francis Hospital is a real possibility that could serve the multi-faceted goals of this project: Providing much needed workforce housing, avoiding direct health impacts to the surrounding neighborhood, reducing the generation of solid waste and diesel fuel emissions, and offering the additional benefit of saving a special building that has been an important part of Santa Barbara's history.

The adaptive re-use of St Francis Hospital is alternative project 8.2 in the EIR. It's called "use only existing on-site buildings to develop new residences" and we ask you direct the serious study of the concept for this project. The notion is in line with the City's needs for workforce housing, it avoids serious environmental impacts, and the applicant's savings

in demolition costs and construction materials, may well offset its perceived need for market rate units. Surely this is an environmentally superior alternative that requires serious study before we continue down the road to demolition. 17-13

I hope that your comments will reflect that you share our neighborhood's concerns, and CONT. that this possible solution deserves full consideration and public airing.

Thank you.

Comment Letter No. 17
Sheri Rae McKinney
Date: September 8, 2005

Response

17-1. This comment expresses support for the alternatives included in the Draft EIR that evaluated the environmental impacts of retaining existing structures on the project site for conversion to residential use. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

17-2. Construction activities that would be associated with Cottage Hospital Foundation Workforce Housing project would not have the potential to result in the emission of 228 pounds of "toxic chemicals, exhaust and particulates" per day. The majority of the construction-related emissions would be reactive organic gases (ROG) and oxides of nitrogen (NOx), which are standard vehicle exhaust gases. These are substances of concern from an air quality perspective because they are precursors to the formation of ozone. Ozone has the potential to cause a variety of respiratory and other health-related effects and Santa Barbara County is a non-attainment area for the State 1-hour ozone air quality standard.

The Santa Barbara County Air Pollution Control District (APCD) does not have an adopted significance threshold for emissions of short-term, construction-related pollutants. As a guideline, however, a project would have the potential to result in a significant short-term construction equipment emission air quality impact if it would release more than 25 tons of ROG or NOx per year. The estimates of project-related annual construction emissions of ROG and NOx provided by the EIR were obtained by extrapolating the estimate of peak daily emissions (e.g. emissions resulting from maximum daily construction operations at the project site) over the proposed project's entire 1.4-year construction period. Since peak construction-related emissions would not occur every day that construction-operations occur on the project site, the estimate of annual construction-related emissions is considered to be "conservative" or representative of "worst-case" conditions that would have the potential to occur. Based on worst-case assumptions and comparison to the APCD significance standard, it was determined that project-related construction emissions would not result in a significant air quality impact.

Please refer to Master Response No. 1 regarding potential health impacts from diesel exhaust particulates.

17-3. The Health Risk Assessments provided by the Draft and Final EIRs estimated potential health effects at 13 "sensitive receptor" locations in the vicinity of the project site where large concentrations of children occur, such as schools and day care centers. A map depicting the location of the sensitive receptors was provided in Technical Appendix E of the Draft EIR, and that map has been added to the Air Quality section of the Final EIR.

Please refer to Master Response No. 1 regarding the analysis of potential public health impacts provided by the Final EIR. The evaluation of potential chronic respiratory impacts that may result from the proposed project determined that the sensitive receptor located at the project site perimeter (Villa Riviera) would have a Hazard Index of 0.04, which is substantially below the APCD-adopted significance threshold of 1.0.

17-4. The alternative analysis provided by the Draft EIR concludes that the building reuse alternatives that were evaluated (Alternatives 8.2 and 8.3) would result in reduced air quality impacts when compared to the impacts of the proposed project.

17-5. The alternative analysis provided by the Draft EIR concludes that the building reuse alternatives that were evaluated (Alternatives 8.2 and 8.3) would result in reduced air quality impacts when compared to the impacts of the proposed project. Implementation of a building reuse alternative is not required, however, to reduce potential diesel particulate matter exposure health effects of the project.

17-6. Compliance with extensive hazardous material abatement, handling and disposal regulations, as briefly described by the Draft EIR; and mitigation measures provided by the Draft EIR, such as HAZ-1b, which requires certification that hazardous materials have been removed from the existing buildings prior to demolition, would reduce the potential for an accidental release of hazardous materials to an insignificant level. In the unlikely event of a hazardous material release from the project site, remediation activities would be required in compliance with existing regulations. The implementation and completion of site remediation activities would be supervised by local regulatory authorities, such as the City Building and Safety Department or the County Fire Department. The on-site Project Environmental Coordinator, who will be responsible for monitoring the project's compliance with mitigation measures/conditions of approval, would ensure compliance with hazardous material impact reduction measures. Therefore, existing regulatory programs provide adequate oversight for potential accidental hazardous material release impacts and additional mitigation measures are not required.

17-7. The alternative analysis provided by the Draft EIR concludes that the building reuse alternatives that were evaluated (Alternatives 8.2 and 8.3) would result in reduced short-term construction-related noise impacts when compared to the impacts of the proposed project. The EIR also concludes that alternative 8.2 (Use Existing Buildings) would reduce potential short-term noise impacts to a less than significant level.

17-8. Project-related solid waste impacts were determined to be mitigable to a less than significant level with the implementation of recycling requirements. The alternative analysis provided by the Draft EIR concludes that the building reuse alternatives that were evaluated (Alternatives 8.2 and 8.3) would result in reduced solid waste impacts when compared to the impacts of the proposed project.

17-9. The Final EIR has been revised to clarify that, based on the assumptions used to evaluate the effectiveness of a project resident shuttle program, project-related cumulative impacts could be reduced to a less than significant level. However, the Final EIR continues to conclude the shuttle program as presently proposed would not provide a quantifiable or permanent reduction in project-generated vehicle trips. Therefore, cumulative traffic impacts remain significant and unavoidable.

17-10. The "traffic calming plan" referred to by this comment is the Neighborhood Traffic Management Plan (NTMP) that was prepared by the City and project area residents. Table 5.5-14 of the Draft EIR compares traffic volumes on project area streets that existed when the Saint Francis Hospital was in operation to traffic volumes that would exist after the implementation of the proposed project. The evaluation concluded that the project would not result in a substantial increase in traffic volumes on neighborhood streets, and in many cases, would result in reduced traffic volumes when compared to former hospital-related traffic conditions due to different distribution characteristics of the hospital and the proposed residential use. Based on these conditions, the Draft EIR concluded that traffic volumes on project area streets would still be considered light and that no additional traffic calming measures would be required due to the addition of project-generated traffic. The City will continue to work with area residents on refining the NTMP measures.

17-11. The Draft EIR evaluated the proposed project's potential parking demand using several factors, including the City of Santa Barbara Zoning Ordinance parking requirements, parking requirements from other cities, the ITE Parking Generation Handbook, and vehicle ownership data from the 2000 Census. The proposed project would provide 254 parking spaces on the project site for use by project residents, which would meet or exceed, and be consistent with each of the above parking demand references. Therefore, the Draft EIR concluded that the proposed project would not result in significant parking demand impacts. The alternative analysis provided by the Draft EIR also concludes that the building reuse alternatives that were evaluated (Alternatives 8.2 and 8.3) would have fewer units and result in a reduced parking demand when compared to the proposed project. Implementation of a building reuse alternative is not required, however, to reduce a project-related parking impact to a less than significant level.

17-12. The alternative analysis provided by the Draft EIR concludes that the reuse of existing building alternative (Alternative 8.2) would result in a reduced short-term water quality impact when compared to the impacts of the proposed project. Implementation of a building reuse alternative is not required, however, to reduce a project-related water quality impact to a less than significant level.

17-13. These comments express the opinions of the commenter regarding the proposed project and alternatives that would reuse existing structures located on the project site. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

McMillion, Deana

From: Unzueta, Irma
Sent: Thursday, September 08, 2005 1:03 PM
To: McMillion, Deana
Subject: FW: Planning Commission hearing on WHP

LETTER No. 18

-----Original Message-----
From: Richard Hallerman [mailto:rhallerman@sbch.org]
Sent: Thursday, September 08, 2005 11:47 AM
To: Unzueta, Irma
Cc: rbiscaro@sbch.org
Subject: Planning Commission hearing on WHP

I would like to voice my concerns regarding the city's handling of the WHP. With the cost of housing soaring out of site, the need for affordable housing has become more important than ever. So much so that the state has mandated that cities and counties do their fair share to meet the need. For example, the city of Buellton, with a population of five thousand is required to build 1500 affordable units in the coming years. Cottage Health Systems is asking Santa Barbara for the right to build 81 affordable units to house a small portion of Santa Barbara's health care workforce. We are late in the process. Many hurdles have been cleared. Let's stand back and look at the big picture. We need affordable housing for our healthcare workers. Now is the time for the city to step up and do their part to clear the remaining hurdles so that the project can be completed without delay. Thank you. 18-1

I was disappointed to learn that the draft EIR concludes that there will be negative traffic impacts at the Hospital intersection despite the new shuttle system that will be in place. Apparently the employees in the new housing project whose impacts were already counted once were counted a second time implying they do not currently have a need to get to work Is this just carelessness or an attempt to justify a false argument? 18-2

Sincerely,
Richard Hallerman
Biomed - Santa Barbara Cottage Hospital

11-191

Comment Letter No. 18
Richard Hallerman
Date: September 8, 2005

Response

18-1. This comment expresses support for the proposed project and does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

18-2. The Draft EIR concluded that the proposed project would not result in a significant project-specific traffic impact at the intersection of Mission St/Bath St. However, even though the project would result in relatively small net traffic increase at the Mission St/Bath St intersection during the afternoon peak traffic period (approximately 11 trips), this represents a significant contribution to cumulative traffic in conjunction with other pending projects. This determination was made because the intersection is projected to operate at an unacceptable level of service under cumulative traffic conditions (LOS D) during the afternoon peak traffic period, and the City's threshold of significance for cumulative traffic impacts is the addition of measurable traffic by a project to an impacted intersection.

The methodology used to prepare the traffic analysis of the proposed project does include double-counting of SBCH staff trips. However, this only affects intersections that are used for travel between the proposed project and SBCH, such as Mission Street/Bath Street. Even if the trips from the Cottage Workforce Housing project are removed from the cumulative baseline traffic volumes, it would not reduce the baseline cumulative level of service (LOS) at that intersection to an acceptable level. When the proposed housing project is added to the cumulative conditions, there is no net change to the LOS at the intersection. Rather a significant impact is identified because the project adds vehicles to an intersection already operating at unsatisfactory LOS. This conclusion would not be changed if the analysis was revised to avoid the minor double counting of SBCH staff trips.

McMillion, Deana

From: Unzueta, Irma
Sent: Thursday, September 08, 2005 2:32 PM
To: McMillion, Deana; 'rodriguezaicp@aol.com'
Subject: FW: Cottage Hospital Proposed WHP

From: Darryl Race [mailto:dwrace@gmail.com]
Sent: Thursday, September 08, 2005 2:30 PM
To: Unzueta, Irma
Subject: Cottage Hospital Proposed WHP

LETTER No. 19

Hello Irma.

I am a Registered Nurse working in the ICU at Cottage Hospital Santa Barbara. Ron Biscaro invited me to write an email to you regarding my view and interest in the Workforce housing Program.

I moved to Santa Barbara with my wife, who is an RN in the Emergency Department, in February 2005. While we are greatly enjoying living and working in Santa Barbara the current cost of housing does not make long term plans to stay at SBCH a viable option. Unfortunately this is also the case for many other employees currently working at SBCH. This makes for a transient workforce among all sectors and departments within the hospital. Among the ICU night staff are 7 regular SBCH staff, one per diem, and 14 travel RN's. The travel staff we have are very experienced and a valuable asset to our team but having permanent staff would be far more efficient and cost effective for the hospital and would also create a more cohesive patient care team.

19-1

Many of the travel staff have commented that they would like to stay in the area to work at SBCH but the cost of housing here does not allow them the option to do so. Having the Workforce housing Program in place would give SBCH employees the option to make long term commitments to stay on as permanent staff. My wife and I have made the commitment to be at SBCH for 2 years. Upon completion of that commitment if a solution such as the WHP has not been set in place, we too, along with many staff in the past and future will move on to an affordable destination to purchase a home and raise our family.

I'm not sure how to address the concerns regarding increased traffic in the proposed project area. There appears to be a fair volume of traffic within the entire Santa Barbara area from Goleta to Ventura. It may be important to note that hospital staff work shifts and not all the staff will be utilizing the roadway at the same time of day or even the same days of the week. Some staff work night shift from 7:00 pm to 7:30 am and would work weekends instead of weekdays. I realize that the following may be forward but I'm not sure if it would be easier to explain to the community that there might be some more vehicles on the road or to explain why there are not enough hospital staff to care for their families. 19-2

I am in support of the proposed housing project.

Thank you,
Darryl Race

9/8/2005

Comment Letter No. 19
Darryl Race
Date: September 8, 2005

Response

19-1. These comments express support for the proposed project and do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

19-2. Estimates of average daily trips and peak hour trips that would be generated by the proposed housing project were based on Institute of Transportation Engineers (ITE) Trip Generation Report factors that reflect average trip generation characteristics of single-family dwellings. Please refer to Master Response No. 2 for additional information regarding how project-related trips were estimated, and why employee shift change schedules were not considered in the EIR's analysis of potential traffic impacts.

McMillion, Deana

From: Unzueta, Irma
Sent: Thursday, September 08, 2005 1:42 PM
To: McMillion, Deana
Subject: FW: Re. Tonight's hearing on the Cottage Health System WHP

LETTER No. 20

-----Original Message-----
From: Amy Libera [mailto:bgai2001@yahoo.com]
Sent: Thursday, September 08, 2005 1:30 PM
To: Unzueta, Irma
Subject: Re. Tonight's hearing on the Cottage Health System WHP

To Whom It may Concern:

I am writing to voice my concerns in regards to the draft EIR for the Cottage Workforce Housing Project.

I have been a Cottage employee for 13+ years and have not been able to purchase a home in Santa Barbara. I have seen many employees come and go over my years here, most of whom have left to reside in more affordable areas. I feel that this project is absolutely crucial to retain our health care workforce.

I understand the traffic concerns but consider a couple of points that are very relevant:

*The draft assumes that all employees work a 9-5 shift which, given the fact that we are dealing with hospital employees, is untrue. There will be individuals living there who work a variety of shifts thus minimizing the out flux of traffic at any one time. 20-1

*The draft assumes that these units will be single family homes....while it is true that some units will have couples and families residing in them, some will be one bedroom units with just one person. I think it is also important to consider that many of these individuals may opt for the convenience of the door to door shuttle service that will be offered. 20-2

Please give this issue the utmost consideration as I believe it will greatly impact the recruitment and retaining of our health care providers in the years to come.

Thank You,
Amy Faulkner Libera

Click here to donate to the Hurricane Katrina relief effort.
http://store.yahoo.com/redcross-donate3/

11-195

Comment Letter No. 20
Amy Faulkner Libera
Date: September 8, 2005

Response

20-1. Estimates of average daily trips and peak hour trips that would be generated by the proposed housing project were based on Institute of Transportation Engineers (ITE) Trip Generation Report factors that reflect average trip generation characteristics of single-family dwellings. Please refer to Master Response No. 2 for additional information regarding how project-related trips were estimated, and why employee shift change schedules were not considered in the EIR's analysis of potential traffic impacts.

20-2. Please refer to Master Response No. 2 regarding the Draft EIR's estimates of the number of vehicle trips that would be generated by the proposed project and the effectiveness of the proposed project resident shuttle program.

LETTER No. 21

Aug 2005

My name is Danae Liechti. I have been a resident of Santa Barbara for over thirty years. I live on East Victoria St, and love the fact that it is safe, quiet and has alot of character. I recently gave birth to my daughter Kaila and take daily stroller walks around the neighborhood. I am sad that there are plans to tear down St. Francais Hospital and rebuild residential units. I feel that we will lose a part of Santa Barbara History. It is such a lovely building but more importantly I am concerned about the noise level during construction and any toxic fumes that my daughter Kaila will breathe. I hope that the contractors take neccessary precautions to protect the locals. 21-1 21-2

Dana Liechti

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SEP 0 8 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

Comment Letter No. 21
Dana Lechti
Date: September 8, 2005

Response

21-1. This comment expresses the desire of the commenter to keep the existing hospital building and does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

21-2. The Draft EIR concluded that construction-related noise resulting from the proposed project would be a significant and unavoidable environmental impact. Please refer to Master Response No. 1 regarding potential health effects associated with the potential for exposure to project-related emissions of diesel particulate matter emissions. The EIR identifies numerous mitigation measures to be implemented by the project during construction to reduce noise, dust and other air emissions, water quality, solid waste, and traffic and parking effects.

McMillion, Deana

From: Cheri [cheri@thetrailmaster.com]
Sent: Friday, September 09, 2005 1:23 PM
To: McMillion, Deana
Subject: draft EIR hearing

LETTER No. 22

Ms. McMillion,
Please forward my comments to the following Planning Commissioners.
Thank you.

Dear Planning Commissioners Jacobs, Jostes, Mahan, Myers and White,

Thank you for your focused attention on last night's presentation of neighborhood concerns as expressed by the Bungalow Haven neighborhood EIR response team. John McKinney, Steve Dowty and I were pleased to have been allowed extra time to fully air the many neighborhood concerns about the proposed project at St. Francis.

And we were additionally pleased to hear your well-considered remarks that took our concerns—as well as a possible alternative plan—quite seriously. 22-1

As you may have surmised from last night's comments, and this week's article in the Independent, I have done considerable research on many successful hospital-to-condominium adaptive re-use projects, and I will be attaching this research to our neighborhood's written response.

Sincerely,

Cheri Rae

(805) 963-7037
(805) 965-7200
cheri@thetrailmaster.com
www.thetrailmaster.com

Comment Letter No. 22
Cheri Rae McKinney
Date: September 9, 2005

Response

22-1. These comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

McMillion, Deana

1 of 2

From: Unzueta, Irma
Sent: Monday, September 12, 2005 8:43 AM
To: McMillion, Deana; 'Rodriguezaicp@aol.com'
Subject: FW: St. Francis project

Planning Comm. 9_05.doc (22 KB...

LETTER No. 23

-----Original Message-----
From: julie and warren wood [mailto:thewoods@sbceo.org]
Sent: Sunday, September 11, 2005 9:23 PM
To: Unzueta, Irma
Subject: St. Francis project

Dear Ms. Unzueta,

Attached please find a letter to the Planning Commission regarding the St. Francis project. In case you cannot open the attachment, we have pasted it below as well.

Thank you,
Julie and Warren Wood

Julie and Warren Wood
1225 N. Salsipuedes St.
Santa Barbara, CA 93103
(805) 966-7344
thewoods@sbceo.org

September 11, 2005

City of Santa Barbara Planning Division
Attention: Irma Unzueta, Project Planner P.O. Box 1990 Santa Barbara, CA 93102-1990

Dear Planning Commission:

23-1

We live two blocks downhill from St. Francis Hospital and are extremely concerned about the possibility of its being demolished. We support adaptive re-use of the existing building.

We asked ourselves what 228 pounds per day of mercury, lead, pcb[1]s, and diesel fuel emissions released into the air uphill from us might do to our two year old son. What would it do short-term and long-term to his body, especially his lungs. Our seven-year old son who never seems to stop moving would be outside playing in this newly created environment. Would we need to put a stop to outdoor play for a couple of years? 23-2

OK, we¹ll be blunt. These 228 pounds per day of airborne poison are scaring us. YES, WE SUPPORT WORKFORCE HOUSING, BUT NOT AT THE EXPENSE OF OUR CHILDREN¹S LUNGS. Adaptive re-use of the current buildings would give the workers their needed homes without sacrificing our health. 23-2 CON'T

Adaptive re-use offers another distinct advantage; it will create less traffic. At the second meeting held by Mr. Cearnal and Mr. Biscaro at St. 23-3
Francis hospital to smooth the way for this project, I asked two questions about parking:

1) How will you deal with the heavy parking during bowl concerts that reaches up past Michel Torena and around St. Francis if you are providing so little on-site parking for 115 units? 23-4

2) Even subsidized housing will be very expensive for nurses, so they will be renting out rooms like many people do in Santa Barbara. Those rented rooms mean an extra car for each unit that needs that additional income. 23-5
Where will those cars be parked?

Mr. Cearnal and Mr. Biscaro said they had not thought of either problem. We wrote to Mr. Biscaro months ago about these questions but have not heard an answer (he invited feedback/questions in his letters).

Please help this project become one that works for everyone and hurts no one and require adaptive re-use of St. Francis Hospital.

Sincerely,

Julie and Warren Wood

Comment Letter No. 23
Julie and Warren Wood
Date: September 11, 2005

Response

23-1. This comment expresses support for the alternatives included in the Draft EIR that evaluated the environmental impacts of retaining existing structures on the project site for conversion to residential use. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

23-2. Construction activities that would be associated with Cottage Hospital Foundation Workforce Housing project would not have the potential to result in the emission of 228 pounds of "mercury, lead PCBs, and diesel fuel emission" per day. The majority of the construction-related emissions would be typical vehicle exhaust gases, including reactive organic gases (ROG) and oxides of nitrogen (NOx). These are substances of concern from an air quality perspective because they are precursors to the formation of ozone throughout the Santa Barbara County air basin. Ozone has the potential to cause a variety of respiratory and other health-related effects and Santa Barbara County is a non-attainment area for the State 1-hour ozone air quality standard.

The Santa Barbara County Air Pollution Control District (APCD) does not have an adopted significance threshold for emissions of short-term, construction-related pollutants. As a guideline, however, a project would have the potential to result in a significant short-term, construction equipment-related air quality impact if it would release more than 25 tons of ROG or NOx per year. The estimates of project-related annual construction emissions of ROG and NOx provided by the EIR were obtained by extrapolating the estimate of peak daily emissions (e.g. emissions resulting from maximum daily construction operations at the project site) over the proposed project's entire 1.4-year construction period. Since peak construction-related emissions would not occur every day that construction-operations occur on the project site, the estimate of annual construction-related emissions is considered to be "conservative" or representative of "worst-case" conditions that would have the potential to occur. Even based on these worst-case assumptions and comparison to the APCD significance standard, it was determined that project-related construction emissions would not result in a significant air quality impact. Also refer to Master Response No. 1 regarding diesel particulate matter.

Small amounts of hazardous materials, such as asbestos, mercury, lead, and PCBs may be found within older buildings, and are subject to extensive standard and effective regulatory procedures for their removal prior to building demolition. No significant health risks would result to the surrounding neighborhood.

23-3. The alternative analysis provided by the Draft EIR concludes that the building reuse alternatives that were evaluated (Alternatives 8.2 and 8.3) would result in fewer units and reduced traffic impacts when compared to the impacts of the proposed project.

23-4. Parking- and traffic-related impacts associated with the County Bowl were not considered by the Draft EIR to be representative of typical average on-street parking or traffic conditions in the project area and were not included in the EIR's evaluation of potential project-related traffic and parking impacts. Traffic and parking impacts resulting from County Bowl events occur approximately 25 times per year (the number of events conducted at the bowl each year) and affect the neighborhoods adjacent to Bowl for approximately three to four hours each time an event occurs. The County Bowl traffic and parking effects occur with or without the proposed project. Due to the temporary and intermittent nature of County Bowl-related traffic and parking impacts, conditions that exist immediately before, during and after County Bowl events were not used to describe existing environmental conditions, or to evaluate the parking-related impacts of the proposed project.

23-5. The Draft EIR evaluated the proposed project's potential parking demand using several factors, including the City of Santa Barbara Zoning Ordinance parking requirements (1.5 parking spaces per one-bedroom unit, and two parking spaces per two-bedroom unit), parking requirements from other cities, the ITE Parking Generation Handbook, and vehicle ownership data from the 2000 Census. The proposed project would provide 254 parking spaces on the project site for use by project residents, which would meet or exceed, and be consistent with each of the above parking demand references. Therefore, the Draft EIR concluded that the proposed project would not result in significant parking demand impacts.

McMillion, Deana

From: Unzueta, Irma
Sent: Monday, September 12, 2005 9:16 AM
To: McMillion, Deana; 'Rodriguezaicp@aol.com'
Subject: FW: Cottage ST. Francis Project

LETTER No. 24

From: jennifer miller [mailto:jenniferandjack@verizon.net]
Sent: Sunday, September 11, 2005 4:35 PM
To: Unzueta, Irma
Subject: Cottage ST. Francis Project

One of the fundamental issues for me about the St. Francis conversion project is that I don't trust the city to do what is in best interest for the neighborhoods of Santa Barbara. I know that the city always present data supporting their decision to approve their projects but I think that their data is inadequate, out of date and can lead to disaster. My main concerns are traffic and parking and overbuilding neighborhoods thus creating an urban zone where there wasn't one before. 24-1

I site the current building project on the corner of Laguna and Michletorna Streets as an example. At one of the planning committee meetings, the city representative reported that the project would be well parked(meaning there will be enough spaces to accommodate the project without negative impact to the neighborhood). How they got their number is a mystery. Prior to the building project, there were 5 empty houses on the building site. I would often walk by at 6 in the morning and notice that there was NO available street parking. Imagine how it will be once people move into those 18 units. In a perfect world, a 1 bedroom unit would only have one car and a 2 bedroom might have 2 cars but the reality in Santa Barbara is that the 2 bedroom unit may have 3 people in it each with at least one car so the owner can cover the mortgage yet the city has only allocated 1.5 parking spaces (my number is approximate) per 2 bedroom units. Where are those extra cars are going to park? On the already congested street is my guess. Also that intersection will be impacted by the increased volume of traffic. There is a school bus stop there and then kids cross Micheltorena at the unprotected(2 way stop) intersection. This has potential to be a real liability. 24-2 24-3

The intersections all around St. Francis are already tricky ones and parking is not abundant. Mini roundabouts have recently been introduced in the St. Francis neighborhood as a way to calm traffic. How is it proposed to calm the traffic from 115 units or close to 230 cars that might make minimum 2 trips each per day? The Cottage folks say that they will have a shuttle and there will be proposed routes of entry into the development. In a perfect world, that might offer comfort. If gas prices continue to climb, the shuttle might become popular but otherwise I doubt that it will be the regular commuting tool for most of the residents given American's driving habits and preferences. 24-4 24-5

I don't believe that anyone at the city has really stopped and tried to imagine what the impact of a project of this magnitude will have. The 'numbers' may say that all will be fine or acceptable but I think that their numbers need to be re-evaluated before they make a crucial mistake that will effect Santa Barbara for many years to come. In San Francisco and other big cities, it is common to not be able to park on the block where you live; are we ready to create that reality here in Santa Barbara? I think that the city needs to be ready to accept the blame that is going to come if this project is built as planned. The blame for turning an "urban suburbia" neighborhood into a high traffic/highly congested one. What next? What if the Sperlings can't keep up on their payments on the property on Garden Street. Will the city allow that to site to be divided up and overbuilt also? Is that the precedent they wish to set? Or maybe, they figure that they can get away with shoving this off on the downtown area due to its demographics. 24-6

I think that it is wrong for the city to let the commercial zoning of the hospital property transfer to this residential project. It seems inappropriate as commercial and residential are not the same thing and thus should be zoned

differently. The city has just spent many month working on the Single Family Design Guidelines and Neighborhood Preservation Ordinance Update. Are the limitations that this put into effect being placed on this Cottage development project? My guess is that by using the CO zoning, they can sidestep the rules that guide residential development and try to overbuild in a neighborhood where any one of those individual units would never be allowed. 24-6 CON'T.

I work on the Riveria Theatre campus where a building has just been demolished. It is a long and noisy and dirty process; and this is a smaller building than St. Francis. The demolition of St. Francis should only be a last resort but it seems that retrofitting and redesigning is possible. Ron Werft of Cottage Healthcare System says that reusing the building is "not attractive for homeownership." I disagree; I bet that if it was reused and well designed and the units were offered for purchase to Cottage employees that there would be a waiting list. In Santa Barbara, a dump of a house can sell for $1 million; I don't believe that a brand new unit offered at a fair price would be turned down by anyone. 24-7

Please respect Santa Barbara and don't destroy it in the name of progress unless you are ready to be held responsible.

Thanks.
Jennifer Miller
706 East Victoria Street
SB, CA 93103

9/12/2005

Comment Letter No. 24
Jennifer Miller
Date: September 11, 2005

Response

24-1. These comments provide a general introduction to following comments but do not provide evidence to support the assertion that EIR data is inadequate.

24-2. The Draft EIR evaluated the proposed project's potential parking demand using several factors, including the City of Santa Barbara Zoning Ordinance parking requirements (1.5 parking spaces per one-bedroom unit, and two parking spaces per two-bedroom unit), parking requirements from other cities, the ITE Parking Generation Handbook, and vehicle ownership data from the 2000 Census. The proposed project would provide 254 parking spaces on the project site for use by project residents, which would meet or exceed, and be consistent with each of the above parking demand references. Therefore, the Draft EIR concluded that the proposed project would not result in significant parking demand impacts. Speculative analysis regarding whether or not project residents would share bedrooms and how that could affect project-area parking supplies is not required by CEQA, and such an analysis has not been added to the Final EIR.

24-3. Table 5.5-14 of the Draft EIR compares traffic volumes on project area streets that existed when the Saint Francis Hospital was in operation to traffic volumes that would exist after the implementation of the proposed project. The evaluation concluded that the project would not result in a substantial increase in traffic volumes on neighborhood streets, and in many cases, would result in reduced traffic volumes when compared to former hospital-related traffic conditions. Based on these conditions, the Draft EIR concluded that traffic volumes on project area streets would still be considered to be light and that no additional traffic calming measures would be required due to the addition of project-generated traffic.

24-4. Please refer to response 23-3.

24-5. Estimates of total and peak hour traffic that would be generated by the proposed project did not include traffic reductions that could be achieved by a shuttle program because it has not been demonstrated that such a program would result in a quantifiable and permanent reduction in project-related vehicle trips.

24-6. These comments express the opinions of the commenter regarding the proposed project and potential effect on the character of the neighborhood and Santa Barbara. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. Non-environmental comments will be forwarded for decision-maker consideration.

24-7. This comment expresses support for the alternatives included in the Draft EIR that evaluated the environmental impacts of retaining existing structures on the project

site for conversion to residential use. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

McMillion, Deana

From: Unzueta, Irma
Sent: Monday, September 12, 2005 8:46 AM
To: McMillion, Deana; 'Rodriguezaicp@aol.com'
Subject: FW: St. Francis Condo draft EIR

-----Original Message-----
From: Steve Palladino [mailto:spalladino@vcccd.net]
Sent: Sunday, September 11, 2005 10:15 PM
To: Unzueta, Irma
Cc: rbiscaro@sbch.org
Subject: St. Francis Condo draft EIR

LETTER No. 25

Hello Irma,

I have read the DEIR and share some of my neighbors concerns about the airborne particulates, noise, and traffic during construction. Also, I know the plan as currently outlined may increase traffic significantly in our neighborhood and I am not crazy about that.

Where I part ways with some of my neighbors is that I don't think adaptive reuse of those buildings for housing will be the "superior" alternative. I wouldn't want to live in those buildings ... even with a wonderful view.
Too industrial ... this might make sense for adaptation of an urban hospital to residental use. I know what drives the interest in that option ... the lower number of units -- 89 as calculated by the DEIR and the elimination of many of the construction inconveniences/dangers. Still, I think it would be very hard (and expensive) to create quality housing compatible with our neighborhood in those existing spaces.

I actually look forward to the lower impact viewscape of the condo project, though I would like to see a few less units. If Cottage could figure out how to finance the project with, say, only 100 condos (of about the same size as in the current plan) and with 70-75% work force housing that would be a great improvement to the project scope (and would probably help ameliorate much of the neighborhood concern about post-construction impacts.) 25-1

With 100 (or 115) condos, a key element to reduce the long-term traffic impact will be to have a truly effective shuttle program for cottage employees ... Cottage may have to offer incentives to help their employees take advantage of the shuttle. Perhaps a set of electric carts/cars that could be used for "lunch hour" errands or other unexpected trips requiring a vehicle.

I live less than a block from the project (on De La Vista). We will be one of the more heavily impacted areas during construction, so whatever mitigations can be put in place, especially with airborne particulates, we'd appreciate it.

I am willing to put up with construction in order to get a nice project and to see nurses, technical and admin staff, orderlies, young doctors, and other hospital employees be able to live in town.

If only the space could revert to hospital use (I was looking forward to the ease of access for future ailments ... it sure was a convenient location when my wife was hospitalized there for a week!), but I realize that is not likely.

Thanks for considering my input.

Steve

****

Steve Palladino
Geography and GIS
Ventura College
4667 Telegraph Rd.
Ventura, CA 93003
805-654-6400 x1365
FAX 805-654-6374
spalladino@vcccd.net

http://academic.venturacollege.edu/spalladino/geosci/
****

11-210

Comment Letter No. 25
Steve Palladino
Date: September 11, 2005

Response

25-1. These comments express general concerns about the environmental impacts of the proposed project, and indicate that the commenter does not support the alternatives evaluated by the Draft EIR that would result in the reuse of the existing hospital buildings for residential use. The commenter would support a project that would result in the construction of approximately 100 units on the project site, which would help to minimize project-related traffic impacts.

Reducing the size of the project to approximately 100 units would have the beneficial effect of providing reduction in the number of traffic trips generated by the project, however, reducing the size of the project by approximately 15 units would not reduce the project's significant cumulative traffic impacts to a less than significant level.

The Draft EIR provided an evaluation of the potential effectiveness of a project resident shuttle program that was based on reasonable assumptions regarding its use. The Draft EIR also provided mitigation measures that attempt to ensure that the shuttle program would operate in accordance with the EIR's analysis assumptions. However, the EIR concluded that while the shuttle program could have the beneficial effect of reducing project-generated traffic, even with the proposed mitigation measures, the shuttle project as presently proposed does not assure a quantifiable and permanent level of use and associated reduction in project-related traffic generation.

LETTER No. 26

September 12, 2005

City of Santa Barbara
Planning Division
P.O. Box 1990
Santa Barbara, CA 93102-1990

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PLANNING

26-1

My husband and I (both retired, seniors) own the property at the corner of Alta Vista Road and Michelorena Street.

We are dismayed by the proposed Cottage Workforce Housing Project. Why a lovely, quiet neighborhood is being sacrificed is hard to understand. We have never opposed construction of affordable workers housing but can't help wondering at the density variances that were granted.

What I want to address now that I have seen the EIR is how can we possibly be expected to endure the mental stress and physical consequences of 69!! weeks of major construction, traffic, noise, exhaust, exposure to asbestos, dust and pollutents? Does Cottage have a plan to care for the consequences to our physical and mental health??

Mary Anderson
1426 Alta Vista Road
SB 93102

Comment Letter No. 26
Mary Anderson
Date: September 12, 2005

Response

26-1. These comments express general concerns about the project density and the traffic, noise, air quality and hazardous material impacts of project-related construction activities on the surrounding neighborhood. Of particular concern is the duration of proposed construction activities. Each of the above environmental issue areas were evaluated by the EIR and mitigation measures to minimize potential impacts were identified. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

McMillion, Deana

From: sydney siemens [s.siemens@cox.net]
Sent: Tuesday, September 13, 2005 10:11 AM
To: Unzueta, Irma
Subject: Cottage Workforce housing

LETTER No. 27

, Dear Planning Commission

I have lived next to St Francis since 1973. My home adjoins Villa Riviera and the parking lot at the end of Arrellaga. I have lived through the many construction projects over the years and none have impinged on my life style or health or even much on the value of my property. The only exception to this was the earthquake proofing done on the main building. This created a ghastly din what with air hammers at work for what seemed like weeks on end. 27-1

I envision the proposed project to demolish the buildings and regrade the area an extremely intensified and lengthy version of the earthquake proofing. This not only will create noise but multiple pollutants to damage my health. In addition to this insult have you ever tried to sell a home next to a housing project. Who would ever want it? 1a

As charming as the proposed project seems on paper, it is really a crowded rabbits warren of units without sufficient parking (24 places with one behind the other and no extra parking accommodation for units with 3 bedrooms) and the possibility of greatly increased traffic on our hillside. To set this huge project down in a neighborhood of largely single family homes cannot be justified as good planning. As worthy as workforce housing seems, this is not the place to put it. 1b

The alternative presented in the EIR report to maintain the present hospital and convent and convert them to smaller units (one and two bedrooms) and do minimal demolition and no new construction seems like a reasonable solution to a potential neighborhood disaster. After all, we all bought or rented with the understanding that some large buildings were there as neighbors. None of us ever wished for demolition and replacement with a housing project. 1c

An even better solution would be to rezone to the density for single family housing which would allow 25 to 30 luxury condos in the present buildings. With prices as they are for even non-view lots in the area of 1 million and condo prices going for 1 to over 2 million, I think Cottage can recoupe its expenses and make enough money to buy property for workforce housing in areas more appropriate. I suggest Oak Park which means that the workers can not only walk to work but also access grocery stores and businesses on foot. 1d

Please give this proposal another rethinking which would include the value of the area to the local residents .

Sydney Siemens, 652 E Valerio St. Santa Barbara, CA. 93103 805-569-3063

9/22/2005

Comment Letter No. 27
Sydney Siemens
Date: September 11, 2005

Response

27-1. These comments express general concerns about the impacts of the proposed project and do not address the adequacy of the environmental impact analysis provided by the Draft EIR. Specific concerns related to the proposed project are addressed below.

a. The Draft EIR provided an evaluation of potential project-related construction noise and air quality impacts. Those evaluations determined that the project would result in a significant and unavoidable temporary noise impact. Mitigation measures to reduce construction noise levels to the extent possible were also provided by the EIR. The evaluation of potential health impacts determined that the project would not result in a significant impact and that mitigation measures could be implemented on the project site to reduce dust, health, and nuisance impacts to the extent feasible.

b. Parking for the proposed project would be provided in accordance with the requirements of the Santa Barbara zoning ordinance. Additional parking spaces for three-bedroom units is not required. The project would provide a total of 254 parking spaces for the 115 units that are proposed. The EIR analysis found that the proposed amount of parking would meet the parking demand created by the project. Proposed mitigation measure TRF-2a requires that the proposed tandem spaces be assigned to the same residential unit to minimize the potential for parking-related impacts. The commenter's opinions regarding the merits and location of the project will be forwarded to the City decision-makers.

c. The building reuse alternatives evaluated by the Draft EIR (Alternatives 8.2 and 8.3) would minimize, but would not eliminate the need for construction activities on the project site. A substantial amount of construction would still be required to remove buildings that could not feasibly be converted to residential use and/or to remove portions of structures that present substantial challenges to conversion to residential use. A substantial amount of construction would also be required to make structural modifications necessary to convert the buildings retained on the project site to a residential use.

d. This comment suggests an alternative of building 25-30 luxury homes on the project site, then using the proceeds of that project to build a workforce housing project in the Oak Park area. Such an alternative would only be economically feasible if Cottage Hospital owned suitable development sites in the Oak Park area. The Draft EIR considered this possible alternative but determined that it would not be feasible to implement because the properties owned by Cottage Hospital in the Oak Park area have been developed with medical, administrative or residential uses. None of the properties, either individually or collectively, would be suitable for the development of a workforce housing project that meets the objectives of the proposed project.

Unzueta, Irma

From: Nora Duncan [honorrose@cox.net]
Sent: Wednesday, September 14, 2005 1:29 PM
To: Santa Barbara NewsPress NewsPress
Subject: St. Francis Hospital

LETTER No. 28

September 14, 2005

Dear Editor:

There has been a spate of letters and commentaries about the proposed demolition of St. Francis Hospital. Isn't anyone listening? It seems that the old saying:"You can't fight City Hall" prevails!

As one of the writers proposed last week, in a disaster, Santa Barbara needs two hospitals (presently, emergency room at Cottage incur long waits).
If the Cottage staff insist we don't need two hospitals, then rather than tear down St. Francis, which will have deleterious effect on the neighborhood, than convert it to an Elder Care Facility. The following statistics will prove such a need: 28-1

1. By the year 2010 it is projected that the Senior population will increase 54%
2. A shortage of housing units
3.As an elder care facility, it would serve the greater community.
4.Demolition will emit toxic materials (asbestos, lead, mercury, PCBs)
5. A valued treasure to our community should be saved.

Yours truly,

Nora Duncan
2923 La Combadura Rd.
Santa Barbara, Ca. 93105
687-5852

Comment Letter No. 28
Nora Duncan
Date: September 14, 2005

Response

28-1. This comment suggests that the existing project site buildings should be retained and converted to an elder care facility. The alternatives to the proposed project that were evaluated by the Draft EIR were consistent with the requirements of *CEQA Guidelines* Section 15126.6(a), which requires that an EIR evaluate a reasonable range of alternatives to the proposed project that "... *would feasibly attain most of the basic objectives of the project...*" The primary objective of the Cottage Hospital Foundation Workforce Housing project is to provide housing opportunities for employees. Development of the project site as an elder care facility would not even partially implement that objective. Therefore, the evaluation of such an alternative is not required by CEQA and has not been added to the Final EIR.

Small amounts of hazardous materials, such as asbestos, mercury, lead, and PCBs may be found within older buildings, and are subject to extensive standard and effective regulatory procedures for their removal prior to building demolition. No significant health risks would result to the surrounding neighborhood.

McMillion, Deana

From: Unzueta, Irma
Sent: Friday, September 16, 2005 3:04 PM
To: McMillion, Deana; 'Rodriguezaicp@aol.com'
Subject: FW: SBCH Housing Project Comments

LETTER No. 29

RECEIVED
SEP 16 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

-----Original Message-----
From: Ronelle Garcia [mailto:rgarcia@sbch.org]
Sent: Friday, September 16, 2005 2:56 PM
To: Unzueta, Irma
Subject: SBCH Housing Project Comments

Hello my name is Ronelle Garcia and I work in the Facilities Management Department at Cottage Hospital. I would like to submit the following comments for review.

1. Using the old Saint Francis building instead of building the new condo units would make people feel as if they were living in a college dormitory instead of owning a home of their own. In my opinion the building is old and renovated or not would not be up to earthquake safety codes. 29-1

2. These new units will give people like myself, a Santa Barbara native, and a young mother with two children, a chance at owning a home in Santa Barbara where my extended family also resides. The current ridiculous housing prices pretty much make it impossible for anyone in my salary range to own a decent home.

3. I disagree with the comment about more traffic during the hours of 9-5. Reason being that at least half of the people who will reside in the condos will already be at work during the hours of 9-5! Some people will have children they will need to drop off at school or daycare before they go to work. Hence, those people will leave their houses earlier (7-8am) and travel in different directions than the ones being brought to attention. And still others might work any one of three shifts that Cottage Hospital offers. 29-2

I implore the Planning Commission to take these comments into consideration on behalf of Santa Barbara natives like myself and of the employees at Cottage Hospital. Thank you.

Ronelle Garcia
Administrative Assistant-Facilities Management Santa Barbara Cottage Hospital
(805) 569-7318 Office
(805) 569-7500 Fax
rgarcia@sbch.org

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11-219

Comment Letter No. 29
Ronelle Garcia
Date: September 16, 2005

Response

29-1. These comments express support for the proposed project and do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

29-2. Please refer to Master Response No. 2 regarding the assumptions used by the EIR to estimate that amount of traffic that would be generated by the proposed housing project during peak traffic hours.

McMillion, Deana

LETTER No. 30

RECEIVED

SEP 16 2005

CITY OF SANTA BARBARA
PLANNING DIVISION

From: Unzueta, Irma
Sent: Friday, September 16, 2005 2:06 PM
To: McMillion, Deana; 'Rodriguezaicp@aol.com'
Subject: FW: Demolishing St. Francis

-----Original Message-----
From: Sharon Bouslaugh [mailto:sbouslaugh@sbgi.edu]
Sent: Thursday, September 15, 2005 11:42 AM
To: Unzueta, Irma
Subject: Demolishing St. Francis

I understand Cottage has decided to demolish St Francis instead of use the existing building? This is unfortunate because the existing building is beautiful and it is possible to turn this building into housing. But, my main concerned is the impact the demolition will have on my health. And the duration that we as residences will have to be exposed to the hazards. I work at 525 Micheltorena and according to EIR Neighborhood Response Team the overall environmental impact will get great. Please reconsider this permit. 30-1
Warmly,

Sharon Bouslaugh, MA
Administrative Director/Registrar
Santa Barbara Graduate Institute
525 E. Micheltorena St., Suite 205
Santa Barbara, CA 93103
(805) 963-6896 ext. 102
Fax (805) 965-7010

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11-221

Comment Letter No. 30
Sharon Bouslaugh
Date: September 15, 2005

Response

30-1. Please refer to Master Response No. 1 regarding the analysis of potential public health impacts provided by the Final EIR.

LETTER No. 31

Gary and Kathleen Hoffman
555 E. Arrellaga St. No. 4
Santa Barbara, CA 93103
(805) 966-4488

RECEIVED
SEP 2 2 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

September 18, 2005

Ms. Irma Unzueta, Project Planner
City of Santa Barbara Planning Division
P.O. Box 1990
Santa Barbara, CA 93102-1990

Subject: Santa Barbara Cottage Hospital Foundation Workforce Housing project -DEIR -MST2003-00827

Dear Ms. Unzueta:

We appreciate the opportunity to provide the following comments on the Draft EIR for the Cottage Workforce Housing project:

General Comment:

The DEIR does not adequately address the environmentally superior options of either re-using the existing structures or project re-design to develop 89 new residences. These options, in 31-1
particular the re-use of existing facilities, achieve project objectives (per Table 8.5-1) and reduce short-term impacts from demolition, air emissions, traffic, and noise/vibration. These superior alternatives should be detailed further in this project's DEIR including stressing Green building concepts, which is a City objective. The economic feasibility of these options should be studied 31-2
and included as well. They must ensure that neighbor's views from up behind the project site 31-3
will not be impacted as well. If this piece of the cultural landscape of the City is to be razed and condos built in its place, we would like to see the most environmentally superior project pursued, 31-4
and, according to the DEIR, that is the re-use option or a project re-design to achieve project objectives. Moreover, we recommend the City require that either 89-unit re-use or re-design option be given priority for 100% occupancy by the Cottage workforce since that is the goal of the project from the start. We'd like to see this debate go on. The 115-unit project as proposed is too large in scale and creates too much environmental impact to the neighborhood.

Specific Comments on DEIR:

Noise and Vibration

* We are very concerned that, with a baseline of low 50s dB noise in our 500 block of East Arrellaga St. area, the project's demolition/construction period of 67 weeks will produce 31-5
sustained daily noise levels of from 75 dB to above 85 db. This is certainly an aggravating noise

level and will possibly do harm to the neighbors around the project. The DEIR classifies the project's noise impacts as significant and unavoidable. We've just completed installing dual-pane windows and doors in the front of our residence at our expense to help reduce these future noise impacts. We have more to do...again at our expense. Even with that, the proposed projects' 16,000 truck trips of HD diesel trucks grinding up and down narrow streets like Arrellaga St. is going to be something to behold. This Class I impact can be reduced through the environmentally superior re-use or re-design options. 31-5 CON'T.

* The 500 block of Arrellaga St. behind the project site is not even evaluated in the noise estimates yet 50% of the truck trips will travel our block. The DEIR instead looks at Arrellaga St. at Garden St. to evaluate project for noise impacts! What about noise impacts from thousands of truck trips rumbling up and down the 500 block of Arrellaga to/from the project? Our block of Arrellaga St., one of the steepest in the area other than California St., is totally ignored in the DEIR, and we are the true "noise receptors". This should be addressed. 31-6

* We recommend the construction staging areas (N-1e, page 2-7) are located a minimum of 100 feet from the perimeter of the project site rather than 50 feet as specified in the DEIR. This will help reduce noise during demolition and construction. 31-7

* The DEIR (page 5.3-16) states that vibration levels from demolition phase would probably not cause "significant" damage to structures. Any damage to our structures due to construction-related vibrations from the project is unacceptable to us. We will hold the project responsible for any damage to our neighboring condo buildings. We are willing to participate in the proposed structural crack survey and video reconnaissance. Although we are located directly behind across from the project site at the Arrellaga St. cul de sac, the proposed 50-foot limit from the project site property line is insufficient. It is doubtful anyone will be included in that limit. We recommend that be increased to 100 feet. 31-8

Traffic

* The DEIR traffic analysis evaluates the intersection of Arrellaga St. and Olive St. but finds little impact. Intuitively this makes no sense. A large percentage of the 16,000 demolition/construction HD truck traffic will use this intersection at the bottom of the Arrellaga grade leading up to the St. Francis site. The DEIR states "It was also assumed....." (page 5.3-14) and "It is anticipated...." (page 5.3-15) that this truck traffic would [go 3 blocks out of their way to] use Garden St. to haul demolition material to the Marborg recycling facility on the lower eastside near 101. This is not realistic unless of course the City enforces this daily somehow [monitors riding with each truck and/or daily fines are imposed on the haulers for using wrong routes]. In reality, the haulers will use Olive St....the trucks **will** certainly turn left off Arrellaga (or from Micheltorena) onto Olive St. since it's the most direct route down to Marborg's refuse/recycle center. Olive St. has always been a main conduit route for Riviera folks traveling to the eastside (Milpas St. or 101 south). It's narrow with parking on both sides, and rather busy, hence the City's traffic "calming" site installed a block below Micheltorena. We predict few project trucks will use Garden St. unless it's enforced daily especially during the demolition period. The DEIR glosses over the Olive St. option and instead focuses on Garden St. which is farther away, less convenient to haulers, and a less direct route. The impacts of using Olive St. 31-9

by the demolition and construction trucks should be re-evaluated and detailed in the DEIR because that in reality will be what occurs

* Arrellaga St. is quite narrow (now we can barely pass by the Marborg waste truck or moving van parked in the 500 block). With 50% of project traffic using Arrellaga, the DEIR [and City] must address steps to ensure safety and ease congestion (e.g., omit parking on at least one side to use this street as a haul route). Besides the 18,000 tons of demolition material to be hauled down Arrellaga and Micheltorena Streets, the grading preparation will require about 7,000 yd^3 of base course imported to the project site, again using Arrellaga and Micheltorena Streets. The thousands of heavy-duty truck trips to haul this material will create numerous traffic and safety issues, not to mention noise and air pollution for the project's neighbors. The DEIR does not adequately discuss these types of impacts to the neighborhood for a project lasting 67 weeks. 31-10

Air Quality

* The construction diesel engine mitigation measures do not appear to be enforceable, thus not real mitigation or a Class II impact. Terms such as "where feasible" need to be strengthened. Specific conditions need to be placed in the final DEIR including monitoring plans to ensure the mitigation measures (diesel engine particulate filters, etc.) are indeed employed by the construction contractor(s). Otherwise, the project's health risk to the neighborhood is Class I significant and unmitigable. 31-11

* The health risk assessment in the DEIR appears inadequate. It was adjusted to cover only the 1.4 year project construction period instead of the state recommended 9-year exposure method. If done properly we understand the results would exceed the APCD's threshold of significance of 10 excess cancer risks per million. This needs to be corrected in the DEIR, including spelling-out how the project intends to mitigate the excess health risks from the project. Note also that Attachment 7 to Appendix E in Vol. II is missing concerning the HARP output files. This must be submitted as well. 31-12

Hazardous Waste

* It is of paramount importance to the neighborhood that monitoring of remediation/removal of the hazardous materials contained in the old hospital facilities (asbestos, lead paint, mercury, and PCB) be done according to federal, state, and City regulations so as not to endanger the neighbor's health. 31-13

* As to the various surveys, sampling and analytical testing specified in the DEIR (page 5.2-8,9), how will the public (the neighbors) learn of these results and the recommended mitigation? What mechanism will the City use to inform us of these results? 31-14

Solid Waste

* The DEIR (page 5.4-2) figures on solid waste disposal impacts lack clarity and don't seem to add up. The 30% of non-recycle demolition material from 18,000 tons of solid waste generated from the project is over 5,000 tons. It states the County's Tajiguas Landfill (the mostly likely 31-15

receiver of the project's demolition waste) has a significance threshold of 196 tones per year. Thus this project proposes to dispose of 25 times the Tajiguas threshold but little or no discussion is forthcoming [nor resulting mitigation measures], yet the DEIR classifies the impact as Class II. It conveniently dwells on the 70% recycle goal to minimize landfill disposal, yet fails to address the remaining 30% non-recycle, which constitutes is very significant environmental impact for Tajiguas. This should be addressed in the DEIR and specific mitigation measures proposed. 31-15 CON'T.

Other Comments:

* **Tots Lot Playground:** The design calls for a "tot lot" playground for children at the present site of St. Francis' meditation park off the Arrellaga St. cul-de-sac. No discussion of a barrier wall to protect the children at the playground is found in the DEIR. Moreover, two pediatricians have recently moved into the professional offices on the cul de sac, and are visited daily by mothers with several small children (many of the families are on foot having taken the bus to lower Arrellaga St.). What is to keep these mothers from leaving their other kids off at this tots playground while visiting their pediatrician, and having the kids running to/from the playground across the Arrellaga cul de sac, which will become the main access street to the project's workforce housing condos? 31-16

The cul de sac has become a favorite hangout for skateboarders. Also, as reported to police, what appear to be gang members are hanging around and who perhaps may be using the vacant hospital grounds to sell drugs to teen-aged boys. We recommend the tot's playground be relocated to a more secure and inaccessible location within the condo complex rather than the easy access edge of the property, to reduce safety concerns and intrusions by the public. The DEIR should address these issues.

* **Views:** We have been assured in the past by the project's architect that the design will not block our views (city and ocean). We understand the site's engineering/maintenance plant will be replaced by a one-story condo building. Below it, however, downgrade will be a 2-story building with pitched roof. Some computer-generated views place this building at about the same height as the next-door doctor's office building (536 E.Arrellaga). If correct, this will greatly impact our present view and we live on a 2nd floor condo across the street. We had our condo appraised and at the time the appraiser stated our view was worth an additional $100,000. We would like to see "story" poles erected soon at the maintenance plant site to depict the height of the proposed rooflines of the new structures to show the neighbors. Whether the proposed project or the environmentally superior re-use option is approved, we request that neighborhood views not be adversely impacted by this workforce housing project. The DEIR should address these view issues 31-17

We request that the above concerns be addressed in the revised EIR for this very large condo project that will have major impacts to our neighborhood. Thank you.

Gary Hoffman

Comment Letter No. 31
Gary Hoffman
Date: September 18, 2005

Response

31-1. The level of analysis detail provided by the Draft EIR is adequate to allow a meaningful comparison of potential environmental impacts that would result from the proposed project, and that could result from the alternatives that were evaluated, consistent with the requirements of CEQA Guidelines Section 15126.6(d). To supplement the alternatives analysis provided by the DEIR, additional information regarding the two building reuse alternatives is provided by Master Response No. 3. The supplemental information has not changed the conclusions of the Draft EIR and the Project Redesign alternative is still considered by the EIR to be the environmentally superior project alternative.

31-2. A fiscal evaluation of building reuse alternatives is not required as part of the EIR. Such a study could be done and would provide additional information about the feasibility of reusing existing structures that could be considered by decision-makers in their deliberations on the proposed project.

31-3. This comment indicates that the visual impacts of the building reuse alternatives should be further evaluated by the EIR. The building reuse alternatives evaluated by the Draft EIR assumed that portions of the existing buildings located on the project site would be retained. If the existing buildings were to be retained, existing visual characteristics of the project site would also generally be retained. Under the provisions of CEQA, the continuation of existing visual conditions would not result in significant visual impacts. The proposed project would also be subject to review by the City Board of Architectural Review, which includes further evaluation of visual and view issues.

31-4. This comment expresses support for the alternatives included in the Draft EIR that evaluated the environmental impacts of retaining existing structures on the project site for conversion to residential use. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

31-5. This comment expresses concern regarding the noise impacts associated with proposed construction activities. The Draft EIR identified 16 mitigation measures to reduce noise impacts to the extent feasible. However, even with the implementation of the proposed measures, the Draft EIR concluded that the project's temporary construction noise impacts would be significant and unavoidable. The Draft EIR also concluded that implementation of the Project Redesign alternative would also result in significant and unavoidable construction noise impacts.

31-6. Noise measurement locations are representative locations. The number of project-related construction vehicle trips that would be added to the segment of Arrellaga

Street adjacent to the project site would be the same as the number of trips added to Arrellaga Street near Garden Street. Therefore, the evaluation of potential construction traffic noise impacts provided by the Draft EIR adequately evaluates potential traffic noise impacts that would have the potential to occur along the entire segment of Arrellaga Street between the project site and Garden Street. That analysis concluded that project-related construction traffic would result in an increase in average traffic noise levels when compared to baseline and existing traffic conditions, however, the increase would not be significant when compared to the City's adopted noise thresholds. Please refer to Master Response No. 2 for an explanation of baseline and existing traffic conditions.

31-7. Providing additional separation between staging areas and adjacent residential uses as suggested by this comment would be beneficial, however, the increased distance would not substantially reduce perceived construction noise levels. Moving the proposed staging area 50 feet from the project site perimeter as required by mitigation measure N-1e would double the buffer distance between the staging area and the nearest residence, resulting in a 6 dBA decrease in noise from the staging area. Due to the characteristics of noise impacts, however, an additional 50-foot increase in the buffer area would provide a noise reduction of approximately 3 dBA. It is unlikely that this additional noise reduction would be perceptible and would not reduce construction noise impacts to a less than significant level. Furthermore, it would likely be infeasible to place a staging area so far into the interior of the proposed project site where building footprints are proposed.

31-8. Proposed mitigation measure N-2a outlines an extensive vibration impact monitoring program, and requires that the project applicant be responsible for the cost of repairing project-related vibration damage. Mitigation Measure N-2a has been modified to expand the required monitoring area from 50 to 100 feet from the project site property line. Proposed mitigation measure N-1f also provides a mechanism for project-area residents to register complaints about vibration impacts before structural damage occurs.

31-9. The Draft EIR assumed that trucks traveling to and from the project site would use Garden Street because it is an arterial street with direct access to U.S. 101. Proposed mitigation measure TRF-7a (Construction Traffic Routes) requires that the City approve a truck routing plan for the proposed project. Monitoring to comply with the provisions of such a plan would be the responsibility of the Project Environmental Coordinator (refer to the Mitigation Monitoring and Reporting Table provided as Appendix C of the EIR). The EIR did not consider it likely that the City would approve a truck routing plan that included Olive Street for many of the reasons cited by the commenter.

31-10. Since Arrellaga Street only provides access to the southern portion of the project site, the EIR assumed that approximately 30 percent of construction-related truck traffic would use Arrellaga Street, which would result in an average of approximately 15 truck trips per work day. Potential traffic, noise, vibration and air emission impacts

resulting from temporary construction traffic generated by the project were evaluated by the Draft EIR, and mitigation measures to reduce potential impacts to a less than significant level were provided.

31-11. Please refer to Master Response No. 1 regarding the analysis of potential public health impacts provided by the Final EIR.

Please refer to Final EIR Appendix J. HARP output files can be reviewed during business hours a the City of Santa Barbara Planning Department.

31-12. Please refer to Master Response No. 1. Attachment 7 to Appendix E has been included in the Final EIR.

31-13. The Mitigation Monitoring and Reporting Table provided in Appendix C of the EIR provides monitoring responsibilities to ensure that the proposed mitigation measures are implemented.

31-14. All monitoring/mitigation measure compliance data would be public information and available for review at the appropriate city department (i.e., Planning, Building and Safety, Public Works, etc).

31-15. The Draft EIR states that the 196 tons per year threshold is for long-term solid waste disposal impacts. A long-term impact is an impact resulting from the operation of a project that occurs year after year for the life of the project, not a limited duration construction-related impact. The threshold of significance used by the EIR to evaluate potential short-term solid waste disposal impacts was that the project would result in a significant impact if it would not recycle at least 70% of the project-generated construction/demolition waste. The Draft EIR provides proposed mitigation measures whose implementation can be reasonably expected to achieve compliance with the 70% waste diversion significance threshold.

31-16. The commenter's concerns regarding the proposed playground on the project site do not address environmental impacts (i.e., significant changes in physical environmental conditions as a result of the proposed project). Therefore, an evaluation of the concerns is not required by CEQA and have not been added to the Final EIR. These comments will be forwarded to decision-makers for consideration with their deliberations regarding the merits and design of the project.

31-17. This comment expresses concerns of the commenter regarding the proposed project's potential visual impacts. This issue was evaluated by the Initial Study prepared for the proposed project and was determined to be less than significant. Therefore, no additional evaluation of project-related visual impacts was included in the EIR.

LETTER No. 32

SEP 19 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

-----Original Message-----
From: Toni Harlan [mailto:toniharlan@cox.net]
Sent: Sunday, September 18, 2005 10:14 PM
To: i falcone; Williams, Das; Blum, Marty; Horton, Roger; h schneider; Barnwell, Brian B.; Secord, Dan
Subject: St. Francis Project

I have been following the Cottage plans for the St. Francis employee housing project since attending the original neighborhood meetings.
I support affordable (and low income) housing being developed in Santa Barbara. I don't understand how Cottage can use the height and density they plan based on zoning for the Hospital, which will not be there. The traffic impact on the narrow streets Prospect, Grand, Cleveland, California and the wider street leaving the area to Roosevelt School,to jobs at cottage will be huge, and defeats the increased density ideal that people will live close to work and be able to walk or bike to work. There is no shuttle stop on the plans and it is unclear who will run the shuttle, if that ever happens. 32-1
Employee Housing should be located near the place of employment. I agreed with the Oak Park people who wanted less parking and more housing in their neighborhood. They suggested that many administrative offices could be at the St. Francis Site.

Now the EIR contains information about how many unhealthful toxins will be released in addition to traffic, noise etc. during the destruction phase of the plan. How absurd is it that this additional information is not enough to convince those in charge of the project, Administrators of the single largest provider of health care services, to be open to changes that consider the health of the people in the neighborhood? 32-2

There are many examples of Hospital Reuse (also schools and military bases) for housing, museums, adult living and corporate offices (addidas in Portland and amazon.com in Seattle) On the Cook County (Il.) Hospital to Housing plan web site. the cost is shown to be less than destroying an historic building and building new housing. 32-3

I hope you will give consideration to the concept of reuse of the St. Francis Hospital. It is the most reasonable choice. It would be much more acceptable to and compatible with the neighborhood. It would be a model for other cities that are concerned about historic buildings, housing, traffic, neighborhood protection, and EIRs.

Toni Harlan

Comment Letter No. 32

Toni Harlan
Date: September 18, 2005

Response

32-1. These comments express general concerns about the impacts of the proposed project and do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

Approximately 5.94 acres of the project site is zoned C-O, Medical Office and the remaining 1.45 acres of the site is zoned R-2, Two Family Residence. The C-O portion of the site would contain the proposed 115 residential units. Based on the size of the C-O portion of the project site, approximately 73 market rate residential units could be developed. The applicant is requesting 115 units which would be 42 units above the base density allowed by the zone. This increase in density is allowed through the City's bonus density program, provided the density bonus units are sold at prices affordable to middle income and upper middle income households.

With respect to building height, buildings in the C-O zone cannot exceed 45 feet in height and three stories. Except that building heights adjacent to residential zones, shall not exceed that allowed in the most restrictive adjacent residential zone (i.e. 30 feet) for that part of the structure constructed within a distance of 23 feet or one-half the height of the proposed structure, whichever is less. The proposed project ranges from one to three stories, with the majority of the structures being less than 30 feet in height. Proposed units that would exceed 30 feet in height (approximately 33 feet high) comply with the above stated requirements.

The Draft EIR evaluated the potential traffic impacts of the proposed project and determined that project-specific impacts, including the addition of traffic to streets adjacent to the project site, would not be significant. The Draft EIR also concluded that the proposed shuttle program could result in a beneficial reduction in project-generated traffic, but because the level of shuttle use cannot be known or assumed over time, it cannot be determined that the shuttle would result in a quantifiable and permanent reduction in project-related traffic.

32-2. Please refer to Master Response No. 1. The Draft EIR concluded that potential health effects of proposed construction activities would not be significant.

32-3. The comment expresses support for building reuse alternatives. The Draft EIR evaluated two alternatives that were considered to be feasible and that would reuse existing buildings located on the project site. Those evaluations were based on conditions at the project site, and provided comparative environmental impacts that could result from the conversion of the on-site structures to residential use.

McMillion, Deana

From: Unzueta, Irma
Sent: Tuesday, September 20, 2005 8:42 AM
To: McMillion, Deana; 'Rodriguezaicp@aol.com'
Subject: FW: St Francis Hospital

LETTER No. 33

From: HULIKAT@cs.com [mailto:HULIKAT@cs.com]
Sent: Monday, September 19, 2005 9:37 AM
To: Unzueta, Irma
Subject: St Francis Hospital

Dear Irma:

33-1

I live across the street form St. Francis and was horrified to learn of the EIR report. The findings are alarming in all aspects but especially concerning the toxic and carcinogenic particulate matter that will be emitted daily into the air during the demolition phase. I feel this will endanger the health of all of the residents in the area and the City of Santa Barbara will be at risk for multiple law suits as a result. As a long time resident of this lovely area I beg you all to reconsider demolishing the hospital and consider the viable alternative of remodeling.

Thank you for your time and consideration.

Kathy Hulick
644 E. Micheltorena
Santa Barbara

Comment Letter No. 33
Kathy Hulick
Date: September 19, 2005

Response

33-1. This comment expresses general concerns about the air quality and hazardous material impacts of project-related construction activities on the surrounding neighborhood. The comment does not specifically address the adequacy of the environmental impact analysis provided by the Draft EIR, which concluded that potential health effects of the project would not be significant. Each of the above environmental issue areas were evaluated by the EIR and mitigation measures to minimize potential impacts were identified.

McMillion, Deana

From: Unzueta, Irma
Sent: Tuesday, September 20, 2005 1:13 PM
To: McMillion, Deana; 'Rodriguezaicp@aol.com'
Subject: FW: EIR St. Francis Medical Center

LETTER No. 34

From: Sbrub805@aol.com [mailto:Sbrub805@aol.com]
Sent: Tuesday, September 20, 2005 12:42 PM
To: Unzueta, Irma
Cc: das_williams@hotmail.com; cheri@thetrailmaster.com; Honorrose@cox.net
Subject: EIR St. Francis Medical Center

In response to the EIR regarding St. Francis Medical Center, I would first like to begin by relating the first time I addressed The Planning Commission regarding St. Francis Hospital several years ago.
At that time, St. Francis Medical centr wanted to build a large, medical office building behind the hospital, and Ron Biscaro, director of St. Francis at that time, eplained to all of us how important and vital it was to Santa Barbara to have two hospitals, and if the project didnt get approved, they were going to be forced to close. I remember specifically Commissioner Mahon telling us how his grandchildren were born there, and how important it was to save St. Francis. The project was approved unanimously, however the Medical Office Building was never built, and St. Francis closed a few years later. 34-1
The current proposed demolition of St. Francis to build housing is the most destructive project EVER built in a residential neighborhood in Santa Barbara's history! 34-2
I have lived across the street from the hospital for 15 years and reside at 620 E. Micheltorena. I work out of my home and am here most of the day and night.
I would first like to address the traffic impact this project would have in an already congested neighborhood.Cars drive up and down Micheltorena and California Ave. at dangerous speeds. I was once rear-ended backing out of my driveway. With the increased traffic on 101, people use Micheltorena to bypass the freeway, and go up California, and to APS to avoid the freeway. This is both two and from their work or destinations. As a resident for 15 years, I have seen this happening, and with the proposed 115 condo units along with 7 homes, its unbearable to think of the increased traffic and parking this will have on our neighborhood. I do not think the shuttle program Cottage has proposed will work, as surely not everyone living in the units will be Cottage employees. (Spouses, significant others, roomates, renters, visitors..the list goes on.) All of these people will do errands, have visitors, and on weekends or days off, will again increase the already congested neighborhood. 2a
Living directly across the street, Im also concerned as to where all the trucks, construction workers will be parking during this time..again affecting all of us. I do not have a garage and can only imagine how dirty my car will be. Is the city willing to pay for a daily car wash? 2b 2c
The impact of the demolition of the buildings will be disastrous to the environment and the health of the neighbors. The release of asbestos, mercury, lead, PCBs is unnerving not to mention the diesel fuel that will be released constantly into the air. Carbon monoxide, sulfur dioxide and assorted gases and dust, known carcinogens that I will be breathing, along with my dog and neighbors is scary. The city is opening itself up to nermerous lawsuits as people become ill breathing in this toxic waste. Kid's World, Alice Keck Park, Alameda Park, Norte Dame School are only blocks down the street, and air travels! 2d
Where I live, directly across from where California Ave. meets Micheltorena is like a "bowl"..a canyon almost. I am concerned that even if all the doors and windows are completely shut for 15 months up to 2 years (can you imagine?), toxins will be seeping into my house. Am I expected to keep my beloved dog in the house for 2 years during the construction? 2e
I am also deeply concerned about the vibration that the EIR addresses. In Section Table 2.3-1 I quote, "Project related demolition, grading,and construction activities have the potential to result in ground vibration impacts to residents and structures located adjacent to the project." These structures are houses that we live in!
When the county was working on the Flood Control Project last year and putting pipes underground in front of my house, and up the street, the tea kettle on my stove was actually moving from the vibration. Who is going to be responsible financially, if my house develops cracks, gas or water leaks..again the city is opening itself up to 2f

lawsuits and expenses.
16,920 truck trips rumbling through the neighborhood, lead related soil contamination, noise pollution, asbestos fibers- this is in a neighborhood where families, the elderly, babies, and our pets live, and only blocks from a school and city parks. 34-3
I urge the Planning Commission NOT to approve this project. I agree that workers at Cottage need affordable housing, but this is not the place to build it.
Turning the existing building into an Elder Care facility would serve the greater community at large. By the year 2010 the senior population is projected to increase 54.3%. This is an increase of over 11 million seniors nation wide, with an estimated shortage of 400,000 housing units. Senior housing is a booming business and will only increase. Cottage or whomever wanted to change to Senior living housing would not loose money. 34-4
I urge you to seriously consider the devastating, health related impact (as well as potential law suits) of this project, the impact of traffic in an area already congested and dangerous, and save St. Francis Hospital, a treasure that should not be destroyed.
Truly Concerned,
Stephen Fountain
620 E. Micheltorena St.
Santa Barbara, Ca 96103

9/20/2005

11-236

Comment Letter No. 34
Stephen Fountain
Date: September 20, 2005

Response

34-1. This comment expresses a general concern regarding a previous development proposal for the project site and does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

34-2. These comments express general concerns about the impacts of the proposed project and do not specifically address the adequacy of the environmental impact analysis provided by the Draft EIR. Specific concerns related to the proposed project are addressed below.

a. The Draft EIR evaluated the potential traffic impacts of the proposed project and determined that project-specific impacts, including the addition of traffic to neighborhood streets adjacent to the project site, would not be significant. The Draft EIR also concluded that the proposed shuttle program could result in a beneficial reduction in project-generated traffic, but because the level of shuttle use cannot be known or assumed over time, it cannot be determined that the shuttle would result in a quantifiable and permanent reduction in project-related traffic. The project was found to result in a significant contribution to cumulative traffic conditions at the intersections of Anapamu/Laguna, Arrellaga/Garden, and Mission/Bath Streets.

b. The project has proposed to provide off-site parking for construction workers and use a shuttle to provide transportation to and from the remote parking lot. Proposed mitigation measure TRF-4a.1 requires that the City Transportation and Parking Manager approve the project's off-site parking program. Proposed mitigation measure TRF-4a.2 prohibits the storage of construction material or equipment within a public right of way. This measure has been clarified to specifically indicate that construction vehicle parking shall not be allowed within a public right of way.

c. The EIR has proposed 12 mitigation measures to minimize nuisance dust impacts, including a phone number to register dust-related complaints with the project construction contractor.

d. Asbestos, mercury, lead and PCBs would be isolated and removed from the project site by licensed contractors prior to building demolition, in accordance with federal and state regulations. Please refer to Master Response No. 1 regarding potential health effects of the proposed project.

e. Other than a very small topographic depression in the vicinity of Laguna Street, approximately 900 feet south of the project site, the topography of project area consistently slopes southward. As a result, the topography of the project area is

not "bowl-shaped" and would not substantially contribute to trapping or concentrating emissions from the project site.

f. Sections 5.3.1 (page 5.3-2) and 5.3.3 (page 5.3-16) of the Draft EIR concluded that the proposed project would have the potential to result in vibration-related impacts to residents and residences in the project area. Proposed mitigation measure N-2a outlines an extensive pre-construction survey and vibration impact monitoring program, and requires that the project applicant be responsible for the cost of repairing project-related vibration damage. Mitigation Measure N-2a has been modified to expand the required monitoring area from 50 to 100 feet from the project site property line. Proposed mitigation measure N-1f also provides a mechanism for project-area residents to register complaints about vibration impacts before structural damage occurs.

34-3. These comments express general concerns about the impacts of the proposed project and do not address the adequacy of the environmental impact analysis provided by the Draft EIR. Each of the issues referenced are evaluated in the EIR.

34-4. This comment suggests that the existing project site buildings should be retained and converted to an elder care facility. The alternatives to the proposed project that were evaluated by the Draft EIR were consistent with the requirements of *CEQA Guidelines* Section 15126.6(a), which requires that an EIR evaluate a reasonable range of alternatives to the proposed project that "... *would feasibly attain most of the basic objectives of the project*..." The primary objective of the Cottage Hospital Foundation Workforce Housing project is to provide housing opportunities for employees. Development of the project site as an elder care facility would not even partially implement that objective. Therefore, the evaluation of such an alternative is not required by CEQA and has not been added to the Final EIR. The comment will be forwarded for decision-maker consideration.

September 20, 2005

LETTER No. 35

City of Santa Barbara Planning Division
Attn: Irma Unzueta
Project Planner
P.O. Box 1990
Santa Barbara, Ca. 93102

Re: Conversion of St. Francis Hospital into Condominiums

Dear Ms. Unzueta:

This letter is a vote in favor of converting the St. Francis Hospital building into condominiums rather than demolishing it and constructing a new building on that site. Of the many reasons for choosing the first option, I think the noise and disruption of the neighborhood and the release into the atmosphere of dust and heavy metals are foremost. The present hospital building has been retrofitted for earthquakes and should be serviceable for many years to come. 35-1

Also, I think it would make a positive statement if Santa Barbara could recycle a fine older building to suit a present need, i.e., housing for Cottage Hospital staff. That makes economic and ecological sense to me.

Thank you for reading this letter. I will be watching Planning Council meetings to see which choice is made regarding this matter.

Sincerely,

Diana Fregonese

Diana Fregonese
841 Via Granada
Santa Barbara, Ca. 93103

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CITY OF SANTA BARBARA
PLANNING DIVISION

Comment Letter No. 35
Diana Fregonese
Date: September 20, 2005

Response

35-1. This comment expresses support for the alternatives included in the Draft EIR that evaluated the environmental impacts of retaining existing structures on the project site for conversion to residential use. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

September 20,2005

720 California St
Santa Barbara, California 93103

City of Santa Barbara Planning Division
Attn. Irma Unzueta, Project Planner
P.O. Box 1190
Santa Barbara, Ca 93102-1990

LETTER No. 36

Dear. Ms Unzueta:

I have been a neighbor of St. Francis Hospital for some 72 Years. My family home was on the corner of California and Micheltorena and my husband and I have owned a home at 720 California for 50 years. I was born at St. Francis and have great affection for what it has been.
We have had problems with the hospital over the years but were able to resolve them as they came up however in the mid 80's when they put up the short term surgery wing problems arose that could not be resolved and my concerns over the project that Cottage Hospital proposes center around one of the major disputes we had that would again be a major one.
Our small concrete street was subjected to huge trucks traversing California Street. 36-1
These trucks created cracks in our walls from their vibration both at our home at 720 and at my family home at 710. The damage was significant at 710 and we had a large crack in the front area where the hillside parted from the house. There were cracks in the plaster both at 710 and 720.
These are older homes and I fear for the damage this huge project would create for us. The dirt and dust were major nightmares for us then, I can't imagine what this would do to the quality of our lives during the process of demolishing and rebuilding.
California Street is a major route from the Rivera to town and S.B. High school, we cannot imagine what a traffic nightmare this would create on an ongoing basis.

Sincerely,

Shirley Campbell

Shirley Broad Campbell

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PLANNING DIVISION

Comment Letter No. 36
Shirley Broad Campbell
Date: September 20, 2005

Response

36-1. Sections 5.3.1 (page 5.3-2) and 5.3.3 (page 5.3-16) of the Draft EIR concluded that the proposed project would have the potential to result in vibration-related impacts to residents and residences in the project area. Proposed mitigation measure N-2a outlines an extensive vibration impact monitoring program, and requires that the project applicant be responsible for the cost of repairing project-related vibration damage. Mitigation Measure N-2a has been modified to expand the required monitoring area from 50 to 100 feet from the project site property line. Proposed mitigation measure N-1f also provides a mechanism for project-area residents to register complaints about vibration impacts before structural damage occurs.

Section 5.1.3 (pages 5.1-9 and 10) of the Draft EIR evaluates construction dust effects, and section 5.1.4 (pages 5.1-14 to 16) identify 12 measures to reduce dust impacts to the extent feasible.

Section 5.5 (pages 5.5-51 to 53) of the Draft EIR evaluates construction traffic and parking effects, and mitigation measures TRF-4 and TRF-7 are identified to reduce potential temporary traffic effects.

September 20, 2005

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PLANNING DIVISION

LETTER No. 37

City of Santa Barbara
Planning Division
Attention: Irma Unzueta, Project Planner
P.O. Box 1990
Santa Barbara, CA 93102

RE: St Francis Hospital.

I wish to echo the many letters to the Newspress regarding the demolition of St. Francis; please do not compound the error of this entire situation.

The loss of St Francis as a hospital for our community is a travesty and we will not completely realize the extent of that loss until some tragedy occurs, such as in New Orleans. Even at an everyday level, "state of the art" at Cottage means nothing more than a monopoly on services, and "affordable housing" means nothing if you try to segregate and designate who lives in it just for the sake of mitigating a bad idea in the first place. None of this is a good idea and it just keeps on getting worse.

I truly hope that no further destruction of our community needs to take place for the countless reasons so many other people have already reiterated to you in the Newspress and elsewhere. There is so much more at stake here than maximizing the profit for just a few. It is time to cease and desist. 37-1

Please allow this one last chance to redeem our community and allow common sense to reign instead of greed and limited selfish thinking. Do not destroy the landmark building of St. Francis and were it possible, please re-institute it as a hospital. I am sure you could do that.

Very sincerely yours, Elly Bajor

Elly Bajor, 814 Paseo Alicante, Santa Barbara, CA 93103
Phone: 687-2134 (gebajor@cox.net)

PS: The impact of this to me personally is great because firstly, I live in the St. Francis neighborhood and secondly, I have been a patient at Cottage several times for surgery and so I know first hand of the problems that exist there already…and there are now no alternatives. I do not believe that this has been good or reasonable thinking or planning for anyone.

Comment Letter No. 37
Elly Bajor
Date: September 20, 2005

Response

37-1. These comments express general concerns about the proposed project and do not address the adequacy of the environmental impact analysis provided by the Draft EIR. These comments will be forwarded for decision-maker consideration.

9-20-05

City of Santa Barbara
Planning Commissioners
Attn: Irma Unzueta
FAX: 897-1904

LETTER No. 38

Re: St. Francis Draft EIR

Dear Commissioners,

I am writing with concerns over the Draft EIR for St. Francis demo and reconstruction issues, after doing some reading and listening to the meeting via the TV broadcast of the public meeting last week.

First and simplest is the omission of Salsipuedes St. as one of the main arteries that will be used during all phases of construction and by future residents, is a gross error. Having lived on this street now nearly twenty years, we are acutely aware of the usage for all concerns that have radiated from that property. We have lived through construction of the parking lot improvements, and the year, in year out, coming and goings of all personnel, patients and ambulances. This street is a very, very prominent access route and must be given a full review, along with other routes when addressing concerns. 38-1

To that end, it is most evident to me that **all access streets must be fully open to distribute the load of large construction trucks and all** that goes along with that long and arduous period of any demo and construction, we all will be forced to endure. Therefore I find that the restrictions on the **new proposed and trial mini-roundabouts should not be installed until after construction is fully complete**. The one most glaring would be at Olive and Sola, large trucks simply cannot navigate around it well and will easily learn to take Salsipuedes to avoid it. While we anticipate a most tortuous period of time with trucks at any rate, it is most unfair to burden our street with the extraordinary mass of vehicles we know come down from there and up from below us, off Milpas, the freeway, and lower SB. Indeed, I would like to see a schedule that is developed that would be prepared by the contractor, directed by the EIR, city, that would indicate which route trucks are to use, on any given day, in an exact measure to distribute the loads across all access streets. Entrance guards stationed to determine that indeed trucks not only come in via their assigned route but leave on their assigned route, otherwise face

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face a distinct problem; probably quite unknown to officials, is a site, just immediately above Sola St. on Salsipuedes, it is the first place the streets, offsite, levels out for a moment. **This spot, just big enough for semi's is very, very often used by a number of subcontractors for various shifting and hooking up of trailers, off-loading, idling while doing god knows what, and generally tracking tons of junk in their wake and spewing fumes into the immediate homes and neighborhood, and adding tremendously loud operations, directly out our windows.** Therefore, the **issue of having that controlled** and addressed would be of imminent concern to our neck of the woods. I do believe there is a mention that **level pads must be in place for staging purposes, and I would hope that those are required from the very first day of demo and throughout.** Again if trucks do make a stop for purposes I've described above, that a neighbor would have the ability to log a very simple call or form (they are provided with at the start of construction) and get the sub cited, at a very expensive rate for not complying with stated restrictions to adjacent neighborhoods and specific problem spots, such as ours on Salsipuedes. 38-2

This all brings me to the last vital concern that I and many neighbors are wrestling with, is **the impact of having so much hazardous material potentially released in our very close-in, tiny, not well sealed, older homes.** Just in transporting alone, I know our homes, esp. Salsipuedes, will have high exposure, as they bump and rattle on down the hill. I am very aware that only specific, licensed contractors are permitted to do demo and transporting of hazardous materials, such as asbestos, lead, etc. They do have tremendous safeguards that they are required to do, and so we've come along way in making sure that anyone/thing is not exposed, so I know that. It may be helpful for the general public to be made more aware of that, it may allay some fears. Yet, honestly when I heard the amount of god awful stuff that would be potentially released; **I made a full reversal on my acceptance of having the structure removed at all. After all we have lots of kids and long time elders in our community here, and ANY EXPOSURE to high risk elements is not acceptable. My daughter has asthma, need I say more, and no way do I want to accept the slightest long term effects of damage to her health, for the sake of anybody's affordable housing. I would have no comfort that the people she may visit at the hospital from negative exposure, would then be our neighbors.** 38-3

So at that point no amount of huge, exorbitant fines would ever be enough to lobby at a contractor that did not comply with their duty to FULLY NEGATE any exposure to these materials, to the surrounding populace, on site, or in transporting, nor at its disposal site. After all we now reserve large tracts of land and shore for small, lovely, endangered species, at the very least, no matter how necessary the need (housing), it seems quite ridiculous that we would place a large number of community lives at any risk, for someone else to live affordably and for the hospital to make a profit off the market rate homes.

So this is an area where the builders and officials of this project must place an unprecedented high level of recovery expertise of these materials, and oversight by no less than thirty-eight local, city, state, federal, international, and cosmic agency's as the hazardous work is being done. So with that they (project designers and 38.4

EIR) must **take into consideration the unbelievable expense, in dollars and effects to the community, of doing that work along with mitigating our landfills, or whatever with receiving this stuff. Then maybe earthquake retrofitting may come in line with those** projecting costs and the public and agencies can make a more informed decision as to what may be best for the use of what exists.

I would think that much of **whatever** is done, will involve removal of quite a lot of hazardous materials, even if the present structure is left. **My point is it will have to be done and overdone, as best as current technology affords us, (and you know even that is still not a perfect science, just way better than years prior).** It just is what is only fair to those of us whose very lives and homes you will literally touch. The site is a majestic one, whoever lives there, owns it, is not going to lose, please, that just irks me. **Perhaps the hospital chose a rather pricey site for "affordable", perhaps building new elsewhere would have been more sensible.** 38-4 CON'T.

I am now more inline with the proponents of utilizing the existing main buildings, for a variety of reasons. Much is stated above, but also **when you think of taking that enormous structure, like a huge cruise ship, and dumping it somewhere, it really is staggeringly offensive to any dumpsite(s) it may ultimately come to rest in. Especially <u>in that surely, the vast bulk of it IS reuseable</u>; and yes at this point in our collective conscientiousness, especially SB's, we absolutely should not be so extravagantly dismissive of the enormity of the waste and more deliberate in making good conscientious decisions, to our environment.** We have always been a leader nationally on positive environmental planning; we have the ability to once again strike out for setting good examples of healthful stewardship of our community. The ability to revitalize it into an attractive living complex should absolutely be considered as part of the EIR. Frankly after seeing the **DENSE CONDO COMPLEX**, so unlike any SB living, especially in this neighborhood, on 1400 block of Laguna, and 1500 Olive block, I have lost tremendous faith in planning et al, to really maintain our quality of life, in regards to high density projects. A few cutsie, architectural knick-knacks does not cut it entirely; there are not open site lines on the Laguna project, much of how this St. Francis project looks. I lived in the San Fernando Valley in high school, I know what packin' em in looks like, just like 1400 Laguna. I now absolutely fear that would be the look and feel of the St. Francis property. 38-5 38-6

I am actually sympathetic and concerned that not only our hospital staff members, but all police, fire, paramedics, teachers, city staff, absolutely be given high priority on affordable housing, especially anything done on city lands. I am coming to the conclusion that the hospital took on St. Francis property, fully aware that the retrofitting would be a cost issue that they would be able to be pointed out, and therefore be given consideration for a full new concept. It is not at all improbable that looking at building market value homes, with denser allowable limits, would be MUCH MORE ATTRACTIVE, on **remarkable view sites** than any other flat, no nonsense property that may make itself available. So they may have themselves a pickle, because I for one am not entirely buying that this was a purely altruistic, economically well thought out endeavor. They totally knew it would need retrofitting, totally would have known how extraordinarily

expensive it is to do so, so how do you decide that you can put in "affordable" anything? No it is a remarkable site, and there will be some folks that will benefit, even if it is insanely expensive on the front end. The expense should not have to come out of my families health, nor my neighbors, or our property values becoming less, due to very high density projects. 38-6 CON'T.

Finally, this is an interesting concept, somewhat on the Japanese cultures view. Why doesn't the city, county, hospital, all go in on the main building, with (some?) federal funding and do the retrofit, but provide something like a campus resort building for our important community service workers, to live in part time. Their schedules could provide them with three or four day weeks, and they would have smaller housing units, (obviously apt. like) at the campus for them to live in, primarily sleep and rest in, while in town. Then they could have three to four days off with their families in the communities they own larger homes in, or just the hospital doing it for their own. Same could be done with a few of the large industrial buildings out in Goleta, that are available, by making them far more attractive aesthetically. That would provide for more, well perhaps lower income level service workers, options with the inability to own here, but not have to be out of the area all together; so they would not have to commute nor be entirely absent during events of disaster. Anyhow, kind of goes along with creative uses for the St. F's site, after all, **the location isn't bad, part-time digs there could be attractive to many.** Time shar"ish" idea.

Well I've gone on quite long enough, Thank You for any and all that have read it to its end and give my concerns some thought.

Most Sincerely, Kae A. Mori
963-0944

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11-248

Comment Letter No. 38
Kae A. Mori
Date: September 20, 2005

Response

38-1. The Draft EIR assumed that trucks traveling to and from the project site would use Garden Street rather than Salsipuedes Street because Garden Street is an arterial street with direct access to U.S. 101. Proposed mitigation measure TRF-7a (Construction Traffic Routes) requires that the City approve a truck routing plan for the proposed project. Monitoring to comply with the provisions of such a plan would be the responsibility of the Project Environmental Coordinator (refer to the Mitigation Monitoring and Reporting Table provided as Appendix C of the EIR).

38-2. Please refer to response No. 1 above. Project contractor(s) vehicles will only be allowed to use areas approved by the City. The EIR assumed that these routes would be Micheltorena Street, Arrellaga Street and Garden Street. Proposed mitigation measure N-1f would provide a mechanism for neighbors to register complaints about trucks using unauthorized streets. The project has also identified four material storage/staging areas that would be used throughout the demolition/construction process. The location of the staging areas was described in section 3.3.2 of the Draft EIR.

38-3. Please refer to Master Response No. 1 regarding the potential health effects of the proposed project. The Draft and Final EIRs concluded that the proposed project would not result in significant health-related impacts.

38-4. These comments express general concerns about the hazardous material impacts of project-related construction activities on the surrounding neighborhood. The Draft EIR evaluated this potential impact and concluded that existing regulatory requirements, along with mitigation measures provided by the EIR, would be adequate to feasibly reduce hazardous material impacts of the proposed project to an insignificant level.

38-5. This comment expresses support for the alternatives included in the Draft EIR that evaluated the environmental impacts of retaining existing structures on the project site for conversion to residential use. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

38-6. These comments express the opinions of the commenter regarding the proposed project and alternatives that would reuse existing structures located on the project site. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

McMillion, Deana

From: Unzueta, Irma
Sent: Tuesday, September 20, 2005 3:37 PM
To: McMillion, Deana; 'Rodriguezaicp@aol.com'
Subject: FW: Draft EIR for Cottage Hospital Workforce Housing Project

LETTER No. 39

From: Rhonda Grant [mailto:laidbacklife@earthlink.net]
Sent: Tuesday, September 20, 2005 3:26 PM
To: Unzueta, Irma
Subject: Draft EIR for Cottage Hospital Workforce Housing Project

I attended the recent meeting at City Hall regarding the environmental impact of Cottage Hospital's proposed plan to build 115 condos at the old St. Francis site. To say that I'm alarmed at the environmental impact upon the neighborhood is a vast understatement.

I live at 1727 Loma Street in an older home with no ventilation except open windows and doors. I work at home. Obviously I don't want to have to barricade myself in a hot, stuffy house for almost two years in order for Cottage Hospital to indulge its desire to be a pacesetter in the field of workforce housing. Along with many of the people who spoke last night, I urge the planning commission to consider the environmental impact of such a huge project upon the hundreds of people in the immediate neighborhood around St. Francis. The noise alone will be staggering. The traffic fumes from almost 17,000 truck trips will be incredibly smelly. 39-1
The dust – containing God only knows what pollutants and irritants – will permeate our air, filter into our homes and settle on our clothes, furniture and cars for months. I guess none of the planning commission members live in the immediate neighborhood, but I'd like each of you to ask yourselves how it would impact your lives if you lived and worked a block away from where such a massive demolition and construction project was taking places. Would you be able to work day in and day out with the sound of jackhammers, dozens of trucks, and construction equipment roaring around you? Would you feel comfortable about yourself, your children, your elderly parents and your pets breathing the dust created by the demolition and re-construction? *For two entire years?* Especially if there were a more practical solution?

39-2
Several admirable suggestions were made at the meeting which make much more sense environmentally. For instance, why can't Cottage spread its housing project around town in several locations rather than create a condo ghetto on the lower Riviera? What's wrong with limiting the construction to the conversion of the existing buildings only? Someone made the excellent point that it isn't nearly as much fun for an architect to convert existing structures as it is to come up with something new. Ron Werft thinks that apartment-style 39-3
condos wouldn't be as attractive to its employees. I personally would find a $20 million home on the beach much more attractive than where I live now. Would I be willing to jeopardize the health and tranquility of hundreds of people in order to achieve that? I'd like to think not. (But don't tempt me.)

9/20/2005

The Planning Commission has the duty of protecting the City from rampant over-construction, and you do a fine job of it. I would urge you to continue with that duty and insist that Cottage Hospital comes up with a more environmentally feasible plan to provide the housing for its employees.

Rhonda Grant

9/20/2005

Comment Letter No. 39
Rhonda Grant
Date: September 20, 2005

Response

39-1 These comments express general concerns about the air quality and noise impacts of project-related construction activities on the surrounding neighborhood and do not specifically address the adequacy of the environmental impact analysis provided by the Draft EIR. Of particular concern is the duration of proposed construction activities. Each of the above environmental issue areas were evaluated by the Draft EIR and mitigation measures to minimize potential impacts were identified.

39-2. The EIR evaluates two alternatives for the reuse of existing structures. The concept of developing workforce housing on multiple project sites was initially considered by the Draft EIR and rejected as not being a feasible alternative to the proposed project (Draft EIR, page 8-2). A multiple project site alternative was rejected because most of the other properties owned by Cottage Hospital have been developed, and would not be suitable for the development of a workforce housing project that meets the objectives of the proposed project. *CEQA Guidelines* section 15126.6(a) requires that an EIR evaluate a reasonable range of alternatives to the proposed project that "... *would feasibly attain most of the basic objectives of the project...*" The acquisition of multiple project sites to implement the construction of an affordable housing project would not be financially feasible.

39-3. This comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

McMillion, Deana

From: Unzueta, Irma
Sent: Tuesday, September 20, 2005 3:38 PM
To: McMillion, Deana; 'Rodriguezaicp@aol.com'
Subject: FW: Saint Francis Hospital condos

LETTER No. 40

From: Judy McKee [mailto:mckee@silcom.com]
Sent: Tuesday, September 20, 2005 3:28 PM
To: Unzueta, Irma
Subject: Saint Francis Hospital condos

Dear Planning Commission,

I am astounded that the Saint Francis/Cottage condo project is actually being considered, as it has been presented. My worries include density, pollution, and the further transformation of our fair city.

A proposal for the demolition of the existing building to build a maximum of 115 condos in a neighborhood that is already so compressed is beyond my comprehension. This neighborhood simply cannot sustain such an increase in population~physically or psychologically. I am a member of Bungalow Haven, and the correspondence regarding 'traffic calming' has been quite contentious. There are already too many people, too many cars, too many errands, too little time--this old neighborhood is full! Have any of you noticed the frequency of aggravating horn honking in Santa Barbara? A lack of civility has reared its head, and packing people in to an established neighborhood will not make things better. 40-1

In the EIR there are so many citings of 'less than significant' damage to the community. I beg to differ. Truck and demolition emissions of hazardous materials, exhaust, chemicals, dust, noise will be hideous and destructive for this neighborhood. My 1909 house will not be able to sustain a period of months of vibration--will Cottage pay for the cracks? Most probably not. How can one institution, albeit a hospital, be allowed to subject so many to such prolonged disruption and incredibly damaging pollution? I will not even begin to discuss the absurdity of the generation of so much waste! 40-2 40-3

The Saint Francis/Cottage condos are presented altruistically as a model for affordable workforce housing. Oh, would this be completely true! I am afraid that 'workforce housing' is a Potemkin Village in this case. It is the wrong place for such a massive project. The City has allowed a number of ill-planned and out-of-proportion projects (CPH condos on Laguna, the "Casitas" on Olive) in the past. Just because much research and planning has gone into this project is no excuse to build it. If these condos are allowed to be built, a precedent will have been set, and the character of Santa Barbara will change forever. We in the Bungalow Haven are so aware of what we have, and what we can lose... Please understand that I am only minimally NIMBY. I am asking for an end result that will incorporate workforce housing, a guarantee of state-of-the-art equipment and construction, and respect for my neighborhood. Why can't Cottage present an extraordinary model of a modified adaptive reuse and green construction that can make us all proud? This is not too much to ask. 40-4

Thank you for the opportunity to respond,

Judy McKee
314 East Arrellaga Street
Santa Barbara 93101

9/20/2005

Comment Letter No. 40
Judy McKee
Date: September 20, 2005

Response

40-1. This comment expresses general concerns about the population, density increase and traffic impacts of the proposed project and does not specifically address the adequacy of the environmental impact analysis provided by the Draft EIR. The traffic impacts of the project were evaluated by the EIR and mitigation measures to minimize potential impacts to the extent possible were identified.

40-2. This comment express general concerns about the air quality and noise impacts of project-related construction activities on the surrounding neighborhood. Each of the above environmental issue areas were evaluated by the EIR and mitigation measures to minimize potential impacts were identified.

40-3. Sections 5.3.1 (page 5.3-2) and 5.3.3 (page 5.3-16) of the Draft EIR concluded that the proposed project would have the potential to result in significant vibration-related impacts to residents and residences in the project area. Proposed mitigation measure N-2a outlines an extensive vibration impact monitoring program, and requires that the project applicant be responsible for the cost of repairing project-related vibration damage. Mitigation Measure N-2a has been modified to expand the required monitoring area from 50 to 100 feet from the project site property line. Proposed mitigation measure N-1f also provides a mechanism for project-area residents to register complaints about vibration impacts before structural damage occurs. The EIR also addresses solid waste impacts, and air and water quality.

40-4. This project expresses general concerns regarding the proposed project and does not address the adequacy of the environmental impact analysis provided by the Draft EIR. Two alternatives involving the reuse of existing buildings are evaluated in the EIR.

LETTER No. 41

1 of 2

September 20, 2005

Ms. Irma Unzueta, Project Planner
City of Santa Barbara Planning Division
P.O. Box 1990
Santa Barbara, CA 93102-1990

CITY OF SANTA BARBARA
PLANNING DIVISION

Subject: Santa Barbara Cottage Hospital Foundation Workforce Housing project -DEIR -MST2003-00827

Dear Ms. Unzueta:

I would like to comment on several issues that are certainly impacts, but not mentioned or are poorly expressed in the DEIR.

Making all the traffic comparisons to a neighborhood with a hospital even though the hospital closed two years ago is flawed. This neighborhood has become increasingly more populated and busier since the hospital was closed. Since the hospital was closed in June 2003, many small houses have been torn down and multi-unit residences built (I can think of 3 in just one block). Many garages have been rented and houses are occupied by more multi-families. To declare that the traffic impact is not significant is illogical. Who is to say that those traffic impacts were acceptable? Please compare the traffic figures to a baseline of what it is now and what it will be after the project. 41-1

Nowhere does the DEIR mention that the new residents of this complex will be shift workers and can be expected to be coming and going all night long. This is a big impact to a neighborhood that is now quiet after 8:30 p.m. Please acknowledge this impact. 41-2

There is a personal impact to the proposed project that is not mentioned. I will just use my own case as some point of reference. Right now I live on an Arrellaga St. that is pretty quiet, especially at night. Since I have been advised through this DEIR that I can expect to be exposed to 85 decibels for more than a year I have gotten bids for dual pane glass (something I do not need now). For 7 windows and a door the bids are around $10,000. This still can only expect to make it 40% quieter and only when the windows are closed. I will probably have to install an air conditioner for when it is warm, and I am unable to open by windows due to noise. 41-3

I contacted my realtor when the project was announced. He said before any sale of my property I would have to disclose the workforce housing building plan. The "perceived value" of the property knowing that there would be 2 years of construction would be reduced. I was advised to hang on to the property until after the construction. This has already been pending for almost one year. Though the last 3-bedroom unit in my complex rented for $2650/mo. (without a view when mine has a beautiful view) I was advised that I could expect to take a $500 loss in rent due to the construction for the duration of the construction. 41-4

The neighbors are being asked to make a huge financial sacrifice for this project.

Keeping this in mind, it would be nice if this DEIR recommended some enhancements to the proposed project that would benefit the neighbors. If this project is going to tear up sidewalks and buildings why not put the current utilities underground? At least this would improve the look of the neighborhood. 41-5

I think the shuttle will be more popular than predicted especially if it goes downtown and incentives are provided to get people acclimated to public transportation. It is one of my fears that it will ultimately become like the UCSB library-to-library shuttle – history due to budget cuts. Please make the shuttle a permitted item. Also please allow all the neighbors within a block to use it for free right from the beginning. 41-6

As a general comment on the architectural plan, I think there are two major things missing – a meeting hall and a vista area. It is assumed that these new residents will be a self-governing community to some extent. Where are they going to meet? They need a meeting hall. Since the view from this location is so outstanding why not give the residents a terrace or a vista garden from which to enjoy it. This will be a source of pride that is a good thing when you are trying to create a community. Don't just offer it to the high priced units. 41-7

Thank you for the opportunity to comment on this project.

Kathleen Hoffman

Kathleen Hoffman

Comment Letter No. 41
Kathleen Hoffman
Date: September 20, 2005

Response

41-1. Please refer to Master Response No. 2. The analysis of traffic impacts provided by the Draft EIR evaluated impacts both based on changes to baseline conditions and changes to existing conditions. Project-related changes to "baseline" conditions determined the extent of change in traffic and noise conditions when the proposed housing project's effects were compared to conditions that existed when the Saint Francis Hospital was in operation. Project-related changes to "existing" conditions determined the extent of change in traffic and noise conditions when compared to the conditions that presently exist on and adjacent to the project site. As detailed by the analysis of potential traffic impacts, there is very little difference between the baseline and existing conditions scenarios in terms of impact identification, severity or significance. In both analyses, the cumulative impact evaluation included consideration of other projects in the area.

41-2. The analysis of long-term project-related traffic noise impacts assumed that 18% of the project-generated traffic would occur during evening hours, and that 15% of the project's traffic would occur during nighttime hours. This was not specifically called out in the Draft EIR because the shift hours of project employees/residents are not considered to be a substantial land use or noise conflict with surrounding land uses.

41-3. The Draft EIR acknowledged that construction activities would result in significant and unavoidable short-term noise impact to the neighborhood surrounding the project site. Please note, however, that construction noise levels reported in the EIR are peak levels resulting from reasonable "worst-case" conditions occurring on the project site. Peak noise impacts would occur only occasionally and should not be interpreted as noise conditions that would exist throughout the entire development period of the proposed project.

41-4. This comment provides anecdotal information regarding potential property value impacts of the proposed project. CEQA does not require an evaluation of potential economic impacts of projects as part of the EIR. This comment will be forwarded for decision-maker consideration.

41-5. There is no connection, or "nexus" between project-related environmental impacts and a requirement to place existing overhead utilities adjacent to the project site underground. However, Section 27.08.025 of the Santa Barbara Municipal Code requires that utilities serving new subdivisions be placed underground and such a requirement would be a condition of the proposed project.

41-6. Proposed mitigation measure TRF-1a provides requirements that could be imposed on the proposed shuttle program to increase its effectiveness, including provision to

allow neighbors to use it and providing routes to the downtown area. However, the Final EIR traffic analysis continues to conclude that potential benefits provided by the shuttle program should be recognized, but that the shuttle program as presently proposed (e.g., without any assured level of use on a continued basis) is not considered to be a project component that provides a quantifiable and permanent reduction in project-related air quality impacts. Please refer to Master Response No. 2.

41-7. These comments express the opinion of the commenter that additional design elements should be included in the proposed project. The comment does not address the adequacy of the review of environmental impacts provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

20 September 2005

To: City of Santa Barbara Planning Division
Attention: Irma Unzueta, Project Planner
P.O. Box 1990
Santa Barbara, CA 93102
iunzueta@SantaBarbaraCA.gov

Letter No. 42

Fr: Bill Cottingham
502 East Micheltorena Street
Santa Barbara, CA 93103

Re: Santa Barbara Cottage Hospital Workforce Housing Draft EIR

Please consider my comments regarding the Draft EIR.

1. **Historical/Architectural/Cultural Significance:** I feel a Historic Plaque, as recommended in the EIR, is not commensurate with the significant role the Saint Francis has played in Santa Barbara's history. As a community, our tradition has been to respect, restore, and enjoy our architectural ties to the past. The buildings are a wonderful legacy and the EIR suggests adaptive reuse is viable, but, this alternative was only superficially addressed. **Please consider adaptive reuse.** 42-1
2. **Eco-Friendly Green Criteria:** Santa Barbara has historically been progressive with Green policies. Demolishing structurally sound buildings and dumping the debris into landfills seems to fly in the face of Green-thinking. Again, the EIR suggests adaptive reuse is viable, but, this alternative was only superficially addressed. **Please consider adaptive reuse.** 42-2
3. **Health Impacts During Construction:** The data presented in the EIR has me VERY concerned about the potential impacts to my health and that of my neighbors. The EIR suggests adaptive reuse is, from a health standpoint, superior to the proposed demo-rebuild, but, this alternative was only superficially addressed. **Please consider adaptive reuse.** 42-3
4. **Population Density:** Excessive population density is more than an automobile traffic and parking issue. For a project such as this, built into a hillside with ingress and egress always away from the hill, additional issues including sidewalk traffic, bicycles, skateboards, and competition for the use of our local parks are a real but ignored impact in our neighborhood. Also, a hillside of terraced, high-density housing with all the associated noise reflected from the hill was not addressed. Acre after acre of 12 units per acre PLUS "bonus" units PLUS extra units for providing low cost housing seems excessive for this location. **Please consider reducing the population density of this project.** 42-4
5. **Economic Impact:** The EIR addresses economic feasibility from the perspective of the applicant, Cottage Hospital. It does not address the financial impact to home owners in the neighborhood. An excessive population density of subsidized housing is clearly not as financially attractive as a more moderate number of units. **Please consider reducing the population density of this project.** 42-5
6. **Parking:** Please insure that the number of tenant and guest parking spaces is truly sufficient for this project. The City, most especially the Upper East Side, suffers from insufficient parking. Please take into account Santa Barbara Bowl parking which impacts our neighborhood regularly. 42-6
7. **Traffic:** "Traffic Calming" measures struggle to deal with the changing routes used by autos to avoid the over-crowded main roads as drivers now search alternate routes through residential areas with hopes of reducing their commute times. A high population density development against the hill only adds to this growing problem. **Please consider reducing the population density of this project.** 42-7
8. **Traffic - Resident Shuttle Program:** The Resident Shuttle Program needs to be guaranteed (providing the shuttle service AND requiring employee use), or, please consider disregarding the traffic mitigations suggested in the EIR. 42-8
9. **Overhead Utilities:** Please consider burying the overhead utilities along Micheltorena, Olive, and other streets in the vicinity of this project. 49-9

Comment Letter No. 42
Bill Cottingham
Date: September 20, 2005

Response

42-1. The Historical Structures Report prepared for the proposed project concluded that the Saint Francis hospital was a significant part of the City's heritage, however, the buildings located on the project site do not qualify as a National, State or City landmark due to the extensive structural modifications that have occurred during their years of use. On April 28, 2004, the Historic Landmarks Commission (HLC) accepted this conclusion and agreed that the existing hospital structures are not historically significant. However, the HLC did find that the long-term presence of the hospital facility within the City is historically significant and recommended that the site be memorialized with a commemorative plaque. The HLC determined that such a commemoration would be adequate to reduce the historic resource impacts of the proposed project to a less than significant level. To clarify the requirement of the HLC to provide on-site recognition of the presence of the Saint Francis Hospital, proposed mitigation measure CUL- 2a has been revised as follows:

CUL-2a Historic Display. A commemorative display to educate the public regarding the history of the former St. Francis Hospital shall be integrated within the proposed housing project's open space area located at the corner of Micheltorena and Salsipuedes Streets. All text to be included in the display shall be written by a City qualified Historical Consultant and all text and photographs to be included in the display shall be approved by the City's Historic Landmarks Commission. Additionally, at least one of the art pieces from the former St. Francis Hospital shall be maintained on the project site.

The evaluation of alternatives to the proposed project provided by the Draft EIR is consistent with the requirements of CEQA Guidelines Section 15126.6(d). The level of analysis is adequate to allow a meaningful comparison of potential environmental impacts that would result from the proposed project, and that could result from the alternatives. To supplement the alternatives analysis provided by the DEIR, additional information regarding the two building reuse alternatives is provided by Master Response No. 3. The supplemental information has not changed the conclusions of the Draft EIR and the Project Redesign alternative is considered by the EIR to be the environmentally superior project alternative.

42-2. The Draft EIR indicates that the reuse of the existing buildings located on the project site would reduce project-related solid waste generation and disposal impacts. Please see comment No. 42-1 above regarding CEQA requirements pertaining to the level of review required for alternatives to the proposed project.

42-3. Please refer to Master Response No. 1. The Draft EIR concluded that the building reuse alternatives would have reduced air quality emissions when compared to the impacts of the proposed project.

42-4. The Draft EIR included a review of circulation patterns in the project area and an evaluation of the effects the proposed project could have on existing circulation characteristics. That analysis determined that the proposed project, including ingress and egress to/from the project site, would not result in significant circulation-related impacts. Other land use compatibility impacts raised by this comment, such as noise from the proposed residential use, use of public parks, etc were evaluated by the Initial Study prepared for the proposed project and were determined to be less than significant environmental impacts. The Draft EIR considered two alternatives to the proposed project (Alternatives 8.2 and 8.3) that would result in a reduced number of residential units on the project site.

42-5. CEQA does not require that an EIR evaluate potential economic impacts of a proposed project (*CEQA Guidelines* Section 15131).

42-6. The Draft EIR evaluated the proposed project's potential parking demand using several factors, including the City of Santa Barbara Zoning Ordinance parking requirements, parking requirements from other cities, the ITE Parking Generation Handbook, and vehicle ownership data from the 2000 Census. The proposed project would provide 254 parking spaces on the project site for use by project residents, which would meet, exceed, or be generally consistent with each of the above parking demand references. Therefore, the Draft EIR concluded that the proposed project would not result in a significant demand for the approximately 136 on-street parking spaces that are available within one block of the project site, and that the proposed project would not result in a significant parking impact.

Consistent with standard professional traffic analysis methodology, parking- and traffic-related impacts associated with the County Bowl were not considered by the Draft EIR to be representative of existing on-street parking or traffic conditions in the project area and were not included in the EIR's evaluation of potential project-related traffic and parking impacts. Traffic and parking impacts resulting from County Bowl events occur approximately 25 times per year (the number of events conducted at the bowl each year) and affect the neighborhoods adjacent to Bowl for approximately three to four hours each time an even occurs. Bowl-related traffic and parking effects will occur with or without the proposed project. Due to the temporary and intermittent nature of County Bowl-related traffic and parking impacts, conditions that exist immediately before, during and after County Bowl events were not used to describe existing environmental conditions, or to evaluate the parking-related impacts of the proposed project.

42-7. The analysis of potential project-related impacts to neighborhood streets (Draft EIR, page 5.5-43) determined that the proposed project's impacts to the operation of streets in the project vicinity would not be significant. Therefore, additional mitigation measures, including provisions identified by the Neighborhood Traffic Management

Plan, are not required for the proposed project. The Draft EIR considered two alternatives to the proposed project (Alternatives 8.2 and 8.3) that would result in a reduced number of residential units on the project site.

42-8. Proposed mitigation measure TRF-1a provides requirements that could be imposed on the proposed shuttle program to increase its effectiveness. However, the Final EIR continues to recognize potential benefits provided by the shuttle program, but concludes that the shuttle program as presently proposed cannot assure a specified level of use over the life of the project, and is not given mitigation "credit" for a permanent reduction in project-related traffic and air quality impacts. Please refer to Master Response No. 2.

42-9. There is no connection, or "nexus" between project-related environmental impacts and a requirement to place existing overhead utilities adjacent to the project site underground. However, Section 27.08.025 of the Santa Barbara Municipal Code requires that utilities serving new subdivisions be placed underground and such a requirement would be a condition of the proposed project.

LETTER No. 43

Marilyn Quam
726 E. Micheltorena St. #B
Santa Barbara, CA 93103

43-1

To: The Planning Division

I wish to register my strong disapproval of the current plan to demolish St. Francis Hospital to make way for out-of-character condos. Surely this historic existing building could be converted to affordable housing and thus preserve the character of the surrounding neighborhood.

Environmentally it would be a disaster + severely damage our neighborhood. Streets in and out of the area are a problem — ~~have~~ have you driven Alta Vista lately?

I urge you to listen to us who live here. It is an unconscionable plan.

Sincerely,
Marilyn Quam

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SEP 2 '03
CITY OF SANTA BARBARA
PLANNING DIVISION

Comment Letter No. 43
Marilyn Quam
Date: September 20, 2005

Response

43-1. These comments express general concerns regarding the proposed project and do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

LETTER No. 44

Post Office Box 50553
Santa Barbara, California 93150-0553
(1-805-963-3688)

September 20, 2005

RECEIVED
SEP 2 : 2005
CITY OF SA BARBARA
PLANNING DIVISION

Ms. Irma Unzueta
City of Santa Barbara Planning Division
Post Office Box 1990
Santa Barbara, California 93102

Dear Ms. Unzueta:

44-1

In the spring of 2003, when it was learned that Cottage Health System had purchased St. Francis Medical Center with the intention of demolishing that landmark structure for conversion to condominium housing, thousands of Santa Barbarans rushed to sign petitions to "Save St. Francis". Cottage Health System was urged to consider carefully the importance of St. Francis Medical Center to the history - and the future - of Santa Barbara.

St. Francis Medical Center has a renowned history of dedicated, superlative healthcare services to the citizenry of Santa Barbara. The doors of that splendid structure - of such special importance to our city - should remain open, if not as a full-service medical facility at this time - at least as an interim establishment for emergency care, physical rehabilitation, mental health assistance and/or other vital out-patient services.

The increasing need for planned healthcare services is a reality, and there always is the specter of catastrophic occurrences - such as earthquakes, storms, floods and fires, requiring extensive medical resources.

Also, it is anticipated that the actual demolition of St. Francis Medical Center would cause serious environmental/health hazards.

An intensive review of this situation is needed. It is hoped that Cottage Health System will reconsider the fate of St. Francis Medical Center - to assure continuance of that invaluable beacon of healthcare services - for the enlightenment and betterment of us all.

Sincerely yours,

Marjorie Fairbanks

(Mrs.) Marjorie Fairbanks

267

Comment Letter No. 44
Marjorie Fairbanks
Date: September 20, 2005

Response

44-1. These comments express general concerns regarding the proposed project and do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: Francesca Pagliotti [francesca573@cox.net]
Sent: Tuesday, September 20, 2005 11:36 PM
To: Unzueta, Irma
Subject: Proposed St. Francis Hospital Condo Project

LETTER No. 45

I am writing to express my strong opposition to the condo project proposed for the former St. Francis Medical Center site. As a resident of the neighborhood, I was not at all surprised that traffic congestion and construction noise emerged as serious concerns in the Environmental Impact Report. The neighborhood already is dealing with significant traffic issues, which will only be compounded exponentially by the condo project. Of equal concern to me and many of my neighbors, however, are the grave health risks that will affect both residents of the area and workers during demolition and construction. Release of potent carcinogenic, teratogenic and other disease causing substances such as asbestos, lead, mercury, PCBs and radon pose serious health risks to both neighborhood residents and project workers, and are especially concerning for pregnant women, children and the elderly. Should these high risk groups be relocated during the one-plus years of the project? Has the potential for health-related lawsuits been considered by the Cottage Health Systems officials and city planners? It is unconscionable that our city is even considering a project that carries with it such grave negative impact and risks to one of Santa Barbara's most beautiful neighborhoods and its residents. Especially ironic is the fact that the project promoters are in the health care business! How shameful is that?

45-1

45-2

45-3

Francesca Pagliotti
618 De La Vista Avenue
Santa Barbara, CA 93103
805.966.6986

Comment Letter No. 45
Francesca Pagliotti
Date: September 20, 2005

Response

45-1. These comments express general concerns about the traffic impacts of the proposed project and do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The Draft EIR evaluated the potential traffic impacts of the proposed project and determined that project-specific impacts, including the addition of traffic to streets adjacent to the project site, would not be significant. The project was found to result in a significant contribution to cumulative traffic conditions at the intersections of Anapamu/Laguna, Arrellaga/Garden, and Mission/Bath Streets.

45-2. These comments express general concerns about potential health effects and hazardous material impacts of the proposed project and do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The Draft EIR evaluated these potential impacts and determined that with the implementation of proposed mitigation measures, potential health effects and hazardous material impacts of the project would not be reduced to a less than significant level. Small amounts of hazardous materials, such as asbestos, mercury, lead, and PCBs may be found within older buildings, and are subject to extensive standard and effective regulatory procedures for their removal prior to building demolition. No significant health risks would result to the surrounding neighborhood.

45-3. These comments express general concerns regarding the proposed project and do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: DogisGodsb@aol.com
Sent: Tuesday, September 20, 2005 6:39 PM
To: Unzueta, Irma
Subject: EIR: ST Francis Medical Center

LETTER No. 46

Dear Planning Commission,
I work at a local Veterinary Hospital as an assistant, and I am very concerned about the proposed demoliton of St. Francis Hospital. I live on Micheltorena St., across from the hospital. I have lived here for 9 years. I am a single mother of three children, ages 3, 6, and 9 years old. My six year old son, Jacob, has asthma, and when St. Francis was opened, we had to go to the OR several times, and we were grateful it was right across the street. About six months ago, my son had an attack and we waited nearly 3 hours at Cottage Hospital before he was seen by a doctor. Needless to say, I was a complete wreck, as my son was having trouble breathing. The hospital should never have been closed. The waiting time at the OR at Cottage is a health concern to the entire community. If an earthquake occured I cant even imagine what would happen. 46-1
I am extremely concerned for the safety of my children, the neighbors, and all of our pets if the hospital is torn down. The asbetos, exhaust from the deisel trucks, the PCBs emmited into the air is horrifyiing. Am I expected to keep my children in the house for the duration of this project, along with my animals? I am deeply concerned with the dust, lead, mercury that will be ommited into the air, along with the noise. 46-2
If my son has an attack, who will pay the bill, and God forbidding if he goes into seizure..will the city be able to cover the cost of a lawsuit?
I urge you to vote NO on this project, not tear down the facility which is such a jewel in our city, and allow it to perhaps become a Senior Housing Unit, which we defiantely do need.
As a single mother I realize how important it is for affordable housing in Santa Barbara, but this area of the Riveria is not the place to build.
Thank you for your consideration in this matter.
Sincerely,
Susan Burgess

Comment Letter No. 46
Susan Burgess
Date: September 20, 2005

Response

46-1. These comments express general concerns regarding the previous closure of Saint Francis Hospital and do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

46-2. These comments express general concerns about the air quality and hazardous material impacts of the proposed project and do not specifically address the adequacy of the environmental impact analysis provided by the Draft EIR. Each of the above environmental issue areas were evaluated by the EIR and mitigation measures to minimize potential impacts were identified. Small amounts of hazardous materials, such as asbestos, mercury, lead, and PCBs may be found within older buildings, and are subject to extensive standard and effective regulatory procedures for their removal prior to building demolition. No significant health risks would result to the surrounding neighborhood. These comments will be forwarded for decision-maker consideration.

September 21, 2005

LETTER No. 47

To: Santa Barbara Planning Commission
VIA FACSIMILE: 897-~~9204~~ 1904

Dear Planning Commission,

As a grandparent that utilizes the "Kids Park" and Alice Keck Park with my grandchildren, I am concerned about the plans of Cottage Hospital to destroy St. Frances in order to build both units for employees (some of whom could be highly compensated M.D.'s) and to speculate in real estate. I believe the existing structure could be retrofitted to house their employees with substantially less environmental "fallout". 47-1

Thank you

Deborah Buie

Deborah Buie
1802 Laguna St.
Santa Barbara, CA 93101

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CITY OF SANTA
PLANNING DI

Comment Letter No. 47
Deborah Buie
Date: September 21, 2005

Response

47-1. The Health Risk Assessments provided by the Draft and Final EIRs estimated potential health effects at 13 "sensitive receptor" locations in the vicinity of the project site where large concentrations of children occur, such as schools and day care centers. A map depicting the location of the sensitive receptors was provided in Technical Appendix E of the Draft EIR, and that map has been added to the Air Quality section of the Final EIR.

Please refer to Master Response No. 1 regarding the analysis of potential public health impacts provided by the Final EIR. The evaluation of potential chronic respiratory impacts that may result from the proposed project determined that the sensitive receptor located at the project site perimeter (Villa Riviera) would have a Hazard Index of 0.04, which is substantially below the APCD-adopted significance threshold of 1.0.

The comments in support of the building reuse alternatives will be forwarded for decision-maker consideration.

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SEP 21 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

September 21, 2005

LETTER No. 48

To: Santa Barbara Planning Commission
VIA FACSIMILE: 897-~~9204~~ 1904

Dear Planning Commission,

I am deeply opposed to the destruction of the former St. Frances Hospital and building of individual condominium units. Better to convert existing building into units. To do otherwise will cause a major change in the character of our neighborhood. The negative impact alone caused by the destruction is difficult to imagine. 48-1

Thank you

William Buie

William Buie
1802 Laguna St.
Santa Barbara, CA 93101

Comment Letter No. 48
William Buie
Date: September 21, 2005

Response

48-1. This comment expresses support for the alternatives included in the Draft EIR that evaluated the environmental impacts of retaining existing structures on the project site for conversion to residential use. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

LETTER No. 49

21 Sept 05

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SEP 23 2005
CITY OF SANTA CLARITA
PLANNING DIVISION

Dear Commissioners

First let me go on record. sa
believe closing St. francis as a hos
regardless of who owned it was a 49-1
mistake that will, i believe, come
haunt us.

That said i urge you to please co
adaptive use and save the St. franc
A friend of mine owns a condo in sa
that used to be Trinity Hospital. 49-2
hospital was not torn down but the
developed from the existing space and
spacious and lovely.

As a health care practitioner i am
concerned about the toxic storm th
released during demolition. Please re 49-3
a playground, Kids World, is just a
blocks away.

i recognize the need for afforda
some of my medical assistants dri

Ventura, Oxnard and Santa Ma
however, is a huge condo proje
small neighborhood the best w
address this need? i urge you.
back this project and save th 49.4
Francis building. maybe a hous
project of this scale would be
developed in Goleta where there
room to build. Cottage Hospita
workers there as well.

Thank you for your con
i realize this is a touch
you have.

Teresa L. Fount

Comment Letter No. 49
Teresa Fount
Date: September 21, 2005

Response

49-1. This comment expresses general concerns regarding the previous closure of Saint Francis Hospital and does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

49-2. The Draft EIR evaluated two alternatives that were considered to be feasible and that would result in the reuse of existing buildings located on the project site. Those evaluations were based on conditions at the project site, and potential environmental impacts that could result from the conversion of the on-site structures to residential use. The Draft EIR appropriately evaluated the potential feasibility of implementing the building reuse alternatives. The potential environmental effects of the building reuse alternatives were based on project-specific conditions, and not conditions at other hospital facilities located around the country.

49-3. This comment expresses general concerns about the air quality and hazardous material impacts of the proposed project and does not specifically address the adequacy of the environmental impact analysis provided by the Draft EIR. Each of the above environmental issue areas were evaluated by the EIR and mitigation measures to minimize potential impacts were identified.

49-4. These comments express general concerns regarding the proposed project and do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

September 21, 2005

Ms. Irma Unzueta, Project Planner
City of Santa Barbara Planning Division
P.O.Box 1990
Santa Barbara CA 93102-1990

LETTER NO. 50

Re: Santa Barbara Cottage Hospital Foundation Workforce Housing Project

Dear Ms. Unzueta:

As a resident of Santa Barbara, we believe the plan for Cottage Hospital to provide housing for some of their employees is an excellent one. The problem with their present plan is in the numbers. Building 115 units on a 5-acre parcel is too dense for a pre-existing neighborhood bordered by very narrow streets. The increased traffic created by that many new residents would add to the accident potential. At present, if there is parking on both sides of Arrellaga, there is room for only one car to safely navigate. Often there are delivery or garbage trucks double-parked, causing congestion and delays for drivers and hazards for the many pedestrians going to doctor's offices behind the present hospital grounds. 50-1 1a

Cutting down the number of units to 80 would help alleviate the congestion. 1b

Utilization of the present St. Francis building shell would save land development costs and decrease the pollution problems associated with demolition. 1c

Since Cottage owns 3 more acres of land above the proposed projects on Grand Avenue, future development of this acreage could help defray the cost of the St. Francis project. 1d

Cottage Hospital planners are to be commended for trying to provide housing for their employees, but they should consider the traffic and pollution hazards and the inconveniences that their Eastside neighbors will live with for years to come. 1e

Sincerely,
B + J Cibull

Bob and Jan Cibull
555 E. Arrellaga, #2
Santa Barbara, 93103
(805)564-1408

Comment Letter No. 50
Bob and Jan Cibull
Date: September 21, 2005

Response

50-1. These comments express general concerns about the impacts of the proposed project and do not specifically address the adequacy of the environmental impact analysis provided by the Draft EIR. Specific concerns related to the proposed project are addressed below.

a. The Draft EIR evaluated the potential traffic impacts of the proposed project and determined that project-specific impacts, including the addition of traffic to streets adjacent to the project site, would not be significant. The project was found to result in a significant contribution to cumulative traffic conditions at the intersections of Anapamu/Laguna, Arrellaga/Garden, and Mission/Bath Streets.

b. The Draft EIR evaluated several alternatives to the proposed project that would result in fewer units being developed on the project site. Alternatives that would result in the reuse of existing buildings were based on the assumption that approximately 89 units could be provided on the project site. The alternatives analysis concluded that a reduction in units would result in a corresponding reduction in project-generated trips, but such a reduction was not necessary to reduce project-specific impacts on streets adjacent to the project site to a less than significant level.

c. The alternatives analysis provided by the Draft EIR concluded that the reuse of existing buildings located on the project site would result in reduced air emissions resulting from project-related construction activities. CEQA does not require that the EIR provide an economic analysis of the evaluated alternatives.

d. CEQA does not require that the EIR provide an economic analysis of the evaluated alternatives. Therefore, the subject of using development revenues from other properties to defray project-related costs is not an issue subject to review by the Draft EIR.

e. The traffic and air quality impacts of the proposed project were evaluated by the Draft EIR.

McMillion, Deana

From: Ron Hirst [ronhirst@cox.net]
Sent: Wednesday, September 21, 2005 8:35 AM
To: Unzueta, Irma
Subject: St. Francis redevelopment/housing project Draft EIR comments

LETTER No. 51

Dear City of Santa Barbara,

51-1

I am a resident living on Dover Lane. I commute daily to downtown, often using California St. I do not believe the Draft EIR adequately addresses the impacts on commuters from the Riviera. There are only 3 or 4 traffic arteries that funnel workers from their residences above the St. Francis project and all these are narrow, mostly residential arteries, that cannot handle the increased traffic due to detours. I consider the Mission Canyon intersection across from the Mission as one of the most difficult to navigate and potentially dangerous and believe it CANNOT handle any more traffic in its current state. The planned almost 2 year long construction traffic impacts to current residents need to be given much greater consideration in the EIR.

Regards,

Ron Hirst
Dover Lane
+1-805-403-9620 tel.
+1-586-279-0223 fax

9/21/2005

Comment Letter No. 51
Ron Hirst
Date: September 21, 2005

Response

51-1. The EIR evaluated potential traffic impacts of the proposed project by distributing project-generated traffic onto the local street system based on assumptions regarding logical paths of travel. That analysis concluded that based on the City's adopted project-specific impact thresholds of significance, the proposed project would not result in significant project-specific traffic impacts to streets or intersections located in the project area. The traffic analysis did not assume that the project would add a substantial amount of traffic to roadways in the vicinity of the Mission. The project was found to result in a significant contribution to cumulative traffic conditions at the intersections of Anapamu/Laguna, Arrellaga/Garden, and Mission/Bath Streets.

McMillion, Deana

From: Phil Scanlon [jpscanlon@cox.net]
Sent: Wednesday, September 21, 2005 4:53 PM
To: Unzueta, Irma
Subject: St. Francais Hospital & the proposed tear down

LETTER No. 52

CITY OF SANTA BARBARA -

Please reconsider demolishing Saint Francis Hospital. Please consider remodeling this sound building 52-1
into condominiums. The unnecessary negative environmental impact on the children will
cause them IRREPARABLE harm, **for life**! This alone will leave potential lawsuits in limbo for 1a
decades, much like cigarettes & asbestos have positioned themselves with their head in the sand
approach to reality. This does not take into consideration the current residents health hazards, physical
& emotional problems, and huge UNNECESSARY risks accompanied by suffering & physical danger.

I am further disheartened that a person with obvious personal & possible monetary interests is playing
ANY part in this dialogue. Hasn't Washington & its crooked convolutions given us enough of this 1b
falderal to last two lifetimes? Short term & long term we have a responsibility to **all** of our citizens. Let
us all save this landmark for posterity. Doctors & nurses should thrive in this legacy. We are sure that
any remodeling will make Santa Barbarians proud! After all, what a fitting "beginning" to a healthcare
institution that starts with health in mind.

Thank you for your time. A list of signatories will follow.

- CITIZENS OF SANTA BARBARA

9/22/2005

11-285

Comment Letter No. 52
Phil Scanlon
Date: September 21, 2005

Response

52-1. These comments express general concerns about the impacts of the proposed project and support the building reuse alternatives, and do not specifically address the adequacy of the environmental impact analysis provided by the Draft EIR. Specific concerns related to the proposed project are addressed below.

a. The Draft EIR evaluated potential health effects of the proposed project and evaluated several alternatives to the proposed project that would reuse existing buildings located on the project site. The analysis of potential project-related health effects determined that the proposed project's construction activities would not result in a significant impact. The alternatives analysis concluded that the reuse of the existing buildings would result in reduced air emissions when compared to project-related construction activities. Implementation of a building reuse alternative, however, is not required to reduce project-related air quality and potential health impacts to a less than significant level.

b. The Historical Structures Report prepared for the proposed project concluded that the Saint Francis hospital was a significant part of the City's heritage, however, the buildings located on the project site do not qualify as a National, State or City landmark due to the extensive structural modifications that have occurred during their years of use. On April 28, 2004, the Historic Landmarks Commission (HLC) accepted this conclusion and agreed that the existing hospital structures are not historically significant. However, the HLC did find that the long-term presence of the hospital facility within the City is historically significant and recommended that the site be memorialized with a commemorative plaque. The HLC determined that such a commemoration would be adequate to reduce the historic resource impacts of the proposed project to a less than significant level. To clarify the requirement of the HLC to provide on-site recognition of the presence of the Saint Francis Hospital, proposed mitigation measure CUL- 2a has been revised as follows:

CUL-2a Historic Display. A commemorative display to educate the public regarding the history of the former St. Francis Hospital shall be integrated within the proposed housing project's open space area located at the corner of Micheltorena and Salsipuedes Streets. All text to be included in the display shall be written by a City qualified Historical Consultant and all text and photographs to be included in the display shall be approved by the City's Historic Landmarks Commission. Additionally, at least one of the art pieces from the former St. Francis Hospital shall be maintained on the project site.

McMillion, Deana

From: Patrick Corrigan [patrickcorrigan@cox.net]
Sent: Wednesday, September 21, 2005 5:20 PM
To: Unzueta, Irma
Subject: saint francis hospital site

LETTER NO. 53

Too large in scale for site and neighborhood. Question whether private citizen could get approval. Traffic at several times a day is already. Particularly at intersection of Michelterana and California streets. I live at 1408 Grand Ave. Patrick Corrigan 53-1

11-287

Comment Letter No. 53
Patrick Corrigan
Date: September 21, 2005

Response

53-1. The Draft EIR evaluated the potential for the proposed project to result in significant traffic impacts during the AM and PM peak traffic hours. That analysis concluded that the project would not result in significant project-specific traffic impacts based on the City's adopted traffic impact thresholds of significance. The project would contribute traffic to several intersections that currently have poor levels of service, including the intersections of Mission St/Bath Street, Anapamu St/Laguna St, and Arrellaga St/Garden St. While the project's contribution of traffic to those intersections is relatively small, based on the City's adopted significance thresholds for cumulative impacts, the cumulative impacts were identified as being significant and unavoidable by the Draft EIR.

McMillion, Deana

From: Tom Ostwald [tom@education.ucsb.edu]
Sent: Friday, September 23, 2005 3:23 PM
To: Unzueta, Irma
Subject: St Francis housing

LETTER No. 54

September 21, 2005

Dear Planning Commissioners,

I would like to urge you to consider the long-term impact of the St. Francis housing plan on parking. While I believe there may not be much impact on traffic overall; I am convinced that parking will be a permanent problem for the entire neighborhood.

In an informal survey of the immediate neighborhood at night, I counted about 50 spaces available at 9pm. However, there are normally about 25 cars on the St. Francis property as well. That means perhaps 25 spaces available for overflow from 115 units, currently allocated 2.2 spaces/unit. 54-1

Many middle class families have more than two vehicles, owning a 3rd vehicle such as a boat, camping vehicle, teenager's car, etc. In addition, there is no guarantee that garages will be used to house vehicles, as opposed to household belongings. I think it would be very interesting if one could find out the typical number of vehicles owned by the demographic group that will buy these units, as well as the 34 wealthier families who will buy the market-rate houses. While the shuttle may be used by employees to get to work, I cannot believe that this will significantly lower the number of vehicles that they own, since one cannot shop, deliver and pick up kids, etc., from the shuttle. An unintended consequence of the shuttle might be to increase the number of cars parked at night, as that might be the best time to take the shuttle rather than a car, since other errands are harder to complete at night.

While it is not a perfect comparison, you should note that the 315 units just approved for graduate student housing at UCSB will have 976 parking spaces-a ratio of 3.1 spaces/unit. None of these people will have families, they can walk to campus, and will have a lower income than St. Francis residents. So they would be expected to have fewer vehicles than St. Francis owners. Obviously the Coastal Commission sees much more demand for cars than does the City of Santa Barbara. 54-2

What are the solutions? Obviously, reduce the number of vehicles or increase the amount of parking. Building fewer residential units has the dual benefit of increasing available parking while reducing demand. Another possibility is increasing the footprint of the hospital to include some or all of the land along Grand Ave, currently pushed out of the picture for future development. A third possibility is to prohibit ownership of more than two vehicles and providing active supervision to enforce the parking rules. (I think that St. Francis should fund a full-time person to supervise parking and other city residency requirements.) 54-3

I want my friends to be able to visit and park near my house, and I don't think the esthetics of having solid cars on every street is desirable. The city has expended a lot of money and time (both by paid consultants, and by neighbors such as myself) to create a safer, more pedestrian friendly, visually attractive neighborhood precisely in the St. Francis area. Inadequate parking will totally contradict this other activity of the city, and remove any possibility of a walk-able environment. 54-4

I hope you consider this matter more fully

9/23/2005

Comment Letter No. 54
Tom Ostwald
Date: September 21, 2005

Response

54-1. The Draft EIR evaluated the proposed project's potential parking demand using several factors, including the City of Santa Barbara Zoning Ordinance parking requirements, parking requirements from other cities, the ITE Parking Generation Handbook, and vehicle ownership data from the 2000 Census. The proposed project would provide 254 parking spaces on the project site for use by project residents, which would meet or exceed, and be consistent with each of the above parking demand references. Therefore, the Draft EIR concluded that the proposed project would not result in a significant demand for the approximately 136 on-street parking spaces that are available within one block of the project site, and that the proposed project would not result in a significant parking impact. The analysis did not assume that the proposed project resident shuttle would have an effect on reducing the parking demand of the proposed project.

54-2. The comparison of the parking requirement for the UCSB San Clemente Graduate Student housing project required by the Coastal Commission and the parking requirements for the Cottage Hospital Foundation Workforce Housing project is not appropriate. The parking requirement for the UCSB project was one parking space per "bed space" or project occupant. If the same standard were applied to the Cottage Hospital Foundation Workforce Housing project (i.e., one parking space per bedroom) the project's parking requirement would be 248 parking spaces (10 1-bedroom units, 62 2-bedroom units, and 38 3-bedroom units). The proposed project would provide 254 parking spaces in accordance with the City's zoning ordinance requirements.

54-3. The Draft EIR indicated that the Building Reuse alternative (Alternative 8.2) and the Project Redesign alternative (Alternative 8.3) would result in a reduced parking demand when compared to the proposed project. Based on the proposed project's compliance with City parking regulations and the EIR's determination that the proposed project would not result in significant parking-related impacts, there is no basis under the requirements of CEQA to require additional parking facilities on the project site, or monitoring of parking conditions on the project site or in the project area.

54-4. Please refer to the responses provided above. The Draft EIR determined that the proposed project would not result in a significant parking impact.

McMillion, Deana

From: Sharon Lezotte [slezotte@sbch.org]
Sent: Thursday, September 22, 2005 5:20 PM
To: Unzueta, Irma
Cc: rbiscaro@sbch.org
Subject: Cottage Health System Workforce Housing.

LETTER No. 55

Good afternoon Ms. Unzueta:

As a person who attended the last DEIR meeting, I was stunned to hear the people who currently live in homes, are saying to reuse an existing St. Francis hospitalfor people to live in. I wonder if they would trade their homes in order to live in such a location? It would be a telling guidepost to just how many would do that...Also, I believe that the investment into a rehabed building could end up being costlier than may be expected while creating lower quality living space. 55-1

Workforce housing does not mean that people/workers should not have a quality place to live. The currently developed condominium plans has had quite a bit of input from the interested/potential owners - Cottage employees, including myself - who attended a number of the housing inquiry sessions. There was a good balance struck in the plans for long term quality and yet being reasonable in cost, all loaded into an appealing living package.

I'm truly hoping that the current plans are allowed to go forth as developed, as an employee of Cottage.
Sharon A. Lezotte

11-291

Comment Letter No. 55
Sharon Lezotte
Date: September 22, 2005

Response

55-1. These comments express general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: Sam Leer [sleer@sbch.org]
Sent: Thursday, September 22, 2005 4:05 PM
To: Unzueta, Irma
Subject: Comments for Draft EIR

LETTER No. 56

Dear Ms. Unzueta,

Recently I sent you an email in which I expressed my support for Cottage Health System's plan to build housing for its employees on the existing site of St. Francis Hospital. In that email I discussed my concerns about certain aspects of the draft EIR.

56-1

In this email I want to discuss my viewpoint on the subject of reusing the existing structure for workforce housing. As an employee who is very interested in becoming an occupant of one of the condominiums to be built, I am opposed to the refurbishing of the existing structure. I work in a hospital and don't want to live in one, even a remodeled one. The plan to develop the St. Francis site was put forth by the hospital's board and administration after obtaining input from many employees. The employees discarded the option of refurbishing the existing building. The reason is very apparent. We all need our own space in which we can renew ourselves and replenish our energies in order to continue to provide the best care possible for our patients and their families. I submit to you that this will not be possible in a dormitory-style environment that would result from the reuse of the existing structure. I strongly urge you to implement the development of the site as proposed by the hospital.

Respectfully,
Samuel Leer, LCSW
Manager, Medical Social Services

Comment Letter No. 56
Samuel Leer
Date: September 22, 2005

Response

56-1. These comments express general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

Teresa Petter
3803 La Cumbre Hills Lane
Santa Barbara, CA 93110
(805) 898-1036

RECEIVED
SEP 23 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

September 22, 2005

Irma Unzeuta
City of Santa Barbara Planning Division
Project Planner
PO Box 1990
Santa Barbara CA 93102

LETTER No. 57

Dear Ms. Unzueta,

Thank you for allowing me to voice support for workforce housing for Cottage Health System employees. I've been employed at Cottage since 1983 and am fortunate to live and work in this beautiful city. In fact, my daily commute to work consists of a 5-minute drive thanks to the City of Santa Barbara. For the past 8 years, I've had the good fortune to live in a brand new home through the City. I feel that my fellow co-workers deserve the same opportunity that my family and I have been given.

57-1

In reference to the draft Environment Impact Review, I'm certain that neighborhood issues with noise levels, traffic and parking can be resolved as I have heard well thought out ideas from City staff and hospital administrators. I believe the reuse of the existing building at the former St. Francis hospital would be costly, inefficient and unappealing to employees. At the time of my original search for housing, if I had been offered a refurbished building to live in, I would not have considered it. I have spoken to other co-workers and they express the same concerns. Although I was born at St. Francis and would be sorry to see the building demolished, I am also realistic and know that Cottage's intentions for the Micheltorena property are in the best interest of the employees and the community.

Regards,

Teresa Petter

Comment Letter No. 57
Teresa Petter
Date: September 22, 2005

Response

57-1. These comments express general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: Len Sasso [Len@swiftkick.com]
Sent: Thursday, September 22, 2005 10:59 AM
To: Unzueta, Irma
Subject: SBCH Foundation Workforce Housing Project

LETTER No. 58

Dear Ms. Unzueta,

58-1

My wife and I are residents of the neighborhood impacted by the SBCH Foundation Workforce Housing Project. We have followed the project planning, read the Draft EIR, and walked through the St. Francis Hospital grounds many times on our way to and from town. Like many of our neighbors, we are torn between conflicting issues: the need for moderate priced housing in Santa Barbara and the rights of the property owners for reasonable use, on the one hand, and the short- and long-term impact of the planned development, on the other.

It is our view that the Project Redesign-Reduced Number of Units Alternative as outlined in section 8.3 of the DEIR strikes a fair and reasonable balance between the conflicting interests and needs of the developers, the local residents, and the Santa Barbara community as a whole. With 89 units at a density of 15 units per acre, the alternative provides substantial new housing and remains profitable for the developer while significantly reducing both the two-year impact of demolition and construction and the long-term impact of increased traffic and housing density. Furthermore, the preservation of the Convent Building, the garden area, and a significant part of the main hospital building provides at least partial retention of an historic landmark.

We strongly urge the City Council and Planning Commission to balance neighborhood, historic, and development needs by adopting the Redesign-Reduced Number of Units Alternative plan.

Yours sincerely,

Len & Caia Sasso

1626 Loma Street
Santa Barbara, CA 93103
Tel. (805) 965-5881

11-297

Comment Letter No. 58
Len Sasso
Date: September 22, 2005

Response

58-1. These comments express general support for the implementation of the Project Redesign alternative (alternative 8.3) that was evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The Draft EIR identified the Project Redesign alternative, which would result in the reuse of some of the existing project site buildings, as the environmentally superior alternative to the proposed project. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: Amy Frease [afrease@sbch.org]
Sent: Thursday, September 22, 2005 9:55 AM
To: Unzueta, Irma
Subject: Workforce Housing Project

LETTER No. 59

Good morning ~

I appreciate the feelings of those who don't want St. Francis torn down, but the fact remains that Santa Barbara needs health care workers, and the cost of housing is causing many of them to move away. 59-1

Refurbishing St. Francis Medical Center would not change the fact that it was once a hospital. It's my belief that an individual who has just worked an exhausting 12-hour shift in the hospital would find it unappealing to go "home" to another hospital.

I work in an office setting, and probably can't even afford one of the "affordable" units. However, I support Cottage's innovative plans for workforce housing as a way to recruit and retain quality patient care staff for the good of our community.

Thank you.

Amy Frease
Development Coordinator
Santa Barbara Cottage Hospital Foundation

11-299

Comment Letter No. 59
Amy Frease
Date: September 22, 2005

Response

59-1. These comments express general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: Tokie Shynk [tshynk@sbch.org]
Sent: Thursday, September 22, 2005 1:49 PM
To: Unzueta, Irma
Subject: Workforce housing on the site of the former St. FrancisHospital

LETTER No. 60

Dear Ms. Unzueta,
As Director of Critical Care Services at Santa Barbara Cottage Hospital, I am very concerned about the number of nurses who leave Cottage Hospital and this area in order to afford housing for their families. There is a growing number of employees also who are buying as far north as Santa Maria and south as Camarillo and are therefore up to an hour away from being able to get to Santa Barbara in an expedient manner in the event of a disaster. 60-1

The proposed condo development at the site of the former St. Francis Hospital is very attractive and provides a pleasant park-like environment to come home to after the intense work a the nursing staff performs every day for our community.
The employees at Cottage want a home/condo to go home to, not a former hospital. We want this housing to be desirable to our employees so they will chose this and stay working for us in Santa Barbara. This directly relates to the issue of our community's ability to handle a natural disaster. We need to have nurses, therapists, and other health care workers in close proximity to Cottage. We experienced difficulty getting our employees to work during the La Conchita mudslide due to the number of staff unable to get here to provide care.

Please let the work force housing project remain as proposed and approved by our staff and our Board of Directors.
All of us here on the south coast depend on Cottage for our health care needs and we need to have the health care professionals available to provide that care.

Sincerely,
Tokie Shynk, RN, MHA
Director of Critical Care Services
Santa Barbara Cottage Hospital

11-301

Comment Letter No. 60
Tokie Shynk
Date: September 22, 2005

Response

60-1. These comments express support for the proposed project and general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: Priscilla Garcia [PGARCIA@sbch.org]
Sent: Thursday, September 22, 2005 1:34 PM
To: Unzueta, Irma
Subject: SBCH FOUNDATION WORKFORCE HOUSING PROJECT

LETTER No. 61

61-1

Dear Ms. Unzueta,
I am writing to express my objection at refurbishing the St. Francis Hospital for SBCH Foundation's Workforce Housing Project.

The suggestion that the St. Francis Hospital be refurbished and used for workforce housing is not practicle. The buidling is very old and most likely not up to earthquake code specifications. The costs of refurbishing the building and bringing it to code would most likely cost as much if not more than new buildings.

I have put my name in the housing project lottery in the hopes of purchasing an affordable unit on this site and if I'm fortunate enought to obtain a slot, the last thing I would want is to purchase a refurbished hospital building with "dormitory" or "hotel" like condominiums. I definitely would give up my slot if this is turned out to be the case. If you've ever been inside St. Francis Hospital when it was open, you would surely understand what I mean. No amount of refurbishing or remodeling could change that old hospital into a "pride of ownership" building.

Cordially,

Priscilla Garcia, Medical Staff Specialist Santa Barbara Cottage Hospital pgarcia@sbch.org
(805) 569-7245

11-303

Comment Letter No. 61
Priscilla Garcia
Date: September 22, 2005

Response

61-1. These comments express general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: Jan Winford [jan100@cox.net]
Sent: Thursday, September 22, 2005 1:02 PM
To: Unzueta, Irma
Subject: Saint Francis, Comments re: EIR

LETTER No. 62

Dear Ms Unzueta, Kindly see that our Planning Commissioners receive the following. Thank you, Jan Winford

1616 Grand Avenue
Santa Barbara, CA 93103
805 962 1889

THIS OLD HOUSE, PROJECT 2000
SANTA BARBARA BEAUTIFUL AWARD-REMODEL 2003

Sept. 22, 2005
RE: St. Francis Hospital Site, Proposed Development and EIR

Dear Planning Commission Members,

I question why the EIR did not include Villa Riviera. I remind you that **VILLA RIVIERA IS OPERATING ON A CONDITIONAL USE PERMIT.** Grand is not allowed as the entrance under this provision as ***all entry was to be from the St. Francis campus***. Villa Riviera **IS NOT IN COMPLIANCE** and is currently impacting the parking and traffic on Grand Ave. I encourage you to request an EIR on **all the elements of the changes in the parcel**, including Villa Riviera and the 3 new lots adjacent to Grand Ave. 62-1

I support property rights and housing needs in our city, however I believe the current zoning laws and neighborhood environments must be upheld. What cost should our neighborhood have to bear in order to provide workforce housing? Many residents of Santa Barbara believe preserving neighborhoods is just as important as providing workforce housing. I encourage you to inquire as to why Cottage HCS sold two apartment buildings, suitable for workforce housing, within the past six months. (Please call me and I will secure details on these sales.) 62-2

As you know the neighbors and I have grave concerns regarding the high **DENSITY** of the project and it's impact on **TRAFFIC, NOISE, POLLUTANTS, CONGESTION AND THE EFFECTS ON THE NEIGHBORHOOD QUALITY OF LIFE.** Please visit the project at the corner of Micheltorena and Laguna now that it is nearly complete to contrast what appears on plans as density and what that density actually 'feels' like when you walk the project. I think you will be amazed at the difference. 62-3

I have cancer. I am vitally concerned about the proposed demolition of the buildings and the impact on my environment. The thought of the project taking close to five years in daunting. 62-4

I would also like to point out that the project has an enormous amount of concrete entries and passageways to accommodate traffic within the project. **THERE IS LITTLE GREEN OR OPEN SPACE** to provide occupants with a place to walk a dog or even enjoy the out of doors. 62-5

I am an avid recycler. I support the **reuse of the existing building** if at all possible. I have lived at 1616 Grand for over 33 years. Again, I believe in property rights but also in the wisdom of our city planners and council. Please look hard and long at this project as our cherished neighborhood is threatened. Thank you for your time and thoughtful consideration. 62-6

Jan Winford (THIS OLD WOMAN)

Comment Letter No. 62
Jan Winford
Date: September 22, 2005

Response

62-1. The Draft EIR indicates that the proposed project would maintain 11 parking spaces for the Villa Riviera facility, similar to existing conditions. Issues that may be related to the compliance of the Villa Riviera with requirements of its Conditional Use Permit do not apply to the evaluation of potential environmental impacts associated with the development and operation of the proposed Cottage Hospital Foundation Workforce Housing project. Therefore, an evaluation of potential access issues associated with the Villa Riviera has not been included in the Draft or Final EIR.

62-2. These comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. As required by CEQA, the Draft EIR described the short- and long-term environmental impacts that the proposed project would have on the surrounding neighborhood.

62-3. These comments express concern regarding the unit density of the proposed project and do not address the adequacy of the environmental impact analysis provided by the Draft EIR.

62-4. The proposed construction period for the housing project would be approximately 16 months, not five years. The Draft EIR evaluated the potential for construction-related activities to result in health risk impacts, and determined that the proposed project would not result in a significant impact.

62-5. This comment expresses concern regarding the lack of open space that would be provided by the proposed project and does not address the adequacy of the environmental impact analysis provided by the Draft EIR. Please note that the project plans indicate that almost 36% of the project site would be landscaped.

62-6. This comment expresses general support for the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR. The Draft EIR identified the Project Redesign alternative (Alternative 8.3), which would result in the reuse of some of the existing project site buildings, as the environmentally superior alternative to the proposed project.

McMillion, Deana

From: Sherrie Grimes [sgrimes@sbch.org]
Sent: Thursday, September 22, 2005 12:39 PM
To: Unzueta, Irma; Unzueta, Irma
Subject: Re-use of St. Francis as workforce housing

LETTER No. 63

63-1

As the Director of Acute Care at Santa Barbara Cottage Hospital, I struggle daily, along with the individual unit managers, to retain Registered Nurses, Nursing Assistants and Unit Coordinators who feel the need to leave the area in order to afford housing for their families.
The proposed condo development is very attractive and provides a pleasant park-like environment to come home to after the intense work a the nursing staff performs every day for our community.
The nurses say, "I work all day in a hospital and I DO NOT want to go home and live in a hospital. It would feel like a dormitory!"
Please let the work force housing project remain as proposed and approved by our staff and our Board of Directors. All our neighbors depend on us for care and I want to have the nursing staff to do that well, both now and into the future!
Thank You,
Sherrie Grimes, RN
Director, Acute Care Cottage Hospital

Comment Letter No. 63
Sherrie Grimes
Date: September 22, 2005

Response

63-1. These comments express general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: Julie Robinson [jrobinso@sbch.org]
Sent: Thursday, September 22, 2005 12:33 PM
To: Unzueta, Irma
Subject: Cottage Workforce Housing Comments

LETTER NO. 64

64-1

Dear Irma Unzueta,

I would like to comment on the proposed SBCH Foundation's Workforce Housing Project. I am a current Cottage employee who has lived in the vicinity for the last 12 years. I have two small children and, as every young family in the Santa Barbara area knows, it is very difficult to enter home ownership in this town!

Therefore, the "no project" alternative eliminates an opportunity for others like myself to acquire affordable housing close to work. Several neighbors to the St. Franicis site have promoted the "use only existing on-site buildings to develop new residences" option - and frankly, I'm not interested in that option. Suffice it to say that a 100 year old building has its own environmental issues to contend with that I am simply not willing to subject my family to. A previous aged residence of ours had to be evacuated because of the mold. The building standards that these new condodminiums would have to adhere to will produce an outcome that residents and neighbors can be proud of. The third alternative was "project redesign" - fine - but why spend more time and money to design a whole new project that is going to have basically the same impact? The last alternative I believe was "alternative use - mixed use development" and honestly I'm doubting that this primarily residential area wants "businesses" next door. Instead, I hope the neighbors think of the future, when the project is completed your "largely residential area" will be even more so! And you'll have some nice new neighbors!

Finally, I do want to recognize the neighbors' concern over such a huge demolition, and I too, am concerned about such a large pile of rubble sitting in a landfill. However, the building is OLD and Cottage is simply trying to meet a tremendous need for affordable housing in this area. Think of all the folks who currently commute from Ventura or Lompoc just to work here! If some of these people can afford one of these units, imagine how much we will be saving the environment with less commuters and traffic on the road! So I say to the neighbors of the St. Francis site, please, look to the future - we need affordable housing options here in Santa Barbara! Like you, Cottage employees are just trying to make a living for our families here in this beautiful town.

A proponent of rebuilding for the future,

Julie Robinson

****
Julie Robinson, MPH
Education Specialist
Graduate Medical Education
Santa Barbara Cottage Health System
(805) 682-7111 ext. 2238
(805) 569-8358 fax
jrobinso@sbch.org
****

11-309

Comment Letter No. 64
Julie Robinson
Date: September 22, 2005

Response

64-1. These comments express support for the proposed project and general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: Robert Davis [RDAVIS@sbch.org]
Sent: Thursday, September 22, 2005 12:26 PM
To: Unzueta, Irma
Subject: Cottage Health System WHP

LETTER No. 65

Hi Irma:

65-1

I hope you aren't getting to inundated with emails from CHS staff. However, I do feel there is significant importance for you and other City personnel to receive feedback from Cottage employees who might have an opportunity to purchase one of the affordable units as part of the proposed project.

As you are well aware, housing costs are incredibly high in Santa Barbara, with affordable opportunities at a minimum. The project Cottage is proposing seems to address all of the concerns centering around the old SFMC site.

I lived in that neighborhood for several years, both on Loma Street and on Valerio Street, directly behind the Hospital. The concern of the neighbors at that time (late 1980's) was that there was a large medical center in the midst of their residential neighborhood. Now that the hospital has closed, with an opportunity to replace those structures with residential housing, the same small group of vocal people are now screaming to keep a hospital they once screamed about having to live with. Where's the logic?

Employees of CHS that work in a hospital all day and night don't want to go home to live in a hospital. I've seen the building, I've walked the building, and it is not an appropriate candidate to reuse for housing.

It seems as though the primary concerns *this week* of the neighbors are the environmental impacts of demolishing the existing buildings. I have to believe that with proper abatement of any hazardous materials prior to demolition, and with sensitive measures put in place during demolition, disruption and health concerns to the surrounding neighborhood could me eliminated.

I urge you and the Planning Commission to carefully review the proposed project and the long term future benefits of it. Cottage Health System's long range plans have, and always will be, to provide state of the art and affordable services and benefits to the residents of Santa Barbara and the surrounding areas. Wouldn't it be nice if every other business in this community had those same goals.

Best regards,

Robert Davis

11-311

Comment Letter No. 65
Robert Davis
Date: September 22, 2005

Response

65-1. These comments express support for the proposed project and general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: Unzueta, Irma
Sent: Thursday, September 22, 2005 12:04 PM
To: McMillion, Deana; 'Rodriguezaicp@aol.com'
Subject: FW: Saint Francis

LETTER NO. 66

-----Original Message-----
From: Edward C. Fields [mailto:fields@library.ucsb.edu]
Sent: Wednesday, September 21, 2005 3:07 PM
To: Unzueta, Irma
Subject: Saint Francis

Dear Ms. Unzueta:
I would like to add my voice to the growing number of Santa Barbara residents who are opposed to the demolition of the former Saint Francis Medical Center. Briefly, opposition to this plan is based on several grounds:
As a resident of this eastside neighborhood, I am deeply concerned about the environmental impact that the 66-1
demolition will have on my neighborhood as well as possible adverse health affects on my family. (I have two young children who spend a great deal of time in our yard and in the yards of neighbors only a few blocks away away from the site.) I am also concerned with the impact of increased traffic and greater congestion 66-2
that will follow if Cottage Hospital's plan is implemented as proposed. The plan proposed for adaptive reuse of the existing facility makes sense on many levels. I understand the need for housing -- we are long-time 66-3
renters, but the problems caused by demolition and the proposed scale of Cottage's plan will have an exceedingly negative effect on area residents for years to come.
Lastly, I feel that the building is indeed part of our city's history and that in a city such as Santa Barbara which takes great pride in its historical and cultural traditions, the demolition of Saint Francis should not be considered the optimum solution to issues of workforce housing.
On a personal note, Saint Francis served my family well over the years (my two daughters were born there) 66-4
and I believe that it would be a tragedy to witness its destruction. I was disappointed that Cottage did not follow through with its original plan to find some way in which to convert Saint Francis into a medical facility that would continue to serve the residents of Santa Barbara. Recent events have more than demonstrated the need for medical treatment facilities in order to safeguard the health and safety of all.

Thank you for considering my thoughts on this.
Sincerely,
Edward Fields/Sarah Potok
Anna and Rachel Fields

426 East Valerio Street
Santa Barbara, CA 93101
805-682-9722

Comment Letter No. 66
Edward Fields and Sarah Potok
Date: September 22, 2005

Response

66-1. An evaluation of potential health effects resulting from project-related construction activities was provided by the Draft EIR. That analysis determined that the proposed project would not result in a significant impact.

66-2. The Draft EIR evaluated the potential for the proposed project to result in significant traffic impacts during the AM and PM peak traffic hours. That analysis concluded that the project would not result in significant project-specific traffic impacts based on the City's adopted traffic impact thresholds of significance. The project would contribute traffic to several intersections that currently have poor levels of service, including the intersections of Mission St/Bath Street, Anapamu St/Laguna St, and Arrellaga St/Garden St. While the project's contribution of traffic to those intersections is relatively small, based on the City's adopted significance thresholds for cumulative impacts, the cumulative impacts were identified as being significant and unavoidable by the Draft EIR.

66-3. This comment expresses general support for the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR. The Draft EIR identified the Project Redesign alternative (Alternative 8.3), which would result in the reuse of some of the existing project site buildings, as the environmentally superior alternative to the proposed project.

66-4. The Historical Structures Report prepared for the proposed project concluded that the Saint Francis hospital was a significant part of the City's heritage, however, the buildings located on the project site do not qualify as a National, State or City landmark due to the extensive structural modifications that have occurred during their years of use. On April 28, 2004, the Historic Landmarks Commission (HLC) accepted this conclusion and agreed that the existing hospital structures are not historically significant. However, the HLC did find that the long-term presence of the hospital facility within the City is historically significant and recommended that the site be memorialized with a commemorative plaque. The HLC determined that such a commemoration would be adequate to reduce the historic resource impacts of the proposed project to a less than significant level. To clarify the requirement of the HLC to provide on-site recognition of the presence of the Saint Francis Hospital, proposed mitigation measure CUL- 2a has been revised as follows:

CUL-2a Historic Display. A commemorative display to educate the public regarding the history of the former St. Francis Hospital shall be integrated within the proposed housing project's open space area located at the corner of Micheltorena and Salsipuedes Streets. All text to be included in the display shall be written by a City qualified Historical Consultant and all text and photographs to be included in the

display shall be approved by the City's Historic Landmarks Commission. Additionally, at least one of the art pieces from the former St. Francis Hospital shall be maintained on the project site.

The evaluation of alternatives to the proposed project provided by the Draft EIR is consistent with the requirements of CEQA Guidelines Section 15126.6(d). The level of analysis is adequate to allow a meaningful comparison of potential environmental impacts that would result from the proposed project, and that could result from the alternatives. To supplement the alternatives analysis provided by the DEIR, additional information regarding the two building reuse alternatives is provided by Master Response No. 3. The supplemental information has not changed the conclusions of the Draft EIR and the Project Redesign alternative is considered by the EIR to be the environmentally superior project alternative.

McMillion, Deana

From: Judy McKee [mckee@silcom.com]
Sent: Thursday, September 22, 2005 9:18 AM
To: Unzueta, Irma
Subject: Cottage/St. Francis

LETTER No. 67

Re: the Cottage Condos

Can you spell S-A-T-U-R-A-T-I-O-N? 67-1

Judy McKee
314 East Arrellaga Street
SB 93101

9/22/2005

11-317

Comment Letter No. 67
Judy McKee
Date: September 22, 2005

Response

67-1. This comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

McMillion, Deana

From: Phil Swieconek [Pswiecon@sbch.org]
Sent: Thursday, September 22, 2005 8:52 AM
To: Unzueta, Irma
Subject: SBCH Workforce Housing

LETTER No. 68

Hi Irma,

68-1

I have been employed by Santa Barbara Cottage Hospital for 7 years and worked in Santa Barbara for 20 years. I am 41 years old, married and have a 9 month old baby. What a concept to help out not just there current employees with affordable housing but vital hospital employees in the future who will impact everyone in the community at one time or another.

St. Francis Hospital has a long history which has been cherished by generations. It is time to allow hundreds and thousands of more people to cherish the new proposed Cottage Housing over time. Some people consider St. Francis a historical home. Others call the building a treasured establishment. Not to offend any of these people but how many of them have visited the hospital once it closed. Will they continue to visit if it is turned into condos. Probably not. Yes, people will be sad when it is torn down to make a new beautiful state of the art condos for probably the most compassionate,caring,helpful and needed people in the community. Without these people the community would not have a high standard hospital.

Santa Barbara county has a chance to build 'NEW" housing for people who are a hugh part of the community. If the people opossed to this project were on the other side of the fence as an employee of Cottage what do you think they would want happen? Let me see. It would seem that 100% of them would want what Cottage has proposed for housing. To many people are me,me,me..... open up and let other people enjoy the ownership of a new home. A building opportunity like this for employees has never really presented itself in the 20 years I have lived here. If the city is allowing SBCH to build affordable housing for there employees and around 34 homes for the public why not build from the ground up and bring joy and happiness to many for years to come.

11-319

Comment Letter No. 68
Phil Swieconek
Date: September 22, 2005

Response

68-1. This comment expresses support for the proposed project and does not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comment will be forwarded for decision-maker consideration.

Donna Parker
170 La Joya Drive
Nipomo, CA 93444
(805) 929-4747

LETTER No. 69

September 22, 2005

Irma Unzeuta
City of Santa Barbara Planning Division
Project Planner
PO Box 1990
Santa Barbara CA 93102

SUBJECT: DEIR Workforce Housing Project for SBCH

Dear Ms. Unzueta:

Though I have jobs waiting for me in Santa Maria and San Luis Obispo, I have chosen to live in Nipomo and spend 3' daily commuting by bus/carpooling to come to work @ SBCH because I love my job, and I love this City. Purchasing a home here in Santa Barbara just seemed impossible until the Workforce Housing Project was developed and proposed.

But as much as I would love to live here in Santa Barbara, I hate the thought of purchasing a refurbished old hospital "masked" into living quarters. As a hopeful home buyer, I want to live in a new building with new electrical, new plumbing and new ventilation systems and able to withstand an 8.0 quake - not a "cheese-caked" structure whose electrical, plumbing and ventilation systems might be questionable or compromised. Knowing that Cottage Hospital, if it challenged itself, could be a community leader in "creative renovation" is hardly on the top of my list. 69-1

In reference to the draft Environment Impact Review, the concerns expressed by the existing neighborhood regarding the impending traffic, noise and overall inconvenience is understandable, but equally certain is the chance for amazing solutions and results if the project is given it's chance to begin.

Regards,

Donna Parker
805/929-4747

Comment Letter No. 69
Donna Parker
Date: September 22, 2005

Response

69-1. These comments express support for the proposed project and general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: sschmid2@cox.net
Sent: Thursday, September 22, 2005 11:39 PM
To: Unzueta, Irma
Subject: Cottage Employee Housing/DEIR

LETTER No. 70

Dear Ms Unzueta,

70-1

Having followed the editorials in the News Press over the last few weeks, I am shocked and amazed that the neighbors around St Francis are once again balking. It is a sad day in Santa Barbara when the needs of a vocal few outshadow the medical needs of an entire community. Few people realize how desperate the nursing shortage is in this town. At this time, approximately 50% of the nurses working in the critical care units at Cottage are travelers! Why? Because they CAN afford to live here when the company they work for pays their housing bill! What is wrong with so many travelers? Would you want your loved ones cared for by a professional "temp"- who has no loyalty to his/her employer or community, and whose quality of care is often brought into question?

I have been planning to leave Santa Barbara for many years, as I have watched myself get systematically priced out of the local housing market, in spite of a great job and good salary. Cottage's plan for employee housing is the first time I have felt hope that I could stay in the town I have loved and lived in for 26 years. My daughter graduates high school in 2009, and if I am unable to buy a home here, I will be leaving to find a more reasonable community.

The plan to use the existing building at the St Francis site as "dormitory style" housing will not encourage me to stay, my college days are long over, and I am mature enough to want a home that allows me some privacy, and dignity. My hope remains that the Planning Commission thinks long and hard before denying a project that will cost our community so much in terms of health care in the future.

Sincerely,
Susan S Schmid

11-323

Comment Letter No. 70
Susan S. Schmid
Date: September 22, 2005

Response

70-1. These comments express support for the proposed project and general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: peter mcgoey [pfmupsb@hotmail.com]
Sent: Thursday, September 22, 2005 10:55 PM
To: Unzueta, Irma
Subject: St. Francis Hospital

LETTER No. 71

To - Irma Unzueta

From - Peter F. McGoey

9/22/05

Dear Ms. Unzueta,

I have been an employee of the Cottage Health Systems for 26 years. I have attended many of the meetings held here at Cottage which addressed the topic of Housing at the St. Francis Medical Center. I believe that Cottage Health Systems is making a valliant attempt to address the Housing needs of it's (our) employees by building affordable condos at the St. Francis site. At the meetings I attended it was clear to me that Cottage wanted to build homes which are attractive to current and potential employees. Great care was made to create a project which would be compatible with the high standards of the Santa Barbara community.

71-1

Personally, I continue to have interest in this project. More importantly, I believe that this project is in the best interest of the community. We will continue to need qualified employees to staff our Hospitals. I understand we lose many employees who have worked here and we lose many potential employees who want to work here , all because they can't afford housing . This carefully designed project gives our community a great chance to keep valued employees and attract future employees who otherwise might not choose to work at Cottage. We all benefit from having qualified Health Care workers who can live in our community. Thank you for your time and your consideration of this letter.

Sincerely,

Peter F. McGoey M.A., M.F.T.
Chemical Dependency Programs
Trauma Services
Cottage Hospital

9/23/2005

Comment Letter No. 71
Peter F. McGoey
Date: September 22, 2005

Response

71-1. These comments express support for the proposed project. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: Jane Fleischman [jane@silcom.com]
Sent: Thursday, September 22, 2005 10:14 PM
To: Unzueta, Irma
Subject: St Francis

LETTER No. 72

Dear Planning Division:

It is not too late to turn around Cottage Hospital's plans to demolish St. Francis and build 115 condos. The EIR is quite flawed, grossly underestimating the traffic, air and noise pollution this project would create, including the frightening amount of hazardous materials we will all be subject to while the project is underway, and the long range parking and transportation problems that have in no way been ironed out. How can we believe anything else Cottage might say, when they have so slanted the EIR in their favor? 72-1

The more than 36 million pounds of solid waste headed for the landfill that this project generates is obscene, especially since the buildings are far from decrepit. Adaptive reuse is clearly the way to go, and one of the many benefits is that Cottage will be able to finish its housing project in a much more timely fashion than with demolition. May I suggest that with the money saved in time, they be encouraged to add solar power to the existing buildings? This project will attract a lot of attention, and since we are all trying to reduce our dependence on non-renewable energy, let this project set a great example for the rest of the country. The hill St. Francis sits on gets sun all day, most of the year. There are no excuses for not going solar here. 72-2

115 condos is way too dense for this neighborhood. Traffic is absolutely horrible now with St. Francis EMPTY. I hear drivers yelling at other drivers on a daily basis on our corner of Olive and Sola, at the new so-called "traffic calming" circle. Why does Cottage get to ruin two neighborhoods, the one near Cottage itself and the one surrounding St. Francis? Will you not all stand up to this arn-twisting, smooth-talking corporation which cares nothing for green building, architecture, history, neighborhoods, livability? 72-3

If Cottage really wanted to create workforce housing, why is it not interested in providing inexpensive rentals for its employees? That would make a lot more sense. If a Cottage employee were to buy a below market rate condo, and live in it for many years while working, what happens when they eventually retire and are forced to sell? How much equity will they be getting back? Will they be forced to move to Bakersfield or Alabama in order to be able to afford to buy a place to live out their retirement years? It's not really such a great deal for these folks. And what happens if they get ill while working and need to quit ? Will they be forced to sell their below market rate condo and move elsewhere at such a stressful time? It seems there are more questions than answers when it comes to the nuts and bolts of buying into below market rate housing, and Cottage doesn't necessarily come out looking very benevolent, full of good will towards its employees. 72-4
It seems more like a Catch 22 situation, with employees who must keep working for Cottage to keep a roof over their heads. I guess Cottage would call that "retention" but it looks more like a throwback to feudalism to the rest of us.

Sincerely,

Jane Fleischman
435 East Sola
Santa Barbara, CA 93101

11-327

Comment Letter No. 72
Jane Fleischman
Date: September 22, 2005

Response

72-1. This comment expresses general concern regarding the Draft EIR's evaluation of potential traffic, air, noise, hazardous material and parking impacts. No specific issues of concern are identified, therefore, specific responses cannot be provided. The Draft EIR has identified potential environmental impacts that can reasonably be expected to result from the construction and occupancy of the proposed project, and when necessary, has provided mitigation measures to reduce those impacts to the extent feasible. In most cases, proposed mitigation measures would reduce project-related impacts to a less than significant level, as defined by significance thresholds adopted by the City of Santa Barbara. The Draft EIR did conclude that short-term noise and cumulative traffic impacts of the project could not be reduced to less than significant level. The Draft EIR was prepared in accordance with the requirements of CEQA under supervision of the City of Santa Barbra, not Cottage Hospital.

72-2. This comment expresses general support for the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR. The Draft EIR identified the Project Redesign alternative (Alternative 8.3), which would result in the reuse of some of the existing project site buildings, as the environmentally superior alternative to the proposed project.

72-3. This comment expresses concern regarding the traffic impacts of the proposed project, but does not address the adequacy of the environmental impact analysis provided by the Draft EIR. The Draft EIR evaluated the potential for the proposed project to result in significant traffic impacts during the AM and PM peak traffic hours. That analysis concluded that the project would not result in significant project-specific traffic impacts in the project area based on the City's adopted traffic impact thresholds of significance. The project would contribute traffic to several intersections that currently have poor levels of service, including the intersections of Mission St/Bath Street, Anapamu St/Laguna St, and Arrellaga St/Garden St. While the project's contribution of traffic to those intersections is relatively small, based on the City's adopted significance thresholds for cumulative impacts, the cumulative impacts were identified as being significant and unavoidable by the Draft EIR.

72-4. The social and economic concerns raised by this comment are issues that must be considered by future residents of the project, and do not have the potential to result in significant environmental impacts. As required by *CEQA Guidelines* Section 15131, the Draft EIR is not required to evaluate such effects.

McMillion, Deana

From: Brooks Larson [blarson@sbch.org]
Sent: Thursday, September 22, 2005 7:02 PM
To: Unzueta, Irma
Subject: Cottage Work Force Housing Project- No on Adaptive Re-use

LETTER No. 73

Hello Irma-
I am sending this email as a Cottage employee, a long time Santa Barbara resident, and as a parent of four young adults. 73-1

Three of our four children and their families have moved out of Santa Barbara due to the housing shortage and one now remains. Our son Jason Larson works for Goleta Valley Cottage Hospital, where he is the Nutrition Department Supervisor. He and his wife JoAnn have a baby girl. They hope to one day own a home. Naturally they are supportive of the Cottage Project and they hope to someday benefit from the availability of affordable housing.

As a Facilities Planner for Cottage Hospital, I have become very familiar with the design of the existing former St. Francis Hospital building inventory. It is my considered opinion that adaptive reuse of those buildings will be extremely difficult, very costly and will yield far fewer housing units than the plan Cottage now proposes (maybe 60 versus 115) and at a significantly higher unit cost. This could render the project a non starter.

As I travel the corridors of Cottage and take the pulse of my fellow employees on workforce housing, I am often told by staff that they do not want to live in an adapted hospital. They work in one (a hospital) all day and when they go home, they want a break.

I am concerned that any decision which impacts the financial viability of this project and the number of available units will hurt our community by further limiting the opportunity of our healthcare professionals for home ownership - thus sending more of our youth away.

As a parent, I am doubly concerned. I would really like to have our children and grandchildren be able to live in our city and raise there families here.

Architecturally, the project as it is now proposed will allow a real visual shift of the neighborhood from institutional back to a low key, bungalow neighborhood. View corridors will be enhanced and the project will look as though it belongs there.

I would like to go on record as being in support of the project as submitted with no adaptive re-use of the existing structures.

Thank you for your work on this project.

Sincerely

Brooks Larson

Comment Letter No. 73
Brooks Larson
Date: September 22, 2005

Response

73-1. These comments express support for the proposed project and general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: Esther McKinley [EMCKINLE@sbch.org]
Sent: Thursday, September 22, 2005 6:33 PM
To: Unzueta, Irma
Subject: Workforce housing project

LETTER No. 74

I understand that you will be considering the DEIR on the SBCH Foundation Workforce Housing Project. 74-1
I wish to tell you I very much support the building of the condominium project. From the viewpoint of an employee, it is very important to have attractive new structures that will attract and retain employees to live and work at our hospital. Employees work in a large hospital building for 10 and 12 hours a day , and the last thing they wish to do is to go to another large hospital looking building to live. Indiviidual uints , or homes are much more attractive and appealing.
I feel that starting from the ground up will give a much better use of existing land.-reusing the old hospital will only prolong problem you will see with that old building, and in the long run, increase costs for the owners, and eventually, require more buildout for the neighbors.
Please support the condminium plans proposed by the SBCH Foundation.
Thank you
Esther McKinley, MS MT(ASCP)
Clinical Laboratory Scientist
Santa Barbara Cottage Hospital

11-331

Comment Letter No. 74
Esther McKinley
Date: September 22, 2005

Response

74-1. These comments express support for the proposed project and general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

Arthur W. Barron
1600 Oramas Rd., Santa Barbara. CA, 93103 Ph: 805-966-9059

September 22, 2005

LETTER No. 75

City of Santa Barbara
Planning Division
P.O. Box 1990
Santa Barbara, CA 93102-1990

Dear Sirs:

Re: SB Cottage Foundation Workforce Housing Project

The purpose of this letter is to urge the Planning Commission to give highest priority to preserve quality of life in all single-family residential neighborhoods surrounding this project. The project should be reduced to be sized more in concert with zoning of the surrounding geographic area. This general area has been experiencing for a number of years the pains of gradually increasing private and commercial traffic. It would be patently unfair to also burden the surrounding property owners with dealing with such a disproportionately large concentration of housing units. 75-1

My wife Mary and I have owned and occupied 1600 Oramas Rd., a single-family residence, for the past 25 years. The 1500 and 1600 blocks of Oramas Rd. makeup a neighborhood of some 22 single-family residences. With two or three exceptions they are all owner occupied. Pride of ownership is evident. Housing structures are well maintained. Landscaping is well kept. Streets and drives are uncluttered. It has been a good residential neighborhood 75-2

However, in recent years Mary and I have become increasingly concerned with experiencing air borne pollution, traffic and traffic noise and pollution, and the visual pollution of increasing numbers and size of overhead communication or other transmission wires.

The prevailing movement of air pollution is generally from over the city up the Riviera. At Oramas we get more than our share, I believe, from the concentration flowing up the California St. hill directly onto our Oramas location. The inside of the house requires more frequent dusting, the screens and windows more frequent washing, autos more frequent washing and outside plants more frequent hosing. Of more concern is the makeup of the dust, which must include 75-3

particulate thrown off by the brakes of the autos braking on the California St. hill. I have not found any public health study of this so cannot say whether or not there is more of a health threat. I do believe it contributes to the allergy symptoms experienced by my wife and me for the last couple years. 75-3 CON'T

Traffic on Oramas to and from APS and traffic noise has increased noticeably over the past few years. It is especially annoying during the late afternoon with hurrying to get home traffic using California St. Speeders and loud mufflers compound the annoyance. Absent sidewalks dog walkers and other pedestrians have to be especially cautious and nimble at all times. 75-4

Regarding the visual pollution enjoyed by Oramas, the overhead wires and cables seemed to have doubled in numbers and size over the years. 75-5

These experiences and concerns prompt our request the project be downsized. Crowding several hundred residents into 115 housing units on less than six acres in an area surrounded by single family residences does not seem to me to provide for good neighborhood planning. 75-6

I would assume most other owner residents in this part of Santa Barbara's geography could cite a litany of similar and even better reasons for asking that the Cottage project be reduced significantly in number of housing units.

Respectfully,

Arthur W. Barron Mary M. Barron

Cc: Santa Barbara City Council
The Riviera Association
22 Oramas Rd. neighbors

RECEIVED
SEP 23 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

Comment Letter No. 75
Arthur W. Barron
Date: September 22, 2005

Response

75-1. This comment indicates that the proposed project should be decreased in size to provide fewer units. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

75-2. This comment describes the neighborhood that exists on Oramas Rd, north of the project site, and does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

75-3. The Draft EIR acknowledges that the construction of the proposed project has the potential to result in significant dust-related impacts. The Draft EIR provided 12 mitigation measures to reduce dust emissions from the project site, including a mechanism to register complaints about project-generated dust. The Draft EIR concluded that implementation of the proposed mitigation measures would reduce potential dust-related impacts to a less than significant level. Vehicles from the project site that travel down California Street would produce minute quantities of brake pad dust. Potential project-related effects on the environment resulting from brake pad dust were not evaluated by the Draft EIR.

75-4. Traffic noise impacts of the proposed project were evaluated by the Draft EIR. That analysis concluded that project-related increases in traffic on Micheltorena and Arrellaga streets (the streets that would be used most by project-generated traffic) would not result in a significant noise impact based on noise standards adopted by the City of Santa Barbara.

75-5. There is no connection, or "nexus" between project-related environmental impacts and a requirement to place existing overhead utilities adjacent to the project site underground. However, Section 27.08.025 of the Santa Barbara Municipal Code requires that utilities serving new subdivisions be placed underground and such a requirement would be a condition of the proposed project.

75-6. This comment indicates that the proposed project should be decreased in size to provide fewer units. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

September 22, 2005

To:
City of Santa Barbara
Planning Division
Attn: Irma Unzueta, Project Planner
P.O. Box 1990
Santa Barbara, CA 93102-1990

LETTER No. 76

From:
Lisa Ann Kelly & Family
1724 Olive Avenue
Santa Barbara, CA 93101-1021
fax/phone: (805)569-1714

re: Draft Environmental Impact Report– MST2003-00827, Santa Barbara Cottage Hospital Foundation Workforce Housing Project

Dear Commissioners:

My family and I remain opposed to Cottage Health Sysytem razing the present St. Francis Hospital Building. We feel that adaptive reuse is the best option as stated in the E.I.R. 76-1

Having attended several meetings over the past two years, we have come away completely unconvinced that Cottage Hospital developers can protect our neighborhood from the environmental hazards that are inherent in the demolition of the building.

Also, we know that our small, narrow (parking only on one side) avenue will be undoubtedly and without question become a major artery, a shortcut route for all those driving to and from Cottage Hospital. 76-2

The Cottage Health System has not been able to address the problem of increased traffic and has continually hedged and waffled on about a shuttle service. This is not a solution and the traffic will greatly affect all of us in the area. 76-3

Cottage is in the business of helping Santa Barbarans with their health problems and should not be allowed to damage our health and well-being for the sake of its bank account and investors. Adaptive reuse, whether it be a geriatric facility or some other use that leaves St. Francis intact is the best use of the property. 76-4

Sincerely,

Lisa Ann Kelly & Family (four of us)

RECEIVED
SEP 22 2005
CITY OF SANTA BARBARA
PLANNING DIVISION

Comment Letter No. 76
Lisa Ann Kelly
Date: September 22, 2005

Response

76-1. This comment expresses general support for the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR. The Draft EIR identified the Project Redesign alternative (Alternative 8.3), which would result in the reuse of some of the existing project site buildings, as the environmentally superior alternative to the proposed project.

76-2. The Draft EIR evaluated the potential for traffic impacts at the intersection of Arrellaga St/Olive St. That analysis concluded that the intersection operated at LOS B when the Saint Francis Hospital was in operation, it presently operates at LOS B, and would continue to operate a LOS B with the addition of project-generated traffic.

76-3. The Draft EIR evaluated the potential for the proposed project to result in significant traffic impacts during the AM and PM peak traffic hours. That analysis concluded that the project would not result in significant project-specific traffic impacts based on the City's adopted traffic impact thresholds of significance. The project would contribute traffic to several intersections that currently have poor levels of service, including the intersections of Mission St/Bath Street, Anapamu St/Laguna St, and Arrellaga St/Garden St. While the project's contribution of traffic to those intersections is relatively small, based on the City's adopted significance thresholds for cumulative impacts, the cumulative impacts were identified as being significant and unavoidable by the Draft EIR.

The Draft EIR provided an analysis of the potential effectiveness of the proposed resident shuttle program, but concluded that although the shuttle would have beneficial effect, the program as presently proposed would not provide a quantifiable or permanent reduction in project-generated vehicle trips. Therefore, the traffic analysis did not consider trip reductions that could be provided by a shuttle program.

76-4. This comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

McMillion, Deana

From: Liz Lundquist [llundqui@sbch.org]
Sent: Friday, September 23, 2005 7:49 AM
To: Unzueta, Irma
Subject: Santa Barbara Work Force Housing

LETTER No. 77

77-1

I am responsible for the Children's Services Division of Santa Barbara Cottage Hospital. Because of the uniqueness of our small patients we struggle to recruit and retain the highly specialized nurses we require. It is especially disheartening when they need to leave Santa Barbara because of the high cost of housing. The work force housing was great news to all of us, as we know that it will help retain our nurses. This will only happen if it is not in the old hospital. Nurses work very hard all day in a hospital and don't want to live in one!

Please consider this, as our work for sick children is very important and I'm sure you understand that we need to retain our nurses!

11-339

Comment Letter No. 77
Liz Lundquist
Date: September 23, 2005

Response

77-1. These comments express support for the proposed project and general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

City of Santa Barbara
Planning Commission

LETTER No. 78

Irma Unzueta
Project Planner,
I live at 530 E. Micheltorena St. the second house from the corner of Micheltorena and Salipuedes. Ground zero from the demolition of St. Francis Hospital. I have grave concerns regarding the demolition of the hospital. I cannot see how during demolition the fallout from concrete, asbestos and who knows what other hazardous materials can possibly be contained. How can we be assured that particulants will not become airborne and thus be ingested by myself, my wife, our two small children and any visitors including my 1-½ year old granddaughter. 78-1

If during the pulverization process these hazardous materials are not drifting airborne throughout the neighborhood in harmful amounts, then surely during the transportation of these materials to the landfill they will be. As there is really only one way out of this area, we can be assured that every ounce of these materials will be trucked past my house. How may tons would you estimate the concrete alone weighs that was used to construct the hospital? How many truck trips do you imagine it will take to remove all that material? 78-2

Another concern is the number of car trips per day that will originate and end on that property if there are 115 separate units built. How many family households have less than 2 cars today? With 2-3 trips away from and returning to each household by each car owner, I estimate there will be an additional 920 to 1380 car trips a day, mostly past my house. 78-3

The current proposed plan for the future of the St Francis Hospital site is not one that in any way will benefit the neighborhood surrounding the site. I strongly urge you not to approve the plans before you. There has to be a better use for the site. 78-4

Thank you for your time and consideration,
Jeff Davis
530 E. Micheltorena St.
Santa Barbara, CA 93103

Comment Letter No. 78
Jeff Davis
Date: September 23, 2005

Response

78-1. The Draft EIR evaluated the potential for the release of hazardous materials resulting from proposed demolition and construction activities. The EIR concluded that potential hazardous material exposure impacts could be reduced to a less than significant level with the implementation of proposed mitigation measures, which include requirements for certification that hazardous materials present on the project site have been removed prior to the start of demolition activities. A health risk assessment was also conducted to assess potential health impacts resulting from project-related exposure to diesel particulate matter. That evaluation determined that the proposed project would not result in a significant impact based on significance thresholds adopted by the Santa Barbara County Air Pollution Control District.

77-2. Truck trip traffic resulting from proposed construction and demolition activities were estimated by the Draft EIR (see Table 5.3-6). It was estimated that over the 67-week project development period, 16,920 total truck trips would be generated, which results in an average of approximately 50 truck trips per day. Of those trips, it was estimated that approximatley 35 truck trips per day would occur on Micheltorena Street.

78-3. The Draft EIR estimated that the proposed housing project would generate approximately 1,100 average daily trips. This amount of traffic is slightly more than the amount of traffic that was generated by former operations at the Saint Francis Hospital. The Draft EIR evaluated the potential for the proposed project to result in significant traffic impacts during the AM and PM peak traffic hours. That analysis concluded that the project would not result in significant project-specific traffic impacts based on the City's adopted traffic impact thresholds of significance.

78-4. This comment indicates that the proposed project should not be approved and does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

LETTER No. 79

September 23, 2005

The New Press is to be applauded for its editorial "No Wrecking Ball for St. Francis (9/21/05).

1) Cottage Hospital (SBCH) has not adequately addressed the environmental hazards posed by their proposal as well-outlined in a previous editorial by John McKinney, "Hospital To Condos: What EIR says and What it Doesn't". The project threatens unacceptable risks to those of us living and working in close proximity to the St. Francis property, and contradicts the original Charter of St. Francis Hospital, to my reading, which mandates that proceeds from the sale of the property were to be used to promote the health and well-being of the residents of Santa Barbara. 79-1

2) The probable increased costs of the project, due to recent increases in fuel and building supplies caused by the Gulf Coast hurricanes, pose the risk that the project cannot be completed. The City should require that SBCH post a completion bond to avoid disasters like the Miramar Property. 79-2

3) The City should also require that homes designated for hospital employees be deeded in perpetuity for that use to avoid profiteering which has plagued so many other "affordable" housing projects in Santa Barbara. 79-3

4) The project as proposed represents an inordinate waste of scarce resources at a time when health care reimbursements (at least by Medicare) are projected to drop by over 20% over the next five years. The Cottage Board should not squander the hospital's endowment on legal fees (has anyone ever calculated the legal fees that each public meeting must generate?), consultant and middle-management fees and salaries. Did SBCH have a vice-president for real estate development before Mr. Biscaro's failed policies delivered St. Francis Hospital to Cottage? Why not build truly affordable housing on property Cottage Hospital already owns in Goleta or on other less-costly locations in the County? 79-4

David C. Agnew, MD,FAAPM

Asst Clin Prof Neuro, USC Keck School of Medicine

533 East Micheltorena St

Santa Barbara, CA 93103(805)962-1116

Comment Letter No. 79
David C. Agnew
Date: September 23, 2005

Response

79-1. This comment expresses general concern regarding the "unacceptable risks" of the proposed project. No specific issues of concern are identified, therefore, specific responses cannot be provided. The Draft and Final EIRs provide an evaluation of potential health risks associated the proposed demolition and construction activities, and determined that the proposed project would not result in a significant health risk based on significance criteria adopted by the Santa Barbara Air Pollution Control District and the City of Santa Barbara.

79-2. CEQA does not require that the EIR provide an evaluation of potential economic impacts or an economic feasibility assessment of the proposed project, as suggested by this comment.

79-3. CEQA does not require that the EIR provide an evaluation of potential economic or social impacts of the proposed project, as suggested by this comment.

79-4. CEQA does not require that the EIR provide an evaluation of potential economic impacts or an economic feasibility assessment of the proposed project, as suggested by this comment.

The alternatives analysis of the Draft EIR conducted a preliminary review of the feasibility of developing a similar housing project on an alternative site that is owned by Cottage Hospital. That review concluded that no alternative site(s) existed that would feasibly accommodate the development of a similar project.

LETTER No. 80

Dear Planning Commissioners,

I currently live at 510 E. Sola St. (two or three blocks from the St. Francis Hospital site) and have lived within that radius for over twenty-five years. I want to very briefly describe some of my major concerns as a neighbor to the proposed Cottage Hospital Workforce Housing project and the initial EIR.

In the long term I am most concerned about the inevitable traffic impact of building 114 units in a neighborhood characterized by small residential streets and single family homes. The EIR uses as a "baseline" for traffic a hypothetical figure which posits St. Francis Hospital as a fully functioning 85 bed medical facility. The fact is that for the last at least fifteen years was operating dramatically under its full capacity or has been shut down altogether. Das Williams of the City Council noted that this assumption in the EIR amounts to a significant "gift" to Cottage Hospital since it vastly overstates the traffic impact of St. Francis Medical Center for almost a generation. To use a figure of over one thousand car trips per day associated with the closed facility is both inaccurate and prejudicial. Regardless of the project's shuttle and the variable schedules of hospital employees, the addition of -- how many? -- two hundred or three hundred new residents and vehicles on the site will create very significant and damaging traffic on all of the small streets and intersections immediately surrounding the project. 80-1

The project should be scaled back to the 89 units recommended in the EIR as the desireable ecological alternative to the proposed 114 unit plan. I would be happy if all of the units could be workforce housing which is so desperately needed in SB. If Cottage Hospital can save as many millions of dollars as it states it can by retaining local nurses, for example, rather than having to hire from the travelling registry, this savings should be taken into account in terms of what is an affordable cost for building the project. In any event, the proposed project is dramatically more dense than nearly all of the surrounding neighborhood -- two the three times so. 80-2

There is already a discussion underway as to the necessity for fully investigating the conversion of the existing St. Francis building rather than Cottage's proposed demolition and replacement with free-standing units. My concern, as it is for most of us in the neighborhood, is the "short term" impact on the air quality during the demolition and construction phase of the project. Airborne particulate matter has been proven to cause or exacerbate a variety of health problems which can predictably be expected if the old building is destroyed. Literally tons of dangerous waste will blanket the neighborhood. I would like to see the existing building put to "adaptive reuse" as workforce housing. 80-3

Thank you for taking the time to listen to a few of my concerns. I also want to thank you for giving this proposed project the careful attention it deserves as an innovative solution to the affordable housing shortage and for the intense impact it will undoubtedly have on the quality of life in my beloved and unique neighborhood.

Brad Parks
510 E. Sola St.
(805)963-2546

I

Comment Letter No. 80
Brad Parks
Date: September 23, 2005

Response

80-1. Please refer to Master Response No. 2 regarding the evaluation of project-related traffic impacts and the use of "baseline" and "existing" traffic conditions.

80-2. This comment expresses general support for the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR. The Draft EIR identified the Project Redesign alternative (Alternative 8.3), which would result in the reuse of some of the existing project site buildings, as the environmentally superior alternative to the proposed project.

80-3. This comment expresses general support for the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR. Please note that the Draft EIR's evaluation of potential alternatives indicated that the building reuse alternatives would result in a reduction in project-related emission, but would not result in the elimination of airborne emissions.

LETTER No. 81

Irma Unzueta
City Planner
City of Santa Barbara Planning Commision

Dear Ms Unzueta

The Board of Pearl Chase Society whose motto is ""Preserving Santa Barbara's Historic Sites of Enduring Community Value", on recommendation by its Preservation Committee strongly endorses Alternative 8:2 "Use only existing onsite buildings to develop new residences. It is the Society's goal to educate the citizenry of the importance of Santa Barbara's buildings and sites and preserve those buildings through adaptive reuse. Examples of the Society's efforts are Franceschi House, the Sheffield Filtration Plant and the Granada Theater. Surely attractive residences can be designed to fit within the walls of the existing structure. We urge the EIR, applicant and city to explore this environmental superior option in more detail. 81-1

Sincerely, Kellam de Forest
Secretary, The Pearl Chase Society

Comment Letter No. 81
Kellam de Forest
Date: September 23, 2005

Response

81-1. The Historical Structures Report prepared for the proposed project concluded that the Saint Francis hospital was a significant part of the City's heritage, however, the buildings located on the project site do not qualify as a National, State or City landmark due to the extensive structural modifications that have occurred during their years of use. On April 28, 2004, the Historic Landmarks Commission (HLC) accepted this conclusion and agreed that the existing hospital structures are not historically significant. However, the HLC did find that the long-term presence of the hospital facility within the City is historically significant and recommended that the site be memorialized with a commemorative plaque. The HLC determined that such a commemoration would be adequate to reduce the historic resource impacts of the proposed project to a less than significant level. To clarify the requirement of the HLC to provide on-site recognition of the presence of the Saint Francis Hospital, proposed mitigation measure CUL- 2a has been revised as follows:

CUL-2a Historic Display. A commemorative display to educate the public regarding the history of the former St. Francis Hospital shall be integrated within the proposed housing project's open space area located at the corner of Micheltorena and Salsipuedes Streets. All text to be included in the display shall be written by a City qualified Historical Consultant and all text and photographs to be included in the display shall be approved by the City's Historic Landmarks Commission. Additionally, at least one of the art pieces from the former St. Francis Hospital shall be maintained on the project site.

The evaluation of alternatives to the proposed project provided by the Draft EIR is consistent with the requirements of CEQA Guidelines Section 15126.6(d). The level of analysis is adequate to allow a meaningful comparison of potential environmental impacts that would result from the proposed project, and that could result from the alternatives. To supplement the alternatives analysis provided by the DEIR, additional information regarding the two building reuse alternatives is provided by Master Response No. 3. The supplemental information has not changed the conclusions of the Draft EIR and the Project Redesign alternative is considered by the EIR to be the environmentally superior project alternative.

Subj: **FW: SUPPORT FOR COTTGE**
Date: 11/18/2005 1:53:56 PM Pacific Standard Time
From: IUNZUETA@SantaBarbaraCA.gov
To: Rodriguezaicp@aol.com

LETTER No. 82

From: McKinley, Pat [mailto:pmckinl@co.santa-barbara.ca.us]
Sent: Friday, September 23, 2005 7:29 AM
To: Unzueta, Irma
Subject: SUPPORT FOR COTTGE

82-1

Dear Ms. Unzueta-
Cottage has requested support letters for their SBCH Workforce Housing Project, and I am happy to do so.
In our office we have a terrible time retaining and recruiting non -management positions, almost always because of the cost of housing in Santa Barbara--a situation that has gotten worse over the years. This is a fact on the ground that no one can really deny, even the complaining neighbors near St. Francis, with their letter writing campaign and their attendance at various meetings so they can bash Cottage.
Government should jump at the chance to help an employee do what Cottage is proposing. I wish we could do it here!

Finally, a point that I think needs repeated to everyone, even the chronic complainers--this is a HOSPITAL we are talking about, not a Costco, Wal-Mart or a McDonalds--a hospital that has been a terrific team player with the area for generations. I fully support them in their plan for the old St. Francis property.

Patrick J. McKinley
Assistant District Attorney
1112 Santa Barbara St.
Santa Barbara, CA 93101
1-(805) 568-2305
pmckinl@co.santa-barbara.ca.us

Comment Letter No. 82
Patrick McKinley
Date: September 23, 2005

Response

82-1. These comments express support for the proposed project and general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: Sjcappon@aol.com
Sent: Friday, September 23, 2005 10:13 AM
To: Unzueta, Irma
Subject: St. Francis Project

LETTER No. 83

I wrote the Dart column for the Santa Barbara News-Press for 11 years. One of my story subjects was St. Francis Medical Center. It is a landmark of the Riviera, a beautiful building, steeped in history, a Spanish-style structure visible for miles. Hospital golf tournaments, which attracted the likes of Bob Hope, are legendary.

83-1

It's incredible that the city would even consider tearing down something that has been such a fabric of the community for so many years. You can't just toss out nearly a century of serving a community's medical and spiritual needs. Preservation has historically been a trademark of our city.

Cottage Hospital -- and potentially the city -- are starting to get a Santa Maria-style complex in wanting to tear down buildings. Santa Maria tore down the heart of its downtown three decades ago -- and now regrets it. Former Mayor George Hobbs told me recently while I was researching my recently published book, "100 Years Santa Maria Style," that, "Unfortunately, what looked good in the 1970s does not look so good now." Don't do something you will regret later. Old buildings can never be re-created; once gone, they are lost forever -- including such gems as the splendid Santa Maria Theater and Carnegie Library. 83-2

Also, what does Santa Barbara need most today? Moderate-priced housing for working class people, not more high-end housing. 83-3

It's a no-brainer. Remodel the place and provide truly moderate-priced housing. (People would jump at the stunning views.) 83-4

With the huge rebuilding job set for New Orleans, it seems almost obscene to undertake a massive new project in Santa Barbara to benefit a relative few. You are thumbing your noses at the truly poor and needy. Construction costs already are going up here due to Katrina. Also, what about the cost of gas for trucks running up and down the hill? I doubt that has been factored in -- and will only increase the cost of the proposed new homes still more. 83-5

Cottage Hospital faces a big enough job rebuilding its Westside property. Building a beautiful new Cottage Hospital to serve all the people of Santa Barbara will -- and should -- occupy all of Cottage's planning for the coming years. 83-6

Sally Cappon
997 N. Old San Marcos Rd.
Santa Barbara, Calif. 93111
967-4839

9/23/2005

Comment Letter No. 83
Sally Cappon
Date: September 23, 2005

Response

83-1. The Historical Structures Report prepared for the proposed project concluded that the Saint Francis hospital was a significant part of the City's heritage, however, the buildings located on the project site do not qualify as a National, State or City landmark due to the extensive structural modifications that have occurred during their years of use. On April 28, 2004, the Historic Landmarks Commission (HLC) accepted this conclusion and agreed that the existing hospital structures are not historically significant. However, the HLC did find that the long-term presence of the hospital facility within the City is historically significant and recommended that the site be memorialized with a commemorative plaque. The HLC determined that such a commemoration would be adequate to reduce the historic resource impacts of the proposed project to a less than significant level. To clarify the requirement of the HLC to provide on-site recognition of the presence of the Saint Francis Hospital, proposed mitigation measure CUL- 2a has been revised as follows:

CUL-2a Historic Display. A commemorative display to educate the public regarding the history of the former St. Francis Hospital shall be integrated within the proposed housing project's open space area located at the corner of Micheltorena and Salsipuedes Streets. All text to be included in the display shall be written by a City qualified Historical Consultant and all text and photographs to be included in the display shall be approved by the City's Historic Landmarks Commission. Additionally, at least one of the art pieces from the former St. Francis Hospital shall be maintained on the project site.

The evaluation of alternatives to the proposed project provided by the Draft EIR is consistent with the requirements of CEQA Guidelines Section 15126.6(d). The level of analysis is adequate to allow a meaningful comparison of potential environmental impacts that would result from the proposed project, and that could result from the alternatives. To supplement the alternatives analysis provided by the DEIR, additional information regarding the two building reuse alternatives is provided by Master Response No. 3. The supplemental information has not changed the conclusions of the Draft EIR and the Project Redesign alternative is considered by the EIR to be the environmentally superior project alternative.

83-2. The comment expresses concern regarding the development of the proposed project and does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

83-3. The objective of the proposed project is to provide moderately priced housing. "Moderately" priced has been defined as affordable to middle- and upper-middle income households according to criteria established by the City.

83-4. This comment expresses general support for the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR. The Draft EIR identified the Project Redesign alternative (Alternative 8.3), which would result in the reuse of some of the existing project site buildings, as the environmentally superior alternative to the proposed project.

83-5. CEQA does not require that the EIR provide an evaluation of potential economic impacts or an economic feasibility assessment of the proposed project, as suggested by this comment.

83-6. This comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

McMillion, Deana

From: Tim petter [trpetter@sbch.org]
Sent: Friday, September 23, 2005 10:00 AM
To: Unzueta, Irma
Cc: rbiscaro@sbch.org; Tpetter@sbch.org
Subject: Workforce Housing

LETTER No. 84

Irma,

84-1

I have been an employee of Cottage Health System for 25 years.If it wasn't for the city housing program Teresa and I would both be commuting from another area,maybe Ventura or Santa Maria.We are very grateful for the opportunity,when many native Santa Barbarans have had no choice but to move away for affordable housing.

In regards to the EIR issues and the St. Francis neighbors,I think it would be a mistake to try and re-use the existing building.Having toured the facility on numerous occasions,and done some work over there,I don't think it is a good idea.The building itself would require extensive work and earthquake retro-fitting,at a huge expense.The exterior of the building does not reveal what dire shape the inside and stucture is in.

I think the proposed project is not only appealing in design,but the neighbors will enjoy an even better view because of the design.The parking issue is partially due to the fact that many of the neighbors are concerned they will lose their parking in the existing St. Francis lot.These vehicles include some business trucks and vans that belong to neighbors,and should be parked elsewhere.

The constuction noise,dust,debris,etc. are all items that have been carefully addressed by Cottage.I thought they did an impressive job on the demo of the Eye Center,MRI,and other existing buildings.They separated materials and recycled a lot of the demo.

Thank you for your attention to this matter.I know you have worked long and hard to resolve some of these issues.

Tim Petter/Engineering Supervisor
Cottage Health System

11-355

Comment Letter No. 84
Tim Petter
Date: September 23, 2005

Response

84-1. These comments express support for the proposed project and general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: Adryén De Lorenzi [lagunachela@verizon.net]
Sent: Friday, September 23, 2005 4:21 PM
To: Unzueta, Irma
Subject: St. Francis Medical Center

LETTER No. 85

To Whom It May Concern:

After reviewing the EIR, I have to say the demolition of St. Francis Medical Center would be a mistake. The noise, pollution from trucks and other work, asbestos, lead, and other toxic debris being released, lumping more traffic problems on existing ones, and the other significant, short and long-term impact on the neighborhood, local schools, parks (especially Kids World and Alice Keck), and city would be in no way balanced by the addition of these condominiums. 85-1

Fortunately, there is an alternative we can look to. The existing building has a long history in Santa Barbara with many lives being touched by that history. If the building were already falling apart, demolition would possibly be called for. But here is a beautiful facility that could fill a very important place in Santa Barbara treating veterans or the elderly. I firmly believe the community would greatly benefit by using the structure in a medical capacity, especially through Cottage Hospital. I gave birth to my sons at Cottage Hospital and have had to visit emergency a few times. I've always received the best of care from Cottage Hospital. I welcome such care to the neighborhood in a responsible way. 85-2

Thank you for your attention to this matter.

Sincerely,

Adryen De Lorenzi
1320 Laguna St., #6
Santa Barbara, CA 93101
(805)892-2245

11-357

Comment Letter No. 85
Adryen De Lorenzi
Date: September 23, 2005

Response

85-1. This comment expresses general concern regarding potential noise, air quality, hazardous material, traffic and health impacts. No specific issues of concern are identified, therefore, specific responses cannot be provided. The Draft EIR evaluated the issues of concern and found that with the implementation of proposed mitigation measures, most of the environmental effects of the proposed project could be reduced to a less than significant level. The project would have the potential to result in significant construction-related noise impacts and cumulative traffic impacts at three intersections.

85-2. This comment suggests that the existing project site buildings should be retained and converted to an elder care facility. The alternatives to the proposed project that were evaluated by the Draft EIR were consistent with the requirements of *CEQA Guidelines* Section 15126.6(a), which requires that an EIR evaluate a reasonable range of alternatives to the proposed project that "... *would feasibly attain most of the basic objectives of the project*..." The primary objective of the Cottage Hospital Foundation Workforce Housing project is to provide housing opportunities for employees. Development of the project site as an elder care facility would not even partially implement that objective. Therefore, the evaluation of such an alternative is not required by CEQA and has not been added to the Final EIR.

McMillion, Deana

From: Karen Jones [kjones@sbch.org]
Sent: Friday, September 23, 2005 4:16 PM
To: Unzueta, Irma
Subject: Cottage Health System Housing Project

LETTER-No. 86

86-1

I am a manager at Santa Barbara Cottage Hospital. I want to let you know how important it is for the City of Santa Barbara to approve the proposed work-force housing plan, as presented, at the former St. Francis Medical Center location.

It is imperative for employers such as Cottage, to offer affordable housing to our employees in order to retain their expertise. In addition, as I am sure you are aware, it is difficult to recruit new employees due to the high housing costs. At this time, I am working on recruiting director-level and supervisor-level positions whose salaries, while they are at market for their roles, cannot even begin to meet the financial requirement to buy their own home.

Our community will be stronger if Santa Barbara employers' commit to providing affordable housing to their employees. This is exactly what Cottage is trying to do. In fact, Cottage designed the housing project based on numerous employee surveys. To be frank, employees do not want to live in an old hospital. Even under the best remodeling plans, this is not the Santa Barbara-like environment they crave.

Thank you for your support of this project. We all look forward to keeping Santa Barbara a place where people from various financial backgrounds, from low-income to the wealthy, can live.

11-359

Comment Letter No. 86
Karen Jones
Date: September 23, 2005

Response

86-1. These comments express support for the proposed project and general concerns about the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comments do not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: Barry Stoltz [barry.stoltz@gmail.com]
Sent: Friday, September 23, 2005 1:57 PM
To: Unzueta, Irma
Subject: Concerns Regarding Cottage Hospital's Housing Proposal

LETTER No. 87

Hello Irma Unzueta,

I have been a resident of the lower Riveria area for the past ten years, and, like residents thoroughout Santa Barbara, I've seen our street traffic and parking steadily increase over the years, while seeing no significant changes (with the exception of a couple of much-needed rotaries) to accomodate this increase. In light of these trends, I am concerned that the development of more than 100 houses by Cottage Hospital in the former St. Francis Hospital site will have a negative impact on traffic for our neighborhood, and that this impact has not been adequately addressed in the Draft Environmental Impact Report (DEIR) for the project. 87-1

The current proposal by Cottage to mitigate the risk to local traffic is to provide shuttle buses to and from Cottage. This proposal seems inadequate to me, for the simple reason that shuttles tend to be used very reluctantly by residents who have access to cars, and so predictions of the success of shuttles by developers has usually proven overly-optimistic. 87-2

The proposal should instead take a look at the approach used in the 1988 Los Angeles South Coast Air Quality project, in which a 25-30% decrease under current traffic rates was set as a primary goal. There are many ways to achieve this reduction in traffic. Shuttles are one example, and high-cost parking permits for single drivers is another. 87-3

A key part of the approach, however, is to hold Cottage responsible for their estimates of the impact on traffic. The proposal should determine the acceptable amount of traffic for the area and then outline how to monitor the traffic to see that this amount is not exceeded. This monitoring can be done electronically and reported publicly via the county's web site. Penalties could be imposed on Cottage for days that the agreed-upon maximum traffic is exceeded.

There is another concern, not related to traffic, that is raised by Cottage's development in the area: The proposed development could cause a shortfall in revenue for our schools and other tax-dependant services. This concern is based on Cottage's intentions to provide low cost housing. If Cottage builds a home that has a natural market value of $1M, but they sell it to their employees for $250K, I'm concerned that the community will suffer a shortfall any revenues that are dependant on property taxes.

Schools, for example, could be adversely affected. Although 60% of property tax funding goes to the state, and that money in turn funds the schools, that may not be the case a few years from now (our governor has hinted at turning his back to the counties in the future). 87-4

If Cottage were to pay money directly to the schools in the our district, a significant risk would be avoided.

It's great that Cottage wants to subsidize their employees' housing, but Cottage needs to address the effect these subsidies would have on our schools and community services.

9/27/2005

11-361

Comment Letter No. 87
Barry Stoltz
Date: September 23, 2005

Response

87-1. This comment indicates a concern that the Draft EIR did not adequately evaluate potential traffic impacts from the Cottage Hospital Foundation Workforce Housing project. No specific issues of concern are identified, therefore, specific responses cannot be provided.

The Draft EIR evaluated the potential for the proposed project to result in significant traffic impacts during the AM and PM peak traffic hours. That analysis concluded that the project would not result in significant project-specific traffic impacts based on the City's adopted traffic impact thresholds of significance. The project would contribute traffic to several intersections that currently have poor levels of service, including the intersections of Mission St/Bath Street, Anapamu St/Laguna St, and Arrellaga St/Garden St. While the project's contribution of traffic to those intersections is relatively small, based on the City's adopted significance thresholds for cumulative impacts, the cumulative impacts were identified as being significant and unavoidable by the Draft EIR.

87-2. The Draft EIR provided an analysis of the potential effectiveness of the proposed resident shuttle program, but concluded that although the shuttle would have beneficial effect, the program as presently proposed would not provide a quantifiable or permanent reduction in project-generated vehicle trips. Therefore, the traffic analysis did not consider trip reductions that could be provided by a shuttle program.

87-3. Please refer to response 87-2 regarding the feasibility of using a shuttle program to reduce the proposed project's traffic impacts. Please refer to comment No. 7-62, which indicates that project residents may receive a $75.00 per month parking cash out payment for using alternative transportation to travel to and from Cottage Hospital.

87-4. CEQA does not require that an EIR evaluate potential economic impacts of a proposed project (*CEQA Guidelines* Section 15131).

McMillion, Deana

From: Mkkake@aol.com
Sent: Friday, September 23, 2005 8:51 PM
To: Unzueta, Irma
Subject: DRAFT EIR - St. Francis

LETTER No. 88

I am another neighbor of the old St. Francis Hospital who is totally against the demolition of this complex. I am in favor of remodeling the existing buildings to provide housing for Cottage Hospital employees. 88-1

The elements that will be released into the air during the demolition are unhealthy.

Mary Frink 425 E. Valerio St., S.B. 93101

Comment Letter No. 88
Mary Frink
Date: September 23, 2005

Response

88-1. This comment expresses general support for the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR. The Draft EIR identified the Project Redesign alternative (Alternative 8.3), which would result in the reuse of some of the existing project site buildings, as the environmentally superior alternative to the proposed project.

McMillion, Deana

From: robyn geddes [robyn_geddes@hotmail.com]
Sent: Friday, September 23, 2005 5:45 PM
To: Unzueta, Irma

LETTER No. 89

Dear Santa Barbara:

Did it ever occur to the local citizens the conflict of interest both in Mr. Biscaro leaving Saint Francis to work for Cottage or that Mr. Towbes sits on the board of Cottage but would also have a hand in building the new condominiums? The City should require that homes designated for hospital employees be used solely for that purpose. Watching Mr. Werft with a posse of lawers bully public meetings makes it all too obvious who really benefits from this all! 89-1

Comment Letter No. 89
Robyn Geddes
Date: September 23, 2005

Response

89-1. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comment will be forwarded for decision-maker consideration.

McMillion, Deana

From: Unzueta, Irma
Sent: Friday, September 23, 2005 4:35 PM
To: McMillion, Deana; 'Rodriguezaicp@aol.com'
Subject: FW: Cottage Health System

LETTER NO. 90

-----Original Message-----
From: Sharon Lutz [mailto:s1lutz@sbch.org]
Sent: Friday, September 23, 2005 4:33 PM
To: Unzueta, Irma
Subject: Cottage Health System

Irma,

90-1

I hope I can count on your support for Cottage Health Systems employee housing project. Santa Barbara is a wonderful place to live, but very expensive. I have lost valuable, talented employees who could no longer afford to live here.

Cottage employees are truely the salt of the earth. They are full of compassion and, above all else, are driven to serve people who are experiencing serious, often life threatening healthcare needs. They do meaningful work that makes a difference. None will become financially rich, but they feel richly rewarded every day through helping others.

Many of our staff just can not afford to live in Santa Barbara. The American dream of home ownership is just not possible. Recruitment and retention is becoming ever more difficult.

Remember Cottage when your child needs care in the middle of the night.
Remember Cottage has been and will always be there when you need us.
Remember that health care workers make great neighbors!

I thank you in advance for your careful attention to this critical matter.

Sharon Lutz
VP Quality Support Services
Cottage Health System

11-367

Comment Letter No. 90
Sharon Lutz
Date: September 23, 2005

Response

90-1. This comment expresses support for the proposed project. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comment will be forwarded for decision-maker consideration.

Mary Elizabeth Barron
15 East Padre Street
Santa Barbara, CA 93105

September 23, 2005

Mayor Marty Blum and Santa Barbara City Council
City of Santa Barbara Planning Commission
City of Santa Barbara
P.O. Box 1990
Santa Barbara, CA 93102-1990

LETTER No. 91

Re: Comments on Draft EIR for the Santa Barbara Hospital Foundation Workforce Housing Project dated June 2005

Dear Madam Mayor, Council Members and Planning Commissioners:

For nearly the past 25 years I have lived within a mile or less of St. Francis Medical Center – from approximately 1980-90 at 1600 Oramas Road, where my parents still reside (they are probably the only two octogenarians who still walk their dogs around the neighborhood of the proposed project and have also submitted a comment letter); then from 1990-2001 at 18 East Valerio Street; and from 2001 to present at 15 East Padre Street. I was fortunate to live on the lower Riviera during the operation of the hospital which always co-existed with the residential neighborhood as a good corporate citizen, even when it expanded its surgery wing and had to close down California Street for a number of months.

My comments focus on the proposed project's density and plans to level the historically significant hospital for the benefit of a very limited segment of the community, employees of Cottage Hospital, and the handful of others who might be able to afford the market rate units. 91-1

The development which the Cottage Foundation proposes will overwhelm what is already a congested residential neighborhood. Over the years the lower Riviera has accommodated more and more commercial entities in conjunction with the operation of the medical center. 91-2

91-3

"The General Plan designates this neighborhood primarily for a density of three dwelling units to the acre with <u>small portions</u> to the west and south at higher densities of twelve dwelling units to the acre." (DEIR section 6.1, emphasis added.)

91-4

The project proposes a density of 19.36 units per acre on a 5.94 acre project site. That is over <u>six times the recommended density</u> for this neighborhood by the General Plan. Perhaps a one acre parcel with this density could meld into this residential Riviera neighborhood. However, when

you multiply six times the recommended density on each of the nearly six acres of the project site, the impacts to the neighborhood should be obvious. It should be noted that the proposed project would provide 42 units above the base density allowed by the project site's zoning designation. (DEIR section 6.2.) From a quality of life standpoint considering typical neighbor relation type issues such as parking, congestion, and noise, there is a big difference in having one corporate neighbor, such as St. Francis, versus 115 individual owners who are suddenly insinuated into the neighborhood. 91-4 CONT

"Under the project site's existing land use designation, a maximum of 71 dwelling units could be developed on the project site. State bonus density provisions would allow a bonus density of 25 percent..." (DEIR section 6.1)

The City should not approve the project simply because it can justify the density under its affordable housing policies. Similarly, the Cottage Foundation should practice some good corporate citizenship, and not muscle through the project at its proposed density, simply because it can. Cottage Hospital has enjoyed a fine relationship with this community for many years. With that kind of relationship there are obligations to the community. Moreover, if the Foundation's concern truly is to supply workforce housing, then it should stick to that and not try to profit from the inclusion of market rate units on top of an already increased density under the affordable housing exception. 91-5

The project alternatives should be fully explored including using only existing on-site buildings to develop new residences, and reducing the number of units. (DEIR section 8.)

91-6

Although not a designated landmark, the hospital building has historical significance in this community, similar to the Arlington Theatre, the Old Mission and the Lobero Theatre. To level it would be tragic. It is inconceivable that the Historic Landmarks Commission has determined that the demolition of the hospital buildings to implement this project could be reduced to a "less than significant" level if the Cottage Foundation was to provide a "commemorative plaque detailing the history" of Saint Francis Hospital. Using the existing building is a viable alternative under which 89 residences could be developed (DEIR section 6.3.1) and also would preserve St. Francis which for many years would continue to be a significant component of the Santa Barbara community.

Thank you for considering my comments.

Yours truly,

Mary Elizabeth Barron

Mary Elizabeth Barron

cc: Irma Unzueta, Project Planner

Comment Letter No. 91
Mary Elizabeth Barron
Date: September 23, 2005

Response

91-1. The Historical Structures Report prepared for the proposed project concluded that the Saint Francis hospital was a significant part of the City's heritage, however, the buildings located on the project site do not qualify as a National, State or City landmark due to the extensive structural modifications that have occurred during their years of use. On April 28, 2004, the Historic Landmarks Commission (HLC) accepted this conclusion and agreed that the existing hospital structures are not historically significant. However, the HLC did find that the long-term presence of the hospital facility within the City is historically significant and recommended that the site be memorialized with a commemorative plaque. The HLC determined that such a commemoration would be adequate to reduce the historic resource impacts of the proposed project to a less than significant level. To clarify the requirement of the HLC to provide on-site recognition of the presence of the Saint Francis Hospital, proposed mitigation measure CUL- 2a has been revised as follows:

CUL-2a Historic Display. A commemorative display to educate the public regarding the history of the former St. Francis Hospital shall be integrated within the proposed housing project's open space area located at the corner of Micheltorena and Salsipuedes Streets. All text to be included in the display shall be written by a City qualified Historical Consultant and all text and photographs to be included in the display shall be approved by the City's Historic Landmarks Commission. Additionally, at least one of the art pieces from the former St. Francis Hospital shall be maintained on the project site.

91-2. The Draft EIR evaluated the potential for the proposed project to result in significant traffic impacts during the AM and PM peak traffic hours. That analysis concluded that the project would not result in significant project-specific traffic impacts in the project area based on the City's adopted traffic impact thresholds of significance. The project would contribute traffic to several intersections that currently have poor levels of service, including the intersections of Mission St/Bath Street, Anapamu St/Laguna St, and Arrellaga St/Garden St. While the project's contribution of traffic to those intersections is relatively small, based on the City's adopted significance thresholds for cumulative impacts, the cumulative impacts were identified as being significant and unavoidable by the Draft EIR.

91-3. As indicated by the Draft EIR (Project Description, page 3-4), the increase in unit density on the project site may be allowed under the City's bonus density program for providing affordable dwelling units.

91-4. Please refer to response 91-3. The Draft EIR indicated that the project would result in 42 units above the base zoning density. The Draft EIR also evaluated the proposed

project's traffic and traffic noise impacts in comparison the "baseline" conditions that existed when the Saint Francis Hospital was in operations. For the most part, the traffic and noise impacts of the proposed project would be similar to the conditions that existed when the hospital was in operation.

91-5. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

91-6. Please refer to response 91-1 regarding the historical significance of the Saint Francis Hospital buildings. This comment expresses general support for the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR. The Draft EIR identified the Project Redesign alternative (Alternative 8.3), which would result in the reuse of some of the existing project site buildings, as the environmentally superior alternative to the proposed project.

LETTER No. 92

Mr. Forrest Wilde
317 W Michelorena St.
Santa Barbara, CA 93101

SANTA BARBARA CA 93102
SEP 2005

ZIP CODE

RECEIVED
SEP 12 2005
CITY OF SANTA BARBARA
PLANNING DIV.

City of Santa Barbara
Planning Div.
Attn: Irma Unzueta
PO Box 1990
Santa Barbara, CA, 93102-1990

92-1

Planning Div - Irma Unzueta 9/7/06

About Cottage Hospitals plans for residential use at the St. Francis property. We definately favor use of existing on-site buildings to develop - new residences.

Forrest B Wilde & Grace Wilde

Comment Letter No. 92

Forrest and Grace Wilde
Date: September 23, 2005

Response

92-1. This comment expresses support for the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR. The comments will be forwarded for decision-maker consideration.

McMillion, Deana

From: Richard Hallerman [rhallerman@sbch.org]
Sent: Saturday, September 24, 2005 9:16 AM
To: Unzueta, Irma
Cc: rbiscaro@sbch.org
Subject: SBCH Workforce Housing Project.

LETTER NO. 93

Ms. Unzueta,

93-1

I am a SBCH employee and I would not want to live in a refurbished hospital, would you? Many of us like where we live now, but we would like to live closer to work. However, we work in a hospital building. We wouldn't want to live in one as well. I think the concept of new condominiums at the former St. Francis site is a good one and will benefit the neighborhood which I believe the neighbors would agree with. The common thread that I see in all their complaints is that the old St. Francis hospital holds some sentimental value for them. It is this resistance to change that clouds their sense of fairness and makes them sound unreasonable and self-interested.

If you should decide that we are better served by living in a refurbished hospital building, I feel certain, that not only will there not be a waiting list to live there, but the units will not be purchased by hospital employees and the project will be a failure. Thank you.

Sincerely,
Richard Hallerman
Biomed - Santa Barbara Cottage Hospital

Comment Letter No. 93
Richard Hallerman
Date: September 24, 2005

Response

93-1. This comment expresses general support for the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR. The Draft EIR identified the Project Redesign alternative (Alternative 8.3), which would result in the reuse of some of the existing project site buildings, as the environmentally superior alternative to the proposed project.

3.0 SEPTEMBER 8, 2005, PUBLIC HEARING COMMENTS

The following comments were provided during the September 8, 2005 Planning Commission hearing on the Draft EIR prepared for the Cottage Hospital Foundation Workforce Housing project.

Tom Ostwald. Comments provided by Mr. Ostwald at the public hearing were similar to the comments provided in his letter dated September 21, 2005. Please refer to responses to comment letter No. 54.

Tom Lee. Mr. Lee indicated that not all Cottage Hospital employees work from 9 AM to 5 PM, and that he would use a shuttle if it were provided.

Please refer to Master Response No. 2 regarding the Draft EIR's assumptions regarding the shift hours of Cottage Hospital Employees.

The Draft EIR provided an analysis of the potential effectiveness of the proposed resident shuttle program, but concluded that although the shuttle would have beneficial effect, the program as presently proposed would not provide a quantifiable or permanent reduction in project-generated vehicle trips. Therefore, the traffic analysis did not consider trip reductions that could be provided by a shuttle program.

Helen Paul. Ms Paul expressed concern that project residents would not be allowed to reside in the proposed project after they retire.

The social and economic concerns raised by this comment are issues that must be considered by future residents of the project, and do not have the potential to result in significant environmental impacts. As required by *CEQA Guidelines* Section 15131, the Draft EIR is not required to evaluate such effects.

Jason Larson. Mr. Larson indicated that he would use the proposed resident shuttle if it is provided.

The Draft EIR provided an analysis of the potential effectiveness of the proposed resident shuttle program, but concluded that although the shuttle would have beneficial effect, the program as presently proposed would not provide a quantifiable or permanent reduction in project-generated vehicle trips. Therefore, the traffic analysis did not consider trip reductions that could be provided by a shuttle program.

Mollie Kellogg Gusman. Ms. Gusman indicated that during an emergency, it is important to have emergency workers located in the community. She also indicated that she avoids driving through the Mission/Bath intersection and would use the project shuttle.

Comments regarding housing for emergency workers expresses general support for the approval of the proposed project and do not address the adequacy of the environmental review provided by the Draft EIR.

The project would contribute traffic to several intersections that currently have poor levels of service, including the intersections of Mission St/Bath Street, Anapamu St/Laguna St, and Arrellaga St/Garden St. While the project's contribution of traffic to those intersections is relatively small, based on the City's adopted significance thresholds for cumulative impacts, the cumulative impacts were identified as being significant and unavoidable by the Draft EIR.

The Draft EIR provided an analysis of the potential effectiveness of the proposed resident shuttle program, but concluded that although the shuttle would have beneficial effect, the program as presently proposed would not provide a quantifiable or permanent reduction in project-generated vehicle trips. Therefore, the traffic analysis did not consider trip reductions that could be provided by a shuttle program.

Joan Marshall. Ms. Marshall expressed concerns about building demolition emissions and that the existing buildings on the project site should be retained.

Please refer to Master Response No. 1, which describes the health risk assessment that was conducted for the proposed project. That assessment determined that the proposed project would not result in significant health-related impacts.

This comment also expresses general support for the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

Rozella Sanderson. Ms. Sanderson expressed concerns about building demolition emissions and that the existing buildings on the project site should be retained.

Please refer to Master Response No. 1, which describes the health risk assessment that was conducted for the proposed project. That assessment determined that the proposed project would not result in significant health-related impacts.

This comment also expresses general support for the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

Sharon A. Lezotte Ms. Lezotte indicated that she would use the project shuttle if it were provided.

The Draft EIR provided an analysis of the potential effectiveness of the proposed resident shuttle program, but concluded that although the shuttle would have beneficial effect, the program as presently proposed would not provide a quantifiable or permanent reduction in project-generated vehicle trips. Therefore, the traffic analysis did not consider trip reductions that could be provided by a shuttle program.

Jeffrey Cypress. Mr. Cypress indicated that he supported the reuse of the existing buildings on the project site.

Dee Duncan/Mary Louise Days. Ms Duncan read into the record a letter prepared by Ms Days. A copy of the letter dated September 6, 2005, was also submitted. Please refer to responses to comment letter No. 11.

This comment also expresses general support for the implementation of the building reuse alternatives that were evaluated by the Draft EIR. The comment does not address the adequacy of the environmental impact analysis provided by the Draft EIR.

John McKinney. Comments provided by Mr. McKinney at the public hearing were similar to the comments provided in his letter dated September 8, 2005. Please refer to responses to comment letter No. 16.

Steve Dowty. Mr. Dowty provided comments regarding the implementation of the alternatives that would result in the development of 89 units on the project site; potential environmental effects resulting from the "bowl" topography of the project area; and the historical significance of the "bungalow haven" neighborhood.

The evaluation of alternatives to the proposed project provided by the Draft EIR is consistent with the requirements of CEQA Guidelines Section 15126.6(d), which states: "*The EIR shall include sufficient information about each alternative to allow meaningful evaluation, analysis, and comparison with the proposed project.*" The section also indicates that "*If an alternative would cause one or more significant effects in addition to those that would be caused by the project as proposed, the significant effects of the alternative shall be discussed, but in less detail than the significant effects of the project as proposed.*" The level of analysis detail provided by the Draft EIR is adequate to allow a meaningful comparison of potential environmental impacts that would result from the proposed project, and that could result from the alternatives that were evaluated. To supplement the alternatives analysis provided by the DEIR, additional information regarding the two building reuse alternatives is provided by Master Response No. 3. The supplemental information has not changes the conclusions of the Draft EIR and the Project Redesign alternative is still considered by the EIR to be the environmentally superior project alternative.

As indicated by the Draft EIR, the topography of the project site and surrounding area slopes to the south. Other than a very small topographic depression in the vicinity of Laguna Street, approximately 900 feet south of the project site, the topography of project area consistently slopes southward. As a result, the topography of the project area is not "bowl-shaped" and would not substantially contribute to trapping or concentrating emissions from the project site.

The draft EIR described the project area by the commonly used reference of the "Lower Riviera" neighborhood. The Final EIR has been amended to indicate that the project area is

also referred to as "Bungalow Haven." This addition does not affect any of the conclusions of the EIR regarding potential impacts of the proposed project.

Cheri Rae. Comments provided by Ms. Rae the public hearing were similar to the comments provided in her letter dated September 22, 2005. Please refer to responses to comment letter No. 3.

John Sells. Mr. Sells expressed concerns regarding potential parking impacts during County Bowl events.

Parking- and traffic-related impacts associated with the County Bowl were not considered by the Draft EIR to be representative of existing on-street parking or traffic conditions in the project area and were not included in the EIR's evaluation of potential project-related traffic and parking impacts. Traffic and parking impacts resulting from County Bowl events occur approximately 25 times per year (the number of events conducted at the bowl each year) and affect the neighborhoods adjacent to Bowl for approximately three to four hours each time an even occurs. Due to the temporary and intermittent nature of County Bowl-related traffic and parking impacts, conditions that exist immediately before, during and after County Bowl events were not used to describe existing environmental conditions, or to evaluate the parking-related impacts of the proposed project. Furthermore, the EIR's evaluation of the parking demand of the proposed housing project and the supply of parking spaces that would be provided on the project site indicated that the proposed project would not result in significant parking impacts in the vicinity of the proposed project. The Final EIR has been amended to indicate that events at the County Bowl result in intermittent and short-term parking impacts in the neighborhoods surrounding the project site.

Robin Dawson. Ms. Dawson indicated that not all Cottage Hospital employees work from 9 AM to 5; that she avoids driving through the Mission/Bath intersection and would use the project shuttle.

Please refer to Master Response No. 2 regarding the Draft EIR's assumptions regarding the shift hours of Cottage Hospital Employees.

The Draft EIR provided an analysis of the potential effectiveness of the proposed resident shuttle program, but concluded that although the shuttle would have beneficial effect, the program as presently proposed would not provide a quantifiable or permanent reduction in project-generated vehicle trips. Therefore, the traffic analysis did not consider trip reductions that could be provided by a shuttle program.

The project would contribute traffic to several intersections that currently have poor levels of service, including the intersections of Mission St/Bath Street, Anapamu St/Laguna St, and Arrellaga St/Garden St. While the project's contribution of traffic to those intersections is relatively small, based on the City's adopted significance thresholds for cumulative impacts, the cumulative impacts were identified as being significant and unavoidable by the Draft EIR.

Judy McKee. Comments provided by Ms. McKee at the public hearing were similar to the comments provided in her letter dated September 20, 2005. Please refer to responses to comment letter No. 40.

Stephen Fountain. Comments provided by Mr. Fountain the public hearing were similar to the comments provided in her letter dated September 20, 2005. Please refer to responses to comment letter No. 34.

Peggy Phillips. Ms. Phillips expressed concern about: potential noise impacts and apparent inconsistencies in the EIR regarding the duration of the project construction; how hazardous material effects would be monitored; and vibration impacts. Ms. Phillips also provided comments that supported the reuse of the existing buildings on the project site.

The Draft EIR concluded that construction-related noise impacts of the proposed project would result in a significant and unavoidable impact to residences adjacent to the project site. Long-term traffic noise impacts of the project, however, were determined to be less than significant based on noise significance thresholds adopted by the City of Santa Barbara. Please refer to Draft and Final EIR table 3.3-2 for a description of proposed project phasing activities. The total construction duration of the project would be approximatley 67 weeks.

Compliance with existing hazardous material abatement, handling and disposal regulations, as briefly described by the Draft EIR; and mitigation measures provided by the Draft EIR, such as HAZ-1b, which requires certification that hazardous materials have been removed from the existing buildings prior to demolition, would reduce the potential for an accidental release of hazardous materials to a less than significant level. In the unlikely event of a hazardous material release from the project site, remediation activities would be required in compliance with existing regulations. The implementation and completion of site remediation activities would likely be supervised by local regulatory authorities, such as the City Building and Safety Department or the County Fire Department. The on-site Project Environmental Coordinator, who is responsible for monitoring the project's compliance with mitigation measures/conditions of approval, would ensure compliance with hazardous material impact reduction measures. Therefore, existing regulatory programs provide adequate oversight for potential accidental hazardous material release impacts and additional mitigation measures are not required.

Proposed mitigation measure N-2a outlines an extensive vibration impact monitoring program, and requires that the project applicant be responsible for the cost of repairing project-related vibration damage. Mitigation Measure N-2a has been modified to expand the required monitoring area from 50 to 100 feet from the project site property line. Proposed mitigation measure N-1f also provides a mechanism for project-area residents to register complaints about vibration impacts before structural damage occurs.

The Draft EIR identified the Project Redesign alternative (Alternative 8.3), which would result in the reuse of some of the existing project site buildings, as the environmentally superior alternative to the proposed project.

Georgia Tracy. Ms. Tracy provided comments that supported the reuse of the existing buildings located on the project site.

The Draft EIR identified the Project Redesign alternative (Alternative 8.3), which would result in the reuse of some of the existing project site buildings, as the environmentally superior alternative to the proposed project.

Sydney Siemens. Comments provided by Ms. Siemens at the public hearing were similar to the comments provided in her letter dated September 13, 2005. Please refer to responses to comment letter No. 27.

Larry Gerstein. Mr. Gerstein expressed concerns regarding the feasibility of the proposed shuttle program; traffic impacts of the proposed project; and that an alternative that evaluates the development of housing at several smaller project sites be evaluated.

The Draft EIR provided an analysis of the potential effectiveness of the proposed resident shuttle program, but concluded that although the shuttle would have beneficial effect, the program as presently proposed would not provide a quantifiable or permanent reduction in project-generated vehicle trips. Therefore, the traffic analysis did not consider trip reductions that could be provided by a shuttle program.

The Draft EIR evaluated the potential for the proposed project to result in significant traffic impacts during the AM and PM peak traffic hours. That analysis concluded that the project would not result in significant project-specific traffic impacts in the project area based on the City's adopted traffic impact thresholds of significance. The project would contribute traffic to several intersections that currently have poor levels of service, including the intersections of Mission St/Bath Street, Anapamu St/Laguna St, and Arrellaga St/Garden St. While the project's contribution of traffic to those intersections is relatively small, based on the City's adopted significance thresholds for cumulative impacts, the cumulative impacts were identified as being significant and unavoidable by the Draft EIR.

The concept of developing workforce housing on multiple project sites was initially considered by the Draft EIR and rejected as not being a feasible alternative to the proposed project (Draft EIR, page 8-2). A multiple project site alternative was rejected because most of the other properties owned by Cottage Hospital have been developed, and would not be suitable for the development of a workforce housing project that meets the objectives of the proposed project. *CEQA Guidelines* section 15126.6(a) requires that an EIR evaluate a reasonable range of alternatives to the proposed project that "... *would feasibly attain most of the basic objectives of the project*..." The acquisition of multiple project sites to implement the construction of an affordable housing project would not be financially feasible.

Naomi Kovacs.* Comments provided by Ms. Kovacs at the public hearing were similar to the comments provided in her letter dated September 23, 2005. Please refer to responses to comment letter No. 6.

Mitch Rosenbaum. Mr. Rosenbaum indicated that the proposed shuttle would be used by project residents.

The Draft EIR provided an analysis of the potential effectiveness of the proposed resident shuttle program, but concluded that although the shuttle would have beneficial effect, the program as presently proposed would not provide a quantifiable or permanent reduction in project-generated vehicle trips. Therefore, the traffic analysis did not consider trip reductions that could be provided by a shuttle program.

Jan Winford. Comments provided by Ms. Winford at the public hearing were similar to the comments provided in her letter dated September 22, 2005. Please refer to responses to comment letter No. 62.

Bill Cottingham. Comments provided by Mr. Cottingham at the public hearing were similar to the comments provided in his letter dated September 20, 2005. Please refer to responses to comment letter No. 42.

4.0 PLANNING COMMISSIONER SEPTEMBER 8, 2005 HEARING COMMENTS

The following comments regarding the EIR prepared for the Cottage Hospital Foundation Workforce Housing project were provided by the Planning Commission at the September 8, 2005 hearing on the Draft EIR.

1. **Provide additional information regarding the building reuse alternatives.**

   Please refer to Master Response No. 3.

2. **Provide quantitative information regarding the alternatives in a summary table.**

   Please refer to Master Response No. 3

3. **Provide additional information regarding the economics of the of the building reuse alternatives.**

   The *CEQA Guidelines* provide direction regarding the evaluation of "feasible" alternatives in Section 15126.6(f)(1), which states: "*Feasibility. Among the factors that may be taken into account when addressing the feasibility of alternatives are site suitability, economic viability, availability of infrastructure, general plan consistency, other plans or regulatory limitation, jurisdiction boundaries...and whether the proponent can reasonably acquire control or otherwise have access to the alternative site...No one of these factors establishes a fixed limit on the scope of reasonable alternatives.*" Additional guidance regarding the evaluation of a reasonable range of alternatives is provided by *CEQA Guidelines* Section 15126.6(b) when it states: "*...the discussion of alternatives shall focus on alternatives to the project or its location which are capable of*

avoiding or substantially lessening any significant effects of the project, even if these alternatives would impede to some degree the attainment of the project objectives, or would be more costly."

In terms of financial feasibility, it is recognized that there could be cost differences between demolishing all existing structures and retrofitting the buildings for residential use. No cost differential data was available for review at the time the Draft EIR was prepared, and no information has been subsequently provided by the project applicant. It has been assumed for the EIR analysis that under the building reuse alternatives, decreased demolition activities and associated costs, along with reduced waste disposal costs, would generally offset additional costs associated with retrofitting the existing buildings. While it is not the intent of CEQA to require applicants to implement financially infeasible projects, it is a requirement of CEQA to evaluate the environmental impacts of a reasonable range of alternatives to the proposed project. Given the direction provided by CEQA that no single feasibility factor shall be used to limit the scope of reasonable alternatives evaluated in an EIR (i.e., economics), the two building reuse alternatives evaluated by the Draft EIR were considered to be feasible alternatives to the proposed project for the purpose of evaluating a reasonable range of project alternatives.

4. **Compare the ability of the building reuse alternatives to meet the proposed project objectives.**

   It is the purpose of the EIR alternatives analysis "*to foster informed decision-making and public participation*" even if the "*alternatives would impede to some degree the attainment of the project objectives, or would be more costly*" [CEQA Guidelines Section 15126.6 (a) and (b)]. While an alternative that evaluates the development of fewer units than what is included in the proposed project may not meet the objectives of the project applicant, this is not necessarily an appropriate reason to reject the alternative from further consideration under CEQA. Under the requirements of CEQA, a project's objectives may not be defined so narrowly as to preclude the identification of reasonable range of alternatives that are also capable of obtaining, to at least some degree, the objectives of the project. For example, it would not be appropriate to define an objective of the Cottage Hospital Foundation Workforce Housing project as "develop 115 units on the project site." Such a precise objective could make the evaluation of all alternatives that consider the development of fewer units inconsistent with the objectives of the project. The EIR has fulfilled its CEQA alternatives analysis requirement by evaluating a reasonable range of alternatives, including the reuse of existing buildings located on the project site for residential purposes, even though the building reuse alternatives would result in the development of fewer units than the proposed project. It will be the charge of the City decision-makers to weigh and balance the merits and drawbacks of the project and the alternatives to the project.

5. **Provide additional detail regarding the proposed project resident shuttle program.**

   Please refer to Master Response No. 2 for additional information regarding the EIR's evaluation of the proposed project resident shuttle program. In summary, the EIR provided an evaluation of the proposed shuttle program and included several mitigation measures to maximize the effect of the shuttle, such as requirements to monitor its use by

project residents, and if necessary, a requirement to expand its service routes or make it available to neighboring residents. Despite these mitigation measures, the EIR concluded that although the shuttle would have beneficial effect, the level of shuttle use cannot be assured, and the program as presently proposed is not considered to provide a quantifiable or permanent reduction in project-generated vehicle trips. Therefore, the EIR did not give mitigation "credit" for reducing project-related cumulative traffic impacts to a less than significant level.

6. **Clarify if there is a cumulative traffic impact at the intersection of Mission St/Bath St.**

   Cumulative traffic impacts were identified as a significant and unavoidable impact of the proposed project. This determination was made not because the project would add a substantial amount of traffic to intersections that currently operate at unacceptable levels of service, but because the City has adopted a very low threshold of significance for cumulative traffic impacts. Specifically, the proposed project would add 11 PM peak hour trips to the Mission St/Bath St intersection, eight PM peak hour trips to the Anapamu St/Laguna St intersection, and 13 AM peak hour trips to the Arrellaga St/Garden St intersection. The City's threshold of significance for cumulative impacts at an intersection that is not operating at an acceptable level of service is when traffic is added during the peak hour.

   To evaluate the potential effectiveness of the proposed shuttle program, the EIR made a number of assumptions regarding it use by project residents. Based on those assumptions, the Final EIR has concluded that the shuttle could have the potential to reduce all of the proposed project's cumulative traffic impacts to a less than significant level. However, as indicated above, the EIR and the City cannot ensure, even with the implementation of proposed mitigation measures, that the EIR's shuttle use and effectiveness analysis assumptions can be achieved and quantified over the life of the housing project. Therefore, the Final EIR has continued to conclude that the cumulative traffic impacts of the proposed project are significant and unavoidable.

7. **Provide traffic data about how conditions changed when the Saint Francis Hospital closed.**

   The evaluation of project-related traffic impacts provided by the EIR considers two scenarios: traffic conditions that existed when the Saint Francis hospital was in operation (baseline conditions), and traffic conditions that presently exist in the project area (existing conditions). Therefore, the evaluation of potential traffic impacts has considered a full range of possible traffic conditions on streets that could be affected by the proposed project. The evaluation of additional traffic scenarios, such as traffic conditions that existed just before or after the hospital closed is not necessary to adequately assess the potential traffic impacts of the proposed project. The impact analysis found little difference between the two scenarios, indicating that some traffic increases have occurred in the area since the closure of the hospital.

8. **The proposed project's traffic analysis should include hospital employee shift change information.**

   Please refer to Master Response No. 2 for a detailed explanation why hospital employee shift change information was not included in the EIR traffic impact analysis. In summary, it cannot be determined at this time how many of each type of hospital employee would occupy the project, and the "mix" of employee types is likely to change over the life of the project. Any attempt to predict trip timing characteristics of the project residents would be speculative and would not provide meaningful conclusions. Therefore, AM and PM peak hour traffic generation characteristics of the proposed project were based on applicable ITE trip generation factors, which reflect typical hospital-related traffic characteristics and employee shift mixes, rather than unquantifiable assumptions regarding project occupant shift schedule characteristics.

9. **Provide an evaluation of the proposed project's potential parking impacts.**

   The Draft EIR evaluated the proposed project's potential parking demand using several factors, including the City of Santa Barbara Zoning Ordinance parking requirements, parking requirements from other cities, the ITE Parking Generation Handbook, and vehicle ownership data from the 2000 Census. The proposed project would provide 254 parking spaces on the project site for use by project residents, which would meet, exceed, or be generally consistent with each of the above parking demand references. Therefore, the Draft EIR concluded that the proposed project would not result in a significant demand for the approximately 136 on-street parking spaces that are available within one block of the project site, and that the proposed project would not result in a significant parking impact.

10. **Clarify the proposed mitigation measure to limit truck traffic in residential areas.**

    Proposed mitigation measures N-1n and TRF-7a require standard City measures that truck traffic related to project construction be limited to the routes specified by the City of Santa Barbara, and that truck traffic through residential neighborhoods be minimized to the "extent possible." The intent of the mitigation measures is to establish construction traffic routes that reduce the potential for impacts to as many streets in the project area as feasible. The mitigation measures indicate that truck traffic through residential neighborhoods shall be limited to the "extent possible" because it would not be feasible to restrict construction-related traffic from all residential neighborhoods and still gain access to the project site.

11. **Include traffic that would be generated by the future on-site duplex units in the project's traffic analysis.**

    Traffic that could be generated by the future development of duplex units on the northern portion of the project site was included in the EIR's analysis of cumulative traffic impacts.

12. **Clarify proposed mitigation measures related to the reduction of diesel particulate matter emissions.**

The construction equipment emission mitigation measures provided in the Draft EIR (mitigation measures AQ-2a through AQ-2j) were derived from the APCD's *Scope and Content of Air Quality Sections in Environmental Documents (June, 2004).* That document, as well as the 2005 and 2006 updated versions, indicates that mitigation requirements for the use of diesel engines manufactured after 1996 is to be implemented "wherever feasible," and that the diesel catalytic converters and particulate filters are to be used "if available."

Although not required to reduce a project-related air quality impacts to a less than significant level, proposed mitigation measure AQ-2a (use post-1996 diesel engines) has been modified in the Final EIR to delete "wherever feasible." The Mitigation Monitoring and Reporting Plan (MMRP) requires verification that the measure has been implemented at the project site.

It should be recognized that the current availability of diesel emission control technology for off-road equipment is limited, and approved retrofit systems may not presently be available for all types of construction equipment used on the project site. Therefore, it may not be feasible to install certified and/or verified diesel emission control retrofit equipment on all diesel-powered equipment that may be used on the construction site. Therefore, mitigation measure AQ-2g has not been revised and remains consistent with the mitigation requirements specified by the APCD's *Scope and Content of Air Quality Sections in Environmental Documents.*

The monitoring provisions for this mitigation measure have been revised to require that the project applicant/developer submit to the City information indicating what steps were taken to locate and use diesel construction equipment on the project site that has been retrofitted with diesel particulate matter control filters or oxidation catalysts, as required by the condition. This monitoring requirement applies to each piece of diesel-powered equipment that would be used on the project site. If it is demonstrated to the satisfaction of the City that a good-faith effort was made to use retrofitted diesel-powered equipment on the project site, but that such equipment is not available or it would not be feasible to use the equipment on the project site, the use of such equipment would not be required.

This approach to mitigation measure implementation is consistent with *CEQA Guidelines* Section 15126.4(a)(1) which requires that an EIR describe feasible mitigation measures. In determining if a mitigation measure is feasible, *CEQA Guidelines* Section 15021(b) states: "*In deciding whether changes in a project are feasible, an agency may consider specific economic, environmental, legal, social and technological factors.*" Therefore, if it is adequately demonstrated that the use of retrofitted construction equipment is not feasible due to technological reasons, CEQA does not require that the measure be implemented.

13. **Provide additional information on potential air quality effects of "bowl" topography.**

    As indicated by the Draft EIR, the topography of the project site and surrounding area slopes to the south. Other than a very small topographic depression in the vicinity of Laguna Street, approximately 900 feet south of the project site, the topography of project area consistently slopes southward. As a result, the topography of the project site and the areas adjacent to the site are not "bowl-shaped" and would not substantially contribute to trapping or concentrating emissions from the project site. Please refer to Master Response No. 2 for additional information regarding the evaluation of potential health effects caused by project-related construction equipment emissions.

14. **Provide additional information how potential project-related health effects are monitored.**

    Compliance with existing hazardous material abatement, handling and disposal regulations, as briefly described by the Draft EIR; and mitigation measures provided by the Draft EIR, such as HAZ-1b, which requires certification that hazardous materials have been removed from the existing buildings prior to demolition, would reduce the potential for an accidental release of hazardous materials to a less than significant level. In the unlikely event of a hazardous material release from the project site, remediation activities would be required in compliance with existing regulations. The implementation and completion of site remediation activities would be supervised by local regulatory authorities, such as the City Building and Safety Department and the County Fire Department. The on-site Project Environmental Coordinator, who is responsible for monitoring the project's compliance with mitigation measures/conditions of approval, would ensure compliance with hazardous material impact reduction measures. Therefore, existing regulatory programs provide adequate oversight for potential accidental hazardous material release impacts and additional mitigation measures are not required.

    The analysis of the proposed project's potential chronic respiratory health effects determined that project-related emissions of diesel particulate matter from construction equipment would not result in a significant health-related impact (Class III). To reduce construction-related emissions of criteria pollutants and diesel exhaust from the project to the extent feasible, the Final EIR provides a variety of recommended mitigation measures. Compliance/monitoring requirements for the mitigation measures are provided in a Mitigation Monitoring and Reporting Plan (Appendix C).

15. **Expand the vibration monitoring mitigation measure to include the area 100 feet from the project site.**

    Mitigation measure N-2a has been revised to require that the proposed vibration/structural damage survey and repair requirements be expanded to include the area within 100 feet of the proposed project site.

16. **Provide radius maps depicting extent of potential vibration and health impacts.**

A figure that depicts the proposed 100-foot vibration impact monitoring zone around the perimeter of the project site (Figure 5.3-2) has been added to the Final EIR.

The area with the highest estimated potential health impact resulting from project-related emissions of diesel particulate matter was determined to be located along the northern project site boundary. Potential health impacts at that location were determined to be less than significant when compared to the APCD threshold of significance. The potential for project-related health impacts decreases rapidly as the distance from the project site is increased. Since the proposed project would not result in a significant health-related impact, it would not be appropriate to provide a map depicting the boundaries of the area affected by significant health-related impacts. Please refer to Master Response No. 1 for additional information regarding the health effects analysis of the proposed project.

17. **Clarify the proposed project's consistency with solid waste disposal thresholds.**

The Draft EIR states that the 196 tons per year threshold is for long-term solid waste disposal impacts. A long-term impact is an impact resulting from the operation of a project and occurs year after year for the life of the project, rather than a limited duration construction-related impact. The threshold of significance used by the EIR to evaluate potential short-term solid waste disposal impacts was that the project would result in a significant impact if it would not recycle at least 70% of the project-generated construction/demolition waste. The Draft EIR provides proposed mitigation measures whose implementation can be reasonably expected to achieve compliance with the 70% waste diversion significance threshold.

18. **Provide additional information regarding the validity of the historic resources report that was prepared for the proposed project.**

The historical resources report prepared for the proposed project by Shelly Bookspan was reviewed by the City's Urban Historian and the Historic Landmarks Commission (HLC), which includes a qualified historian. The peer reviews of the project's historical resources report concluded that the report was prepared in compliance with City requirements, and the evaluations and conclusions contained in the report appropriately interpreted Federal, State and City requirements for determining the historical significance of the existing buildings located on the project site. The commenter has not identified any instances in the report or provided other substantial evidence that the historical resource report contains errors or conclusions not supported by fact or regulatory requirement. Based on the review of the report by the City's Urban Historian and HLC and their concurrence with the conclusions of the report, the historical resources report prepared for the proposed project is considered to adequately and appropriately assess the potential historical resource impacts of the proposed project.

19. **Provide a more extensive cultural resource commemoration display**

The Historical Structures Report prepared for the proposed project concluded that the Saint Francis hospital was a significant part of the City's heritage, however, the buildings located on the project site do not qualify as a National, State or City landmark due to the

extensive structural modifications that have occurred during their years of use. On April 28, 2004, the Historic Landmarks Commission (HLC) accepted this conclusion and agreed that the existing hospital structures are not historically significant. However, the HLC did find that the long-term presence of the hospital facility within the City is historically significant and recommended that the site be memorialized with a commemorative plaque. The HLC determined that such a commemoration would be adequate to reduce the historic resource impacts of the proposed project to a less than significant level. To clarify the requirement of the HLC to provide on-site recognition of the presence of the Saint Francis Hospital, proposed mitigation measure CUL- 2a has been revised as follows:

> **CUL-2a Historic Display.** A commemorative display to educate the public regarding the history of the former St. Francis Hospital shall be integrated within the proposed housing project's open space area located at the corner of Micheltorena and Salsipuedes Streets. All text to be included in the display shall be written by a City qualified Historical Consultant and all text and photographs to be included in the display shall be approved by the City's Historic Landmarks Commission. Additionally, at least one of the art pieces from the former St. Francis Hospital shall be maintained on the project site.

20. **The EIR should indicate that it is an objective of the City to promote sustainable building practices.**

The stated objectives of the proposed project have been expanded to include an additional objective that addresses the incorporation of "green design" features into the project design. Several mitigation measures have also been proposed to reduce project-related environmental impacts and to encourage "green" building and development practices. These measures include a requirement to recycle/reuse existing building materials located on the project site (mitigation measure SW-1a), provide adequate bike parking facilities (mitigation measure TRF-3a), provide adequate pedestrian circulation through the project site (mitigation measures TRF-5a), and to provide a bus stop in the vicinity of the project site (mitigation measure TRF-6a).

21. **The EIR should include provisions for the installation of solar water heating/power facilities on the project site.**

There is no connection, or "nexus" between project-related environmental impacts and a requirement to provide solar water heating or power facilities. Such a requirement, however, may be considered in conjunction with the City's development review process and conditions of approval on requested land use permits.

22. **Provide information regarding "combined" cumulative environmental impacts.**

The Draft EIR provided an analysis of potential cumulative impacts for each of the environmental issue areas considered by the EIR. The EIR's cumulative impact analyses concluded that with the exception of traffic impacts, the proposed project's contribution

to cumulative impacts would not be significant, or could be reduced to a less than significant level with the implementation of proposed mitigation measures.

Cumulative traffic impacts were identified as a significant and unavoidable impact. This determination was made not because the project would add a substantial amount of traffic to intersections that currently operate unacceptable levels of service, but because the City has adopted a very low threshold of significance for cumulative traffic impacts. Specifically, the proposed project would add 11 PM peak hour trips to the Mission St/Bath St intersection, eight PM peak hour trips to the Anapamu St/Laguna St intersection, and 13 AM peak hour trips to the Arrellaga St/Garden St intersection. The City's threshold of significance for cumulative impacts to an intersection not operating at an acceptable level of service is when measurable (five or more vehicles) are added during the peak hour. While a substantial increase in cumulative traffic would have the potential to result in corresponding increases in impacts such as air quality and traffic noise, the relatively low peak hour cumulative traffic volumes that would result from the proposed project would not result in significant air quality impacts or measurable noise impacts.

Appendix H

Santa Barbara Cottage Hospital Foundation
Workforce Housing Project

Santa Barbara County Air Pollution Control District
Correspondence

Our Vision Clean Air

Santa Barbara County
Air Pollution Control District

July 14, 2006

Jan Hubbell, Senior Planner
Community Development Department
Planning Division
P.O. Box 1990
Santa Barbara, CA 93102-1990

RE: Updated Health Risk Assessment – Cottage Hospital Workforce Housing Project

Dear Ms. Hubbell:

The purpose of this letter is to respond to the June 19, 2006 revisions to the health risk assessment performed to analyze emission impacts and risks from the subject project. The revised assessment includes an analysis of chronic non-cancer risk, but does not analyze cancer or acute non-cancer risks.

The revised risk assessment is acceptable to the APCD. As we have previously noted, the assessment of risk in such demolition and construction projects is an area of emerging science and policy, and there is some technical uncertainty in modeling such projects. More specifically, under currently recommended application guidelines, the HARP model creates some uncertainty in the cancer risk from short-term exposure to diesel exhaust, and the existing emission factors used for acute non-cancer risk analysis are also uncertain. For these reasons, we accept the quantification of chronic non-cancer risk and the omission of cancer and acute non-cancer risk assessments. It is important to note that the absence of these elements from the risk assessment does not demonstrate that the project is free of these types of health risk, and I would caution the City not to characterize the project as free of either cancer or acute non-cancer risk, simply because the assessment of these longer term risks have been excluded.

Further, as we commonly recommend for such projects, to mitigate the project's emissions while it is underway, we urge the City to require to the maximum possible extent feasible that diesel-fired equipment be fitted with diesel particulate filters or oxidation catalysts and use 15 ppm sulfur diesel fuel. Such mitigation measures would help to reduce the potential risks that the currently available modeling technology is, unfortunately, unable to precisely characterize at this time.

If you have questions or require additional information regarding this letter, please contact us at your convenience.

Sincerely,

Terry Dressler
Air Pollution Control Officer

cc: Bobbie Bratz
Robin Cobb's

Terence E. Dressler • Air Pollution Control Officer
260 North San Antonio Road, Suite A • Santa Barbara, CA • 93110 • www.sbcapcd.org • 805.961.8800 • 805.961.8801 (fax)

Our Vision Clean Air

Santa Barbara County
Air Pollution Control District

March 24, 2006

Irma Unzueta, Project Planner
City of Santa Barbara
Planning Division
P.O. Box 1990
Santa Barbara, CA 93102-1990

SUBJECT: Health Risk Assessment Emission Calculations
Cottage Hospital Foundation Workforce Housing Project - DEIR (MST2003-00827)

Dear Ms. Unzueta:

The Santa Barbara County Air Pollution Control District (APCD) appreciates the opportunity to comment on the revisions to the health risk assessment methodology for the above-mentioned project (comment numbering corresponds to West Coast Environmental and Engineering's February 27, 2006 letter):

1. Calculating the annual emissions based on operations that occur during one year is appropriate. The APCD agrees with this refinement.

2. The APCD agrees with the usage of the 16 percent fuel correction factor for the use of clean diesel. However, this correction factor should be applied to particulate matter (PM) only, not reactive organic compounds or gases (ROC or ROG).

3. As you know, the consultant proposes to revise the air pollution emission calculation methodology by creating an operating schedule that includes less-polluting engines. However, the project will not actually employ these less-polluting engines during the construction effort. The purpose of the consultant's proposal is to manipulate the inputs to the health risk assessment (HRA) to ensure that the air pollution modeling results show an insignificant health risk to the surrounding community. The California Office of Environmental Health Hazard Assessment (OEHHA) would not accept this methodology. The project is not expected to last more than 1.4 years. Committing to use cleaner engines in years four through nine of the modeling exercise, *long after the project is complete*, does not protect public health or reduce risk from the emissions that actually do occur while the project is underway. For that reason, it is not appropriate to claim a reduction to the annual emissions used in the HRA by averaging the emissions from the actual engine operating years with the fictitious "clean engine years." The annual emissions used in the HRA should be based on the *actual* emissions expected to occur during one full year of operation. As OEHHA representatives clearly noted during our November 10, 2005 conference call on this matter, there is insufficient scientific evidence to support less than a nine-year term to model exposure duration. While it is unfortunate that the model is not perfectly suited to assess risk from shorter term projects, OEHHA is the final arbiter in the proper application of the health risk assessment model. The proposal to average the actual engine operating years with the fictitious "clean engine years" is inconsistent with OEHHA's guidance and is neither credible nor appropriate.

4. The APCD agrees with the suggested modeling parameters and analysis method (i.e., grid spacing, urban coefficient, 9-year child).

Terence E. Dressler • Air Pollution Control Officer
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Additional Comments:

5. Please provide the reference for the load factors listed in Attachment 8.b. In general, these load factors appear low. The APCD would like to review your reference to ensure these factors are appropriate for use in this situation.

6. ARB's organic speciation profile for diesel-fueled farm equipment was used incorrectly. The speciation profile presented in Attachment 8.d is for the *organic* fraction of diesel exhaust. The weight fractions should be multiplied by the Total Organic Gas (TOG) emissions, not the PM emissions. As noted in comment #2 above, the fuel correction factor of 16 percent is only appropriate for the reduction of PM emissions, not for TOG.

7. The weight fractions from ARB's organic speciation profile for diesel-fueled farm equipment are incorrectly represented in Attachment 8.d by two orders of magnitude. It appears that it was assumed that ARB's weight fractions were expressed as percent instead of weight fractions. However, it is clear that ARB's organic speciation profile is expressed in weight fraction as the total speciation of each profile sums to one, not 100.

8. Metals with acute risk factors, such as arsenic and nickel, were not included in Attachment 8.d and should be included in the analysis of acute risk. Weight fractions of metals may be found in ARB's PM speciation profile. In addition, I recommended two sources of emission factors for acute pollutants found in diesel exhaust in an e-mail to Scott Cohen from West Coast Environmental and Engineering on December 2, 2005, (see attached).

Please call me at 961-8824 or contact me by e-mail at *rfc@sbcapcd.org*, if you have questions.

Sincerely,

Robin Cobbs
Air Quality Engineer
Engineering & Compliance Division

enc: E-mail to Scott Cohen ("Emission factors for acute pollutants in diesel exhaust," dated12/2/05)

cc: Vijaya Jammalamadaka, APCD
Project File (City of Santa Barbara St. Francis Housing Project)
Chron File

Appendix I

Santa Barbara Cottage Hospital Foundation
Workforce Housing Project

Appropriate Health Protective Diesel Assessment for Demolition and Construction Activities at the Santa Barbara Cottage Hospital Workforce Housing Project

Appropriate Health Protective Diesel Assessment for Demolition and Construction Activities at the Santa Barbara Cottage Hospital Workforce Housing Project

June 15, 2006

Prepared for:
Planning Division
Community Development Department
City of Santa Barbara

Prepared by:
Charles E. Lambert, Ph.D., DABT
McDaniel Lambert Inc.
Department of Community and Environmental Medicine,
University of California, Irvine

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1.0 Executive Summary

The Santa Barbara Cottage Hospital Workforce Housing project will involve approximately 12 weeks of intense demolition and grading activities, followed by 1.2 years of construction. These types of activities require the use of heavy diesel equipment that produce diesel exhaust. Most of the diesel exhaust will be generated during demolition and grading activities. The Santa Barbara County Air Pollution Control District (SBCAPCD) requested that a health risk assessment be performed to determine potential health impacts from these diesel emissions on the nearest neighbors. Both cancer risk and non-cancer risk from modeled diesel exposure were initially assessed in the Draft Environmental Impact Report (EIR). However, cancer risk, which is assessed over a minimum nine year exposure period, is an inappropriate health benchmark to assess health risk from short-term demolition and construction projects. The more appropriate health benchmark for this type of diesel exposure is to determine the potential for diesel-induced chronic respiratory health effects. These health effects are assessed using the California Office of Health Hazard Assessment (OEHHA) Reference Exposure Level (REL) for diesel which is sufficiently health protective to determine if the health risk from project related diesel exposure is a significant health risk.

2.0 Introduction and Project History

Cottage Hospital has proposed demolishing the existing St. Francis Medical Center to build the Santa Barbara Cottage Hospital Workforce Housing Project, a project that will be 70% affordable housing. The project involves both the demolition of the St. Francis Medical Center and subsequent housing construction. The entire project is expected to last approximately 67 weeks (~1.4 years), with most of demolition and grading occurring over a 12 week period, during which most of the diesel equipment, including haul trucks, bulldozers and cranes will be in use.

Because of the potential for health impacts from diesel emissions, the Santa Barbara County Air Pollution Control District requested that the Environmental Impact Report include a Hot Spots Analysis and Reporting Program (HARP) health risk analysis. In 2004, the HARP analysis was completed by West Coast Environmental and Engineering and incorporated into the Draft EIR (2005). A HARP analysis is usually conducted for a stationary facility (i.e. refineries, power plants, large building utility plants) that has potential toxic air emissions over a certain threshold amount for an extended period of time. HARP was not designed to assess the risk from construction projects with mobile equipment operating over a limited duration.

The HARP analysis conducted by West Coast evaluated the cancer risk (lung cancer) from potential diesel exhaust and particulate exposure. For cancer risk, an exposure period of nine years is the minimum time under CalEPA guidelines for conducting an assessment regardless of the actual anticipated exposure period (see Section 7.0 for detailed explanation). The chronic non-cancer risk is assessed based on an average annual exposure.

We have experience with a significantly larger demolition and construction site that involved monitoring of diesel particulates and assessing health risk using this monitoring data. Project Avila (1998-2000) involved a massive soil excavation effort, deemed at the time to be one of the largest ever conducted on the Central Coast. The project impacted over a third of the town of Avila (100 miles north of Santa Barbara) and involved the demolition of 25 buildings, replacement of utilities, and reconstruction of several major streets. Over 12,000 hauling truck trips were made and over 200,000 gallons of diesel were consumed by stationary and mobile equipment. Project Avila was, at least an order of magnitude larger than the proposed Santa Barbara Cottage Hospital Workforce Project. Yet, when all the diesel air monitoring was completed and a risk assessment performed (under the oversight of the San Luis Obispo County APCD) the health risk calculated from diesel particulate exposure were less than the health protective limits set by the SLOAPCD for the project. Although there were numerous odor concerns during the life of Project Avila, there were, to our knowledge, no significant health complaints or symptoms from the irritant effects from diesel exhaust or any other excavation-related emission. Based on these results and given the much smaller scope of the Santa Barbara Cottage Hospital Workforce Project, any diesel health risk posed should be even lower.

The Santa Barbara County APCD agrees with the Santa Barbara City Planning Division (which is overseeing the EIR) that the cancer risk assessment portion of the HARP analysis was inappropriate for this type of demolition and construction scenario (May 11, 2006 meeting between City Planning and SBCAPCD). Currently, the California Air Pollution Control Districts are discussing how to evaluate the health risks associated with these types of demolition and construction scenarios at a State level. In the meantime, the potential for chronic diesel noncancer health effects should be used as a health protective benchmark for the Santa Barbara Cottage Hospital Workforce Project. This report will explore why this approach is appropriate to safeguard public health during this project.

3.0 The Santa Barbara Project and the Appropriate Exposure Period

There are three main exposure durations for assessing health risk, acute, subchronic, and chronic. Acute generally refers to one or more exposures over a time period of less than 24 hours. Subchronic generally refers to continuous exposure over a time period between a few weeks and several months. Chronic refers to exposures generally greater than six months for noncancer health effects, and from seven to seventy years for assessing human cancer effects. For the Santa Barbara Cottage Hospital Workforce Housing project, the main exposure duration for assessing potential health effects is during demolition and construction activities for 1.4 years (two months for demolition and grading plus remaining as construction) and therefore falls in the chronic exposure period.

4.0 Acute Health Effects from Diesel Exhaust

Although, irritation of the nose and eye, lung function changes, airway inflammation, headache, fatigue, and nausea have all been observed after brief human exposures to elevated concentrations of diesel exhaust (USEPA 2002), the California Office of Environmental Health Hazard Assessment has determined that there is insufficient human or animal data to derive acute safe exposure levels for short-term exposure.

5.0 Chronic Noncancer Health Effects from Diesel Exhaust

Chronic respiratory effects are the principal noncancer hazard to humans from long term (months to years) environmental exposure to diesel exhaust (USEPA 2002). There is some evidence, from human occupational studies, that chronic exposure impairs lung function. In chronic animal studies, diesel exhaust induced inflammatory airways changes and various lung function changes have also been observed. The chronic inflammatory changes observed included thickening of the alveolar epithelium, increases in lung weight, infiltration of macrophages, fibroblasts and proteins into the alveolar septa, and glandular metaplasia. Animal data indicate that chronic respiratory disease can result from long-term exposure to diesel exhaust and can decrease resistance to infection and increase chronic inflammation (USEPA 2002).

Other effects (e.g. neurological, growth and survival, neurobehavioral, lowered resistance to respiratory infection, liver effects) are observed in animal studies at much higher concentration levels of exposure than those producing respiratory effects (USEPA 2002). No reproductive or teratogenic effects have been observed in animal studies at concentrations lower than those where respiratory effects occurred. Therefore both OEHHA and USEPA have concluded that respiratory effects are the critical effect for determining a safe chronic noncancer exposure level (OEHHA 1998; USEPA 2002).

There is some disagreement as to whether children are more sensitive to the effects of diesel exhaust than adults. USEPA concludes that there is no specific information showing that children are more susceptible (USEPA IRIS, 2006). However, OEHHA concluded that the developing lungs of young children are more susceptible to the effects of diesel fine particulates than adults (CalEPA 1998). This conclusion is supported by a number of studies that investigated the lung function of children in urban environments where fine particulate concentrations (from numerous sources including diesel exhaust) are elevated. These studies indicate that exposure to fine particulates and other pollutants is associated with an increased frequency of childhood illness, and can also reduce lung function in children (Guaderman 2004).

One of the better conducted chronic animal studies on whole diesel exhaust exposure was conducted by Ishinishi et al. (1988). In this study, rats were exposed to various concentrations of diesel for 16 hours/day, 6 days/week, for 30 months (2.5 years). At the end of that time, rats in some of the higher exposure groups clearly showed a dose-

dependent increase in pulmonary inflammation and pathological changes. From this data, the USEPA has calculated a human equivalent no observed effect level of 144 micrograms diesel particulate matter per cubic meter of air. The USEPA took this concentration and divided by 30 to derive a safe inhalation exposure level known as the Reference Concentration (RfC). This 30-fold factor is composed of two safety factors, a factor of three to account for uncertainty about extrapolating from rat data to humans, and a factor of ten to account for the fact that some humans may be more sensitive to the effects of diesel than others (e.g. elderly and people with emphysema, asthma, and chronic heart and lung disease rather than a healthy adult). The final RfC is 5 micrograms diesel particulate matter/microgram of air (USEPA 2002). OEHHA has adopted the USEPA RfC as its safe exposure level or Reference Exposure Level as well.

The chronic animal data cited above is based on exposure to whole diesel including the many different particulate and chemical constituents. Using animal toxicity data based on whole diesel exposure to evaluate human risk is a more appropriate approach than using toxicity data from the many individual chemical and particulate components of diesel. It better recreates the complex chemical mixture to which people are actually exposed.

6.0 Diesel Cancer Risk

There are a number of epidemiological studies of occupational groups (e.g. heavy equipment operators, truck drivers, and railroad workers) demonstrating a causal relationship between exposure to diesel exhaust and the development of lung cancer (Lipsett, 1999; Garshick 1988). In these studies, the risk of lung cancer increased with duration of exposure, with some of the studies only showing a significant lung cancer increase for occupational exposures greater than 30 years. Several of these studies form the basis of the cancer potency factors derived by USEPA and OEHHA for use in human health risk assessment (USEPA 2002; CalEPA 1998).

There are also a number of animal studies that have evaluated the carcinogenic potential of diesel exhaust. Several rat studies using diesel exhaust exposures of greater than 2.2 milligrams (mg) diesel particulate per cubic meter of air for two years or longer have demonstrated statistically significant increases of lung tumors. Studies in animals other than rats produced mixed results with some species of mice developing lung tumors and others not. All studies with hamsters and primates have been negative to date, with no excess lung tumors produced. In studies where rats were exposed to diesel exhaust that had been filtered (removing the fine particulates), no compelling evidence of increased lung tumor formation was demonstrated. The cancer data on diesel exhaust exposure to date indicates that there may be a threshold for exposure (2 mg diesel particulate per cubic meter of air) below which lung tumors are not produced and that the fine particulates play a key role in the formation of these tumors (OEHHA 1998; USEPA 2002). Given what is known about the mechanism by which fine particulates may induce lung cancer, namely a particle-induced inflammatory response and the resulting cellular proliferation, these findings are not surprising (Ichinose 1997).

7.0 Evaluating Diesel Cancer Risk for Short-term Exposures

There are generally two sources of toxicological information (e.g. cancer potency factors) used in the assessment of cancer risk. These are studies of occupationally exposed humans who generally were historically (before occupational safe guards were in place) exposed to high concentrations of a chemical for many years, or studies where animals are exposed to a chemical over a lifetime (generally in excess of two years for a rodent). The reasons for exposing animals over a lifetime to high chemical concentrations are several: including the need to 1) saturate all potential metabolic pathways (especially the ones likely to produce toxic metabolites), 2) overwhelm defense mechanisms (such as DNA repair), and 3) generally do everything possible to increase the chances of observing a positive result with a limited population of animals.

Since the cancer potency factors used in risk assessment are based on lifetime or near-lifetime exposure, it is inappropriate to assess cancer risk for less than long-term exposures (generally 7 (10% of human life-span) to 70 years) (Chen 1988; Halmes 2000). This is one of the primary reasons for using nine years as the minimum exposure period for cancer risk assessment in the HARP model.

8.0 Populations of Potential Concern During Demolition and Construction Activities

The HARP risk assessment completed by West Coast Environmental (2004) determined the closest potentially exposed person (i.e. receptor) to be at the project fence-line near the Villa Riviera, a residential care facility for the elderly. Residence time at this facility is typically 2-3 years (personal communication Ron Biscaro, Cottage Hospital). The major health issue for these closest residents during demolition and construction activities is likely to be upper respiratory tract irritation from the inhalation of fine diesel particulates, and possible exacerbation of existing lung and respiratory diseases such as chronic obstructive pulmonary disease (COPD), asthma, and emphysema (OEHHA 1998). In the larger community, concern would focus on children and adults with asthma as well as older residents with respiratory disease who may live nearby. All of these health concerns are best addressed by use of the USEPA and OEHHA diesel chronic RfC/REL standards, protecting the most sensitive members of the community with these types of respiratory ailments.

9.0 Summary

There are several compelling reasons why it is appropriate to use the OEHHA chronic noncancer REL as a health protective benchmark against which to measure potential impacts from the Santa Barbara Cottage Hospital Workforce Housing Project, these include:

1) The OEHHA chronic noncancer diesel REL addresses the most likely health effects to be seen in the project's closest residents, namely exacerbation of existing respiratory illness in elderly inhabitants of the Villa Riviera Residential Care Facility.

2) The OEHHA diesel REL is based on chronic exposure and respiratory health effects most likely caused by inhalation of fine diesel particulates at very low concentrations.

3) It is inappropriate to use cancer potency factors derived from lifetime exposure (typically >20 years for humans; >2 yrs for rat) to determine cancer risk from much shorter human exposure periods (<1.5 years).

4) In animal studies, there appears to be a threshold below which tumor formation is not seen (2 mg diesel per cubic meter of inhaled air) but which is above concentrations at which other noncancer chronic health effects are observed (~200 micrograms of diesel per cubic meter of inhaled air). Further, studies support that the noncancer chronic REL may be the most sensitive and health protective standard for diesel exposures in the micrograms diesel per cubic meter of inhaled air range that last for around a year.

5) There are insufficient human and animal data to derive a meaningful acute (<24 hours) REL for whole diesel exhaust.

10.0 Bibliography

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West Coast Environmental and Engineering. (December 2004). Construction Health Risk Assessment – Santa Barbara Cottage Hospital Foundation Workforce Housing Project. ROD100.

Appendix J

Santa Barbara Cottage Hospital Foundation
Workforce Housing Project

Construction Health Risk Assessment (June 6, 2006)

WEST COAST
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June 6, 2006

Mr. Steve Rodriguez
Rodriguez Consulting, Inc.
2111 Monterey St.
Santa Barbara, CA 93101

Re: Updated Air Toxics Health Risk Assessment **ROD100**
Santa Barbara Cottage Hospital Workforces Housing Project

Dear Mr. Rodriguez:

This health risk assessment (HRA) letter report presents air dispersion modeling of diesel particulate matter (DPM) and risk calculation at public and sensitive receptors for equipment associated with the demolition of St. Francis Medical Center and construction of Santa Barbara Cottage Hospital Foundation Workforce Housing Project (Project) located at 601 East Micheltorena Street in Santa Barbara, California (Attachment 1).

Technical basis for this assessment is found in the Santa Barbara County Air Pollution Control District (SBCAPCD) *Environmental Review Guidelines* dated November 16, 2000. California Air Resources Board (CARB) Hot Spots Analysis and Reporting (HARP) software and California Air Pollution Control Officers Association (CAPCOA) Urban Emissions Model (URBEMIS) software are among the resources used in this HRA (Attachment 2).

The Project will take approximately 67 weeks to construct and is divided logistically into four (4) discrete areas of activity where demolition, grading, construction of structures, and road paving and landscaping will occur. DPM emission sources evaluated in this assessment include transport of materials to and from the site, as well as non-road engines operating onsite.

Through discussions with the Lead Agency and APCD, it was decided that the most appropriate threshold for a construction project of this length is the chronic hazard index.

This HRA finds that:

- Chronic hazard index (H.I.) is less than 1.0 at the nearest receptor.
- The Project will result in a less than significant impact (Class III).

REGULATORY SETTING

Diesel exhaust particulates were listed under state law as a toxic air contaminant (TAC) in 1998. A list of regulatory resources used in this HRA is provided in Attachment 2. The chronic significance threshold of 1.0 H.I. that is used in this study is based on the SBCAPCD policy presented below.

Article V, Section F of the SBCAPCD *Environmental Review Guidelines* states:

> *A proposed project will not have a significant air quality effect on the environment, if:*
>
> *Operation of the project will:*
>
> - *Not exceed the APCD health risk public notification threshold adopted by the APCD Board*

The public notification threshold in SBCAPCD is found on the SBCAPCD *Significant Risk Facilities* webpage (http://www.sbcapcd.org/biz/toxsign.htm) which states:

> *Definition of Significant Risk*
> *The current thresholds that define a significant risk, set and approved by APCD's Board of Directors, are:*
>
> - *chronic risk, a hazard index greater than 1. The HI is a ratio of the exposure concentration of the facility's reported emissions to a concentration considered acceptable to public health professionals.*

Attachment 3 contains description of health effects from DPM.

ENVIRONMENTAL SETTING

U.S. Highway 101 is the primary west-east route crossing the City of Santa Barbara and lies approximately 1.1 miles southwest of the Project site. Traffic ranges from 149,000 average daily traffic volume (ADT) traveling east and 135,000 ADT traveling west (2003 Traffic Volume Report for U.S. Highway 101 at Mission Street). Health risk to receptors near the freeway is estimated to be approximately two (2) orders of magnitude higher than the significance thresholds that are applied to the Project under CEQA and used in this study.

Emission sources are regulated by SBCAPCD under Rule 303, Nuisance, and through implementation of the CARB AB2588 Air Toxic Hotspots Program. AB2588 requires that CARB inventory TACs in order to identify hotspots in the community. Interestingly, the SCAQMD has found that "because risk levels ascribed to nearby sources inventoried for the study are generally much lower than region-wide risk levels, region-wide risks tend to overwhelm any potential local 'hot spots' (Mates II, Section 7.3)."

Nevertheless, a list of TAC stationary sources located in the City of Santa Barbara is provided in Attachment 4.a.

Meteorology of the area affects dispersion from the Project and is required in order to run the HARP model. As advised in an email dated September 2, 2004 from Bobbie Bratz, Public Information Officer and Community Programs Supervisor, of SBCAPCD, the default HARP meteorology data file was used for this assessment.

Sensitive receptors (e.g. schools, hospitals, daycare facilities, etc.) were identified using Thomas Brother's Guide, the published list from California Department of Social Services, and Yahoo! Maps. Attachment 4.b. lists the sensitive receptors identified surrounding the Project site and along the haul truck route. Figure 1 shows the location of the sensitive receptors.

METHODOLOGY

DPM emission sources evaluated in this assessment include non-road engines operating onsite and transport of materials to and from the site.

In the *Logistics Report*, the Project is divided into four (4) discreet areas (Areas 1 through 4) where the following four (4) phases of Project construction activity will occur:

- Demolition;
- Grading;
- Building Construction; and
- Road Paving and Landscaping

Attachment 5 contains the following four (4) types of spreadsheet that were used to calculate non-road engine activity:

- **Detail by Area**. A detailed calculation spreadsheet summarizes activity by phase for each area and calculates horsepower-hours (hp-hr) for each of the 16 area-phase combinations.
- **Data Reduction**. The results from the detail spreadsheets are summarized and further reduced to determine the total activity for each of the four (4) phases.
- **URBEMIS**. URBEMIS input spreadsheet collects data from the detail and data reduction spreadsheets to determine daily activity (hr/day) for each type of equipment and produce results suitable for URBEMIS input.
- **Emissions Summary**. URBEMIS output in pounds per day (lb/day) for each phase is multiplied by the total number of days to complete that phase and summed to determine the total emissions from non-road engines.

Emissions from the transport of materials to and from the site are calculated by URBEMIS based on the estimated demolition volume generated from removal of the hospital and fill material to be imported (Attachment 6). These emissions are divided by the number of truck trips to determine the mass of emissions per trip (lb/trip). This factor is then applied to the building and paving phase trips to determine emissions during those phases and total emissions from transport of materials.

The haul trucks are assumed to travel between the Project and Marborg's C&D Recycling Facility located at 119 N. Quarantina Street. The haul route shown on Figure 1 includes Salsipuedes Street, Anapamu Street, Milpas Street, Yanonali Street, and Quarantina Street and is approximately 3.60 miles.

The HARP air dispersion modeling module was used in this assessment to predict the concentration of Project-generated DPM at the receptors. The module incorporates the Industrial Source Complex Short Term (ISCST3) source code designed by USEPA. The HARP implementation of ISCST3 uses the ratio of concentration, χ ($\mu g/m^3$), to emission rate, Q (g/s), to calculate a dispersion coefficient, χ/Q, for each source/receptor combination. By modeling an emission rate of 1 g/s, concentration changes due to each source, at each receptor, can be calculated by multiplying χ/Q by the actual emission rate for the source.

Emissions are allocated to specific model sources when creating the model input. This assessment uses SBCAPCD guidelines where available to specify source parameters. Sources in this assessment include:

- **Volume Sources**. Volume sources are used for non-road mobile emission sources that will operate on-site. Volume sources are located in areas where activity is most likely to occur.
- **Line Sources**. Line sources are used for on-road emission sources (e.g. haul truck travel).

Receptors in this assessment are 1.5 meters in height. In addition the sensitive receptors discussed previously, receptors are also placed along the Project boundary and in a grid extending at least 2,000-meters from the Project and with 50-meter spacing between grid nodes.

Additional adjustments that have been made since the original HRA dated 12/15/04 include:

1. Omission of acute and cancer risk analyses based on decision by APCD that chronic hazard index is the most appropriate threshold for a construction project of this duration.
2. Annual emissions in the HRA were previously calculated based on 1.4 years of activity. That is, total emissions for the entire construction duration of 1.4 years were assumed to occur in one (1) year. Compressing the entire construction phase emissions into one (1) year is an overly conservative assumption that we have refined.
3. Incorporate California Air Resources Board (CARB) fuel correction factors (FCFs) for on- and non-road engines. CARB FCFs are applicable to emissions calculated using CARB emission inventory models EMFAC2002 and OFFROAD. Both of these models are implemented in the URBEMIS model which is the basis for emissions calculated in the HRA (see Attachment 5 for URBEMIS input and output files). CARB has proposed an off-road diesel fuel correction factor of 17.8% and an on-road correction factor of 29%. For this HRA, a fuel correction factor of 16% was chosen to be comparatively conservative. See Attachment 1 for the latest literature regarding FCFs.
4. HARP model and risk assessment parameters were adjusted to include 20 meter grid spacing, urban surface conditions, and use of child nine year intake parameters. Building downwash was not included because sources are modeled as area or volume sources and the phenomenon only applies to point sources.
5. Non-Road and On-Road Emission Summary Tables 5.a and 6.a have been updated to include the aforementioned adjustments.

The HARP risk analysis module uses χ/Q as discussed above to calculate the risk from each source that will be experienced at each receptor location. Once calculated, risk from all sources is summed for each receptor to obtain the predicted Project-related risk.

The Derived (OEHHA) Method was selected from several point-estimates choices in HARP that describe exposure to carcinogens as recommended by Bobbie Bratz of SBCAPCD in an email dated September 2, 2004.

RESULTS

Attachment 7 contains HARP model output and table showing health risk at the property boundary and sensitive receptors. The following table presents the highest risk for the Project.

Table 1-1 Chronic Hazard Index

Receptor	Hazard Index
Boundary Receptor[1]	0.04
Significance Threshold	1.0
Exceeds Threshold?	No

[1] North of property boundary, adjacent to Villa Riviera (UTM 251829, 3813425)

MIGITATIONS

No mitigations are necessary because risk is less than significance threshold.

FINDINGS

This HRA finds that:

- Chronic hazard index (H.I.) is less than 1.0 at the nearest receptor.
- The Project will result in a less than significant impact (Class III).

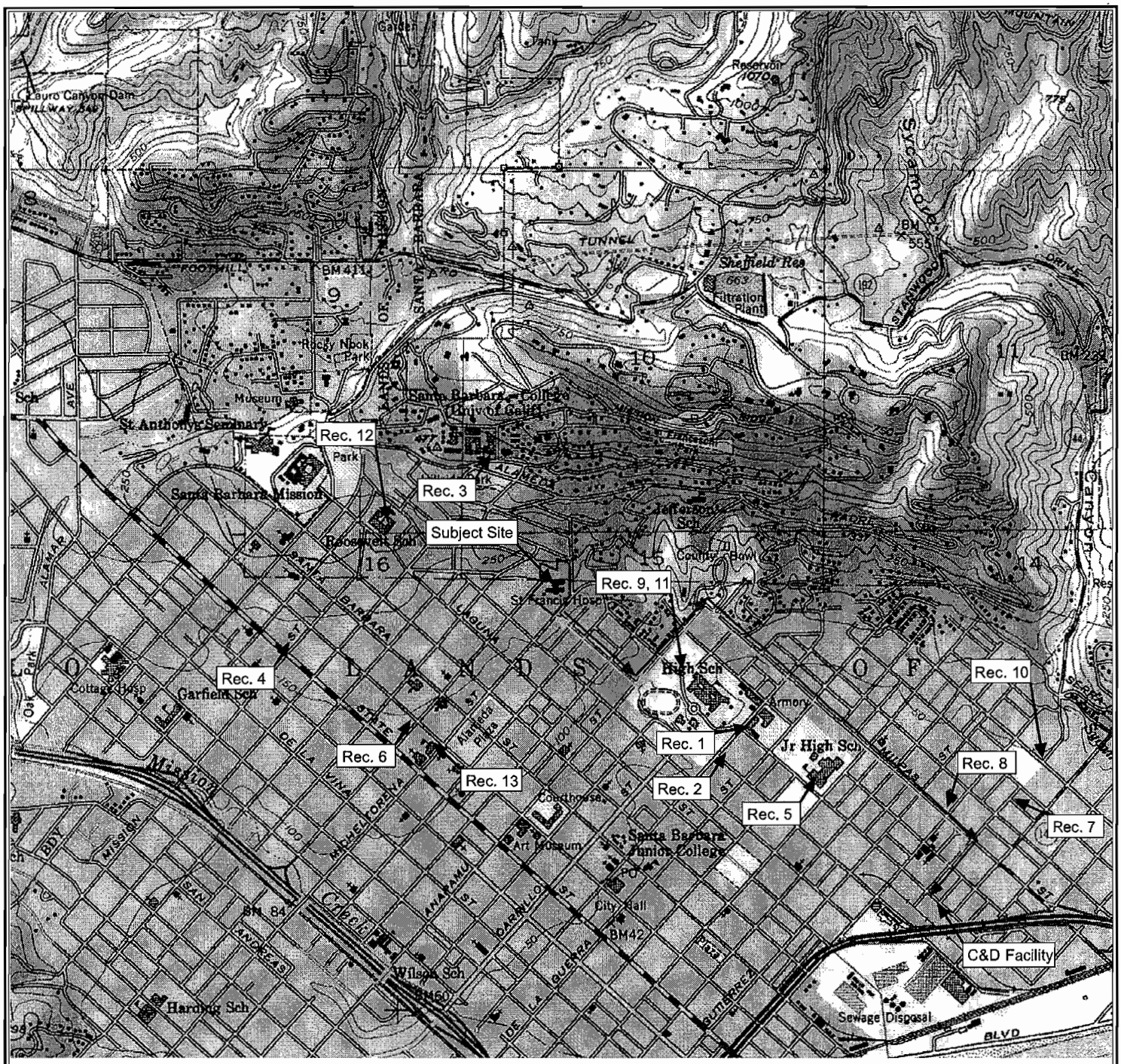
If you have any questions or require further clarification, please do not hesitate to contact me at 805.644.7976.

Best regards,

Scott D. Cohen, P.E., C.I.H.
Senior Engineer
West Coast Environmental and Engineering

Attachment 1

Figures



Source: Santa Barbara CA, Quadrangle
1952, Photorevised 1988
USGS Topographic

Note: See Attachment 4.b. for list of receptors.

—— Haul Route to C&D Facility

------ Haul Route to Project Site

N

0 1000' 2000'

50' Contour Interval
North American Datum 1927

West Coast Environmental and Engineering	**Santa Barbara Cottage Hospital Foundation** **Workforce Housing Project** **601 E Micheltorena Street** **Santa Barbara, CA**		
PROJECT:	ROD100-001-04		**FIGURE 1**
DRAWN BY: HHL	DATE: 12-13-2004		REVISION:
APPROVED BY: SDC	DATE: 12-13-2004		PRINTED: 12-13-2004
DRAWING:	ROD100-Fig1.fh10		SCALE: as shown

Attachment 2

Regulatory Resources

This assessment employs the following resources:

- Hot Spots Analysis and Reporting Program (HARP) Version 1.0 by Dillingham Software Engineering, Inc. including ISCST3 Version 99155 by USEPA (http://www.arb.ca.gov/toxics/harp/harp.htm).
- HARP User Manual, CARB, December 2003 (http://www.arb.ca.gov/toxics/harp/harp.htm).
- Air Toxics Hot Spots Program Guidance Manual for Preparation of Health Risk Assessments, California Office of Environmental Health Hazard Assessment (OEHHA) August 2003 (http://www.oehha.org/air/hot_spots/HRAguidefinal.html).
- Environmental Review Guidelines for the Santa Barbara County Air Pollution Control District, November 16, 2000. (http://www.sbcapcd.org/apcd/ceqagl.pdf).
- Email dated September 2, 2004 from Bobbie Bratz of the Santa Barbara County Air Pollution Control District (SBCAPCD) regarding CEQA HRA Methodologies for Santa Barbara Cottage Hospital Foundation Workforce Housing Project.
- URBEMIS2002 (a.k.a. "Urban Emissions Model" or URBEMIS) which is the result of cooperative direction and funding of several California air districts and the California Air Pollution Control Officers Association (CAPCOA) (http://www.arb.ca.gov/planning/urbemis/urbemis2002/urbemis2002.htm).
- MATES II (Multiple Air Toxics Exposure Study), SCAQMD, November 1999 (http://www.aqmd.gov/matesiidf/matestoc.htm).
- Health Assessment Document for Diesel Engine Exhaust, USEPA, May 2002 (http://oaspub.epa.gov/eims/eimscomm.getfile?p_download_id=36319).
- 2003 Traffic Volume Report for U.S. Highway 101 by Traffic and Vehicle Data Systems Unit, State of California, Department of Transportation, Traffic Operations Division. (http://www.dot.ca.gov/hq/traffops/saferesr/trafdata/2003all/r101i.htm)
- CARB Diesel Exhaust Fact Sheet, September 1997. (http://www.arb.ca.gov/toxics/tac/toctbl.htm).
- Rider Hunt Levett and Bailey *Logistics Report*, April 19, 2004.

Attachment 3

Description of Health Effects

DIESEL EXHAUST

Diesel exhaust is currently in the identification phase as a proposed Toxic Air Contaminant under California's air toxics program (AB 1807). A draft document published in May, 1997 is available.

CAS Registry Number: N/A

Molecular Formula: N/A

Diesel exhaust is a complex mixture of gases, vapors, and fine particles. Some of the exhaust components, like arsenic, benzene and nickel, are known to cause cancer in humans. At least 40 other components, including suspected human carcinogens benzo[a]pyrene, 1,3-butadiene and formaldehyde, are listed by the United States Environmental Protection Agency (U.S. EPA) as hazardous air pollutants and the Air Resources Board (ARB) as toxic air contaminants (see Table 1). Diesel Exhaust also contains carbon monoxide, oxides of nitrogen, sulfur dioxide, hydrocarbons, particulate matter (PM), aldehydes, ketones, sulfates, cyanides, phenols, ammonia, and metals. Some of these substances can result from unburned fuel and lubricating oil components, products of incomplete combustion, or a result of engine wear or trace contaminants (Volkswagen, 1989).

In this substance review, California's population exposure to diesel exhaust PM is discussed in more detail because more is known about the PM fraction, and most researchers believe that the diesel exhaust particles contribute the majority of the risk from exposures to diesel exhaust.

Diesel exhaust particles carry many of the harmful organics and metals present in the exhaust. Typical diesel exhaust particles have mass-median aerodynamic diameters ranging from 0.1 to 0.25 micrometers (μm) (Groblicki and Begeman, 1979; Dolan et al., 1980; NRC, 1982; Williams, 1982). More than 75 percent of the particles are smaller than 1 μm (Pierson et al., 1983) and are mainly aggregates of spherical elemental carbon particles coated with organic and inorganic substances. The particles have a sponge-like structure and large surface area which attracts compounds of low volatility to the inside or surface of the particles. The primary organic compounds associated with the particles include aliphatic hydrocarbons, polycyclic aromatic hydrocarbons (PAH), and PAH-derivatives (Zielinska, 1990). Methylated PAHs appear to be the most abundant PAH derivatives and more than 50 nitro-PAHs have been identified in diesel exhaust (ARB, 1997d).

TABLE 1 - TOXIC AIR CONTAMINANTS FOUND IN DIESEL EXHAUST*

acetaldehyde	chlorine	methyl ethyl ketone
acrolein	chlorobenzene	naphthalene
aluminum	chromium compounds	nickel
ammonia	cobalt compounds	4-nitrobiphenyl
aniline	copper	phenol
antimony compounds	cresol	phosphorus
arsenic	cyanide compounds	**POM (including PAHs)
barium	dibenzofuran	propionaldehyde
benzene	dibutylphthalate	selenium compounds
beryllium compounds	ethyl benzene	silver
biphenyl	formaldehyde	styrene
bis [2-ethylhexyl]phthalate	hexane	sulfuric acid
bromine	lead compounds	toluene
1,3-butadiene	manganese compounds	xylene isomers and mixtures
cadmium	mercury compounds	zinc
chlorinated dioxins	methanol	

(ARB, 1997d)

* This list of toxic air contaminants have either been identified in diesel exhaust, or presumed to be in the exhaust based on observed chemical reactions and/or presence in the fuel or oil.

** See Polycyclic Organic Matter (POM) Fact Sheet.

SOURCES AND EMISSIONS

A. Sources

Diesel exhaust PM emissions can be emitted from mobile sources (on-road vehicles and off-road mobile sources), stationary area sources, and stationary point sources. On-road diesel vehicles contribute approximately 59 percent of California's diesel exhaust PM. Other mobile sources contribute about 36 percent, and stationary area and point sources contribute the remaining amount. Stationary area sources of diesel exhaust include shipyards, warehouses, heavy equipment repair yards, and oil and gas production operations where exhaust emissions result from multiple locations within the site (ARB, 1997d). The primary stationary sources that have reported emissions of diesel exhaust are heavy construction (except highway), electrical services, and crude petroleum and natural gas extraction (ARB, 1997b).

B. Emissions

The total emissions of diesel exhaust from stationary sources in California are estimated to be at least 31,000 pounds per year, based on data reported under the Air Toxics "Hot Spots" Program (AB 2588) (ARB, 1997b). Also, based on the ARB 1990 emissions inventory, approximately 58,000 tons of diesel exhaust PM_{10} from all sources are emitted into California air each year (ARB, 1997d).

Emissions from on-road mobile source diesel exhaust PM_{10} in California are expected to decline by approximately 50 percent from 1990 until about 2010 as a result of mobile source standards and regulations already adopted by the ARB through 1996. The expected reduction is mainly due to adopted diesel vehicle emission and fuel regulations, even though both the number and vehicle miles traveled (VMT) of heavy-duty trucks are expected to increase during this period. Similarly, NO_x emissions from on-road diesel vehicles have been reduced since 1990, and will continue to be reduced through 2010 because of new NO_x engine emission standards (ARB, 1997d).

C. Natural Occurrence

Diesel exhaust is a product of diesel fuel combustion and does not occur naturally in the environment.

AMBIENT CONCENTRATIONS

The ARB has conducted a preliminary estimation of diesel exhaust concentrations for California's 15 air basins using a PM-based exposure method. This method used the ARB emissions inventory's database for particulate matter 10 microns or smaller (PM_{10}); ambient PM_{10} monitoring network data; and the results from several studies where chemical speciation of ambient data was performed, along with receptor modeling techniques to estimate statewide outdoor concentrations of diesel exhaust PM_{10}. The statewide population-weighted average diesel exhaust PM concentration is estimated to be 3.2 micrograms per cubic meter ($\mu g/m^3$). The basin-wide average diesel exhaust PM estimates ranged from 0.3 (in the Great Basin Valley) to 3.6 $\mu g/m^3$ (in the South Coast Air Basin) (ARB, 1997d).

INDOOR SOURCES AND CONCENTRATIONS

To estimate Californians' exposures to diesel exhaust particles, ARB staff used estimates of population-weighted ambient diesel exhaust particle concentrations in a model that can estimate indoor air concentrations, population indoor air exposure, and total air exposure. The model, called the California Population Indoor Exposure Model (CPIEM), was recently developed under contract to the ARB to improve estimates of population exposures to toxic air pollutants. The model uses relevant data (such as distributions of California building air exchange rates, activity patterns data, and air concentrations of diesel exhaust particles) as inputs to develop indoor concentration estimates across all environments.

The average indoor exhaust particle concentrations estimated by the model ranged from 1.7 $\mu g/m^3$, in office buildings to 3.2 $\mu g/m^3$ in industrial plants and inside vehicles. These estimates were combined with activity pattern data in the model to estimate Californians' exposures across all enclosed environments. The exposure modeling results indicate that Californians were exposed to average diesel exhaust particle concentrations of 2.1 $\mu g/m^3$ in enclosed environments in 1990. This is two-thirds of the population-weighted ambient average outdoor diesel exhaust PM_{10} concentration (ARB, 1997d).

ATMOSPHERIC PERSISTENCE

Physical removal of diesel exhaust PM from the atmosphere is usually accomplished through accretion of the particles, atmospheric fall-out (dry deposition), and atmospheric removal by rain (wet deposition). The particles, generally smaller than 1 μm, are expected to remain in the atmosphere from 5 to 15 days (Pierson et al., 1983; Balkanski et al., 1993).

AB 2588 RISK ASSESSMENT INFORMATION

Although diesel exhaust is reported as being emitted in California from stationary sources, no health values (cancer or non-cancer) are listed in the California Air Pollution Control Officers Association Air Toxics "Hot Spots" Program Revised 1992 Risk Assessment Guidelines for use in risk assessments (CAPCOA, 1993).

HEALTH EFFECTS

The probable route of human exposure to diesel exhaust is inhalation (ARB, 1994b).

Non-Cancer: Non-cancer effects of diesel exhaust are likely due to the presence of particles in the exhaust (WHO, 1994). A Recent study has reported that exposures to airborne respirable particulate matter are associated with increased morbidity and mortality, with observed effects including respiratory symptoms, changes in lung function, and increased hospitalizations for respiratory and cardiovascular disease (Pope et al., 1995a). Cellular changes upon exposure to particles include an accumulation of particle-laden macrophages and proliferation of bronchiolar epithelium of type II alveolar cells. Studies by Ulfvarson and coworkers (in 1990 and 1991) showed pulmonary function increases after a workshift during which diesel exhaust was removed from the work environment (Ulfvarson et al., 1990; 1991).

In June of 1993, the U.S. EPA determined an inhalation Reference Concentration (RfC) of 5 $\mu g/m^3$ for non-cancer effects of diesel exhaust. The U.S. EPA estimates that inhalation of this concentration or less, over a lifetime, would not likely result in the occurrence of chronic non-cancer effects (ARB, 1997d).

The available literature does not provide sufficient information to determine whether or not diesel exhaust exposure induces reproductive, developmental or teratogenic effects in humans. Exposure via inhalation did not induce sperm abnormalities nor affect spermatogonial survival in mice and monkeys though sperm anomalies have been observed in hamsters. Data on the effects of diesel exhaust on female reproductive capacity are limited, but potential effects on the corpora lutea and mating period have been suggested for laboratory rodents. Rats born to dams exposed to high concentrations of diesel exhaust had delayed ossification of the chest. Exposure during the neonatal developmental period of rodents induces neurobehavioral and neurophysiological effects, but does not affect general lung development. Generational studies conducted in rodents revealed that inhalation exposure to diesel exhaust resulted in increases in lung weight in all generations examined (ARB 1997d).

Cancer: Epidemiological studies in truck drivers, transport and equipment workers, dock workers, and railway workers, reported a statistically significant increase in the incidence of lung cancer associated with exposure to diesel exhaust. Two studies reported no category with a risk ratio elevated for exposure to diesel exhaust (ARB, 1997d; HEI, 1995).

In the last decade, results of inhalation bioassays of rodents have demonstrated the carcinogenicity of diesel exhaust. Seven studies in rats exposed to greater than 2 milligrams per cubic meter (mg/m^3) of whole diesel exhaust longer than 24 months, reported statistically significant increases in lung tumors (ARB, 1994b; Heinrich, 1995; Nikula, 1995). An exposure of 2.0 mg/m^3 compromises the clearance capacity of the rat lung. Studies of other rodents have been less extensive. The results in mice were mixed, depending on the strain. All three studies in hamsters were negative (ARB, 1997d).

The International Agency for Research on Cancer (IARC) concluded in 1989 that there is sufficient evidence that whole diesel engine exhaust probably causes cancer in humans and classified diesel exhaust in Group 2A: Probable human carcinogen (IARC, 1989a). The National Institute of Occupational Health and Safety recommended that whole diesel exhaust be regarded as a potential occupational carcinogen (NIOSH, 1988). The Office of Environmental Health Hazard Assessment is in the process of evaluating diesel exhaust as a potential toxic air contaminant (ARB, 1997d). The U.S. EPA is currently in the process of developing a health assessment for diesel exhaust; their first draft was released December 1995. The State of California has determined under Proposition 65 that diesel engine exhaust is a carcinogen (CCR, 1996).

Diesel exhaust is currently in the identification phase as a proposed Toxic Air Contaminant under California's air toxics program (AB 1807). The first draft report was released in June 1994 for a six month comment period. A workshop was held in September 1994 to discuss the draft report. To further our understanding of the human health effects of diesel exhaust, the Office of Environmental Health Hazard Assessment, Health Effects Institute, World Health Organization, National Institute of Occupational Safety and Health, United States Environmental Protection Agency, and the ARB sponsored a scientific workshop to discuss the use of epidemiological data in developing quantitative cancer risk estimates for diesel exhaust. The workshop was held on January 29-30, 1996 in San Francisco.

Attachment 4

TAC Stationary Sources
Sensitive Receptors

Attachment 4.a. AB2588 Facilities in the City of Santa Barbara

APCD Permit Number	District	Name	Street Address	City	Zip Code	SIC
1249	SBCAPCD	CALMAT - SANTA BARBARA	3 S. Calle Cesar Chavez	SANTA BARBARA	93103	3273
2059	SBCAPCD	CITY OF SANTA BARBARA - EL ESTERO WWTP	UNKNOWN	SANTA BARBARA	93101	4952
2060	SBCAPCD	COUNTY OF SANTA BARBARA - COURTHOUSE	USE 01964 (1100 Anacapa St)	SANTA BARBARA	93101	9211
2026	SBCAPCD	COUNTY OF SANTA BARBARA - JAIL	UNKNOWN	SANTA BARBARA	93101	9223
8639	SBCAPCD	GRANITE CONSTRUCTION COMPANY	UNKNOWN	SANTA BARBARA	93105	1422
1685	SBCAPCD	LASH CONSTRUCTION	UNKNOWN	SANTA BARBARA	93101	3295
1805	SBCAPCD	MCGHAN MEDICAL - 700 WARD DRIVE	USE 00645 (700 Ward Drive)	SANTA BARBARA	93111	3842
8737	SBCAPCD	MOLINO ENERGY COMPANY	UNKNOWN	SANTA BARBARA	93106	1311
2420	SBCAPCD	SAINT FRANCIS MEDICAL CENTER	601 E. Micheltorena St	SANTA BARBARA	93101	8062
2020	SBCAPCD	SANTA BARBARA COTTAGE HOSPITAL	419 W. Junipero Street	SANTA BARBARA	93102	8062
2795	SBCAPCD	UNIVERSITY OF CALIFORNIA - SANTA BARBARA	Phsics Building (UCSB)	SANTA BARBARA	93117	8221

Attachment 4.b. Sensitive Receptors

No.	Type	Name	Address	City	Zip	Eastern UTM (m)	Northern UTM (m)
1	School	La Cuesta Continuation High	905 N Nopal St	Santa Barbara	93103	252655	3812700
2	School	Santa Barbara Montessori School	630 E Canon Perdido St	Santa Barbara	93103	252560	3812590
3	School	Marymount of Santa Barbara	2130 Mission Ridge Rd	Santa Barbara	93103	251570	3813920
4	School	Santa Barbara County Education	7 E Mission St # A	Santa Barbara	93103	250640	3813110
5	School	Santa Barbara Junior High School	721 E Cota St	Santa Barbara	93103	252780	3812590
6	Child Care Center	Bright Start The Early Years	1617 Anacapa St	Santa Barbara	93103	251170	3812760
7	Child Care Center	Franklin Children's Center	1030 E Yanonalli St	Santa Barbara	93103	253830	3812350
8	Child Care Center	Parma Children's Center	915 E Montecito St	Santa Barbara	93103	253540	3812310
9	Child Care Center	Santa Barbara High School Children's Center	700 E Anapamu St	Santa Barbara	93103	252310	3813020
10	Child Care Center	Sunrise Monterossi School	1201 E Yanonali St	Santa Barbara	93103	253980	3812530
11	School	Santa Barbara High School	700 E Anapamu St	Santa Barbara	93103	252202	3812907
12	School	Roosevelt Elementary School	1990 Laguna St	Santa Barbara	93103	251190	3813640
13	School	Notre Dame School	33 E. Micheltorena St	Santa Barbara	93103	251290	3812660

Attachment 5

Non-Road Emission Calculations

Attachment 5.a Non-Road Emission Summary

Phase	Total Days[1]	URBEMIS Emission[2] (lb/day)	Project Emissions (lbs)	Fuel Correction Factor[3]	Project Adjusted Emissions[4] (lbs)	Yearly Adjusted Emissions[5] (lbs/yr)
	From Previous Health Risk Assessment			Additional Information		
Demolition	154	0.95	146.30	84%	122.89	87.78
Site Grading, Utilities and Base Course to Roads	117	1.95	227.37		190.99	136.42
Parking Garages and Housing Units	552	0.15	82.83		69.58	49.70
Roads and Parking, Hardscape, Landscape	125	0.37	46.40		38.97	27.84
		TOTAL	502.90		422.43	301.74

1 Total days from worksheet provided by Steve Rodriguez of Rodriguez Consulting, 6/16/04.

2 Urbemis emissions based on units in operation and operating schedule (details can be found in the previous HRA).

3 Fuel correction factor of 16% reduction, or 84%, used to account for the difference in toxic content of different fuels.

4 Adjusted emissions found by applying the fuel correction factor to total emissions. Adjusted emissions = Total Emissions * FCF

5 Yearly adjusted emissions are found by dividing project emissions by 1.4 (1.4 being the amount of years that construction will be underway)

Attachment 5.b. Demolition and Grading (All Areas)

Demolition

	Area (ft^2)	Building Volume (ft^3)	
Asphalt and Concrete			
Existing Asphalt and Concrete Demolition Area	96,143		
Estimated Volume Removed/Hauled		48,072	
Existing Building Demolition[1,2]			
St. Francis Hospital Building and Parking Structure	87,474	2,624,220	
Engineering/Maintenance Building	9,617	115,404	
Convent Building	4,082	48,984	
Storage Building	1,331	15,972	
Residence	1,060	12,720	
Building	776	9,312	
Residence	660	7,920	
TOTAL	**105,000**	**2,834,532**	
Estimated Debris to be Removed			
Asphalt and Concrete	96,143	48,072	
Existing Building Demolition	105,000	2,834,532	
TOTAL	**201,143**	**2,882,604**	Used in URBEMIS

Grading

Grading assumes that 7,000 yd^3 of fill material will be imported[3]. This number was used in URBEMIS to estimate grading truck emissions.

1 Floor height (12 ft) includes floor and ceiling.

2 St. Francis Hospital and parking structure are 2.5 floors and all other buildings are 1 floor.

3 Information obtained during a phone conversation with Steve Rodriguez on 11/4/04.

Assumptions:

Existing Asphalt and Concrete Demolition Thickness 0.5 ft

Conversion

27 ft^3/yd^3

Attachment 5.c. Detail by Area 1

				Operating Schedule							Activity Calculations		
Equipment	No. of Units	hp[1]	Load Factor[1]	From	To	Calendar Days	Work Days	hr/day	Total per Unit (hrs)[2]	Total All Units (hrs)	As Loaded Power[3] (hp)	Unit Type Activity[4] (hp-hr)	Unit Type Daily Activity[5] (hp-hr/day)
Demolition													
Crane	1	190	0.43	6/7/2005	7/9/2005	32	16	4	64	64	82	5,229	223
Machine Mounted Breakers[6]	2	79	0.465	6/7/2005	7/9/2005	32	20	6	120	240	73	8,816	376
Air Compressor & Generator[7]	2	100	0.5	6/7/2005	7/9/2005	32	20	8	160	320	100	16,000	682
Front End Loader	1	165	0.465	6/7/2005	7/9/2005	32	24	8	192	192	77	14,731	628
									SUBTOTAL	**816**	**332**	**44,776**	**1,908**
Site Grading, Utilities and Base Course to Roads													
Grader	1	174	0.575	6/21/2005	8/5/2005	45	22	5	110	110	100	11,006	300
Excavator	1	180	0.58	6/21/2005	8/5/2005	45	22	5	110	110	104	11,484	313
Bulldozers[8]	2	352	0.59	6/21/2005	8/5/2005	45	30	3	90	180	415	37,382	1,020
Trencher	2	82	0.695	6/21/2005	8/5/2005	45	10	5	50	100	114	5,699	155
Compactor[9]	1	165	0.465	6/21/2005	8/5/2005	45	22	3	66	66	77	5,064	138
									SUBTOTAL		**710**	**70,635**	**1,926**
Parking Garages and Housing Units													
Backhoe	2	79	0.465	6/14/2005	1/27/2006	227	110	3	330	660	73	24,245	150
Scissor Lifts[10]	2	94	0.475	6/14/2005	1/27/2006	227	110	1	110	220	89	9,823	61
Fork Lift[9]	1	94	0.475	6/14/2005	1/27/2006	227	130	3	390	390	45	17,414	108
									SUBTOTAL		**207**	**51,482**	**319**
Roads and Parking, Hardscape, Landscape													
Bulldozer[8]	1	352	0.59	1/23/2006	3/3/2006	39	10	3	30	30	208	6,230	207
Compactor[9]	1	165	0.465	1/23/2006	3/3/2006	39	10	3	30	30	77	2,302	77
Roller	1	114	0.43	1/23/2006	3/3/2006	39	3	10	30	30	49	1,471	49
Asphalt Paving Machine	1	132	0.59	1/23/2006	3/3/2006	39	3	10	30	30	78	2,336	78
									SUBTOTAL		**411**	**12,339**	**410**
									GRAND TOTAL AREA 1			**179,232**	**4,564**

1 Engine rating and load factor were the default parameters of URBEMIS 2002.
2 Total hours are based on work days.
3 As Loaded Power (Crane, Attachment 5.c.) = (1) x (190 hp) x (0.43) = 82 hp
4 Unit Type Activity (Crane, Attachment 5.c.)) = (190 hp) x (0.43) x (64 hrs) = 5229 hp-hr
5 Unit Type Daily Activity (Crane, Attachment 5.c.) = (5229 hp-hr) / 23 days = 223 hp-hr/day. Number of days are from Attachment 5.g.
6 Assumed to be Backhoe in URBEMIS 2002
7 Power and loadfactor was assumed to be 100 hp and 0.5, respectively
8 Assumed to be Rubber Tired Dozer in URBEMIS 2002.
9 Assumed to be Rubber Tired Loader in URBEMIS 2002.
10 Assumed to be Rough Terrain Forklift in URBEMIS 2002.

Attachment 5.d. Detail by Area 2

				Operating Schedule							Activity Calculations		
Equipment	No. of Units	hp[1]	Load Factor[1]	From	To	Calendar Days	Work Days	hr/day	Total per Unit (hrs)[2]	Total All Units (hrs)	As Loaded Power[3] (hp)	Unit Type Activity[4] (hp-hr)	Unit Type Daily Activity[5] (hp-hr/day)
Demolition													
Crane	0	190	0.43	7/11/2005	8/26/2005	46	-	-	-	-	-	-	-
Machine Mounted Breakers[6]	1	79	0.465	7/11/2005	8/26/2005	46	30	6	180	180	37	6,612	231
Air Compressor & Generator[7]	1	100	0.5	7/11/2005	8/26/2005	46	30	8	240	240	50	12,000	420
Front End Loader	1	165	0.465	7/11/2005	8/26/2005	46	35	8	280	280	77	21,483	751
									SUBTOTAL		**163**	**40,095**	**1,402**
Site Grading, Utilities and Base Course to Roads													
Grader	1	174	0.575	7/18/2005	9/29/2005	73	35	5	175	175	100	17,509	770
Excavator	1	180	0.58	7/18/2005	9/29/2005	73	35	5	175	175	104	18,270	804
Bulldozers[8]	1	352	0.59	7/18/2005	9/29/2005	73	48	3	144	144	208	29,906	1,316
Trencher	1	82	0.695	7/18/2005	9/29/2005	73	16	5	80	80	57	4,559	201
Compactor[9]	1	165	0.465	7/18/2005	9/29/2005	73	35	3	105	105	77	8,056	354
									SUBTOTAL		**446**	**78,300**	**3,444**
Parking Garages and Housing Units													
Backhoe	2	79	0.465	10/31/2005	4/14/2006	165	80	3	240	480	73	17,633	149
Scissor Lifts[10]	2	94	0.475	10/31/2005	4/14/2006	165	80	1	80	160	89	7,144	61
Fork Lift[9]	1	94	0.475	10/31/2005	4/14/2006	165	95	3	285	285	45	12,725	108
									SUBTOTAL		**207**	**37,502**	**318**
Roads and Parking, Hardscape, Landscape													
Bulldozer[8]	1	352	0.59	4/10/2006	4/28/2006	18	5	3	15	15	208	3,115	236
Compactor[9]	1	165	0.465	4/10/2006	4/28/2006	18	5	3	15	15	77	1,151	87
Roller	1	114	0.43	4/10/2006	4/28/2006	18	2	10	20	20	49	980	74
Asphalt Paving Machine	1	132	0.59	4/10/2006	4/28/2006	18	2	10	20	20	78	1,558	118
									SUBTOTAL		**411**	**6,804**	**515**
									GRAND TOTAL AREA 2			**162,701**	**5,679**

1 Engine rating and load factor were the default parameters of URBEMIS 2002.
2 Total hours are based on work days.
3 As Loaded Power (Crane, Attachment 5.c.) = (1) x (190 hp) x (0.43) = 82 hp
4 Unit Type Activity (Crane, Attachment 5.c.)) = (190 hp) x (0.43) x (64 hrs) = 5229 hp-hr
5 Unit Type Daily Activity (Crane, Attachment 5.c.) = (5229 hp-hr) / 23 days = 223 hp-hr/day. Number of days are from Attachment 5.g.
6 Assumed to be Backhoe in URBEMIS 2002
7 Power and loadfactor was assumed to be 100 hp and 0.5, respectively
8 Assumed to be Rubber Tired Dozer in URBEMIS 2002.
9 Assumed to be Rubber Tired Loader in URBEMIS 2002.
10 Assumed to be Rough Terrain Forklift in URBEMIS 2002.

Attachment 5.e. Detail by Area 3

				Operating Schedule							Activity Calculations		
Equipment	No. of Units	hp[1]	Load Factor[1]	From	To	Calendar Days	Work Days	hr/day	Total per Unit (hrs)[2]	Total All Units (hrs)	As Loaded Power[3] (hp)	Unit Type Activity[4] (hp-hr)	Unit Type Daily Activity[5] (hp-hr/day)
Demolition													
Crane	1	190	0.43	8/15/2005	9/23/2005	39	20	4	80	80	82	6,536	203
Machine Mounted Breakers[6]	2	79	0.465	8/15/2005	9/23/2005	39	25	6	150	300	73	11,021	342
Air Compressor & Generator[7]	2	100	0.5	8/15/2005	9/23/2005	39	25	8	200	400	100	20,000	620
Front End Loader	1	165	0.465	8/15/2005	9/23/2005	39	30	8	240	240	77	18,414	571
											332	**55,971**	**1,735**
Site Grading, Utilities and Base Course to Roads													
Grader	1	174	0.575	9/26/2005	10/28/2005	32	16	5	80	80	100	8,004	341
Excavator	1	180	0.58	9/26/2005	10/28/2005	32	16	5	80	80	104	8,352	356
Bulldozers[8]	2	352	0.59	9/26/2005	10/28/2005	32	22	3	66	132	415	27,414	1,168
Trencher	2	82	0.695	9/26/2005	10/28/2005	32	8	5	40	80	114	4,559	194
Compactor[9]	1	165	0.465	9/26/2005	10/28/2005	32	16	3	48	48	77	3,683	157
											710	**52,012**	**2,216**
Parking Garages and Housing Units													
Backhoe	2	79	0.465	11/28/2005	4/28/2006	151	74	3	222	444	73	16,310	147
Scissor Lifts[10]	2	94	0.475	11/28/2005	4/28/2006	151	74	1	74	148	89	6,608	60
Fork Lift[9]	1	94	0.475	11/28/2005	4/28/2006	151	88	3	264	264	45	11,788	106
											207	**34,706**	**313**
Roads and Parking, Hardscape, Landscape													
Bulldozer[8]	1	352	0.59	4/24/2006	6/2/2006	39	10	3	30	30	208	6,230	218
Compactor[9]	1	165	0.465	4/24/2006	6/2/2006	39	10	3	30	30	77	2,302	80
Roller	1	114	0.43	4/24/2006	6/2/2006	39	3	10	30	30	49	1,471	51
Asphalt Paving Machine	1	132	0.59	4/24/2006	6/2/2006	39	3	10	30	30	78	2,336	82
									SUBTOTAL		**411**	**12,339**	**431**
									GRAND TOTAL AREA 3			**155,028**	**4,696**

1 Engine rating and load factor were the default parameters of URBEMIS 2002.
2 Total hours are based on work days.
3 As Loaded Power (Crane, Attachment 5.c.) = (1) x (190 hp) x (0.43) = 82 hp
4 Unit Type Activity (Crane, Attachment 5.c.)) = (190 hp) x (0.43) x (64 hrs) = 5229 hp-hr
5 Unit Type Daily Activity (Crane, Attachment 5.c.) = (5229 hp-hr) / 23 days = 223 hp-hr/day. Number of days are from Attachment 5.g.
6 Assumed to be Backhoe in URBEMIS 2002
7 Power and loadfactor was assumed to be 100 hp and 0.5, respectively
8 Assumed to be Rubber Tired Dozer in URBEMIS 2002.
9 Assumed to be Rubber Tired Loader in URBEMIS 2002.
10 Assumed to be Rough Terrain Forklift in URBEMIS 2002.

Attachment 5.f. Detail by Area 4

				Operating Schedule							Activity Calculations		
Equipment	No. of Units	hp[1]	Load Factor[1]	From	To	Calendar Days	Work Days	hr/day	Total per Unit (hrs)[2]	Total All Units (hrs)	As Loaded Power[3] (hp)	Unit Type Activity[4] (hp-hr)	Unit Type Daily Activity[5] (hp-hr/day)
Demolition													
Crane	2	190	0.43	7/11/2005	10/14/2005	95	48	4	192	384	163	31,373	450
Machine Mounted Breakers[6]	4	79	0.465	7/11/2005	10/14/2005	95	58	6	348	1,392	147	51,135	734
Air Compressor & Generator[7]	2	100	0.5	7/11/2005	10/14/2005	95	58	8	464	928	100	46,400	666
Front End Loader	2	165	0.465	7/11/2005	10/14/2005	95	70	8	560	1,120	153	85,932	1,233
											564	**214,840**	**3,084**
Site Grading, Utilities and Base Course to Roads													
Grader	1	174	0.575	10/10/2005	12/2/2005	53	26	5	130	130	100	13,007	386
Excavator	2	180	0.58	10/10/2005	12/2/2005	53	26	5	130	260	209	27,144	805
Bulldozers[8]	2	352	0.59	10/10/2005	12/2/2005	53	35	3	105	210	415	43,613	1,293
Trencher	2	82	0.695	10/10/2005	12/2/2005	53	12	5	60	120	114	6,839	203
Compactor[9]	1	165	0.465	10/10/2005	12/2/2005	53	26	3	78	78	77	5,985	177
											815	**96,587**	**2,863**
Parking Garages and Housing Units													
Backhoe	2	79	0.465	12/19/2005	8/11/2006	235	170	3	510	1,020	73	37,470	231
Scissor Lifts[10]	3	94	0.475	12/19/2005	8/11/2006	235	114	1	114	342	134	15,270	94
Fork Lift[9]	2	94	0.475	12/19/2005	8/11/2006	235	135	3	405	810	89	36,167	223
											297	**88,907**	**549**
Roads and Parking, Hardscape, Landscape													
Bulldozer[8]	1	352	0.59	8/14/2006	9/22/2006	39	10	3	30	30	208	6,230	116
Compactor[9]	1	165	0.465	8/14/2006	9/22/2006	39	10	3	30	30	77	2,302	43
Roller	1	114	0.43	8/14/2006	9/22/2006	39	3	10	30	30	49	1,471	27
Asphalt Paving Machine	1	132	0.59	8/14/2006	9/22/2006	39	3	10	30	30	78	2,336	44
									SUBTOTAL		**411**	**12,339**	**230**
									GRAND TOTAL AREA 4			**412,672**	**6,726**

1 Engine rating and load factor were the default parameters of URBEMIS 2002.
2 Total hours are based on work days.
3 As Loaded Power (Crane, Attachment 5.c.) = (1) x (190 hp) x (0.43) = 82 hp
4 Unit Type Activity (Crane, Attachment 5.c.)) = (190 hp) x (0.43) x (64 hrs) = 5229 hp-hr
5 Unit Type Daily Activity (Crane, Attachment 5.c.) = (5229 hp-hr) / 23 days = 223 hp-hr/day. Number of days are from Attachment 5.g.
6 Assumed to be Backhoe in URBEMIS 2002
7 Power and loadfactor was assumed to be 100 hp and 0.5, respectively
8 Assumed to be Rubber Tired Dozer in URBEMIS 2002.
9 Assumed to be Rubber Tired Loader in URBEMIS 2002.
10 Assumed to be Rough Terrain Forklift in URBEMIS 2002.

Attachment 5.g. Data Reduction

	From Logistics Report and Equipment Detail 5.b. through 5.e.					Data Reduction Calculation		
	Start Date	**End Date**	**Days**	**Work Days[1] (day)**	**hp-hr/day**	**Total Average[2] (hp-hr)**	**As Loaded Power (hp)**	**Average Operation[3] (hr/day)**
Project	6/7/05	9/22/06	472	346				
DEMOLITION								
Area 1	6/7/05	7/9/05	32	23	1,908		332	
Area 2	7/18/05	8/26/05	39	29	1,402		163	
Area 3	8/15/05	9/28/05	44	32	1,735		332	
Area 4	7/11/05	10/14/05	95	70	3,084		564	
Demolition Average			**53**	**39**	**2,032**	312,946	**348**	**5.84**
Demolition Total Days			**210**	**154**				
SITE GRADING, UTILITIES AND BASE COURSE TO ROADS								
Area 1	6/16/05	8/5/05	50	37	1,926		710	
Area 2	8/29/05	9/29/05	31	23	3,444		446	
Area 3	9/26/05	10/28/05	32	23	2,216		710	
Area 4	10/17/05	12/2/05	46	34	2,863		815	
Grading Average			**40**	**29**	**2,613**	304,627	670	**3.90**
Grading Total Days			**159**	**117**				
PARKING GARAGES AND HOUSING UNITS								
Area 1	6/21/05	1/27/06	220	161	319		207	
Area 2	11/7/05	4/17/06	161	118	318		207	
Area 3	11/28/05	4/28/06	151	111	313		207	
Area 4	1/2/06	8/11/06	221	162	549		297	
Building Average			**188**	**138**	**375**	206,901	230	**1.63**
Building Total Days			**753**	**552**				
ROADS AND PARKING, HARDSCAPE, AND LANDSCAPE								
Area 1	1/23/06	3/5/06	41	30	410		411	
Area 2	4/10/06	4/28/06	18	13	515		411	
Area 3	4/24/06	6/2/06	39	29	431		411	
Area 4	7/11/06	9/22/06	73	54	230		411	
Roads Average			**43**	**31**	**397**	49,777	411	**0.97**
Roads Maximum			**73**	**54**	**515**			
Roads Total Days			**171**	**125**				
TOTAL								
Total Project Average			**323**	**237**	**5,416**	874,251		
Total Project All Days			**1,293**	**948**				

1 Schedule/work days from Logistics Report and Attachment 5.c. through 5.f.
Work Days = (472 days) x (22 days/mo) / (30 days/mo) = 346 days
2 Total Average = (154 days) x (2032 hp-hr/day) = 312,946 hp-hr
3 Average Operation = (312,946 hp-hr) / (348 hp) / (154 days) = 5.84 hr/day

Attachment 6

On-Road Emission Calculations

Attachment 6.a On-Road Emission Summary

From Previous Health Risk Assessment | **Additional Information**

Equipment	Total Days[1]	Total Trips[2]	URBEMIS Emissions[3] (lbs/day)	Emissions[4] (lbs)	EF[5] (lbs/trip)	Project Emissions (lbs)	Fuel Correction Factor[6]	Project Adjusted Emissions[7] (lbs)	Yearly Adjusted Emissions[8] (lbs/yr)
Demolition									
Trucks	154	3,180	0.19	29.26		29.26		24.58	17.56
Site Grading, Utilities and Base Course to Roads									
Trucks	117	240	0.04	4.66		4.66		3.92	2.80
Trucks using internal temp. roads		890			0.010	8.83	0.84	7.42	5.30
Parking Garages and Housing Units									
Trucks	552	4,100			0.010	40.67		34.16	24.40
Roads and Parking, Hardscape, Landscape									
Trucks	125	940			0.010	9.32		7.83	5.59
Total Demolition and Grading On-Road		3,420		33.92					
					TOTAL	92.75		77.91	**55.65**

1 Total days from worksheet provided by Steve Rodriguez of Rodriguez Consulting, 6/16/04.
2 Total trips from Steve Rodriguez's worksheet, 6/16/04.
3 Emission calculated based on volume of material to be hauled (details can be found in the previous HRA)
4 Emissions (Demolition) = (0.19 lbs/day) x (154 days) = 29.26 lbs
5 EF = (33.92 lbs) / (3420 trips) = 0.010 lbs/trip
6 Fuel correction factor of 16% reduction, or 84%, used to account for the difference in toxic content of different fuels.
7 Adjusted emissions found by applying the fuel correction factor to total emissions. Adjusted emissions = Total Emissions * FCF
8 Yearly adjusted emissions are found by dividing project emissions by 1.4 (1.4 being the amount of years that construction will be underway)

Attachment 6.b. Truck Emissions Area 1

		Operating Schedule[1]				
Equipment	**On-road / Non-Road**	**From**	**To**	**Calendar Days**	**Work Days**	**Total Units**
Demolition						
Trucks[2]	On-road	6/7/2005	7/9/2005	32	25	580
Site Grading, Utilities and Base Course to Roads						
Trucks[3]	On-road	6/16/2005	8/5/2005	50	37	60
Trucks using internal temp. roads	Non-road	6/16/2005	8/5/2005	50	37	150
Parking Garages and Housing Units						
Trucks	On-road	6/21/2005	1/27/2006	220	158	1390
Roads and Parking, Hardscape, Landscape						
Trucks	On-road	1/23/2006	3/3/2006	39	30	350
					On-Road Total	2380
					Non-Road Total	150
					Total	2530

1 Truck trips based on worksheet provided by Steve Rodriguez of Rodriguez Consulting, 6/16/04.

2 PM emisssions were estimated in URBEMIS and based on demolition volume from the site and truck trip worksheet. Please see Attachment 5.b.

3 PM emissions were estimated in URBEMIS and based on the import earth volume and truck trip worksheet. Please see Attachment 5.b.

Attachment 6.c. Truck Emissions Area 2

		Operating Schedule[1]				
Equipment	**On-road / Non-Road**	**From**	**To**	**Calendar Days**	**Work Days**	**Total Units**
Demolition						
Trucks[2]	On-road	7/18/2005	8/26/2005	39	28	350
Site Grading, Utilities and Base Course to Roads						
Trucks[3]	On-road	8/29/2005	9/29/2005	31	23	50
Trucks using internal temp. roads	Non-road	8/29/2005	9/29/2005	31	23	180
Parking Garages and Housing Units						
Trucks	On-road	11/7/2005	4/14/2006	158	113	620
Roads and Parking, Hardscape, Landscape						
Trucks	On-road	4/10/2006	4/28/2006	18	14	120
					On-Road Total	1140
					Non-Road Total	180
					Total	1320

1 Truck trips based on worksheet provided by Steve Rodriguez of Rodriguez Consulting, 6/16/04.

2 PM emisssions were estimated in URBEMIS and based on demolition volume from the site and truck trip worksheet. Please see Attachment 5.b.

3 PM emissions were estimated in URBEMIS and based on the import earth volume and truck trip worksheet. Please see Attachment 5.b.

Attachment 6.d. Truck Emissions Area 3

		Operating Schedule[1]				
Equipment	**On-road / Non-Road**	**From**	**To**	**Calendar Days**	**Work Days**	**Total Units**
Demolition						
Trucks[2]	On-road	8/15/2005	9/28/2005	44	32	400
Site Grading, Utilities and Base Course to Roads						
Trucks[3]	On-road	9/26/2005	10/28/2005	32	24	50
Trucks using internal temp. roads	Non-road	9/26/2005	10/28/2005	32	24	180
Parking Garages and Housing Units						
Trucks	On-road	11/28/2005	4/28/2006	151	109	580
Roads and Parking, Hardscape, Landscape						
Trucks	On-road	4/24/2006	6/2/2006	39	28	120
					On-Road Total	1150
					Non-Road Total	180
					Total	1330

1 Truck trips based on worksheet provided by Steve Rodriguez of Rodriguez Consulting, 6/16/04.

2 PM emisssions were estimated in URBEMIS and based on demolition volume from the site and truck trip worksheet. Please see Attachment 5.b.

3 PM emissions were estimated in URBEMIS and based on the import earth volume and truck trip worksheet. Please see Attachment 5.b.

Attachment 6.e. Truck Emissions Area 4

		Operating Schedule[1]				
Equipment	**On-road / Non-Road**	**From**	**To**	**Calendar Days**	**Work Days**	**Total Units**
Demolition						
Trucks[2]	On-road	7/11/2005	10/14/2005	95	70	1850
Site Grading, Utilities and Base Course to Roads						
Trucks[3]	On-road	10/17/2005	12/2/2005	46	34	80
Trucks using internal temp. roads	Non-road	10/17/2005	12/2/2005	46	34	380
Parking Garages and Housing Units						
Trucks	On-road	1/2/2006	8/11/2006	221	159	1510
Roads and Parking, Hardscape, Landscape						
Trucks	On-road	8/14/2006	9/22/2006	39	28	350
					On-Road Total	3790
					Non-Road Total	380
					Total	4170

1 Truck trips based on worksheet provided by Steve Rodriguez of Rodriguez Consulting, 6/16/04.

2 PM emisssions were estimated in URBEMIS and based on demolition volume from the site and truck trip worksheet. Please see Attachment 5.b.

3 PM emissions were estimated in URBEMIS and based on the import earth volume and truck trip worksheet. Please see Attachment 5.b.

Attachment 7

Risk Calculations
HARP Software Input
HARP Software Output

Appendix J – Attachment 7

The HARP software input files and software output files consist of approximately 350 pages of computer print out. Representative pages of input and output information are provided for inspection. The complete contents of the Health Risk Analysis Attachment 7 can be reviewed during normal business hours at the City of Santa Barbara Planning Department.

```
**      ISC     input   file    generated by    HARP    from
**      workbook file    C:\HARP\PROJECTS\ROD100-2006UPDATE\ROD100.INP
**      Date:       3/28/2006   4:53:29 PM

CO      STARTING

        TITLEONE  SANTA     BARBARA   COTTAGE  HOSPITAL
        TITLETWO  FOUNDATION WORKFORCI HOUSING
        MODELOPT  DFAULT    CONC      URBAN
        AVERTIME          1 PERIOD
        POLLUTID  Other
        TERRHGTS  ELEV
        RUNORNOT  RUN
        ERRORFIL  C:\HARP\PROJECTS\ROD100-2006UPDATE\ROD100.ERR
        FLAGPOLE          0

CO      FINISHED
**      UTMZONE          11


SO      STARTING

        ELEVUNIT  FEET

        LOCATION  S001    AREA      251842    3813238    122.2
        SRCPARAM  S001      4.45E-04     5    149.939     15     45    2.317

        LOCATION  S002    AREA      251948.3  3813131.9  101.1
        SRCPARAM  S002      4.45E-04     5    149.939     15     45    2.317

        LOCATION  S003    AREA      252054.4  3813025.7   64.7
        SRCPARAM  S003      4.45E-04     5    149.939     15     45    2.317

        LOCATION  S004    AREA      252160.5  3812919.6   55.8
        SRCPARAM  S004      3.70E-03     5     18.018     15     45    2.317

        LOCATION  S005    AREA      252174.3  3812906.2   55.8
        SRCPARAM  S005      4.45E-04     5    149.939     15   313.1   2.317

        LOCATION  S006    AREA      252276.9  3813015.6   49.2
        SRCPARAM  S006      4.45E-04     5    149.939     15   313.1   2.317

        LOCATION  S007    AREA      252379.4  3813125.2   60.3
        SRCPARAM  S007      4.45E-04     5    149.939     15   313.1   2.317

        LOCATION  S008    AREA      252482    3813234.7   58.6
        SRCPARAM  S008      2.30E-03     5     28.994     15   313.1   2.317

        LOCATION  S009    AREA      252499.7  3813260.4   64
        SRCPARAM  S009      4.45E-04     5    149.939     15    43.4   2.317

        LOCATION  S010    AREA      252609.2  3813156.7   49.2
        SRCPARAM  S010      4.45E-04     5    149.939     15    43.4   2.317

        LOCATION  S011    AREA      252718.5  3813053.4   46.1
        SRCPARAM  S011      4.45E-04     5    149.939     15    43.4   2.317

        LOCATION  S012    AREA      252827.9  3812950.1   35.1
        SRCPARAM  S012      4.45E-04     5    149.939     15    43.4   2.317

        LOCATION  S013    AREA      252937    3812846.9   29.6
        SRCPARAM  S013      4.45E-04     5    149.939     15    43.4   2.317

        LOCATION  S014    AREA      253046.1  3812743.7   32.8
        SRCPARAM  S014      4.45E-04     5    149.939     15    43.4   2.317
```

GRIDCART	1 XPNTS	253537	253557	253577	253597	253617	
GRIDCART	1 XPNTS	253637	253657	253677	253697	253717	
GRIDCART	1 XPNTS	253737	253757	253777	253797	253817	
GRIDCART	1 XPNTS	253837					
GRIDCART	1 YPNTS	3813845	3813825	3813805	3813785	3813765	
GRIDCART	1 YPNTS	3813745	3813725	3813705	3813685	3813665	
GRIDCART	1 YPNTS	3813645	3813625	3813605	3813585	3813565	
GRIDCART	1 YPNTS	3813545	3813525	3813505	3813485	3813465	
GRIDCART	1 YPNTS	3813445	3813425	3813405	3813385	3813365	
GRIDCART	1 YPNTS	3813345	3813325	3813305	3813285	3813265	
GRIDCART	1 YPNTS	3813245	3813225	3813205	3813185	3813165	
GRIDCART	1 YPNTS	3813145	3813125	3813105	3813085	3813065	
GRIDCART	1 YPNTS	3813045	3813025	3813005	3812985	3812965	
GRIDCART	1 YPNTS	3812945	3812925	3812905	3812885	3812865	
GRIDCART	1 YPNTS	3812845	3812825	3812805	3812785	3812765	
GRIDCART	1 YPNTS	3812745	3812725	3812705	3812685	3812665	
GRIDCART	1 YPNTS	3812645	3812625	3812605	3812585	3812565	
GRIDCART	1 YPNTS	3812545	3812525	3812505	3812485	3812465	
GRIDCART	1 YPNTS	3812445	3812425	3812405	3812385	3812365	
GRIDCART	1 YPNTS	3812345	3812325	3812305	3812285	3812265	
GRIDCART	1 YPNTS	3812245	3812225	3812205	3812185	3812165	
GRIDCART	1 YPNTS	3812145	3812125	3812105	3812085	3812065	
GRIDCART	1 YPNTS	3812045	3812025	3812005	3811985	3811965	
GRIDCART	1 YPNTS	3811945	3811925	3811905	3811885	3811865	
GRIDCART	1 YPNTS	3811845					
GRIDCART	1 ELEV	1	309.5	311.4	315.8	320.1	324.4
GRIDCART	1 ELEV	1	328.5	331.7	334.5	336.6	338
GRIDCART	1 ELEV	1	339.7	342.2	340.5	337.9	334.4
GRIDCART	1 ELEV	1	332.1	330.8	330.8	332.7	335.5
GRIDCART	1 ELEV	1	339.3	343.6	347.1	349.3	345.3
GRIDCART	1 ELEV	1	341.3	338.1	338.9	341.7	347.1
GRIDCART	1 ELEV	1	350.4	352.7	353.6	349	343.9
GRIDCART	1 ELEV	1	339.3	344.6	351.2	357.7	357.6
GRIDCART	1 ELEV	1	355.4	351.4	342.5	326.9	301.6
GRIDCART	1 ELEV	1	281.6	277.1	295.5	319.5	335.4
GRIDCART	1 ELEV	1	337.6	338.6	341.9	348.8	355.6
GRIDCART	1 ELEV	1	357.6	352	339.7	330.4	327.3
GRIDCART	1 ELEV	1	323	321.7	325.2	335.9	348.4
GRIDCART	1 ELEV	1	362.5	364.6	366	368.9	373.9
GRIDCART	1 ELEV	1	378.9	383.2	386.5	389.3	391.4
GRIDCART	1 ELEV	1	391.7	391.2	390	388.7	388.8
GRIDCART	1 ELEV	1	391	398.2	404.3	407.7	411.1
GRIDCART	1 ELEV	1	414.1	416.3	419.6	423	426.4
GRIDCART	1 ELEV	1	428.8	431.4	434.9	437.2	438
GRIDCART	1 ELEV	1	436.8	435.8	435.1	434.8	457.6
GRIDCART	1 ELEV	1	480.5	499.3	507.2	512.9	517.3
GRIDCART	1 ELEV	1	520.8	523.3	524.2	525.4	526.7
GRIDCART	1 ELEV	1	527.9	526.9	525.7	524.4	526.5
GRIDCART	1 ELEV	1	528.6	530.2	530.9	528.1	520
GRIDCART	1 ELEV	1	514.7	509.4	503.8	474.8	445.5
GRIDCART	1 ELEV	1	420.2				
GRIDCART	1 ELEV	2	296.5	297.7	302.9	307.9	313.4
GRIDCART	1 ELEV	2	319.8	324.4	327.8	329.8	329.8
GRIDCART	1 ELEV	2	329.7	329.7	327.7	325.5	323.4
GRIDCART	1 ELEV	2	321.4	320.1	319.9	321.6	322.8
GRIDCART	1 ELEV	2	322.8	325.8	328.7	331.1	330
GRIDCART	1 ELEV	2	327.5	323.5	322.4	324.4	331
GRIDCART	1 ELEV	2	336.2	340.1	342.2	337	332.1
GRIDCART	1 ELEV	2	329.1	333.4	339.4	346.4	346.1
GRIDCART	1 ELEV	2	343	336.9	325.1	307.4	281.7
GRIDCART	1 ELEV	2	260.1	258.4	286.6	307.6	320.6
GRIDCART	1 ELEV	2	322.6	324.6	327.6	332.1	336.2
GRIDCART	1 ELEV	2	336.9	332.5	319.9	306.5	293.1
GRIDCART	1 ELEV	2	287.6	289.5	301.5	316.6	328.3
GRIDCART	1 ELEV	2	334	338.4	343.5	350.3	356.9

4315	GRID	0.00E+00	5.16E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251897	3813165	11
3815	GRID	0.00E+00	5.15E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251977	3813245	11
1792	GRID	0.00E+00	5.14E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251837	3813565	11
2177	GRID	0.00E+00	5.14E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251977	3813505	11
2038	GRID	0.00E+00	5.13E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251717	3813525	11
2050	GRID	0.00E+00	5.12E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251957	3813525	11
1793	GRID	0.00E+00	5.11E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251857	3813565	11
4314	GRID	0.00E+00	5.11E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251877	3813165	11
4052	GRID	0.00E+00	5.10E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251677	3813205	11
2809	GRID	0.00E+00	5.09E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252017	3813405	11
4191	GRID	0.00E+00	5.09E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251937	3813185	11
1791	GRID	0.00E+00	5.08E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251817	3813565	11
4313	GRID	0.00E+00	5.06E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251857	3813165	11
4307	GRID	0.00E+00	5.05E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251737	3813185	11
2683	GRID	0.00E+00	5.03E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252017	3813425	11
3564	GRID	0.00E+00	5.03E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251997	3813285	11
3672	GRID	0.00E+00	5.02E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251637	3813265	11
2935	GRID	0.00E+00	5.00E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252017	3813385	11
4179	GRID	0.00E+00	5.00E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251697	3813185	11
1794	GRID	0.00E+00	4.97E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251877	3813565	11
3925	GRID	0.00E+00	4.97E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251657	3813225	11
1790	GRID	0.00E+00	4.92E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251797	3813565	11
2413	GRID	0.00E+00	4.92E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251657	3813465	11
2304	GRID	0.00E+00	4.91E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251997	3813485	11
2664	GRID	0.00E+00	4.90E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251637	3813425	11
3061	GRID	0.00E+00	4.88E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252017	3813365	11
4068	GRID	0.00E+00	4.88E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251957	3813205	11
1923	GRID	0.00E+00	4.88E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251937	3813545	11
2557	GRID	0.00E+00	4.84E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252017	3813445	11
1913	GRID	0.00E+00	4.83E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251737	3813545	11
4317	GRID	0.00E+00	4.82E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251937	3813185	11
1795	GRID	0.00E+00	4.75E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251897	3813565	11
3941	GRID	0.00E+00	4.75E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251977	3813225	11
3187	GRID	0.00E+00	4.74E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252017	3813345	11
3690	GRID	0.00E+00	4.74E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251997	3813265	11
3167	GRID	0.00E+00	4.71E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251617	3813345	11
1789	GRID	0.00E+00	4.89E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251777	3813565	11
3293	GRID	0.00E+00	4.69E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251617	3813325	11
3041	GRID	0.00E+00	4.68E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251617	3813365	11
3798	GRID	0.00E+00	4.65E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251637	3813245	11
4306	GRID	0.00E+00	4.85E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251717	3813185	11
3313	GRID	0.00E+00	4.61E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252017	3813325	11
3419	GRID	0.00E+00	4.80E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251617	3813305	11
2162	GRID	0.00E+00	4.58E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251677	3813505	11
2538	GRID	0.00E+00	4.57E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251637	3813445	11
2037	GRID	0.00E+00	4.58E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251697	3813525	11
2431	GRID	0.00E+00	4.56E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252017	3813465	11
2915	GRID	0.00E+00	4.54E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251817	3813365	11
2051	GRID	0.00E+00	4.50E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251977	3813525	11
4178	GRID	0.00E+00	4.47E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251877	3813165	11
4435	GRID	0.00E+00	4.47E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251777	3813145	11
4436	GRID	0.00E+00	4.46E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251797	3813145	11
1796	GRID	0.00E+00	4.45E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251917	3813565	11
2287	GRID	0.00E+00	4.45E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251657	3813485	11
3439	GRID	0.00E+00	4.45E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252017	3813305	11
4051	GRID	0.00E+00	4.45E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251657	3813205	11
2178	GRID	0.00E+00	4.44E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251997	3813505	11
3545	GRID	0.00E+00	4.44E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251817	3813285	11
4192	GRID	0.00E+00	4.44E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251957	3813185	11
1788	GRID	0.00E+00	4.42E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251757	3813565	11
4434	GRID	0.00E+00	4.40E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251757	3813145	11
1912	GRID	0.00E+00	4.39E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251717	3813545	11
3816	GRID	0.00E+00	4.39E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251997	3813245	11
1924	GRID	0.00E+00	4.38E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251957	3813545	11
4443	GRID	0.00E+00	4.38E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251837	3813145	11
2789	GRID	0.00E+00	4.37E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251617	3813405	11
4442	GRID	0.00E+00	4.36E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251917	3813145	11
4437	GRID	0.00E+00	4.34E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251817	3813145	11
2810	GRID	0.00E+00	4.33E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252037	3813405	11
4441	GRID	0.00E+00	4.31E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251897	3813145	11
4305	GRID	0.00E+00	4.28E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251697	3813185	11
2684	GRID	0.00E+00	4.27E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252037	3813425	11
3565	GRID	0.00E+00	4.27E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252017	3813285	11
4440	GRID	0.00E+00	4.27E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251877	3813145	11
3924	GRID	0.00E+00	4.26E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251637	3813225	11
1666	GRID	0.00E+00	4.25E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251637	3813565	11
4067	GRID	0.00E+00	4.24E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251977	3813205	11
4433	GRID	0.00E+00	4.24E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251737	3813145	11
1667	GRID	0.00E+00	4.23E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251857	3813585	11
4438	GRID	0.00E+00	4.23E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251837	3813145	11
2305	GRID	0.00E+00	4.22E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252017	3813485	11
2412	GRID	0.00E+00	4.22E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251637	3813485	11
3671	GRID	0.00E+00	4.22E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251817	3813265	11
1665	GRID	0.00E+00	4.21E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251817	3813585	11
4439	GRID	0.00E+00	4.21E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251857	3813145	11
2663	GRID	0.00E+00	4.18E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251817	3813425	11
4318	GRID	0.00E+00	4.14E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251957	3813165	11
1668	GRID	0.00E+00	4.13E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251877	3813585	11
1797	GRID	0.00E+00	4.12E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251937	3813585	11
2558	GRID	0.00E+00	4.12E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252037	3813445	11
1664	GRID	0.00E+00	4.11E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251797	3813585	11
1787	GRID	0.00E+00	4.11E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251737	3813565	11
2938	GRID	0.00E+00	4.10E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252037	3813365	11
3691	GRID	0.00E+00	4.08E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252017	3813265	11
2036	GRID	0.00E+00	4.05E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251677	3813525	11
3942	GRID	0.00E+00	4.03E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251997	3813225	11
4444	GRID	0.00E+00	4.03E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251957	3813145	11
2161	GRID	0.00E+00	4.01E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251657	3813505	11
1669	GRID	0.00E+00	3.98E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251897	3813585	11
1911	GRID	0.00E+00	3.98E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251697	3813545	11
3062	GRID	0.00E+00	3.97E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252037	3813365	11
3188	GRID	0.00E+00	3.97E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251597	3813345	11
4432	GRID	0.00E+00	3.97E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251717	3813145	11
1663	GRID	0.00E+00	3.96E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251777	3813585	11
2052	GRID	0.00E+00	3.96E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251997	3813525	11
3797	GRID	0.00E+00	3.96E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251817	3813245	11
3292	GRID	0.00E+00	3.95E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251597	3813325	11
4177	GRID	0.00E+00	3.95E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251657	3813185	11
3040	GRID	0.00E+00	3.94E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251597	3813365	11
1925	GRID	0.00E+00	3.93E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251977	3813545	11
2432	GRID	0.00E+00	3.91E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252037	3813465	11
2537	GRID	0.00E+00	3.91E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251617	3813445	11
3188	GRID	0.00E+00	3.91E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252037	3813345	11
4304	GRID	0.00E+00	3.91E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251677	3813165	11
3418	GRID	0.00E+00	3.88E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251597	3813305	11
4050	GRID	0.00E+00	3.88E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251637	3813205	11
4193	GRID	0.00E+00	3.88E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251977	3813185	11
2179	GRID	0.00E+00	3.87E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	252017	3813505	11
2288	GRID	0.00E+00	3.87E-02	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	0.00E+00	251637	3813485	11

Appendix K

Santa Barbara Cottage Hospital Foundation
Workforce Housing Project

Comment Letter Attachments Provided by Cheri Rae and John McKinney

#1

Medical excellence close to home

POST OFFICE BOX 689
PUEBLO AT BATH STREET
SANTA BARBARA, CA 93102-0689
805 682-7111

October 31, 2003

Ms. Cheri Rae
610 E Victoria St
Santa Barbara CA 93103-2227

RE: Update on Saint Francis Workforce Housing Plan Progress
& Invitation to Meeting on Wednesday, November 12 at 6:00 p.m.

Dear Ms. Rae:

Together with environmental protection and financial reality, your suggestions, ideas, and concerns are a crucial component of creating a plan to provide workforce housing for our employees at the former Saint Francis campus.

Thank you for joining us on October 15. Today I'm writing to update you on our progress and to invite you to our second neighborhood meeting on Wednesday, November 12.

As you know, on October 15, about 60 neighbors joined our entire project team, Cottage President Ron Werft, and our board of directors' Housing Task Force chair Marshall Rose in the Saint Francis lobby for a very productive meeting.

We were able to share our goals, the challenges we face, and some big-picture options for the future of the campus. Nearly half the neighbors who attended expressed their feelings and thoughts about what could be envisioned on this site.

We started the planning and design process with a clean slate, and we're looking for your ideas and suggestions as we move forward. Our singular goal is to ensure quality healthcare in our community by providing homes to recruit and retain the highest quality healthcare professionals in a manner that does not impact the hospital financially.

As we shared at the meeting, attracting and retaining hard-to-recruit medical professionals is the biggest challenge we face due to skyrocketing

Over please

housing costs and the inability of many healthcare workers to live and work in this community.

To ensure the continued high quality care we all enjoy in Santa Barbara, we must create homes for our healthcare workforce. As you can understand, this will not be an issue that we can solve in a few weeks, but one that will take a great deal of analysis, budgeting, and expert advice.

Neighbors echoed the opinion of our staff that providing "for sale" rather than rental homes should be the top priority. We agree.

We also heard concerns about two issues we have been wrestling with every day: finding the right balance between the percentage of below-market rate homes and the total number of homes on the site. To keep a very high percentage of below-market rate workforce homes, we need a higher density. Conversely, a lower density will impact the cost, pricing, and affordability levels of the homes.

Providing below-market rate homes on the site is our priority, and from our recent neighborhood meeting it is clear that the neighbors in attendance agreed.

Recently, numerous surveys of our staff (consisting of a comprehensive written survey and focus groups) reinforced that there is a tremendous demand for below-market units that are available for purchase.

In fact, more than 1000 of our 2,400 Cottage employees would like to purchase a home in Santa Barbara but cannot afford to do so. We are dedicated to working closely with you to help meet a portion of this urgent need by building as many for-sale workforce homes on the Saint Francis campus as is feasible, taking into consideration the neighbors' concerns.

At this point, the percentage of homes that are below-market rate is a decision we cannot yet make, as we need to work with neighbors like you – as well as our planning, environmental, and financial consultants – to determine what the most feasible balance may be.

At the meeting, while we had not yet pinpointed numbers and percentages, we were able to share some preliminary thoughts about how the site might be broken into distinct neighborhoods, and whether we should use any existing structures. The distinct neighborhoods would allow us to blend into each surrounding neighborhood that surrounds the site.

Two issues we heard loud and clear at the neighborhood meeting were that we need to ensure enough parking and that we should eliminate the connection between California and Arrellaga Streets.

As we left the meeting on October 15, we asked our architect, Brian Cearnal, to work on some preliminary sketches of how townhomes might be designed on the property to answer neighborhood concerns, such as providing adequate parking, while fulfilling our goals. On November 12, we hope to be ready to present some very preliminary plans for review and discussion.

As you well know, our last meeting went past 9:30 p.m., so this time we plan to start a bit earlier, at 6:00 p.m. And we will have more substantial refreshments to keep us all going.

As Cottage President Ron Werft wrote to you last month, our hope is that by working with you and all our neighbors – together with city planners, workforce housing consultants, architects and financial consultants – we will put together a creative housing solution for our current and future healthcare workers that provides much-needed homes, while respecting your quality of life.

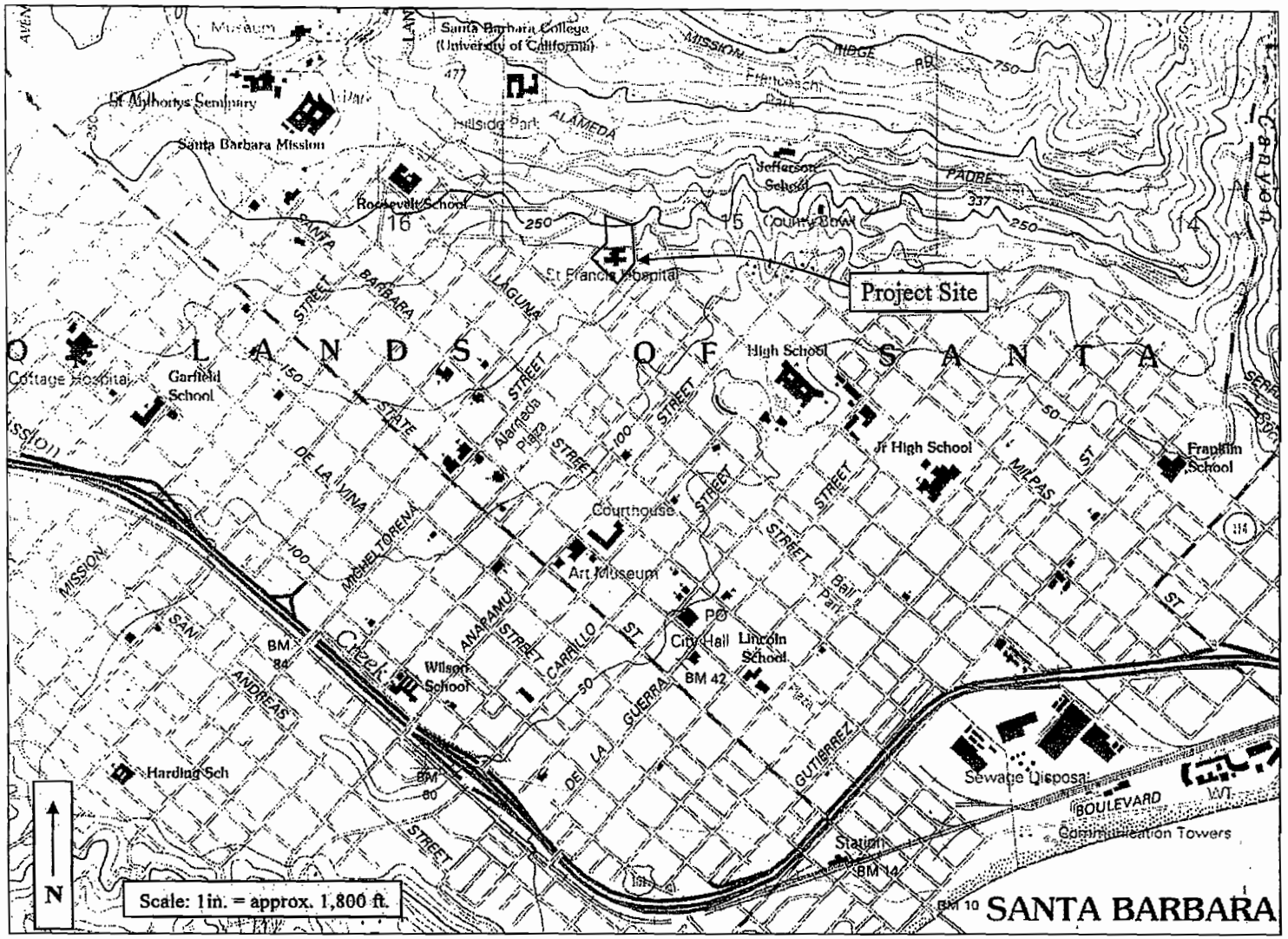
I look forward to seeing you on **Wednesday, November 12 at 6:00 p.m. in the Saint Francis lobby**, and I encourage you to contact me at 569-7238 if you have any questions. You can also email me at rbiscaro@sbch.org. I look forward to continuing our dialogue about the best way to provide workforce housing for our employees on the Saint Francis campus.

Yours sincerely,

Ron Biscaro
Vice President of Real Estate Development

cc: Ron Werft, President and CEO
Marshall Rose, Housing Task Force Chair
Janet O'Neill, Director of Public Affairs
Brian Cearnal, Architect
Ken Marshall, Environmental Planner

#2



Source: TOPO!, 2001

City of Santa Barbara
Santa Barbara Cottage Hospital Foundation Workforce Housing Project

Figure 4.1-1
Project Area Topography

Hospital to condos: What an EIR says and what it doesn't

VOICE FROM SANTA BARBARA

John McKinney

I have become a reluctant but somewhat expert reader of environmental impact reports. Usually, the reports I review are concerned with development impacts upon species that cannot speak for themselves in lands beautiful and faraway. But recently I studied a document that examines the development impacts on people living in the heart of Santa Barbara.

Whether the environment is a High Sierra stream or a historic neighborhood, whether the studied species is a salamander or Homo sapiens, a thorough EIR should: 1) carefully define the environment to be affected by a human development 2) thoroughly explore the impacts of such a development on the species of life inhabiting that environment.

By these two criteria, the phone book-sized Draft Environmental Impact Report for Cottage Hospital's planned demolition of St. Francis Medical Center and construction of 115 condos falls short. It poorly defines the affected environment. And it inadequately details how the resident species — that is to say, humans — would be affected by this massive-by-Santa-Barbara-standards project.

Although the "Bungalow Haven" neighborhood has been defined by lic hearings and in the media, and has been granted official historic district status by the city, nowhere in the EIR is the historic bungalow district recognized, defined or even mentioned by name. And yet it is this neighborhood, this environment, that will suffer the most effects from demolition of the hospital and development of a super-sized condominium project.

The report charts many, but not all, effects on an abstraction called "the environment," but not on the small community known as Bungalow Haven, and not on the larger community around it where a couple thousand people live and breathe in a bowl-shaped neighborhood sometimes called the lower Riviera.

My concern about the EIR's lack of definition of neighborhood and its environment is exceeded only by my concern about the consequences that may befall neighbors should that project be built as detailed in the draft environmental report.

According to the EIR, demolition of the hospital will release asbestos, mercury, lead and PCBs into the environment. These hazardous materials will not be released into some environment out of sight and out of mind, these toxics will be emitted into my environment, your environment, our environment.

During the lengthy destruction and construction periods, more than 228 pounds of chemicals, exhaust and particulate matter will be emitted into the air every day. That's a whole lot of carbon monoxide, sulfur dioxide and assorted gases, plus diesel exhaust and dust — known carcinogens — going into my air, your air, our air.

That's the air inhaled by our elderly neighbor who suffers from emphysema, the air breathed by our teenage neighbor who already uses an inhaler, the air breathed by the nursing infant across the street, the air breathed by my 8-year-old son who loves nothing more than to tear through the neighborhood on his bicycle.

According to the EIR, the demoli- tion of the hospital will generate more than 36 million pounds of solid waste — tons upon tons trucked to the already bursting-at-the-seams Tajiguas landfill. Then there are those 16,920 truck trips rumbling through the neighborhood, fugitive dust, lead-related-soil contamination, groundwater contamination, noise pollution, vibration impacts, density of development far beyond anything in the neighborhood, asbestos fibers, as well as illicit connections and illegal discharges, whatever they are.

Surely, if these kinds of impacts threatened the habitat of the fringe-toed lizard, the desert tortoise or the snowy plover, there would rightly be a huge public outcry. Strangely, though, when the discussion turns to the endangerment of human habitat indeed of humans themselves, we seem to be baffled into silence by bureaucratic terminology. Somehow it's OK to speak up for creatures great and small, but not for humans young and old.

In the environmental community, particularly in Santa Barbara, much lip service is paid to the notion of "reduce, reuse, recycle." With this in mind, it's gratifying to report the EIR does present an environmentally superior alternative to the demolition of St. Francis and the construction of 115 condos:

"Use only existing on-site buildings to develop new residences."

And despite its many sociological and scientific shortcomings, the EIR does indicate that Cottage Hospital could convert, rather than demolish St. Francis and use it for housing its workers. "The alternative would result in the development of approximately 89 residential units which would achieve the basic results of the proposed project."

So there you have it, a way to greatly lessen the environmental impacts on neighbors and neighborhoods: Don't demo the hospital. Instead, convert it to housing. Architects have successfully created hospital-to-housing projects all over the country. Why not here? Rethinking this enormous project with a commitment to protect the environment benefits everyone.

Both long-term trends and recent events make it clear that ignoring environmental issues — or doing a poor job of studying them — can have consequences to humans ranging from the unpleasant to the catastrophic. The environment is not a scientific abstraction; it's you and me and our lives together in a new age of diminishing resources.

John McKinney lives in Santa Barbara.

Santa Barbara News Press Sept. 7, 2005

#4

Comments on the Draft EIR prepared for the
Cottage Hospital Workforce Housing Project
By John McKinney, 9/8/05

I'm John McKinney and I'll begin this evening by introducing Cheri Rae and Steve Dowty, fellow members of the Neighborhood EIR Response Team, and thanking them for the hundreds of hours of work they—and other neighbors—have already logged studying the EIR. Certainly our professional experience—in the areas of environmental writing, history, architecture and investigative journalist—helped us analyze the document, but of even more help are the many citizens who lent their expertise to our response.

Cheri and Steve join me in a special acknowledgement to city staff—planners and experts from other departments as well--for answering our many persistent questions. And a thank you to experts in housing, health issues, adaptive reuse, air quality and the environment from all across the nation who took the time to share their wisdom with us. We'll be detailing the insights of these renowned professionals in our extensive written response to the EIR.

Recently we Bungalow Haven neighbors were very pleased to hear commissioners praise our neighborhood activism. The Commission was hearing discussions about Upper State Street developments and a number of commissioners advised those with concerns to get organized. Like Bungalow Haven. "Carefully study the neighborhood," Commissioners said. Like Bungalow Haven. Express yourselves. Like Bungalow Haven.

We appreciate the commissioners' notice of our neighborhood. We appreciate the number of city departments, the city officials and the media, and other neighborhood groups looking for advice that have taken the time to learn about this particular neighborhood and its neighbors.

Given this high degree of public awareness, it was more than a little surprising that the Draft EIR fails to define our neighborhood or the people who live in it. Nowhere in the document is the now commonly accepted geography of the neighborhood described. Nowhere is the Bungalow Haven neighborhood even mentioned by name.

It shouldn't have been difficult for the EIR preparers to define the neighborhood. Surely if it walks like a duck and it talks like a duck—it's a duck. And surely if it looks like a neighborhood, expresses itself like a neighborhood, and acts like a neighborhood—it's a neighborhood.

The document's lack of clarity about the environment it purports to study and its all-but-missing-specifics about the population base subjected to the impacts of the proposed project means flawed and incomplete analysis in quite a number of subject areas: air quality, traffic, health effects, adaptive reuse, historical review, & more.

Before turning the podium over to my colleagues on the EIR response team, let me point out a few of the many areas where the document's poor or missing definitions of the neighborhood environment leads to poor or incomplete science.

Air Quality. The document failed to include any air quality studies that specifically address the unique bowl-shaped Lower Riviera neighborhood.

Vibration. The document failed to cite past construction projects at St. Francis that caused significant vibrations in the neighborhood. The EIR proposes a woefully inadequate neighborhood study area for the effects of vibration.

Traffic. The document fails to disclose exactly what point in time, during the long history of St. Francis Hospital in relationship to the neighborhood, the EIR used to determine its baseline traffic count.

Health Effects. Health effects from the demolition and construction to the neighbors, whoever they are and wherever they live, are almost completely ignored.

History. We strongly take issue with the Historic Structures Report that found that the demolition of St. Francis Hospital would be "a less than significant historic impact," and further concluded that the historical significance of the long-term presence of the building would be mitigated to "a less than significant level" by the incorporation of a commemorative plaque into the new project.

If you ask the question: Will the demolition of St. Francis Hospital destroy a building that's an architectural wonder and historic gem? You'll get one answer. If you ask the question: In what ways is St. Francis hospital historically significant to the life of the city and the historically significant neighborhood around it? You'll get another answer.

One compelling reason for requiring a new historical structures report is the dark cloud hanging over the current one. We understand, from a determination by City Attorney Wiley, that although no conflict-of-interest laws have been broken, there is a significant appearance of conflict of interest in the preparation of the Historic Structures Report that was not revealed to the city historian or the city planning staff until just last week, more than a year after that report's acceptance by the Historic Landmarks Commission.

Another compelling reason for requiring a new historical structures report is suggested by the very directions of the EIR itself. The EIR determined that the two most "environmentally superior" options for the housing project are the adaptive re-use of some of the building and the adaptive reuse of most of the building. With this in mind, a new historical study should be commissioned that asks how an adapted historic building might provide housing and its presence might contribute to the historic character of the neighborhood around it. Closed hospitals located around the country—hospitals historically significant to their communities and hospital buildings that are official Historic Landmarks, such as old Scripps Hospital in La Jolla, have been successfully converted into condominiums.

In closing, I wholeheartedly embrace the most environmentally superior of the EIR's options—the adaptive reuse of St. Francis for housing for Cottage Hospital's work force. It's by far the best solution for nurses and neighbors alike.

Thank you, Commissioners, and now, I'd like to introduce neighbor and architect Steve Dowty.

#5

City of Santa Barbara

HISTORICAL CONSULTANTS LIST

The following alphabetical list has been compiled by the Community Development Department of the City of Santa Barbara to assist applicants in the City's permit process in carrying out Historic Structures and Sites Reports in compliance with the City's Master Environmental Assessment (MEA) document and the California Environmental Quality Act (CEQA). The historical consultants on this list may have the capability to carry out one or all components (i.e., field survey, documentary research, oral history interviews, photo analysis, report writing, mitigation analysis, etc.) of projects. Placement on this list does not imply endorsement or recommendation of these consultants by the City of Santa Barbara. It is the responsibility of the applicant to contract for services which will fulfill the City's Historic Structures and Sites Report requirements as specified in the MEA. Costs for any reports are not determined by the City of Santa Barbara but are to be negotiated by the consulting historian and the contracting applicant.

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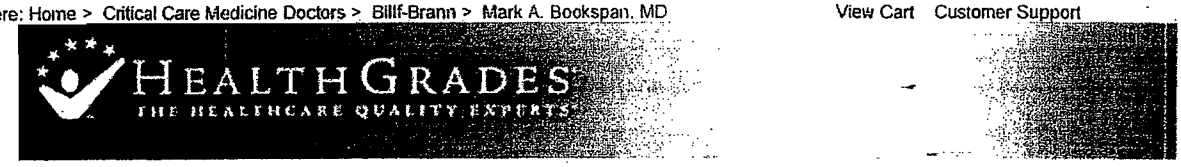
#6



Dr. Mark A. Bookspan

Specialties

Critical Care Medicine, Internal Medicine, Rheumatology

Location

-Santa Barbara Cottage Hosp 5th Med Ed
Santa Barbara, California (CA) 93102

Do you want to know more about Dr. Bookspan?

- ✓ Board Certification
- ✓ Disciplinary Actions in 49 States (if any)
- ✓ Medical School
- ✓ Internship & Residency
- ✓ Patient Opinions (when available)

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THE WALL STREET JOURNAL.

"The study by Health Grades Inc., a health-care consulting firm in Colorado that rates hospitals, estimated that medical errors in U.S. hospitals contributed to almost 600,000 patient deaths over the past three years, double the number if deaths from a study published in 2000 by the Institute of Medicine."- *The Wall Street Journal*, July 27, 2004

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- > Patient Safety in American Hospitals Report (May 2005)
- > Patient Safety Study: Gap Widens Among Hospitals

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Dr. Mark Bookspan, MD

Internal Medicine Doctors > California > Blande-Bomh > Mark A. Bookspan, MD

Rheumatologists > Bis-Burge > Mark A. Bookspan, MD

#7

Cheri Rae

610 East Victoria Street, Santa Barbara, CA 93103 (805) 963-7037

cheri@thetrailmaster.com

September 1, 2005

Mr. Steve Wiley
City Attorney, City of Santa Barbara
735 Anacapa Street
Santa Barbara, CA 93101

Dear Mr. Wiley,

I am writing to bring to your attention to what appears to be a serious conflict of interest on the part of the preparer of a document created for the Santa Barbara Cottage Hospital in relation to its workforce housing project proposed at St. Francis Hospital. Please examine this situation before the Planning Commission takes up discussion of the draft EIR--of which this document is a part--on Thursday, September 8 at 1 p.m.

The Final Historic Structures Report was prepared by Dr. Shelley Bookspan, one of the city's approved Historical Consultants. In September, 2003, she was hired by Santa Barbara Cottage Hospital to prepare "a historic structures evaluation as if the facility demolition were being planned." Her report, which concluded that "demolition of the existing structures would be a less than significant historic impact" was accepted by the Historic Landmarks Commission in April, 2004.

Nowhere in her report did Dr. Bookspan disclose that her husband, the physician Dr. Mark Bookspan, is employed at Santa Barbara Cottage Hospital, yet I easily discovered that fact while conducting my concerned citizen research on the EIR.

City Historian Jake Jacobus had no knowledge of this relationship and suggested I contact your office. In your absence, I spoke briefly with your colleague Scott Vincent; he immediately disqualified himself from any discussions with me about any Cottage Hospital matters, citing concern over conflict of interest because his father is on the board of Cottage Hospital.

Would that Cottage Hospital and Dr. Bookspan had been as candid.

In matters as subjective as assigning historic value of a building to a community, the utmost in care should be given to the selection of an impartial consultant. Does the city have a policy that mandates full disclosure on the part of consultants? By law, are city commissions supposed to inquire about any possible conflicts of interest? Does the applicant/developer have an obligation to disclose any possible conflicts of interests in the relationship it has with the presumed-to-be-independent consultant it hires?

Obviously, my abbreviated conversation with your colleague, as well as my past observation of city commissioners removing themselves from hearing issues where potential conflicts may arise, tells me there is sensitivity to these conflict-of-interest concerns among city staff that might not be shared by independent consultants or developers.

Should the historical analysis be compromised, does that not call into question the integrity of the entire Draft EIR? What would be the legal remedy if that is the situation?

Now that the city is aware of this potentially compromised relationship between applicant/developer and consultant, along with the fact that this relationship was not disclosed to a city commission and city staff, whose obligation is it to inform commissioners, planners and the public? How and when will this situation be remedied? How will the record reflect this situation?

I await your reply.

Sincerely,

Cheri Rae

#8

Cheri & John McKinney

610 E. Victoria Street ■ Santa Barbara ■ California 93103
(805) 963-7037 ■ Fax (805) 564-7793 ■ cheri@thetrailmaster.com

July 19, 2004

Ms. Jessica Grant
Associate Planner
City of Santa Barbara Planning Division
Post Office Box 1990
Santa Barbara, CA 93102-1990

Re: Scope of EIR for Santa Barbara Cottage Hospital Foundation Workforce Housing Project

Dear Ms. Grant:

We are writing to request that a complete Environmental Impact Report be prepared for consideration of the project proposed at 601 E. Micheltorena Street, known as the "Santa Barbara Cottage Hospital Foundation Workforce Housing Project." Substantial evidence exists that this project will pose significant environmental impacts to the neighborhood and that it will significantly degrade the quality of life of the individuals who live there.

Even the simplest review of the information regarding this project reveals a fair argument based on substantial evidence that significant impacts may occur and they require a thorough and comprehensive Environmental Impact Report.

As an interested party (since 1993, we have lived at the corner of Victoria and Salsipuedes, three blocks from the site), we have many concerns that we believe must be addressed in the Environmental Scoping process, leading to the inevitable conclusion that the City should require the preparation of an Environmental Impact Report. Specifically, they include:

1. The baseline used to determine traffic air quality and noise impacts.It is our understanding, according to CEQA Guidelines 15125, subd. (a), that "a draft EIR must include a description of the physical environmental conditions in the vicinity of the project as they exist at the time…the environmental analysis is commenced." Of course, what we're dealing with now is a closed-down hospital with virtually no traffic. It is inappropriate to use the proposed trips that *may have occurred* if an approved medical building had been built. CEQA does not permit use of a non-existent, hypothetical baseline environmental setting based on a project that was never built. The traffic and other impacts of the medical building never occurred, and thus it is inappropriate under CEQA to use this baseline. As a result of using the incorrect CEQA baseline, the predicted traffic impacts of the project are substantially underestimated.

2. <u>The socio-economic impacts of this project must be considered within the context of an EIR.</u> CEQA Guidelines Section 15064(e) requires the City to consider the physical environmental changes resulting from socio-economic impacts, if any, in an EIR. As a result of this proposed project, and its impacts of traffic, circulation, and density out-of-keeping with the nearby neighborhood, the destabilization of the surrounding neighborhood has already occurred. Such destabilization will continue as residents contemplate and act in response to the negative impacts posed by enormously increased traffic, parking problems, circulation and degradation of the neighborhood character, leading to a reduced quality of life for all who live within the neighborhood. A significant number of homes along Micheltorena Street and beyond have already been placed on the market, and continued concerns about the additional stresses placed on this established neighborhood by the proposed project are forcing more neighbors to consider leaving their homes. The burdens placed on this neighborhood are inappropriately large, due to the size and scope of this project. The high turnover caused by the proposed project is a socio-economic impact that results in indirect physical environmental impacts; sold homes are often torn down and replaced by larger homes which degrade views, impair traffic and result in other environmental impacts.

3. <u>The EIR must Analyze Cumulative Impacts</u>. The workforce housing project on Micheltorena and the reconstruction of Cottage Hospital must be considered linked and part of the same project because they are components of the same undertaking by Cottage. In addition, impacts of one are related to the other. In the area of parking, for example, it is obvious that parking places are being constructed for *the same vehicles* in neighborhoods that are less than a two-mile walk apart from each other, yet there is as of now, no incentive offered for Cottage Hospital employees who choose to maintain a car-free lifestyle.

4. <u>Mitigation of Significant Traffic Impacts</u>. We expect a comprehensive traffic analysis in the EIR that includes extensive mitigation efforts that go far beyond the mere promise of a shuttle service. While shuttles may help reduce traffic somewhat, employee trip reduction programs are legally unenforceable. A *shuttle system or trip reduction program is legally unenforceable pursuant to SB#437.* It is thus not legally enforceable as a mitigation measure pursuant to CEQA Guidelines Section 15126.4(a) (2). Therefore, if the project is approved, the City must require enforceable traffic mitigation measures in addition to shuttles, and/or feasible project alternatives that reduce the 1, 023 average daily trips and enormous traffic impacts this project will bring to the neighborhood.

5. <u>County Bowl as part of Existing Environmental Setting</u>. As the applicant admitted during a public meeting on Tuesday, July 13, its development team had not even considered traffic and parking impacts to this neighborhood generated by attendees of County Bowl performances. As every resident of this neighborhood is well-aware, during the ever-increasing schedule of performances at the County Bowl, there is already no street parking to be found—all the way up to the St. Francis site. Unlike the City's proposed CEQA baseline, this existing constrained situation is part of the existing physical environmental baseline. As a result, the EIR must analyze impacts in light of this, and should conclude that any increase in parking demand and traffic during performances will result in significant impacts.

6. <u>Piecemealing.</u> The City recently approved a lot split involving this property. That lot split is linked to this property; it facilitates this project. Development of the resulting lot will cause impacts relating to views, noise and traffic. The impacts of the lot split should have been analyzed in the context of the EIR for the Santa Barbara Cottage Hospital Foundation Workforce Housing Project. Since it was considered previously in a piecemeal fashion, the City should re-analyze the effects of the lot split, including development of the remainder parcel, in this Draft EIR, either as part of the project, or, at a minimum, in a cumulative impact analysis.

7. <u>Concerns about hazardous materials released during the demolition and construction period.</u> We request a thorough, detailed analysis of the site prior to release of the Draft EIR, including soil samples, paint, insulation, carpets, and the like to determine the extent of hazardous materials and carcinogens that exist on the site. Additionally, we request a full evaluation of how those materials can best be contained to insure the short-and long-term health of neighborhood residents who will be exposed throughout a lengthy demolition and construction period. Because of the applicant's plan to provide even more extensive underground parking than before, we have even more concern about containment of particulate matter during the extensive excavation process. These issues should be thoroughly analyzed in the Draft EIR.

Feasible mitigation measures and alternatives that could avoid or lessen these impacts should be analyzed in sufficient detail to facilitate City approval without supplemental review. Specifically, an alternative that retains and reuses rather than demolishes the building should be analyzed at a project level of detail.

Air quality and health issues merit particular concern in this specific neighborhood because of the significant number of residents who are at home during the workday when the demolition and construction impacts will occur. They include the elderly, children at home with their caregivers and a large number of individuals who work at home-based businesses. Seniors and children are susceptible to numerous respiratory conditions caused or exacerbated by degraded air quality.

8. <u>Alternatives</u>

(A) Retain Existing Building The City should evaluate the feasibility of an alternative that retains the existing building in order to minimize the potentially significant impacts of demolitions (e.g. air quality, traffic, noise, hazardous materials). Alternative uses of the building are many, including, but not limited to, rental housing, retirement living, medical uses, a research institute, and the like.

(B) Reduced Project Size In order to accommodate the project's underlying objectives and mitigate impacts such as traffic, noise, air pollution and views, we propose that one way to mitigate these substantial environmental impacts is to reduce the number of units in this housing project from the proposed number of 115 units to 60 while still retaining the proposed mix of workforce and market-rate units (i.e. 70%: 30%).

The Reduced Size Alternative merits full consideration under CEQA Guidelines Section 15126.6(a). The project would still provide a significant number of housing units, meeting most of the underlying project objectives. Given the project economics, including sales price, carrying costs, permit processing and environmental review costs, and development costs, a 60-unit alternative appears feasible. Finally, it would substantially reduce the environmental impacts in terms of traffic, parking, air quality general congestion, and aesthetics.

9. An EIR is required pursuant to CEQA. This project requires an EIR. Under CEQA, a lead agency shall prepare an EIR when a fair argument can be made, based on substantial evidence in the record as a whole, that a project MAY have a significant effect on the environment, even if other evidence suggests the project will not have a significant effect. (CEQA Guidelines Section 15164) This fair argument standard is a low standard for requiring an EIR because CEQA requires the application of caution by a lead agency when a project MIGHT have a significant impact. The proposed project—the most massive building demolition and reconstruction project proposed in Santa Barbara since the 1925 earthquake—poses a complex set of environmental impacts that warrant consideration in an EIR. The City's NOP is for an EIR—not a Negative Declaration—and it identifies a range of potentially significant impacts. The NOP itself suggests the potential for an array of significant impacts, and thus supports the need for preparation of an EIR.

The project involves creating a neighborhood right in the middle of a neighborhood, one significantly inhabited by at-risk populations of children and the elderly, and dealing with hazardous substances and known carcinogens. The short-and long-term effects of the demolition of a huge building, the construction of a massive new neighborhood and the introduction of a major new traffic pattern must be carefully analyzed. Alternatives must be considered as potentially viable ways to reduce these impacts. If only a Negative Declaration is required, this decision will not only violate CEQA, it would eliminate consideration of any project alternatives and would thus take away valid options for the City to reduce the environmental impacts to the public.

Interested parties have testified repeatedly before the planning commission, at City Council and at four neighborhood meetings conducted by Cottage Health Systems. City Staff, the project's promoters, and residents alike have heard time and again about the concerns about this project's environmental impacts. It is now time for the City to require that the objections posed in public testimony and expressed in this letter be fully and completely addressed.

If ever a project required a comprehensive Environmental Impact Report (that includes a comprehensive general plan consistency analysis with all applicable policies) this is the one.

Sincerely,

Cheri Rae and John McKinney

Cc: Planning Commission Members: Mayor Marty Blum and City Council Members; Allied Neighborhood Association; Bungalow Haven Neighborhood Association; Riviera Neighborhood Association; Citizens Planning Association

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JAN HUBBELL, SR. PLANNER
SCOTT VINCENT, ASST. CITY ATT
CASE PLANNER APPLICANT(S)
PC SECRETARY

#9

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July 22, 2004

VIA E-MAIL AND U.S. MAIL

City of Santa Barbara
Attention: Ms. Jessica Grant
P. O. Box 1990
Santa Barbara, CA 93102-1990

SUBJECT: Scope of the EIR for the Proposed Santa Barbara Cottage Hospital Foundation Workforce Housing Project; Response to Ms. Cheri Rae and Mr. John McKinney Letter

Dear Ms. Grant:

This letter is a written on behalf of the Santa Barbara Cottage Hospital Foundation and is intended to respond to the issues addressed in a July 19, 2004 letter to you from Ms. Cheri Rae and Mr. John McKinney, relating to the Scope of the EIR for the Proposed Santa Barbara Cottage Hospital Foundation Workforce Housing Project. This response follow the same numbering system as was used in Ms. Rae's letter.

1. Baseline

Ms. Rae claims that the baseline used to determine traffic, air quality and noise impacts must be based on the "physical environmental conditions in the vicinity of the project as they exist at the time… the environmental analysis is commenced." However, the City of Santa Barbara has previously concluded that the environmental baseline can include impacts from uses that could occur without any new discretionary permits. This was the case in the Entrada de Santa Barbara Project, where the Californian Hotel was closed (for required seismic safety improvements) when the Entrada de Santa Barbara Project application was deemed complete and when the environmental analysis commenced. It was the City's conclusion that the baseline should include trips attributed to the Californian Hotel when it was open, because there were permits for

its use and it could be re-opened without any discretionary approvals[1]. Therefore, the conclusion to utilize the St. Francis Hospital's trip generation as the traffic baseline for the Proposed Santa Barbara Cottage Hospital Foundation Workforce Housing Project is entirely appropriate.

Additionally, Ms. Rae claims that it is inappropriate to use the proposed trips that *may have occurred* if the approved medical office building had been built. We do not disagree. However, Associated Traffic Engineers (ATE) Traffic Report did NOT include the traffic trips associated with the approved Medical Office Building traffic as part of their traffic baseline analysis.[2]

2. Socio-Economic Impacts Must be Considered in the EIR

Ms. Rae states that CEQA Section 15064(e) requires the City to consider the physical environmental changes resulting from socio-economic impacts, if any, in an EIR. However, CEQA Section 15064(e) actually states that "Economic and social changes resulting from a project shall not be treated as significant effects on the environment". (emphasis added) It goes on to say that "Economic or social changes may be used, however, to determine that a physical change shall be regarded as a significant effect on the environment". (emphasis added) These statements clearly state that economic and social changes are not to be considered significant impacts and that economic and social changes are not required to be evaluated.

Ms. Rae claims that the proposed Santa Barbara Cottage Hospital Foundation Workforce Housing Project has already destabilized the surrounding neighborhood and has prompted a significant number of homes to be placed on the market. These "issues" should not be considered in the CEQA document as these statements are speculative and without factual support. CEQA Section 15064 (f)(5) states: "Argument, speculation, unsubstantiated opinion or narrative, or evidence that is clearly inaccurate or erroneous, or evidence that is not credible, shall not constitute substantial evidence. Substantial evidence shall include facts, reasonable assumptions predicated upon facts, and expert opinion supported by facts." (emphasis added)

---

[1] The City's conclusion was based on the Court of Appeal decision in Fairview Neighbors v. County of Ventura (1999) 70 CA 4th 238. This case involved a mining operation that was proposing new improvements, but at the time the application was deemed complete and when the environmental analysis was commenced, the mining operation was not in full use. The appellants argued that the baseline should be the trips generated at the time the mining expansion application's environmental analysis is commenced. However, the Court ruled that the EIR appropriately assumed the existing traffic impact level (baseline) to be the traffic generated when the mine operated at full capacity pursuant to the entitlement previously permitted by its Conditional Use Permit (CUP-1328). The court concluded that discussing the possible environmental effects of the expanded mining operation project based on actual traffic counts would have been misleading and illusory under the facts.

[2] ATE's "Revised Traffic, Circulation and parking Study for the Santa Barbara Cottage Hospital Foundation Workforce Housing Project" dated May 6, 2004, did NOT include the approved Medical Office Building traffic as part of their traffic baseline analysis. ATE only utilized the permitted 85-bed hospital facility and the permitted 9 bed convent facility as part of their traffic baseline analysis.

3. Cumulative Impacts

Ms. Rae claims that the proposed Santa Barbara Cottage Hospital Foundation Workforce Housing Project must be linked to the reconstruction of Cottage Hospital. However, the two projects are entirely separate and are clearly not part of the same project. The reconstruction Cottage Hospital is a modernization of the existing hospital facility to comply with Senate Bil 1953, which requires all acute care hospitals to satisfy new seismic requirements. The Workforce Housing Project is proposed by Cottage to address their existing employee (retenti and recruiting) due to the extremely high cost of housing in the South Coast community. The is no link or connection between the two projects. Neither project depends on the other in ord to proceed.

A draft EIR on the acute care Hospital Project is scheduled to be released in a month or so. T Workforce Housing Project is just beginning its review.

4. Mitigation of Significant Traffic Impacts

Ms. Rae claims that the proposed Santa Barbara Cottage Hospital Foundation Workforce Housing Project will create significant traffic impacts, and as such, enforceable mitigation measures must be required. However, as indicated above, ATE's Traffic Report concluded th the proposed Workforce Housing Project will actually result in a 349 daily trip reduction on a streets and intersections, thereby creating a net beneficial traffic impact. In this regard, no tra mitigations are required. The fact that Cottage Hospital is offering to include a shuttle progra as part of the Workforce Housing Project Description (which will be an enforceable condition notwithstanding SB 437), shows that Cottage is voluntarily going above and beyond what is required to address neighborhood issues/concerns and to accommodate their employees who v be living on the property.

5. County Bowl Parking Impacts

Ms. Rae claims that there are parking problems in the neighborhood when there are concerts a the County Bowl, and that this should be considered part of the existing baseline. As indicate in ATE's Traffic and Parking Report (referenced above), the proposed Santa Barbara Cottage Hospital Foundation Workforce Housing Project is providing 265 parking spaces for residents and visitors, and the demand is anticipated to be 184-241 parking spaces. In this regard, the project is providing between 24-81 parking spaces in excess of anticipated demand (NOT taki into consideration ANY).on-street parking spaces. Therefore, the proposed Workforce Housin Project is actually anticipated to result in improving the existing perceived parking problem in the area.

6. Piecemealing

Ms. Rae claims that the City recently approved a lot split involving the property, and that this split should have been evaluated in the context of the EIR for the Workforce Housing Project. Ms. Rae is confused regarding the details of the Project. The City has NOT recently approved

lot split involving the property. The City Council DID initiate a Zoning Designation Change on the property affecting the C-O and R-2 zoning boundaries on the subject property. This is a Zoning Boundary "clean-up" request (that does not change the allowances on the subject property, but rather allows the creation of legal conforming lots, where non-conforming lots presently exist). The zoning request, and legal conforming lots request, is part of the Workforce Housing Project application and will be considered in the CEQA document for the Project.

7. Release of Hazardous Materials During Demolition/Construction

Ms. Rae claims that a detailed analysis of the site should be undertaken prior to the Draft EIR, including soil samples, paint, insulation, carpets and the like to determine the extent of hazardous materials and carcinogens that exist may on the site. The City will determine, as part of the Scoping Hearing, the extent to which these studies are necessary to be included in the CEQA document.

8. Alternatives

Ms. Rae claims that the City should evaluate various alternatives in the EIR. The City will determine, as part of the CEQA process, whether there are any significant environmental effects of the Project, and if so, the Alternatives that should be included in the CEQA document which "...would avoid or substantially lessen any of the significant effects of the Project". Guidelines, Section 15.126.6(a).

9. EIR is Required Under CEQA

Ms. Rae claims that an EIR is required under CEQA, based upon CEQA Section 15164 (fair argument/substantial evidence). I believe she meant to cite CEQA Section 15064. However, as indicated above, there does not appear to be a fair argument or substantial evidence that there could be a significant impact relating to any of the issues raised by Ms. Rae. However, the final decision/conclusion will be made by the City, based on the evidence at the upcoming Scoping Meeting.

Thank you in advance for your consideration of these matters, should you have any questions regarding this letter, please do not hesitate to call me at 963-0755.

Sincerely,

Douglas E. Fell

DEF:lb
cc: Ms. Barbara Shelton (via e-mail)
Mr. Ron Biscaro (via e-mail)
Mr. Ken Marshall (via e-mail)

#10

Cheri Rae & John McKinney

610 E. Victoria Street ■ Santa Barbara ■ California 93103
(805) 963-7037 ■ Fax (805) 564-7793 ■ john@thetrailmaster.com

August 20, 2005

Mr. Jonathan Maguire
City Planning Commissioner
630 Garden Street
Santa Barbara, CA 93101

Dear Mr. Maguire,

Thank you and your colleagues for your dedication and service to our City.

Our neighborhood Draft EIR Response Team requested a 45-day extension of the public comment period for the draft EIR document for the Cottage Hospital/St. Francis project. Ms. Irma Unzueta informed us that the comment period was extended from September 9 until September 23; however, our request to reschedule the hearing to a later date was denied.

Ms. Unzueta also stated that you and the other commissioners have not been informed about why we believe it was just and imperative to make such adjustments to serve the public good.

For your reference, we have enclosed two documents:

1) a letter dated July 19, 2004, that we sent the City Planning Department requesting several points to be included in the scoping of the EIR and
2) a letter dated July 22, 2004, that is a legal analysis of the points raised in our letter, conducted by Cottage Hospital's lawyer, Doug Fell, and copied to several parties, but not to us. (It was an amazingly short time between the submission of our letter to the City Planning Department, its referral to the applicant and its near-instant analysis by the legal team.)

Both documents became part of the material used to scope and create the draft EIR. But significantly, no other member of the public--most particularly we, the letter writers--had any knowledge of the legal analysis of our letter. We were shocked, on July 27, 2005, to discover the exchange when we examined the Draft EIR appendix on the day it was released to the public, a full year after the exchange took place.

We are seriously concerned about two significant points:

1) Had we been extended the common courtesy of a copy, we would have had the benefit of an entire year in which we and our neighbors would have been able to examine, research and refine our position in regard to the points made by Mr. Fell, as well as to rebut the attorney's points with our own legal analysis. City staff failed to inform concerned parties of Mr. Fell's letter. For an entire year, while the public was excluded from knowledge of this analysis, the applicant, its legal team, city staff and the EIR preparer had access to it.
2) We believe that there is substantial evidence indicating that the actual scope of the EIR was significantly influenced by the unanswered, uncontested, legal analysis done by Mr. Fell on behalf of Cottage Hospital. Such a maneuver could be interpreted as a way to guide the City staff and the EIR preparers in the very direction that the applicant wished to take. Indeed, even a casual reading of the document reveals that the points raised in our letter, as well as other neighbors, were simply ignored in the draft EIR.

Because this particular project has so many serious impacts associated with it, the review process must be impeccable in order for the public to have full faith in the fairness it has a right to expect. Yet, time and again, we neighbors and concerned parties have had to negotiate through a maze of serious roadblocks that have kept us from most effectively participating in the process.

When this troubling issue about the scoping is coupled with the false date on the Draft EIR, the staff's inability to post the document online in a timely manner, and then only half of it posted halfway into the comment period, as well as an unfortunate mid-project change in planning personnel, the respondents are put at a distinct disadvantage.

We're preparing our comments for the hearing on September 8th, and look forward to the opportunity to continue to participate in our City's planning process.

Sincerely,

Cheri Rae and John McKinney

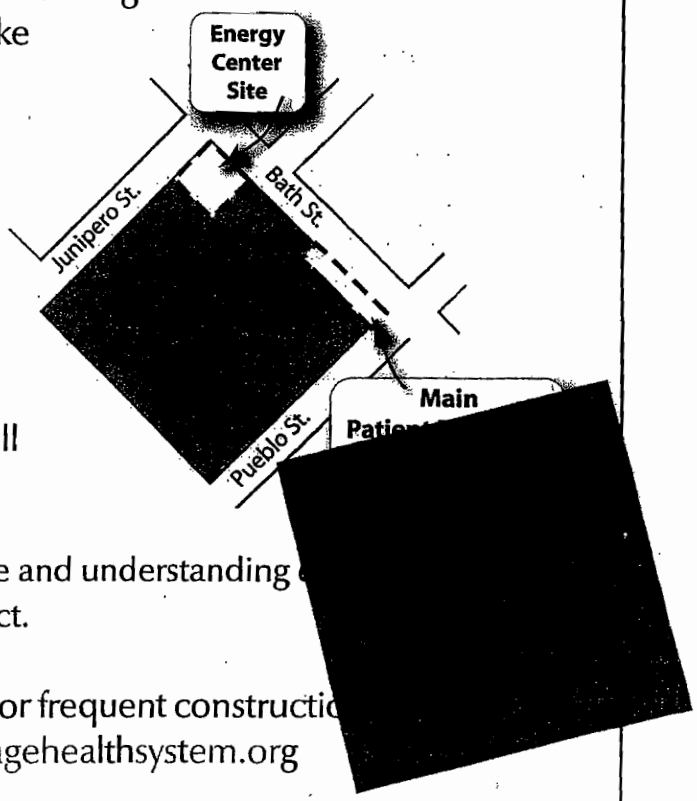
#11

COTTAGE BUILDS

Pardon Our Dust

The new Santa Barbara Cottage Hospital is taking shape.

On Monday, August 8, we will begin to clear the site for Cottage's new Energy Center, at the corner of Bath and Junipero Streets. The center will provide both ongoing and backup power to meet all the energy needs for the new hospital. Demolition of the existing building on the site will take approximately one week.



We are working hard to minimize any inconveniences for our patients, visitors, and neighbors during this project. And we will continue to provide the full range of clinical services.

Thank you for your patience and understanding
major reconstruction project.

Please visit our website for frequent constructi
www.cottagehealthsystem.org

Cottage HEALTH SYSTEM

Project Construction Hotline: 569-7383

Cottage is a not-for-profit, community organization providing medical excellence close to home.

What do we mean by "risk?"

#12

Risk refers to the increased potential for negative health effects posed by exposure of individuals to toxic emissions. The risk posed by a particular toxic air contaminant can be a cancer risk or a non-cancer risk, or both. Non-cancer risk can be acute, meaning effects can be felt in a relatively short time after exposure to the substance, or chronic, meaning effects are cumulative from exposure over an extended period of time. Risk assessments are done to estimate the increased risk posed by toxic emissions. Toxic substances can enter the body through multiple pathways, including inhalation (breathing), dermal contact (touching), and ingestion (eating and drinking). The health risk assessment is crafted to account for these pathways. For more information see Significant Risk Facilities/Explanation of Risk.

▲TOP

How do we determine who is at risk?

For facilities that emit significant amounts of air toxics, something known as a risk *"isopleth"* or *"footprint"* is developed. This is a map that shows the area of elevated risk around the facility. It is developed taking into account prevailing winds and weather conditions in the area. In some cases the risk footprint may be so small that no one is actually living in the affected area.

Risk assessment results for cancer-causing air toxics are given in terms of the probability that an individual will contract cancer (usually expressed as so many chances in a million). For non-cancer risk, a "Hazard Index" is used. A Hazard Index presents the ratio of the predicted exposure level of a toxic pollutant to the level of exposure considered acceptable by health professionals. If the Hazard Index is more than 1.0, it is considered a significant risk facility (see below). Typically for non-cancer risk the "endpoint" is also identified. This is the part of the body most affected by the particular pollutant.

Background risk is the risk level found throughout an area. This risk is not caused by a particular facility, and may be partly due to air pollution from vehicle traffic. The estimated background cancer risks due to air pollution for some selected areas of Santa Barbara County are as follows:

Downtown Santa Barbara:	524 cancer cases per million
Santa Maria:	98 cancer cases per million
Gaviota:	47 cancer cases per million
Lompoc:	40 cancer cases per million

For more information, see Significant Risk Facilities/Putting Risk into Perspective.

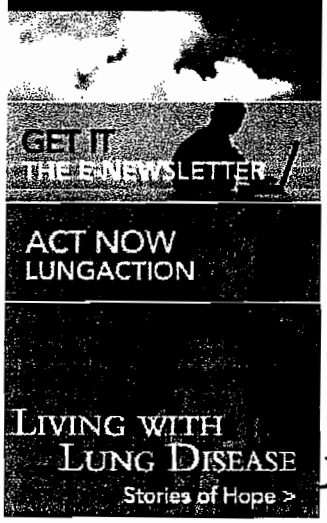
▲TOP

What is a "significant risk" facility?

For cancer risk, if a facility's toxic air emissions result in a cancer risk of equal to or greater than 10 in a million, it is considered a significant risk facility. For non-cancer risk, if a facility's toxic air emissions result in a Hazard Index equal to or greater than 1.0, it is considered a significant risk facility. Significant risk facilities are required to reduce their risk, and to notify people living in the risk footprint about the elevated risk. See Significant Risk Facilities.

▲TOP

#13



Health Effects of Ozone and Particle Pollution

Particle Pollution: Deadly Then and Now

December 5-9, 1952. A massive layer of smoke and fog descended on the city of London, England, born of the smelters, factories, and coal furnaces that powered the industry and heated the homes of the region. In its wake, it left perhaps 12,000 people dead, taking its slow toll for months to come after the haze had lifted.1

The Lethal London Smog of 1952, as it is known now, 50 years later, was hardly the first time the air itself turned deadly. Twenty-two years earlier, in 1930, in the Meuse Valley in Belgium, 60 people had also died in December. And, in 1948, a weather inversion had trapped the exhausts of factories, coke ovens and refineries in tiny Donora, Pennsylvania. Although it only killed 20 people, 17 died on one day in October. As would happen four years later in London, undertakers in Donora ran out of caskets.2

Each of these three cases sounded a warning to the world about the deadly threat of airborne pollution and helped usher in the modern environmental movement.3 Then, in the mid 1990s, new scientific studies demonstrated that the threat remained: air pollution in the form of tiny, invisible particles, was still quietly, but effectively killing tens of thousands of Americans every year.

What Is Particle Pollution?

Particle pollution refers to a combination of fine solids and aerosols that are suspended in the air we breathe. The particles are especially small, some so small they can only be seen with an electron microscope. Particle pollution is all around us ï¾¿ sometimes in high concentrations. However, particle pollution can trigger reactions ranging from coughing and wheezing to heart attacks ar death. Because of their size, you canï¾¿t see the individual particles. You can only see haze that forms when millions of particles blur the spread of sunlight in an area. You canï¾¿t tell when youï¾¿re breathing particle pollution. And yet it is so dangerous it ca

air pollution in the form of tiny, invisible particles is still quietly, but effectively killing tens of thousands of Americans every year.

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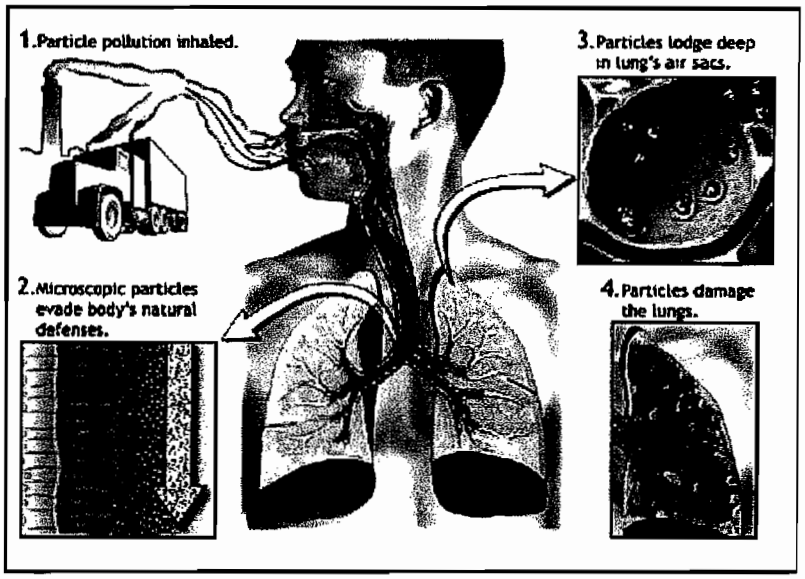
In the early 1990s, dozens of short-term community health studies from cities through the United States and around the world indicated that short-term increases in particle pollution were associated with adverse health effects ranging from increased respirator symptoms to increased hospitalization and emergency room visits, to increased mortal from respiratory and cardiovascular disease.

In 1993, a landmark study appeared in the *New England Journal of Medicine* , which documented the significant risk to human life from long-term exposure to particle pollu Called the Harvard Six City study, it looked at six small towns in the eastern U.S. and found clear evidence of the increased risk of premature death from the particle pollutio the most polluted city studied, compared to the cleanest.[8] Two years later, another grc of researchers using the large nationwide database of personal histories from the Amer Cancer Society, came to similar conclusions.[9] Additional thorough reviews[10] have left n room for doubt: particles are shortening human life at the levels seen in the United Sta today.

Particle pollution causes a broad range of health problems. Exposure worsens asthma a causes wheezing, coughing, and respiratory irritation in anyone with sensitive airways. also triggers heart attacks, cardiac arrhythmias (irregular heartbeat) and premature de

Because of its very small size, particle pollution gets right through the nasal passage, p the trachea and deep into the lungs. The smallest of the particles can even enter the bloodstream via the lungs.[11]



Health Effects contin

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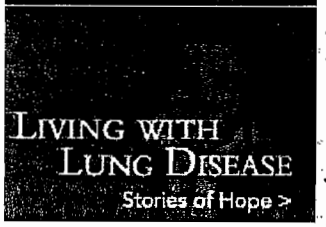

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Health Effects of Ozone and Particle Pollution cont'd

For example, in a study published in 2003, researchers evaluated a series of autopsied lungs from Mexico City, a city with high particle levels, and compared them to lungs from Vancouver, where there is very little air pollution. The small airways in the Mexico City lungs showed markedly higher levels of fibrous tissue and muscle, and microscopic evidence of particle accumulation in the respiratory bronchioles. The study demonstrates that particle pollution penetrates into and is retained in the walls of small airways. The resulting damage to the lungs was similar to that found in the lungs of cigarette smokers.12

Study upon Study upon Study...

Studies showing the dangers of particle pollution are pouring in by the thousands. More than 2,000 peer-reviewed studies have been published since 1996, when the EPA last reviewed the standards for particle pollution. The new studies validate the research done before 1996 -- showing the strong relationship between particle pollution, illness, hospitalization and premature death. Most research distinguishes exposure to particle pollution by whether the elevated levels last for a "short-term" or a "long-term." Short-term exposure is when particle pollution levels are particularly high over a period of a few hours to a few days. Studies of year-round or long-term exposure measure air pollution and health effects over a number of years. Both types of exposure are harmful to your health. Findings from the research are below.

Short-Term Exposure Can Be Deadly

First and foremost, short-term exposure to particle pollution can cause premature death. Those deaths can occur on the very day that particle leve high, or within one to two months afterwards. Unfortunately, particle pollution does n just make people die a few days earlier than they might otherwise: these are deaths t would not have occurred without the pollution.13 Particle pollution also diminishes lun function, causes greater use of asthma medications, and increased rates of school absenteeism, emergency room visits and hospital admissions. Other adverse effects c coughing, wheezing, cardiac arrhythmias and heart attacks. Take a look at some of th findings from some of the latest studies:

Short-term increases in particle pollution have been linked to:

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- Death from respiratory and cardiovascular causes, including strokes[14,15,16]
- Increased numbers of heart attacks, especially among the elderly and in people heart conditions[17]
- Inflammation of lung tissue in young, healthy adults[18]
- Increased hospitalization for cardiovascular disease[19]
- Increased emergency room visits for patients suffering from acute respiratory ailments[20]
- Increased hospitalization for asthma among children[21, 22, 23]
- Increased severity of asthma attacks in children[24]

Year-round Exposure

Chronic exposure to particle pollution can shorten your life by one to three years.[25] O symptoms range from premature births to serious respiratory disorders -- even when particle levels are very low.

Year-round exposure to particle pollution has also been linked to:

- Increased asthma hospitalization for children living within 200 meters of roads heavy truck or trailer traffic[26]
- Slowed lung function growth in children and teenagers[27, 28]
- Significant damage to the small airways of the lungs[29]
- Increased risk of dying from lung cancer[30]
- Increased risk of death from cardiovascular disease[31]

Who is Affected?

Anyone living in an area with a high level of particle pollution is affected (you can tak look at levels in your state in this report.). People who are at the greatest risk from p pollution exposure are: those with lung disease such as asthma and chronic obstructi pulmonary disease (COPD), which includes chronic bronchitis and emphysema; peopl sensitive airways, where exposure to particle pollution can cause wheezing, coughing respiratory irritation; the elderly; people with heart disease; and children.

Health Effects conti

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Improving Life, One Breath at a Time

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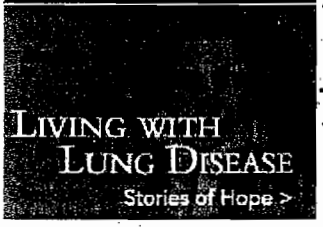

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AMERICAN LUNG ASSOCIATION
State of the Air: 2004

Health Effects of Ozone and Particle Pollution cont'd

Where Does Particle Pollution Come From?

Coarse particles are formed primarily during mechanical processes -- the breaking down of bigger bits into smaller bits. Construction and demolition, mining operations, agriculture, and coal and oil combustion are some of the activities that produce coarse particles. They are emitted directly.[6]

By contrast, chemical processes in the atmosphere create most fine particles. Gases emitted from combustion sources form particles in two ways: the gases can simply vaporize and then condense to become a particle of the same chemical compound; or they can react with other gases in the atmosphere to form a particle of a different chemical compound. Particles formed by this latter process chiefly come from the reaction of sulfur dioxide (SO_2), nitrogen oxides (NO_x) and volatile organic compounds with ammonium and other compounds in the atmosphere. Burning fossil fuels in factories, power plants, steel mills, smelters, diesel- and gasoline-pow motor vehicles generate a large part of the raw materials for fine particles, but so dc burning wood in residential fireplaces and wood stoves and agricultural burning.[7]

Data in the ***American Lung Association State of the Air: 2004*** come from monitors measuring the concentration of fine particles only. EPA reports particle pollution in terms of two forms, as a 24-hour average and as an annual average.[5] For the purposes of this report, the American Lung Association will refer to the data reported as the 24-hour average as "short-term" particle pollution and the data reported as the annual average as "year-round" particle pollution. A data collection network for $PM_{10-2.5}$ does not yet exist, though estimates of this size are made by extrapolating data from the older network of PM_{10} monitors, which monitor all particles 10 microns or smaller.

How Particle Pollution Affects Your Health

Click here to view a Quicktime annimation on how partical pollution effects the lungs must have Quicktime installed on your computer to play our movie. Quicktime instal is easy! Just visit their website: http://www.quicktime.com and download.

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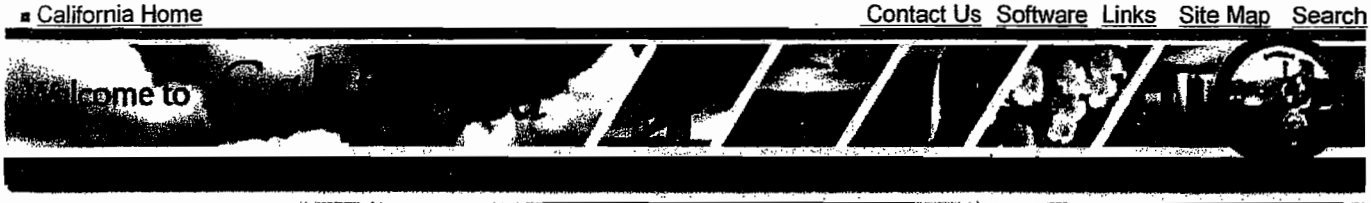


Air Resources Board

The Children's Health Study

This page updated September 10, 2004.

#14

New! Latest Findings **Air Pollution Harms Children's Lungs for Life**

USC Press Release - "Smog May Cause Lifelong Lung Deficits"

New England Journal of Medicine - "The Effect of Air Pollution on Lung Development from 10 to 18 Years of Age"

The Children's Health Study, which began in 1992, is a large, long-term, study of the effects of chronic air pollution exposures on the health of children living in Southern California. Children may be more strongly affected by air pollution because their lungs and their bodies are still developing. Children are also exposed to more air pollution than adults since they breathe faster and spend more time outdoors in strenuous activities.

About 5500 children in twelve communities were enrolled in the study; two-thirds of them were enrolled as fourth-graders. Data on the children's health, their exposures to air pollution, and many factors that affected their responses to air pollution were gathered annually until they graduated from high school.

The Children's Health Study Final Report is available and represents an extensive compilation of more than 10 years of community ambient air pollution measures and health outcomes related to lung function growth, asthma, bronchitis, and acute respiratory illnesses. Although the ARB funding support for the health portion of the study has concluded, the investigators have received a grant from the National Institute of Environmental Health Sciences to continue the program for an additional three years. The ARB will continue to work in collaboration with the CHS investigators through assistance with the monitoring network as they continue with this invaluable work.

Importance of the Children's Health Study

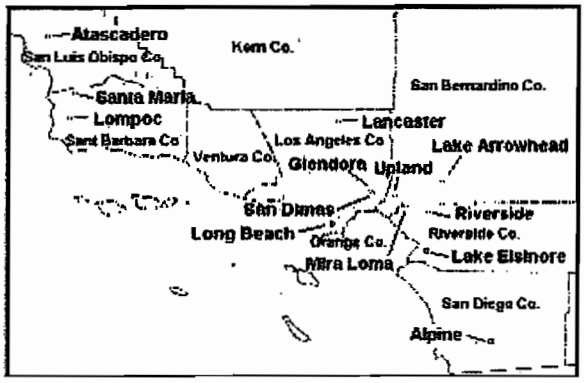
The information provided by the study will help the Air Resources Board (ARB) protect public health. The ARB sets California's ambient air quality standards to protect people who are the most sensitive to air pollution.

The Communities and Pollutants Studied

The twelve communities in the study were chosen because they have different patterns of high and low levels of these four pollutants:

- Ozone

- Nitrogen Dioxide
- Acid Vapor
- Particulate Matter That is Breathed Deep into the Lungs (PM10, PM2.5)



(Please click on the image to see a larger map.)

The Information Gathered by the Study

Concentrations of the four pollutants were continuously measured in each community throughout the study and for brief periods in schools and some homes. In addition, each child's lung function was tested every spring. Annual questionnaires asked about the children's respiratory symptoms and diseases, such as chronic cough and asthma; level of physical activity; time spent outdoors; and many other factors known to influence children's responses to air pollution, such as parental smoking and mold and pets in the household.

Major Results of the Study

- **Air Pollution Harms Children's Lungs for Life** - Children exposed to higher levels of particulate matter, nitrogen dioxide, acid vapor and elemental carbon, had significantly lower lung function at age 18, an age when the lungs are nearly mature and lung function deficits are unlikely to be reversed. [NEJMed] [USC]
- Children that were exposed to current levels of air pollution had significantly reduced lung growth and development when exposed to higher levels of acid vapor, ozone, nitrogen dioxide and particulate matter which is made up of very small particles that can be breathed deeply into the lungs. Summary of the Article.
- Children living in high ozone communities who actively participated in several sports were more likely to develop asthma than children in these communities not participating in sports. Press Release January 31, 2002.
- Children living in communities with higher concentrations of nitrogen dioxide, particulate matter and acid vapor had lungs that both developed and grew more slowly and were less able to move air through them. This decreased lung development may have permanent adverse effects in adulthood.

#1

Study Links Freeways to Asthma Risk

USC research adds to evidence that air pollution can cause respiratory problems.

By DEBORAH SCHOCH
Times Staff Writer

The closer that children live to Southern California freeways, the greater their risk of being diagnosed with asthma, USC researchers have found in a study that bolsters growing evidence that air pollution can cause asthma.

Children who lived a quarter mile from a freeway, for example, had an 89% higher risk of asthma than children living about a mile from a freeway, according to the new research.

Even in areas such as Santa Maria, with generally good air quality, the researchers found that the risk of asthma increased for children who lived near freeways.

Separately, a different team of University of Southern California researchers has concluded that the chronic health effects of smog among adults are two to three times greater than earlier research showed. The team pinpointed a link between the tiny particles contained in air pollution and increased deaths from heart disease.

Articles on the two studies, conducted in Southern California, appear in the November issue of the journal Epidemiology.

USC released the findings Tuesday.

The freeway article is part of an ongoing landmark study of how air pollution affects children's respiratory health. That study, which began in 1993, produced findings last fall that showed smog can permanently stunt lung growth in children and lead to lifelong health problems.

Dr. Elisa Nicholas, project director for the Long Beach Alliance for Children with Asthma, called the freeway study significant. "There's increasing evidence demonstrating a link between air pollution and the development of asthma," Nicholas said Tuesday. "The more evidence we have, the more political will there will be to clean up emissions from the freeways."

Earlier studies have demonstrated a relationship between children's asthma and traffic exposure, but results have not been consistent as to whether air pollution causes asthma, according to the article by a team of seven researchers at the USC Keck School of Medicine.

Nor has research been conducted in Southern California, said lead author James Gauderman, a USC associate professor of preventive medicine.

So researchers tracked 208 children living in 10 cities in the region, including 31 children, or 15%, with asthma.

They installed air samplers outside the children's homes to measure nitrogen dioxide for two-week periods in the summer and fall of 2000. Nitrogen dioxide is produced by pollutants from cars and trucks.

Researchers measured the distance between each home and freeways, and counted how many vehicles traveled within 164 yards of the homes.

They found that children with higher levels of nitrogen dioxide near their homes were more likely to have asthma. For each increase of 5.7 parts per billion of the pollutant, the risk of asthma increased by 83%, the study states.

The researchers have not determined that nitrogen dioxide is causing asthma, but it is found with other pollutants — including particulate matter that has been tied to other diseases.

Researchers also found that air pollution from freeways influenced nitrogen dioxide levels more strongly than pollution from smaller roads. Gauderman said that the current findings do not allow researchers to determine at what distance from a freeway children can avoid an increased asthma risk.

He emphasized that the study does not show that every child living near a freeway gets asthma. "We have to realize that even for a kid to live very close to a freeway, odds are that they're not going to get asthma. There's only a fraction of kids that get asthma," he said Tuesday.

Gauderman also said the study does not provide the type of information that researchers can use to advise individual parents.

"The message is probably more general, in terms of thinking about not planning tracts or schools close to a major freeway," he said. The findings might also be useful for government regulators studying the impacts of air pollution.

"From a regulatory standpoint, it might suggest that we need to look not only at background air quality but also the more local exposures that one might have by living next to a major roadway," Gauderman said.

The study involved children living in the cities of Alpine, Atascadero, Lake Elsinore, Lancaster, Long Beach, Mira Loma, Riverside, San Dimas, Santa Maria and Upland.

#16

Comments about the EIR prepared for the
Santa Barbara Cottage Hospital Foundation Workforce Housing Project
9/8/2005

by Cheri Rae McKinney

Planning Commissioners,

Thank you for the opportunity to speak with you today. I'd like to frame my remarks today with the views of internationally known adaptive re-use specialist Donovan Rypkema, who has been a guest here in Santa Barbara many times. Last year he was in town for a speaking engagement with the Pearl Chase Society. At that time, he walked the St. Francis grounds with one of the society's members. I spoke with him on Tuesday about the possibility of adaptive re-use, instead of demolition, of St. Francis Hospital. He said, "There are many challenges with old buildings, and adaptive re-use is often difficult. That's not the case with this building. It's a solid building with lots of re-use potential. There are hundreds of examples across the country where hospital buildings have been re-used. It's just a paucity of imagination to think it can't happen on this site. It's just short-term, silly thinking. Adaptive re-use is a common sense solution."

Now I don't like to think that here in Santa Barbara we exhibit "a paucity of imagination" or "short-term, silly thinking." Indeed, until now, Cottage Hospital's plan to create much needed workforce housing for its staff has been considered an innovative move. Now it's time to take that plan to the next level, with the findings of the draft Environmental Impact Report in mind.

Adaptive re-use may just be the win-win solution that solves many of the short- and long-term impacts posed by this project's size, setting and magnitude.

Air Quality--The serious health impacts of the daily release of more than 228 pounds of toxic chemicals, exhaust and particulates have not been adequately studied, nor has the at-risk population been defined. We request a thorough analysis of long-and short-term health impacts, with particular attention devoted to the specific health concerns of children, the aged and infirm, those recovering from illness, people who exercise, work and play outdoors, pregnant and nursing mothers and their infants. Additionally, we request the full and accurate listing of all the "sensitive receptors" nearby: schools, elder care homes and medical, dental and other treatment facilities, and a complete analysis of the risks faced by those who use those facilities. Among the missing schools are The Orca School, Santa Barbara Middle School, San Roque School, The Santa Barbara Community Academy, The Cesar Chavez School, and various home-based pre-schools in the area. We request the study of impacts on those schoolyards as well as local playgrounds and parks, such as Alice Keck Park Memorial Gardens, and Kids World, as well as outdoor performance venues such as the County Bowl and Sunken Gardens. The avoidance of demolition has the potential to significantly reduce the potentially serious health impacts of 18 weeks of demolition and 19 weeks of grading, and the subsequent degradation of our air quality.

Hazardous Materials--According to the draft document, the hazardous materials contained within the building include asbestos, mercury, lead, and PCBs. Those materials will have to be dealt with in preparation for demolition or adaptive re-use, but avoidance of demolition would significantly reduce the emissions and particulate matter produced by carcinogenic diesel fuel. We request the thorough review of mitigation measures--especially in case of accidental toxic release or exposure, as was the case recently at City College. A monetary fine to the agency or company does nothing to mitigate the health impacts to the individuals exposed, and we expect to have that concern addressed appropriately.

Noise--The typical noise level in the neighborhood is 52 to 60 decibels. But 70 days of demolition of the main building alone are expected to generate noise levels ranging from 76 to 98 decibels from the use of cranes, jackhammers, generators, compressors, loaders, backhoes, graders and dump trucks making more than 1,100 truck trips. These short-term noise levels are "considered to be a significant and unavoidable impact (Class I)." Yet they, in fact, are avoidable with the adaptive re-use approach to this project.

Solid Waste--The demolition of the hospital will generate more than 36 million pounds of solid waste. Mitigation measures call for reuse or salvage up to 70 percent of that waste, but naturally, avoidance of demolition would generate far less, and have much less impact on our landfills. We ask you to have the solid waste impacts savings evaluated with an eye toward adaptive re-use.

Transportation, Circulation and Parking--The document already notes that this project has "the potential to result in significant contribution to cumulative peak hour traffic." And even the implementation of the shuttle program "would not reduce the impact to a less than significant level." The so-called traffic calming plan contained within the EIR as a mitigation measure for additional traffic already has many neighbors quite agitated, and is already causing a great deal of disruption--without the construction of 115 more households in the vicinity. We ask that this traffic study both reexamine the mitigation in present context and with regard to many more drivers in the neighborhood.

In a neighborhood that already uses St. Francis to serve its overflow parking needs, wouldn't we be wise to consider down-sizing the project and re-cycling the 315 parking spaces that already exist on the property? Adaptive re-use would not only accomplish both goals, it has the potential to create more green-space, since a reconfigured 89-unit project would require only 195 parking spaces, according to the EIR.

Water Quality--The document notes that hazardous materials released when buildings are demolished and soil exposed when vegetation is scraped away increases the potential for erosion and hazardous runoff into water resources. It states, "the release of those substances may have a serious adverse effect on water quality." Obviously, the avoidance of demolition eliminates many of the most serious water quality impacts on the property with its 12.7 percent slope, and adaptive re-use is a real plus in this regard.

Several years ago, St. Francis administrators stood here and insisted that the 30,000-square foot medical building had to be built in order to save the hospital. The neighborhood reluctantly backed off, and the Planning Commission granted permission for the requested construction. But that was only after the applicant offered the neighbors a park, underground utility lines and a substantial donation to St. Vincent's affordable housing project. But after all that, the building was never built.

Today, when some of the very same players now present us with a different set of priorities, we're debating the effects of a project six times larger--including a massive demolition--without a single offer to benefit nearby residents whose environment--and quite possibly their health--will be forever altered. If there's a way to avoid those serious impacts, we're wise to consider it.

We have a perfect example just a few blocks away from St. Francis. A few years ago, when neighbors expressed concern about the demolition of three relatively unremarkable, yet perfectly inhabitable older homes, this Planning Commission not only listened, it acted. It required the developer to re-use the buildings that were part of the streetscape well before most of us were born. Today, we can point to those three homes with pride; even though they were not carefully preserved, they still retain some original character and their presence serves as an example of the power this commission can use.

I refer you to my article in today's Independent which cites examples where hospital to housing has worked successfully all over this nation. Information is easily available about the highly successful adaptive re-use of closed hospitals--City Hospital in St. Louis, old Scripps Hospital in La Jolla, and many, many more, which I'm happy to share with you. .

I spoke by phone recently with 89-year-old Sr. Sylvianne Mattern, once known as "the Guiding Light" at St. Francis. She now lives in Frankfort, Illinois, and would be here today if her health permitted. She asked me to tell you the following: "I think that hospital had a real important place in the community, and if I had my say about it, I'd say, 'keep the building up.' It's a very lovely place, with the view and all, and we paid a lot of money to make that building safe. I don't know why they wouldn't want to re-use it; it sure is wasteful to tear it down. The City should step up and say this building is structurally good, and should be saved."

Experts may disagree, but those we have consulted see the adaptive re-use of St. Francis Hospital is a real possibility that could serve the multi-faceted goals of this project: Providing much needed workforce housing, avoiding direct health impacts to the surrounding neighborhood, reducing the generation of solid waste and diesel fuel emissions, and offering the additional benefit of saving a special building that has been an important part of Santa Barbara's history.

The adaptive re-use of St Francis Hospital is alternative project 8.2 in the EIR. It's called "use only existing on-site buildings to develop new residences" and we ask you direct the serious study of the concept for this project. The notion is in line with the City's needs for

workforce housing, it avoids serious environmental impacts, and the applicant's savings in demolition costs and construction materials, may well offset its perceived need for market rate units. Surely this is an environmentally superior alternative that requires serious study before we continue down the road to demolition.

I hope that your comments will reflect that you share our neighborhood's concerns, and that this possible solution deserves full consideration and public airing.

Thank you.

Cheri

From: Neil Carman [neil_carman@greenbuilder.com]
Sent: Monday, August 15, 2005 12:38 PM
To: Cheri
Subject: Re: health impacts from demolition of a hospital

#17

Dear Cheri,

Demolition will release lots and lots of toxic dust from the St. Francis Medical Center-hospital building, not to mentic the construction activities. Without knowing what kinds of toxic materials are present and what levels or concentation they are present in the building materials, it's difficult to assess what the impacts might be on the adjacent neighborhoods. Nonetheless, exposure to toxic materials, particularly when they include asbestos and other known human cancer-causing agents, is disturbing since there are no established safe levels of exposure to known cancer-causing agents like asbestos and there is no known medical treatment if one is exposed to asbestos fibers. In addition, it's difficult to assess the potential human health effects of exposure to different kinds and mixtures of known human cancer-causing agents and other toxic substances since the state of science is better suited at evaluating single chemic: exposures than complex mixtures of many different harmful materials.

In addition to potential exposures to known human cancer-causing agents, there can be respiratory toxins such as the fine particulate matter or dust, fine toxic PM 2.5 particles released by combustion engines, oxides of nitrogen or NOx oxides of sulfur or SO2, and numerous unburned volatile organic compounds. Those Santa Barbara residents most vulnerable to effects olf respiratory toxins are those with pre-existing lung disease, children, the elderly, pregnant mothers, persons recovering from illnesses, workers in the area, and persons exercising vigorously outdoors who are breathing heavily such as cyclists, joggers and other athletic persons.

Realize that today there is already too much exposure to toxic materials in the environment, the air, water, food, workplace, and home environments. These exposures complicate and add to the exposures from demolition projects such as the one at the St. Francis Medical Center. There may be toxins released that can adversely effect the neurological system, the immune system, the development system, the cardiovascular system, the digestive system, th endocrine system of glands, internal organs, the skin, and others.

Sincerely,

Neil

****
NEIL J. CARMAN, PH.D.
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****

At 12:18 PM -0700 8/13/05, Cheri wrote:

8/15/2005

#18

City College can expect citation over asbestos

Air quality district investigating incident that produced dust

By MORGAN GREEN
NEWS-PRESS STAFF WRITER

County air quality watchdogs say they will cite and possibly fine Santa Barbara City College in connection with an incident earlier this month when construction dust containing asbestos wafted through an administration building for two days while employees were present.

But the severity of the citation from the Air Pollution Control District remains to be determined and depends on results expected Wednesday from a City College internal investigation, said Mike Broughton, inspection supervisor of the local enforcement agency for the Environmental Protection Administration.

The district's citation could be a light one if the incident that alarmed some staff and visitors was, as it seems, simply due to an unwitting "paperwork snafu" and nobody was harmed, said Mr. Broughton. "We want to know where the ball was dropped."

In cases of simple miscommunication and no intent to dodge the law, the agency can fine the school up to $1,000 per day or less than $100 with payment suspended, Mr. Broughton said.

The school's troubles began when workers punched holes in the first-floor ceiling of the MacDougall Administration Building's hallway on Aug. 1 and 2, raising a cloud of dust containing asbestos. It was cleaned up last week and the building was reopened.

On Monday, however, the first floor was closed again. Over the weekend, a specially equipped abatement team removed the rest of the ceiling and its plaster containing asbestos. The area will remain closed until final air tests give the all-clear.

Meanwhile, relocated administrative officials, including President John Romo, occupy offices upstairs.

The construction debris, in a special container, was sent to a hazardous waste disposal site in Azusa.

Regulators got involved after a school official reported that someone approved the ceiling work without notifying the air quality district beforehand, a requirement to allow for inspections in advance and job monitoring.

City College has no history of ducking the district's rules, Mr. Broughton said. Over the past two years, agency records show that the college properly obtained clearances 18 times for construction and renovation work around the campus.

"They're normally right on top of it," he said.

However, questions about the asbestos incident have unearthed one school shortcoming, he said. A mandatory asbestos survey of the 66-year-old administration building in 1985 has not been updated, as required.

Federal law demands that school officials notify air quality authorities before any construction work that disturbs materials containing asbestos because it is known to cause lung diseases when tiny bits are inhaled over time. Old buildings frequently contain the substance in products from plaster to pipe insulation.

The job of installing a new suspended ceiling in the administration building hallway required the removal of dozens of chunks of plaster containing asbestos, littering the hall with debris and sending up clouds of dust. When the campus construction chief discovered the situation on the second day, the job was stopped, the area was sealed and the dust was mopped up. The air was tested as clean, but not before several employees complained of being exposed to the dust during the construction work and expressed fears for their health.

An asbestos expert from the college's insurer told the building staff that the danger of disease was, by his estimates, very small.

e-mail: mgreen@newspress.com

#19

3.5. Cardiovascular and Physiological Effects

Epidemiological and laboratory studies involving workers exposed to occupational noise, and general populations (including children) living in noisy areas around airports, industries and noisy streets, indicate that noise may have both temporary and permanent impacts on physiological functions in humans. It has been postulated that noise acts as an environmental stressor (for a review see Passchier-Vermeer 1993; Berglund & Lindvall 1995). Acute noise exposures activate the autonomic and hormonal systems, leading to temporary changes such as increased blood pressure, increased heart rate and vasoconstriction. After prolonged exposure, susceptible individuals in the general population may develop permanent effects, such as hypertension and ischaemic heart disease associated with exposures to high sound pressure levels (for a review see Passchier-Vermeer 1993; Berglund & Lindvall 1995). The magnitude and duration of the effects are determined in part by individual characteristics, lifestyle behaviours and environmental conditions. Sounds also evoke reflex responses, particularly when they are unfamiliar and have a sudden onset.

Laboratory experiments and field quasi-experiments show that if noise exposure is temporary, the physiological system usually returns - after the exposure terminates - to a normal (pre-exposure) state within a time in the range of the exposure duration. If the exposure is of sufficient intensity and unpredictability, cardiovascular and hormonal responses may appear, including increases in heart rate and peripheral vascular resistance; changes in blood pressure, blood viscosity and blood lipids; and shifts in electrolyte balance (Mg/Ca) and hormonal levels (epinephrine, norepinephrine, cortisol). The first four effects are of interest because of noise-related coronary heart disease (Ising & Günther 1997). Laboratory and clinical data suggest that noise may significantly elevate gastrointestinal motility in humans.

By far the greatest number of occupational and community noise studies have focused on the possibility that noise may be a risk factor for cardiovascular disease. Many studies in occupational settings have indicated that workers exposed to high levels of industrial noise for 5–30 years have increased blood pressure and statistically significant increases in risk for hypertension, compared to workers in control areas (Passchier-Vermeer 1993). In contrast, only a few studies on environmental noise have shown that populations living in noisy areas around airports and on noisy streets have an increased risk for hypertension. The overall evidence suggests a weak association between long-term environmental noise exposure and hypertension (HCN 1994; Berglund & Lindvall 1995; IEH 1997), and no dose-response relationships could be established.

Recently, an updated summary of available studies for ischaemic heart disease has been presented (Babisch 1998a; Babisch 1998b; Babisch et al. 1999; see also Thompson 1996). The studies reviewed include case-control and cross-sectional designs, as well as three longitudinal studies. However, it has not yet been possible to conduct the most advanced quantitative integrated analysis of the available studies. Relative risks and their confidence intervals could be estimated only for the classes of high noise levels (mostly >65 dBA during daytime) and low levels (mostly <55 dBA during daytime), rather than a range of exposure levels. For methodological reasons identified in the meta-analysis, a cautious interpretation of the results is warranted (Lercher et al. 1998).

Prospective studies that controlled for confounding factors suggest an increase in ischaemic heart disease when the noise levels exceed 65–70 dB for LAeq (6–22). (For road traffic noise, the difference between LAeq (6-22h) and LAeq,24h usually is of the order of 1.5 dB). When orientation of the bedroom, window opening habits and years of exposure are taken into account, the risk of heart disease is slightly higher (Babisch et al. 1998; Babisch et al. 1999). However, disposition, behavioural and environmental factors were not sufficiently accounted for in the analyses carried out to date. In epidemiological studies the lowest level at which traffic noise had an effect on ischaemic heart disease was 70 dB for LAeq,24h (HCN 1994).

The overall conclusion is that cardiovascular effects are associated with long-term exposure to LAeq,24h values in the range of 65–70 dB or more, for both air- and road-traffic noise. However, the associations are weak and the effect is somewhat stronger for ischaemic heart disease than for hypertension. Nevertheless, such small risks are potentially important because a large number of persons are currently exposed to these noise levels, or are likely to be exposed in the future. Furthermore, only the average risk is considered and sensitive subgroups of the populations have not been sufficiently characterized. For example, a 10% increase in risk factors (a relative risk of 1.1) may imply an increase of up to 200 cases per 100 000 people at risk per year. Other observed psychophysiological effects, such as changes in stress hormones, magnesium levels, immunological indicators, and gastrointestinal disturbances are too inconsistent for conclusions to be drawn about the influence of noise pollution.

3.6. Mental Health Effects

Mental health is defined as the absence of identifiable psychiatric disorders according to current norms (Freeman 1984). Environmental noise is not believed to be a direct cause of mental illness, but it is assumed that it accelerates and intensifies the development of latent mental disorder. Studies on the adverse effects of environmental noise on mental health cover a variety of symptoms, including anxiety; emotional stress; nervous complaints; nausea; headaches; instability; argumentativeness; sexual impotency; changes in mood; increase in social conflicts, as well as general psychiatric disorders such as neurosis, psychosis and hysteria. Large-scale population studies have suggested associations between noise exposure and a variety of mental health indicators, such as single rating of well-being; standard psychological symptom profiles; the intake of psychotropic drugs; and consumption of tranquilizers and sleeping pills. Early studies showed a weak association between exposure to aircraft noise and psychiatric hospital admissions in the general population surrounding an airport (see also Berglund & Lindvall 1995). However, the studies have been criticized because of problems in selecting variables and in response bias (Halpern 1995).

Exposure to high levels of occupational noise has been associated with development of neurosis and irritability; and exposure to high levels of environmental noise with deteriorated mental health (Stansfeld 1992). However, the findings on environmental noise and mental health effects are inconclusive (HCN 1994; Berglund & Lindvall 1995; IEH 1997). The only longitudinal study in this field (Stansfeld et al. 1996) showed an association between the initial level of road traffic noise and minor psychiatric disorders, although the association for increased anxiety was weak and non-linear. It turned out that psychiatric disorders are associated with noise sensitivity,

rather than with noise exposure, and the association was found to disappear after adjustment for baseline trait anxiety. These and other results show the importance of taking vulnerable groups into account, because they may not be able to cope sufficiently with unwanted environmental noise (e.g. Stansfeld 1992). This is particularly true of children, the elderly and people with preexisting illnesses, especially depression (IEH 1997). Despite the weaknesses of the various studies, the possibility that community noise has adverse effects on mental health is suggested by studies on the use of medical drugs, such as tranquilizers and sleeping pills, on psychiatric symptoms and on mental hospital admission rates.

3.7. The Effects of Noise on Performance

It has been documented in both laboratory subjects and in workers exposed to occupational noise, that noise adversely affects cognitive task performance. In children, too, environmental noise impairs a number of cognitive and motivational parameters (Cohen et al. 1980; Evans & Lepore 1993; Evans 1998; Hygge et al. 1998; Haines et al. 1998). However, there are no published studies on whether environmental noise at home also impairs cognitive performance in adults. Accidents may also be an indicator of performance deficits. The few field studies on the effects of noise on performance and safety showed that noise may produce some task impairment and increase the number of errors in work, but the effects depend on the type of noise and the task being performed (Smith 1990).

Laboratory and workplace studies showed that noise can act as a distracting stimulus. Also, impulsive noise events (e.g. sonic booms) may produce disruptive effects as a result of startle responses. In the short term, noise-induced arousal may produce better performance of simple tasks, but cognitive performance deteriorates substantially for more complex tasks (i.e. tasks that require sustained attention to details or to multiple cues; or tasks that demand a large capacity of working memory, such as complex analytical processes). Some of the effects are related to loss in auditory comprehension and language acquisition, but others are not (Evans & Maxwell 1997). Among the cognitive effects, reading, attention, problem solving and memory are most strongly affected by noise. The observed effects on motivation, as measured by persistence with a difficult cognitive task, may either be independent or secondary to the aforementioned cognitive impairments.

Two types of memory deficits have been identified under experimental noise exposure: incidental memory and memory for materials that the observer was not explicitly instructed to focus on during a learning phase. For example, when presenting semantic information to subjects in the presence of noise, recall of the information content was unaffected, but the subjects were significantly less able to recall, for example, in which corner of the slide a word had been located. There is also some evidence that the lack of "helping behavior" that was noted under experimental noise exposure may be related to inattention to incidental cues (Berglund & Lindvall 1995). Subjects appear to process information faster in working memory during noisy performance conditions, but at a cost of available memory capacity. For example, in a running memory task, in which subjects were required to recall in sequence letters that they had just heard, subjects recalled recent items better under noisy conditions, but made more errors farther back into the list.

Experimental noise exposure consistently produces negative after-effects on performance (Glass & Singer 1972). Following exposure to aircraft noise, schoolchildren in the vicinity of Los Angeles airport were found to be deficient in proofreading, and in persistence with challenging puzzles (Cohen et al. 1980). The uncontrollability of noise, rather than the intensity of the noise, appears to be the most critical variable. The only prospective study on noise-exposed schoolchildren, designed around the move of the Munich airport (Hygge et al. 1996; Evans et al. 1998), confirmed the results of laboratory and workplace studies in adults, as well the results of the Los Angeles airport study with children (Cohen et al. 1980). An important finding was that some of the adaptation strategies for dealing with aircraft noise, such as tuning out or ignoring the noise, and the effort necessary to maintain task performance, come at a price. There is heightened sympathetic arousal, as indicated by increased levels of stress hormone, and elevation of resting blood pressure (Evans et al. 1995; Evans et al. 1998). Notably, in the airport studies reported above, the adverse effects were larger in children with lower school achievement.

For aircraft noise, it has been shown that chronic exposure during early childhood appears to impair reading acquisition and reduces motivational capabilities. Of recent concern are concomitant psychophysiological changes (blood pressure and stress hormone levels). Evidence indicates that the longer the exposure, the greater the damage. It seems clear that daycare centers and schools should not be located near major sources of noise, such as highways, airports and industrial sites.

3.8. Effects of Noise on Residential Behaviour and Annoyance

Noise annoyance is a global phenomenon. A definition of annoyance is "a feeling of displeasure associated with any agent or condition, known or believed by an individual or group to adversely affect them" (Lindvall & Radford 1973; Koelega 1987). However, apart from "annoyance", people may feel a variety of negative emotions when exposed to community noise, and may report anger, disappointment, dissatisfaction, withdrawal, helplessness, depression, anxiety, distraction, agitation, or exhaustion (Job 1993; Fields et al. 1997 1998). Thus, although the term annoyance does not cover all the negative reactions, it is used for convenience in this document.

Noise can produce a number of social and behavioural effects in residents, besides annoyance (for review see Berglund & Lindvall 1995). The social and behavioural effects are often complex, subtle and indirect. Many of the effects are assumed to be the result of interactions with a number of non-auditory variables. Social and behavioural effects include changes in overt everyday behaviour patterns (e.g. closing windows, not using balconies, turning TV and radio to louder levels, writing petitions, complaining to authorities); adverse changes in social behaviour (e.g. aggression, unfriendliness, disengagement, non-participation); adverse changes in social indicators (e.g. residential mobility, hospital admissions, drug consumption, accident rates); and changes in mood (e.g. less happy, more depressed).

Although changes in social behaviour, such as a reduction in helpfulness and increased aggressiveness, are associated with noise exposure, noise exposure alone is not believed to be sufficient to produce aggression. However, in combination with provocation or pre-existing anger or hostility, it may trigger aggression. It has also been suspected that people are less willing to help, both during exposure and for a period after exposure. Fairly consistent evidence

shows that noise above 80 dBA is associated with reduced helping behaviour and increased aggressive behaviour. Particularly, there is concern that high-level continuous noise exposures may contribute to the susceptibility of schoolchildren to feelings of helplessness (Evans & Lepore 1993)

The effects of community noise can be evaluated by assessing the extent of annoyance (low, moderate, high) among exposed individuals; or by assessing the disturbance of specific activities, such as reading, watching television and communication. The relationship between annoyance and activity disturbances is not necessarily direct and there are examples of situations where the extent of annoyance is low, despite a high level of activity disturbance. For aircraft noise, the most important effects are interference with rest, recreation and watching television. This is in contrast to road traffic noise, where sleep disturbance is the predominant effect (Berglund & Lindvall 1995).

A number of studies have shown that equal levels of traffic and industrial noises result in different magnitudes of annoyance (Hall et al. 1981; Griffiths 1983; Miedema 1993; Bradley 1994a; Miedema & Vos 1998). This has led to criticism (e.g. Kryter 1994; Bradley 1994a) of averaged dose-response curves determined by meta-analysis, which assumed that all traffic noises are the same (Fidell et al. 1991; Fields 1994a; Finegold et al. 1994). Schultz (1978) and Miedema & Vos (1998) have synthesized curves of annoyance associated with three types of traffic noise (road, air, railway). In these curves, the percentage of people highly or moderately annoyed was related to the day and night continuous equivalent sound level, L_{dn}. For each of the three types of traffic noise, the percentage of highly annoyed persons in a population started to increase at an L_{dn} value of 42 dBA, and the percentage of moderately annoyed persons at an L_{dn} value of 37 dBA (Miedema & Vos 1998). Aircraft noise produced a stronger annoyance response than road traffic, for the same L_{dn} exposure, consistent with earlier analyses (Kryter 1994; Bradley 1994a). However, caution should be exercised when interpreting synthesized data from different studies, since five major parameters should be randomly distributed for the analyses to be valid: personal, demographic, and lifestyle factors, as well as the duration of noise exposure and the population experience with noise (Kryter 1994).

Annoyance in populations exposed to environmental noise varies not only with the acoustical characteristics of the noise (source, exposure), but also with many non-acoustical factors of social, psychological, or economic nature (Fields 1993). These factors include fear associated with the noise source, conviction that the noise could be reduced by third parties, individual noise sensitivity, the degree to which an individual feels able to control the noise (coping strategies), and whether the noise originates from an important economic activity. Demographic variables such as age, sex and socioeconomic status, are less strongly associated with annoyance. The correlation between noise exposure and general annoyance is much higher at the group level than at the individual level, as might be expected. Data from 42 surveys showed that at the group level about 70% of the variance in annoyance is explained by noise exposure characteristics, whereas at the individual level it is typically about 20% (Job 1988).

When the type and amount of noise exposure is kept constant in the meta-analyses, differences between communities, regions and countries still exist (Fields 1990; Bradley 1996). This is well demonstrated by a comparison of the dose-response curve determined for road-traffic noise

(Miedema & Vos 1998) and that obtained in a survey along the North-South transportation route through the Austrian Alps (Lercher 1998b). The differences may be explained in terms of the influence of topography and meteorological factors on acoustical measures, as well as the low background noise level on the mountain slopes.

Stronger reactions have been observed when noise is accompanied by vibrations and contains low frequency components (Paulsen & Kastka 1995; Öhrström 1997; for review see Berglund et al. 1996), or when the noise contains impulses, such as shooting noise (Buchta 1996; Vos 1996; Smoorenburg 1998). Stronger, but temporary, reactions also occur when noise exposure is increased over time, in comparison to situations with constant noise exposure (e.g. HCN 1997; Klæboe et al. 1998). Conversely, for road traffic noise, the introduction of noise protection barriers in residential areas resulted in smaller reductions in annoyance than expected for a stationary situation (Kastka et al. 1995).

To obtain an indicator for annoyance, other methods of combining parameters of noise exposure have been extensively tested, in addition to metrics such as LAeq,24h and L_{dn}. When used for a set of community noises, these indicators correlate well both among themselves and with LAeq,24h or L_{dn} values (e.g. HCN 1997). Although LAeq,24h and L_{dn} are in most cases acceptable approximations, there is a growing concern that all the component parameters of the noise should be individually assessed in noise exposure investigations, at least in the complex cases (Berglund & Lindvall 1995).

3.9. The Effects of Combined Noise Sources

Many acoustical environments consist of sounds from more than one source. For these environments, health effects are associated with the total noise exposure, rather than with the noise from a single source (WHO 1980b). When considering hearing impairment, for example, the total noise exposure can be expressed in terms of LAeq,24h for the combined sources. For other adverse health effects, however, such a simple model most likely will not apply. It is possible that some disturbances (e.g. speech interference, sleep disturbance) may more easily be attributed to specific noises. In cases where one noise source clearly dominates, the magnitude of an effect may be assessed by taking into account the dominant source only (HCN 1997). Furthermore, at a policy level, there may be little need to identify the adverse effect of each specific noise, unless the responsibility for these effects is to be shared among several polluters (*cf.* The Polluter Pays Principle in Chapter 5, UNCED 1992).

There is no consensus on a model for assessing the total annoyance due to a combination of environmental noise sources. This is partly due to a lack of research into the temporal patterns of combined noises. The current approach for assessing the effects of "mixed noise sources" is limited to data on "total annoyance" transformed to mathematical principles or rules of thumb (Ronnebaum et al. 1996; Vos 1992; Miedema 1996; Berglund & Nilsson 1997). Models to assess the total annoyance of combinations of environmental noises may not be applicable to those health effects for which the mechanisms of noise interaction are unknown, and for which different cumulative or synergistic effects cannot be ruled out. When noise is combined with different types of environmental agents, such as vibrations, ototoxic chemicals, or chemical odours, again there is insufficient knowledge to accurately assess the combined effects on health

(Berglund & Lindvall 1995; HCN 1994; Miedema 1996; Zeichart 1998; Passchier-Vermeer & Zeichart 1998). Therefore, caution should be exercised when trying to predict the adverse health effects of combined factors in residential populations.

The evidence on low-frequency noise is sufficiently strong to warrant immediate concern. Various industrial sources emit continuous low-frequency noise (compressors, pumps, diesel engines, fans, public works); and large aircraft, heavy-duty vehicles and railway traffic produce intermittent low-frequency noise. Low-frequency noise may also produce vibrations and rattles as secondary effects. Health effects due to low-frequency components in noise are estimated to be more severe than for community noises in general (Berglund et al. 1996). Since A-weighting underestimates the sound pressure level of noise with low-frequency components, a better assessment of health effects would be to use C-weighting.

In residential populations heavy noise pollution will most certainly be associated with a combination of health effects. For example, cardiovascular disease, annoyance, speech interference at work and at home, and sleep disturbance. Therefore, it is important that the total adverse health load over 24 hours be considered and that the precautionary principle for sustainable development is applied in the management of health effects (see Chapter 5).

3.10. Vulnerable Groups

Protective standards are essentially derived from observations on the health effects of noise on "normal" or "average" populations. The participants of these investigations are selected from the general population and are usually adults. Sometimes, samples of participants are selected because of their easy availability. However, vulnerable groups of people are typically underrepresented. This group includes people with decreased personal abilities (old, ill, or depressed people); people with particular diseases or medical problems; people dealing with complex cognitive tasks, such as reading acquisition; people who are blind or who have hearing impairment; fetuses, babies and young children; and the elderly in general (Jansen 1987; AAP 1997). These people may be less able to cope with the impacts of noise exposure and be at greater risk for harmful effects.

Persons with impaired hearing are the most adversely affected with respect to speech intelligibility. Even slight hearing impairments in the high-frequency range may cause problems with speech perception in a noisy environment. From about 40 years of age, people typically demonstrate an impaired ability to understand difficult, spoken messages with low linguistic redundancy. Therefore, based on interference with speech perception, a majority of the population belongs to the vulnerable group.

Children have also been identified as vulnerable to noise exposure (see Agenda 21: UNCED 1992). The evidence on noise pollution and children's health is strong enough to warrant monitoring programmes at schools and preschools to protect children from the effects of noise. Follow up programmes to study the main health effects of noise on children, including effects on speech perception and reading acquisition, are also warranted in heavily noise polluted areas (Cohen et al. 1986; Evans et al. 1998).

The issue of vulnerable subgroups in the general population should thus be considered when developing regulations or recommendations for the management of community noise. This consideration should take into account the types of effects (communication, recreation, annoyance, etc.), specific environments (*in utero*, incubator, home, school, workplace, public institutions, etc.) and specific lifestyles (listening to loud music through headphones, or at discotheques and festivals; motor cycling, etc.).

#20

The quietest war: for many Americans, noise pollution is no joke

Nanette Blanchard

April 29th marks the third annual International Noise Awareness Day, which supporters will acknowledge with a minute of silence from 2:15 to 2:16 p.m. Anti-noise activists will pass out earplugs and offer free hearing screenings. Their message is simple: Our world is becoming dangerously noisy, as the two largest sources of noise pollution, airport and vehicle traffic, grow at a rate of three to five percent annually. Activists compare the noise pollution movement today to the campaign against secondhand smoke a decade ago. Like secondhand smoke, they say, noise isn't just an annoying nuisance; it also causes serious health problems.

In 1996, the World Health Organization declared noise to be a significant health threat. Approximately 20 million Americans are exposed to noise levels that can lead to psychological and physiological damage through various deafening occupations in manufacturing, agriculture, mining, construction and forestry - and through leisure pursuits involving recreational vehicles, firearms or loud music. Health problems related to noise include not just hearing loss, but also stress, high blood pressure, sleeplessness, distraction and lowered work productivity.

Nancy Nadler, director of the Noise Center at the League for the Hard of Hearing, says, "In general, sustained exposure to noise above 85 decibels, over time, will cause permanent hearing loss and the louder the sound, the less time before hearing damage can occur. Remember though, that noise does not have to be loud to affect us. Studies have indicated that noise causes physiological changes in sleep, blood pressure and digestion."

Excessive noise is one of the leading causes of permanent hearing damage. It's estimated that over 10 million Americans currently suffer from a hearing loss at least partially attributable to a noisy environment. Signs a hearing injury has been sustained as a result of noise include tinnitus, or ringing in the ear, a feeling of "stuffiness" in the ear and muted sounds.

Peter Donnelly of the Right To Quiet Society doesn't hesitate when asked why noise is a problem. "Because it is driving people crazy" he says. "It's one of the most insidious forms of pollution. It is inescapable; it pursues us even into our homes and causes stress 24 hours a day." Government studies agree; the most frequent complaint Americans have about their neighborhoods is not crime, but noise.

Donnelly adds, "On a personal level, we all need to take acoustic responsibility. I think it's an amazing irony that for the sake of keeping a tidy and presentable front yard, a homeowner will take out a leaf blower that shatters the peace of the entire neighborhood. Noise is garbage, and we should be as careful about where we put it as we are about where we throw our candy wrappers - a lot more careful in fact, because noise is a lot more hurtful than litter."

Noise affects more than our health and quality of life; it even influences social behavior and cognitive development. In 1997, a Cornell University study found that children exposed to frequent airplane noise don't learn to read as well as other children. Excessive background noise caused the children to tune out human voices and interfered with their language acquisition. The psychologists who conducted the study speculated that as a result of noise pollution, parents and teachers were also less willing to speak or read aloud.

While many anti-noise groups mainly focus on health and psychological issues, the Noise Pollution Clearinghouse (NPC) focuses on civil liberties. Les Blomberg, NPC coordinator, says, "Noise is an affliction suffered by people who have no part in creating it. Like second-hand smoke, second-hand noise is a major sovereignty issue. The air into

vww.nonoise.org) has collected thousands of news stories of lawsuits and community battles over noise. It also helps eople deliver testimony and comments to commissions, zoning boards and city councils. According to Blomberg, 'ou don't need to be an expert to know that noise has negative effects. What is lacking is the ability of local mmunities and groups to take on the big polluters with vested interests in continuing to pollute, whether they be a cal quarry or the airline industry."

1 1972, Congress passed the Noise Control Act, which put the Environmental Protection Agency (EPA) in charge of e issue. Federal noise standards for businesses, industries and communities were established along with some eginning research into the effects of excessive noise. When the Noise Abatement and Control office was defunded in 82, hundreds of similar state and local programs died along with it.

what can be done about excessive noise? Eric Greenspoon, vice president of Citizen's Coalition Against Noise, says lutions don't have to be complicated or expensive. "Most neighborhood noise problems could easily be solved if eople would simply be more considerate of their fellow neighbors and use adequate sound insulation in their homes." reenspoon recommends that people ask for quieter products, avoid using noisy power tools (snow and leaf blowers e a particular irritant), ask police to enforce laws against unmuffled motor vehicles, use adequate hearing protection hen exposed to noise, and join an anti-noise group. He also hopes for government sound level labeling standards on ew products.

leanwhile, the Quiet Communities Act, HR 536, is slowly making its way through Congress. It would reestablish the PA'S Noise Control office, stimulate noise research and education, and develop federal standards for noise emissions. ut some activists, like Les Blomberg, criticize the bill, which budgets $5 million a year for the program, as xceedingly weak and underfunded. It would just create a huge bureaucracy." CONTACT: Noise Pollution learinghouse, PO Box 1137, Montpelier, VT 05601-1137/(888)200-8332; Right To Quiet Society, No. 359, 1985 Vallace Street, Vancouver BC V6R 4H4, Canada/(604)222-0207; League for the Hard of Hearing's Noise Center, 71 Vest 23rd Street, New York, NY 10010-4162/(212) 741- 7650.

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#21

Adaptive Reuse: Preserving our past, building our future

Department of the Environment and Heritage
2004
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The benefits of adaptively reusing heritage buildings

Environmental

Adaptive reuse of buildings has a major role to play in the sustainable development of Australian communities. When adaptive reuse involves historic buildings, environmental benefits are more significant, as these buildings offer so much to the landscape, identity and amenity of the communities they belong to.

One of the main environmental benefits of reusing buildings is the retention of the original building's 'embodied energy'. The CSIRO defines embodied energy as the energy consumed by all of the processes associated with the production of a building, from the acquisition of natural resources to product delivery, including mining, manufacturing of materials and equipment, transport and administrative functions. By reusing buildings, their embodied energy is retained, making the project much more environmentally sustainable than entirely new construction.

New buildings have much higher embodied energy costs than buildings that are adaptively reused. In 2001, new building accounted for about 40 per cent of annual energy and raw materials consumption, 25 per cent of wood harvest, 16 per cent of fresh water supplies, 44 per cent of landfill, 45 per cent of carbon dioxide production and up to half of the total greenhouse emissions from industrialised countries.

The Australian Greenhouse Office notes that the reuse of building materials usually involves a saving of approximately 95 per cent of embodied energy that would otherwise be wasted. In this context the reuse of heritage buildings makes good sense.

Social

Keeping and reusing historic buildings has long-term benefits for the communities that value them. When done well, adaptive reuse can restore and maintain the heritage significance of a building and help to ensure its survival. Rather than falling into disrepair through neglect or being rendered unrecognisable, heritage buildings that are sympathetically recycled can continue to be used and appreciated.

Increasingly, communities, governments and developers are seeking ways to reduce the environmental, social and economic costs of continued urban development and expansion. We are realising that the quality and design of the built environment in our towns and cities are vital to our standard of living and our impact upon natural resources.

In the context of local government planning, heritage has merged with more general environmental and quality-of-life

concerns in recent years. Communities increasingly recognise that future generations will benefit from the protection of certain places and areas, including heritage places. Our lifestyle is enhanced not just from the retention of heritage buildings, but from their adaptation into accessible and useable places.

The reuse of heritage buildings in established residential areas can provide the community with new housing and commercial property opportunities. In the greater Sydney region, for example, a number of large publicly owned sites containing heritage buildings are being redeveloped including the former Parramatta, Lidcombe, and Rozelle Hospitals. Location, access and public transport availability will always attract developers, and the size of the sites, and variety of buildings available for reuse mean that a good mix of dwelling types can be offered, with broad appeal to buyers as a result.

Town planners and councils that recognise and promote the benefits of adaptive reuse of heritage buildings, then, wi be contributing to the livability and sustainability of their communities.

Economic

There are several financial savings and returns to be made from adaptive reuse of historic buildings. Embodied energy savings from not demolishing a building will only increase with the predicted rise of energy costs in the future.

While there is no definitive research on the market appeal of reused heritage buildings, they have anecdotally been popular because of their originality and historic authenticity.

A study for the NSW Heritage Council that included four adaptive reuse or redevelopment sites revealed that the combination of financial incentives and the commercially oriented nature of the adaptive re-use schemes outweighed any extra heritage related costs and project risks'. The study also concluded that these sympathetic adaptive re-use schemes have created commercially viable investment assets for the owners'.1

Promoting innovation

The adaptation of heritage buildings presents a genuine challenge to architects and designers to find innovative solutions. As development pressures increase in our cities, more heritage buildings are being reused, producing som excellent examples of creative designs that retain heritage significance.

1. Heritage NSW Newsletter, Does Heritage Make Good Economic Sense?, NSW Heritage Office, Autumn 2002, pp6 7.

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Cottage Health System to Purchase St. Francis Medical Center, Develop Property for Workforce Housing

#22

Cottage and Catholic Healthcare West Reach Agreement on Terms on 85-Bed Facility

(March 13, 2003 – Santa Barbara, CA.) - Cottage Health System today signed a definitive agreement with Catholic Healthcare West (CHW) to purchase St. Francis Medical Center in Santa Barbara, and announced its intention to develop the seven-acre property to address critical workforce and other housing needs.

CHW has owned and operated the 85-bed facility in cooperation with the Franciscan Sisters of the Sacred Heart for more than five years.

Under the definitive agreement—which is expected to become effective on or before June 30, 2003—hospital services now at St. Francis Medical Center will be provided at the Cottage facilities in Santa Barbara and Goleta. Cottage will retain Villa Riviera, the assisted living facility currently housed on St. Francis Medical Center's campus that serves about 20 senior citizens, and develop the remaining property for workforce and other housing.

"This approach, which CHW supports, will enable Cottage to better meet the health and housing needs of the Santa Barbara community," said Ron Biscaro, Hospital President of St. Francis Medical Center. "Given St. Francis' poor financial condition and the substantial capital resources required to upgrade the facility to meet State seismic standards, combining services and building much-needed workforce housing is the best option."

Faced with operating losses totaling $12M over the past five years, a low inpatient census, as well as costly seismic retrofit work mandated by the State of California estimated at more than $20 million, CHW had been seeking a potential partner or buyer for the hospital for more than eighteen months.

Bob Knight, Chair of Cottage Health System's Board of Directors, emphasized that he and other board members recognize the important role St. Francis and its staff have filled in providing quality healthcare for local families, but that continuing such losses is simply not viable for any organization.

"We owe a debt of gratitude to St. Francis," said Knight. "It has served the community with distinction for many years, and shares a nonprofit mission similar to Cottage's. We do believe that, by combining services at locations throughout the greater Santa Barbara area, we can continue and enhance that mission. Moreover, by stemming the financial losses at St. Francis, we can safeguard precious community resources, and at the same time examine alternative uses for the facility which could benefit the community."

'We are pleased that a local, nonprofit health system will be the buyer of St. Francis Medical Center," said CHW President and CEO Lloyd Dean. "From the beginning of this process, CHW and St. Francis have worked to identify an organization committed to our values of dignity, collaboration, stewardship, excellence and justice. We believe Cottage Health System is the right choice."

Sister Mary Elizabeth Imler, of the Franciscan Sisters of the Sacred Heart added, "Sad though this may be for many who have been associated with St. Francis Medical Center through the past 94 years, we strongly support this transaction, and acknowledge that Cottage is taking on this responsibility with all seriousness and with the interests of our patients and the community at heart."

Dr. Angel Iscovich, President of the St. Francis Hospital Foundation, agreed. "The Foundation, which will remain as a separate entity, will continue to support health-related services and programs in Santa Barbara County," he added. "In essence, the endowment that the St. Francis donors have

built with their gifts, together with the legacy of St. Francis Medical Center and its Catholic traditions, will live on for the benefit of all in our community through the Foundation."

Ron Werft, Cottage President and CEO, expressed confidence that there was existing capacity at the Santa Barbara and Goleta Valley Cottage Hospitals to accommodate the patients from St. Francis.
"We have worked diligently and in good faith these past months to evaluate the future role of St. Francis Medical Center," Werft said. "When it became evident that we would not be able to sustain the clinical programs at the St. Francis campus, our focus shifted to how best to accommodate these patients. After careful evaluation of the numbers and the potential needs, we are confident that these patients will be well served throughout and after this transition at Cottage's Santa Barbara and Goleta Valley hospitals."

With regard to the housing option, Werft pointed to the overriding community need for workforce housing, saying that it had become one of the major obstacles in recruiting and retaining qualified staff for Cottage, the largest private employer in Santa Barbara County. "There is no question about the need, for nurses and other healthcare professionals, as well as for others who provide essential services in our community," he confirmed. "We are still in the process of working out the details of how this housing concept will ultimately take shape."

St. Francis Medical Center's employees will be offered the opportunity to fill available open positions, including nursing and other hard-to-recruit specialties, at Cottage's hospitals as well as at CHW hospitals in Santa Maria, Ventura County and elsewhere.

Between now and the end of June, the transaction must undergo a review by the State Attorney General's office, as required by law with any such purchase. This process could take up to three and one-half months.

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(805) 569-7226
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#23

State of California
Department of Justice

Effect of the Sale of St. Francis Medical Center to Cottage Health System on the Accessibility and Availability of Health Care Services

Prepared For The Office Of The California Attorney General

April 30, 2003

Prepared by:

28410 Braidwood Drive, Suite 100
Rancho Palos Verdes, CA 90275
Tel: 310 265 0552

SFMC - Service Volumes	2002	2001	2000	1999	1998
PATIENT DAYS					
Medical ICU/CCU	900	947	1,209	1,180	950
Med/Surg	5,702	7,107	6,967	6,348	6,216
Psychiatric Adult	3,704	3,547	2,646	2,289	12
Birthing Center	-	467	735	887	766
Skilled Nursing	4,722	5,093	5,860	5,469	5,746
Total *	15,028	17,161	17,417	16,173	13,690
DISCHARGES					
Medical ICU/CCU	158	162	156	175	128
Med/Surg	1,874	2,261	2,114	1,988	1,917
Psychiatric Adult	295	257	203	155	17
Birthing Center	-	183	296	333	344
Skilled Nursing	340	434	481	395	528
Total *	2,667	3,297	3,250	3,046	2,934
AVERAGE DAILY CENSUS					
Medical ICU/CCU	2.47	2.59	3.31	3.23	2.60
Med/Surg	15.62	19.42	19.09	17.39	16.98
Psychiatric Adult	10.15	7.25	6.27	6.27	-
Birthing Center	-	1.28	2.01	2.43	2.09
Skilled Nursing	12.94	13.92	16.05	14.98	15.70
Total *	41.17	46.89	47.72	44.31	37.40
Outpatient Visits (1)	31,932	23,149	33,469	21,225	17,005
I/P Surgeries	1,088	1,049	1,068	985	901
O/P Surgeries	1,842	2,874	3,465	3,034	3,477
Heart Caths	249	281	335	301	253
ER Visits	9,947	10,167	9,698	8,697	8,564

Source: OSHPD Disclosure Report (fiscal years ending 6/30),
SFMC (O/P Surg., Caths)
(1) Includes non-admitted ER visits.

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SUMMARY OF COMMUNITY INTERVIEWS

Interviews were conducted at St. Francis Medical Center, at various community locations and by telephone with numerous community stakeholders as listed in the Appendix. The purpose of the interviews was to determine if area healthcare professionals or community representatives had knowledge regarding potential impacts on healthcare availability or accessibility as a result of the transaction. Major findings from the interviews are summarized below.

Reasons for the Transaction

The Hospital is recognized and respected for its long history in the community, its quality of care, its personalized attention, its mission and its community benefit programs. However, most people believe that SFMC has been struggling to survive for years. Interviewees stated that SFMC has become increasingly financially distressed because of:

- Increased competition from area hospitals and physician owned ambulatory surgical centers.
- Inability to attract and retain physicians and patients at SFMC.
- Lack of capital investment in medical office buildings, equipment, programs and facilities.
- Unfavorable changes to Medicare reimbursement.
- Inefficiencies related to the small size of the hospital and the low volume of patients.
- Requirements to fund seismic improvements estimated to cost over $20 million.

Almost all those interviewed felt that the closure of SFMC had become inevitable as a result of financial losses over the last five years and the inability to find a purchaser interested in continuing to operate the Hospital.

Acquisition by Cottage Health System

Almost all interviewed were supportive of CHS as the acquiring organization. The transaction is widely supported by Santa Barbara County Health Officials, the Franciscan Sisters of the Sacred Heart, the Mayor, the Chamber of Commerce leadership, the United Way leadership, physicians, and other community members interviewed. The reasons cited for this support include:

- CHS is a local non-profit healthcare organization
- Management and the Board are well respected
- The planned use of the property for workforce and affordable housing is a good idea that can help attract needed healthcare personnel to Santa Barbara.

CONCLUSIONS

Due to increasing financial losses, diminishing census, and the cost to make seismic and other expensive capital improvements, CHW determined that it will close and/or sell SFMC. CHS, a non-profit organization was judged to be the most qualified purchaser and provided the highest bid for SFMC. CHS in its due diligence has determined that SFMC can not be operated successfully as a general acute care hospital and that the assets best use would be for workforce and affordable housing. Therefore CHS would, similar to CHW, close SFMC for Hospital services. CHW is working with the support of CHS to close SFMC by June 30, 2003. Because CHW has determined that the closure of SFMC is inevitable under its ownership, and because there were no suitable offers to continue the operation of SFMC, the sale transaction to CHS, by itself, does not negatively impact the accessibility and availability of health care services to the community.

However, there are negative impacts to the accessibility and availability of health care services that result from the closure of SFMC. These impacts relate most specifically to:

1. The potential loss of the Senior Mental Health Services
2. The potential loss of the Parish Nursing, Liberty programs and other community benefit programs
3. The loss of the emergency department and the increase in waiting times that might result particularly at Cottage Hospital Santa Barbara
4. The loss of medical and surgical bed capacity at SFMC and the potential impact of reducing bed availability at Cottage Hospital Santa Barbara
5. The impact of potential increases in hospital rates on insurance cost, affordability and access
6. The loss of EMS training program sponsorship at SFMC

Potential Conditions for Transaction Approval by the Attorney General

The Asset Purchase Agreement does not reflect many commitments that CHS has been willing to consider to mitigate negative impacts to the availability and accessibility of health care services. CHS is actively involved in the process of determining steps that it can take to prevent negative impacts and has already verbally agreed to many of the following proposed mitigation measures and conditions.

Medical Development Specialists recommends the following conditions be considered to mitigate potential negative impacts of the closure of SFMC.

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#24

> Subject: Re: [bungalow-sb] Meeting concerning Round-Abouts on Thursday
> !!!
>
>
> We missed the meeting about the round-abouts. Did anyone take notes
> or know what was said? Are we the only ones that feel the round-about
> at alta vista and sola is silly? Cars still race up Alta Vista.
>
> Thanks for any info.
> Kim
> On Monday, August 8, 2005, at 04:17 PM, Michael P. Jogoleff wrote:
>
>> Hi Michael,
>>
>> Please send this out to the Bungalow e-mail list.
>> Thanks,
>> Jennifer of East Victoria
>> Street
>>
>>
>> Sent: Wednesday, August 03, 2005 2:36 PM
>> Subject: St Francis Technical Committee Meeting
>>
>>
>> When: Thursday, August 11, 2005 5:30 PM-6:15 PM
>> Where: Alta Vista at Victoria Streets
>>
>> *~*~*~*~*~*~*~*~*~*
>>
>> City of Santa Barbara staff invite you to meet
>> with us in the field next week to discuss:
>>
>> 1. pavement marking
>> 2. implementation schedule
>>
>> We will meet at 5:30 pm next Thursday August
>> 11th at the corner of Alta Vista and Victoria
>> Streets.
>>
>> Please RSVP by email or phone (564-5544).
>>
>> Thanks,
>> Dru
>>
>>
>>
>>
>>
>>
>>
>>
>> This is a message from members of the Bungalow Haven in Santa
>> Barbara, CA. Yahoo! Groups Links
>>
>>
>>
>>
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>
>
> This is a message from members of the Bungalow Haven in
> Santa Barbara, CA.

Cheri

From: bungalow-sb@yahoogroups.com on behalf of Jenna [jbungalow@jobaps.com]
Sent: Saturday, August 13, 2005 2:05 AM
To: bungalow-sb@yahoogroups.com
Subject: RE: [bungalow-sb] Meeting concerning Round-Abouts on Thursday !!!

Hi Kim-

I do not think the round-abouts are silly. I think they are down right dangerous. I asked Dru at a public hearing about 2 years ago to cite the studies done relating to pedestrian safety and round-abouts. She stated flatly that no studies have been done.

Everytime I cross the street at a proposed round-about intersection (like garden at kids world) with my 3 little boys, I try to imagine how I would safely do this with a round-about and lots of cars circling by. I am at a complete loss.

A four way stop is wonderful for pedestrians, because you can actually wait until the car stops and make eye contact and then cross. At a busy round-about like Garden and Micheltorena woudl be, you would have to hope and pray that this oncoming car is going to slow down for you, because you know they are probably not going to stop.

They call these "traffic calming" measures. I find this to be an oxymoron. I seek out 4 way stops to cross major streets, because I know this is the safest and calmest way to get across a busy street. I find a round-about causes me to tense and my blood pressure to rise, as I calculate how fast cars are coming and when I am going to accelerate into the flow if by car, or race across if on foot. It is just no fun unless you love the thrill of it.

On a slow street with little traffic, it may not make much difference, but on a busy street, I do not see the value.

Am I missing something?

Jenna

Jenna Berg, Ph.D.
CEO
JobAps > The Online Recruitment and Applicant Tracking System for the Public Sector
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email: jenna@jobaps.com
http://www.jobaps.com <http://www.jobaps.com/>

-----Original Message-----
From: bungalow-sb@yahoogroups.com [mailto:bungalow-sb@yahoogroups.com]On Behalf Of Kim Fisher
Sent: Friday, August 12, 2005 11:06 PM
To: bungalow-sb@yahoogroups.com
Subject: Re: [bungalow-sb] Meeting concerning Round-Abouts on Thursday !!!

We missed the meeting about the round-abouts. Did anyone take notes or know what was said? Are we the only ones that feel the round-about at alta vista and sola is silly? Cars still race up Alta Vista.

Thanks for any info.
Kim
On Monday, August 8, 2005, at 04:17 PM, Michael P. Jogoleff wrote:

> Hi Michael,

Cheri

From: bungalow-sb@yahoogroups.com on behalf of Jenna [jbungalow@jobaps.com]
Sent: Sunday, August 14, 2005 12:28 AM
To: bungalow-sb@yahoogroups.com
Subject: RE: [bungalow-sb] Meeting concerning Round-Abouts on Thursday !!!

Hi-

I agree that some round-abouts make sense and that this needs to be done on a case by case basis. But the fact that the first trial round-about was at the high school demonstrated to me an unfortunate disconnect between the planned round-about locations and traffic and pedestrian volume.

And in corresponding with Dru, we have been told that Garden and Micheltorena is still on the plans to replace a 4 way stop with a round-about. This is extremely misguided, in my opinion, as was the round-about at the high school.

I LIKE 4 way stops at major intersections where there are pedestrians and cars and bicycles and dogs and strollers. I think this is the SAFEST solution and a very good one and I don't see a need to replace these.

At other less traveled intersections, it then probably comes down to the unique nature of each one. But the more traffic and the more pedestrians, the less viable a round-about is, in my opinion.

If I were in the City Planning Department, I would devise a plan to mix round-about and 4-way stops based on traffic and pedestrian volume and then guarantee that there were easy alternate routes to choose 4-way stops or round-abouts to get from A to B. People like me would find routes with 4 way stops and people who prefer round-abouts, could go that way.

Every day I intentionally drive an extra block or two so I can use the 4-way stop at Micheltorena and Garden and don't have to cross at less controlled intersections, and I do it because it feels safe and calm to me.

I continue to dread the day they replace the 4-way stop with a round-about at Micheltorena and Garden. I have voiced my opinion in emails and live before the City Council. Perhaps I will be fortunate enough to hear soon that they have removed that intersection from the round-about drawing board.

Jenna Berg

-----Original Message-----
From: bungalow-sb@yahoogroups.com [mailto:bungalow-sb@yahoogroups.com]On Behalf Of Jennifer Miller
Sent: Saturday, August 13, 2005 10:06 PM
To: bungalow-sb@yahoogroups.com
Subject: Re: [bungalow-sb] Meeting concerning Round-Abouts on Thursday !!!

HI:
As there is no round about at Garden and Micheltorena Streets, I can't share my experience at that intersection. Personally however, I feel much safer pulling out of the 700 block of East Victoria onto Alta Vista these days. Before the mini round about, cars would race up and down Alta Vista with no notice of cross traffic; now about 85-95% of them(based on observation from my front porch) slow down when they approach and go through this intersection. This device has raised the awareness that there are other people using the roads also. 4 way stops are nice at major intersections; that is if people actually stop and don't roll through them. Also, they create a lot of pollution and noise so they aren't very pleasant to live close to. I would love to hear what solutions people would propose instead of what has been created. The city has said no to 4 way stops on every street and the Fire Department has said no to speed bumps. I'm sure that if someone came up with

Cheri

From: bungalow-sb@yahoogroups.com on behalf of Anna Campbell [annacampbell@cox.net]
Sent: Monday, August 22, 2005 3:18 PM
To: bungalow-sb@yahoogroups.com
Cc: Anna Campbell
Subject: Re: [bungalow-sb] Meeting concerning Round-Abouts on Thursday !!!

Dear Linda,

We feel the same way. The fire department requires 20' wide driveways for most new construction. Fire trucks are a lot wider than the average vehicle, and I believe it would slow response time. Mainly, the roundabouts at Alta Vista and Victoria and Alta Vista and Anapamu cause confusion, irritation, and visual pollutioin, in my opinion, as well as danger to
pedestrians, drivers, and high school skateboarders. Anna
----- Original Message -----
From: "Linda Wright" <linda3753@hotmail.com>
To: <bungalow-sb@yahoogroups.com>
Sent: Saturday, August 13, 2005 10:07 PM
Subject: Re: [bungalow-sb] Meeting concerning Round-Abouts on Thursday !!!

> Kim,
>
> We agree with you. The three drivers in my household don't see any
benefit
> of the roundabouts over stop signs. My husband, who bicycles to work,
> greatly dislikes (and avoids) the roundabouts. Additionally, I have
> concerns about fire trucks being able to maneuver around them quickly
> enough.
>
> Linda
>
>
>
> >From: Kim Fisher <fisher7@cox.net>
> >Reply-To: bungalow-sb@yahoogroups.com
> >To: bungalow-sb@yahoogroups.com
> >Subject: Re: [bungalow-sb] Meeting concerning Round-Abouts on
> >Thursday
!!!
> >Date: Fri, 12 Aug 2005 23:05:53 -0700
> >
> >We missed the meeting about the round-abouts. Did anyone take notes
> >or know what was said? Are we the only ones that feel the
> >round-about at alta vista and sola is silly? Cars still race up Alta
> >Vista.
> >
> >Thanks for any info.
> >Kim
>
>
>
>
>
>
>
> This is a message from members of the Bungalow Haven in
> Santa Barbara, CA.
> Yahoo! Groups Links
>
>

Cheri

From: bungalow-sb@yahoogroups.com on behalf of Anna Campbell [annacampbell@cox.net]
Sent: Monday, August 22, 2005 2:00 PM
To: bungalow-sb@yahoogroups.com
Cc: Anna Campbell
Subject: Re: [bungalow-sb] Mini-Roundabouts, etc.

Dear Jenna,

I share your concern, except that it is the safety -- or lack of it-- at Alta Vista and Victoria that I am concerned about. On our side of the roundabout Victoria is just one black long and the drivers on Alta Vista feel they should have the right of way. In order to keep their right of way, they speed up when they see the traffic circle. Also, it is unpreditable which way any given care approaching the intersection is going to go. During the meeting at Alta Vista and Victoria, two drivers turned the "wrong" way instead of going around the circle --even though there were about twenty people standing right at the intersection watching!! Atour intersection, we will also have a very high percentage of teen-age drivers and skateboarders because Alta Vista becomes the entrance to the high school one block down. I'm concerned about the visibility of skateboarders, who also are unpredicatable. I think its a dangerous experiment. Perhaps both trraffic circles should be removed since there is no evidence they will be safe. Anna Campbell

----- Original Message -----
From: "Jenna" <jbungalow@jobaps.com>
To: <bungalow-sb@yahoogroups.com>
Sent: Wednesday, August 17, 2005 9:34 PM
Subject: RE: [bungalow-sb] Mini-Roundabouts, etc.

> For those who could not open the data on the mini-round-abouts from
> Joe, you
> can see the incident rate for pedestrians and bicycles below. At the 2
> round-abouts studied, 9.7% and 21% of cars, respectively, failed to
> yield to
> pedestrians. I do not know the statistics for 4 way stops, but would
> like to. These numbers for the round-about sound unacceptably high to
> me.
>
> Bicyclists seem to fare better than pedestrians, with only 1.4%
> requiring evasive action to avoid an accident at the first round-about
> studied, and none at the second. Again, there is no comparison to
> 4-way stops or even uncontrolled intersections where pedestrians and
> bicyclists have no expectation that a car will stop.
>
> We need some numbers for 4-way stops. At the end of this study it was
> also mentioned that there was one pedestrian/vehicle collision at a
> new round-about, but it was without any statistical context, so has no
> real meaning.
>
> The reason I keep harping on this is not that I care that much about
> the round-abouts elsewhere, but I really fear a fatality or serious
> injury at Garden and Micheltorena and I think it is just fool-hardy to
> proceed with that one round-about. It is not just about getting used
> to it or the nuisance or the speed, I am concerned that a pedestrian
> will get seriously injured or killed because the City wants to put in
> a round-about at a busy vehicle / child / pedestrian intersection and
> has NO COMPARATIVE STUDIES on
> accidents or fatalities. Let's demand some comparative pedestrian
> studies for round-abouts vs. 4 way stops at busy intersections with

C.1

> lots of children, strollers, dogs, etc. before we agree to a
> round-about at Garden and Micheltorena. If there are none, then we
> need to decide if we want to
be
> guinea pigs.
>
> - Jenna Berg
> From the study from the City of Boulder:
>
> Bicycle/Pedestrian Impacts: These impacts were observed by videotaping
> the intersections during several time periods and days. Note that the
> results in Table 3 detail the bicycle and pedestrian impacts
> associated with the prior traffic circle demonstrations. Staff has
> not yet been able to
update
> this information for the final design traffic circles. Also, note
> that
the
> total time period discussed is taken from 4 separate 2 hour
> observations.
>
> Table 3: Bicycle/Pedestrian Impacts
> Pine (slotted circle demonstration) Value Incident Rate
> Total number of pedestrian crossings 93
> Cars failing to yield to pedestrians 9 9.7%
> Total number of bikes through circle 147
> Conflict between bikes and cars 2 1.4%
>
> Balsam (smaller circle demonstration)
> Total number of pedestrian crossings 19
> Cars failing to yield to pedestrians 4 21.0%
> Total number of bikes through circle 111
> Conflict between bikes and cars 0 0.0%
>
> Conflicts between bikes and cars are defined as one or both parties
> had to take evasive action to avoid an accident. It is important to
> note that
the
> incident rate percentages compare the number of conflicts to the total
> number of pedestrian crossings or bicycle trips through the circle.
> They represent the percentage of pedestrians or bicycles that had an
> incident versus the total number of pedestrian or bicycle movements.
>
>
>
>
> -----Original Message-----
> From: bungalow-sb@yahoogroups.com
> [mailto:bungalow-sb@yahoogroups.com]On
> Behalf Of Joseph A Rution
> Sent: Wednesday, August 17, 2005 11:04 AM
> To: bungalow-sb@yahoogroups.com
> Subject: [bungalow-sb] Mini-Roundabouts, etc.
>
>
> For what it's worth, my take on the mini-roundabouts, and the new
> "traffic calming" measures, is based on the following experiences and
> observations:
>
> 1) Roundabouts are very common in New England where I grew up (called
> "Rotaries" there), and learning how to negotiate them is simply a part
> of life, one quickly and easily accommodated to, and they cause no
> fuss.
>
> 2) The roundabout at Milpas near the freeway was, arguably, one of the
> most successful traffic devices installed by this City in the 30 years
> I've lived here. In it is the essence of good-sense principle on

> >> and
has
> >> been all these years. If the roundabouts cause any increased risk
> >> or difficulty, it has escaped my notice - and I've been trying to
> >> notice. The law still says cars must yield to pedestrians in cross
> >> walks. I'd much rather take my chances avoiding or getting the
> >> attention of a
driver
> >> feeling his way through the roundabout (it puts the driver in an
> >> attentive mode) than somebody doing a rolling stop through a stop
> >> sign. And even on busy streets - like Garden at rush hour - it may
> >> take a little more time waiting to cross, but I've never seen it so
> >> busy as there aren't frequent breaks in traffic. It's a Santa
> >> Barbara
residential
> >> street after all, not the Major Deegan Expressway.
> >>
> >> 5) Our downtown street pattern is a "traditional grid", as opposed
> >> to a suburban ("modern") one of residential pockets and collector
> >> thoroughfares. In the latter type, through traffic is channeled
> >> into
the
> >> collectors, and out of the neighborhoods. But in our grid system,
> >> all through traffic, as it encounters the grid, has a relatively
> >> equal
choice
> >> as to which of the many streets in the grid it wishes to proceed
> >> upon. Consequently, we have through traffic running through or
> >> residential streets. If the price that through traffic has to pay
> >> for that choice (instead of having to drive a congested collector
> >> thoroughfare) is a
few
> >> delaying obstacles like the roundabouts, and it slows down the
> >> traffic coming through our neighborhoods, it seems like a fair
> >> exchange to me, and it gets my vote.
> >>
> >> I can understand people's expression of concern and apprehension
> >> over novel devices that seem a little inconvenient at first, but
> >> let's give these things a chance. The established ones I've seen in
> >> other places look like they "belong". I'll bet five years from now
> >> we'll point to ours with pride.
> >>
> >> Somebody inquired about empirical data/studies on these things. I
> >> contacted Boulder to see what they had, and they sent me the report
> >> in the "Attachment" to this e-mail.
> >>
> >> Joe Rution
> >> 607 East Sola
> >> joerution@juno.com
> >>
> >>
> >> This is a message from members of the Bungalow Haven in Santa
> >> Barbara, CA. Yahoo! Groups Links
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> > This is a message from members of the Bungalow Haven in Santa
> > Barbara, CA. Yahoo! Groups Links

SANTA BARBARA NEWS-PRESS ❖ WEDNESDAY, SEPTEMBER 21, 2005

OUR OPINION

No wrecking ball for St. Francis

As we first noted in July 2004, we're worried how Santa Barbara City Hall's planning process and pet causes may lead to the jamming of housing down the throats of the neighbors around the former St. Francis Medical Center to create a "company town," or, more precisely, a "company neighborhood."

Cottage Health System wants to build a 115-unit development made up of market-rate and subsidized housing, with the below-market residences going to hospital employees.

The City Council and Planning Commission, once again, appear to be ignoring a neighborhood's concerns about land use and development. "Protecting and preserving neighborhoods" can be little more than a campaign slogan when council candidates are trying to get your votes at election time.

We wonder if the city is holding Cottage Health System to the same standards that it holds other developers. Ron Biscaro, the administrator of St. Francis when it failed and who now runs Cottage's real-estate development program, has far from succeeded in demonstrating that Cottage can't use the historic building in creative ways.

Generations of Santa Barbarans have been born at St. Francis. The medical center on the hill has been part of our cultural landscape for decades upon decades.

The city planning commissioners over the last years haven't pressed Cottage on why it can't preserve St. Francis — and, in fact, at times the city has appeared to encourage demolition. Cottage has assembled a so-called dream team to push through this development. Shouldn't this team also be able to come up with a project that at least saves parts of the St. Francis complex, satisfies neighborhood concerns and avoids the environmental problems caused by the wished-for construction?

Santa Barbara can and should be a national environmental leader in the adaptive reuse of this historic building. Instead, city officials on some occasions haven't really questioned Cottage about reuse.

Santa Barbara can and should be a national environmental leader in the adaptive reuse of this building. Instead, city officials on some occasions haven't really questioned Cottage about reuse.

Remarkably, just months after city officials in 2004 gave approving nods to tearing down St. Francis, the City Council "passed an ordinance that requires property owners to jump through a few more hoops before knocking down a building or making significant changes," according to a news report.

It's wrong to suggest that neighbors should be happy with the tearing down of St. Francis because the new development will "look" smaller than the present complex. The daily impacts from the high density of the new housing development will hurt the quality of life of the neighbors — who will bear the traffic and other burdens of a project that is too big for this area.

Residents have until Friday to comment on the development's environmental impact statement. Contact the city's Planning Department at 564-5470 on how to weigh in before the city approves the document.

#25

Santa Barbara Independent Sept 8, 2005

EXTREME MAKEOVER, HOSPITAL EDITION

A WIN-WIN SOLUTION FOR NURSES AND NEIGHBORS

by Cheri Rae, an author who lives in the historic Bungalow Haven neighborhood adjacent to St. Francis Hospital.

When big-time condo development moved into the lower Riviera neighborhood a few years back, I joked that the financially struggling St. Francis Hospital was the perfect place to convert into condos. With its Mission Revival style, ocean and city views to die for, and its proximity—within walking distance—to downtown restaurants, shops, and cultural amenities, it was just the spot. It turns out my idea was neither as funny, original, nor as outlandish as my friends and I thought.

In recent years, closed-down hospitals from Oxnard to Australia have been spared demolition and successfully converted into housing, ranging from low-income apartments to luxury condominiums. Their previous incarnation as places of healing has proved to be an attractive selling point. This process is called adaptive re-use, and has created hip and desirable accommodations out of former hospitals in cities across America.

Santa Barbara's St. Francis Hospital is the right place for this kind of condo conversion at exactly the right time. Thursday, September 8, the Planning Commission will begin its consideration of the Draft Environmental Impact Report (EIR) of the Cottage Hospital Foundation Workforce Housing Project proposed for St. Francis Hospital. The commissioners will hear that adaptive re-use is supported by the findings of the Draft EIR, which studied several alternatives to the proposed 115-unit project consisting of 81 affordable units intended for Cottage Hospital employees and 34 market-rate units. According to the document, the use of only existing buildings "would result in the development of approximately 89 residential units, which would achieve the basic objectives of the proposed project." Further, it concludes, such adaptive re-use would "result in reduced short-term impacts" to the environment.

The concept of adaptive re-use for St. Francis Hospital is not new, and has been discussed at every one of the numerous public meetings about the project since the hospital's closing in June 2003. Each time, the Cottage development team has offered two stock answers: the nurses for whom these condos are intended don't want to live in a hospital when they work in one, and it's too expensive.

Let's look at how this question has been answered differently in hospital-to-condo developments that have succeeded with adaptive re-use. Consider the St. Louis example, where the 92-year-old City Hospital was reborn as the 102-unit Georgian Condominiums. Real estate agent Joan Openlander recently sold one unit to a doctor who was delighted to buy the space that once housed his office. "A lot of people are buying for the sentimental value," Openlander observed. "And everyone is so happy to see somebody doing this [adaptive re-use] instead of tearing it down."

Or consider La Jolla, where the old Scripps Hospital was transformed into an upscale 41-unit condominium development overlooking the Pacific Ocean. "It feels like a country club," noted real estate agent Peter Tover, "and there has been no resistance whatsoever to living in a former hospital."

Score one for aesthetics. What about cost? According to Ted Bumgardner, a principal of Gafcon in San Diego, one of the nation's leading construction management firms, "The financial viability generally is driven by the bones of the building. If it's structurally sound, and the exterior envelope is intact, it's almost always much less expensive than to start from the ground up." He added, "In 30 years in this business, I have never seen construction costs rise as they have in the past 18 months. You can bet with the hurricane damage in the Gulf, prices will continue to rise, and you can save more and more by adaptive re-use."

So the aesthetic and economic benefits of adaptive re-use are obvious, but what about the environmental advantages? Consider that leaving this building in place would avoid the generation of 18,200 tons of waste, including concrete, asphalt, asbestos fibers, lead, mercury, and PCBs, and also avoid the serious health concerns related to carcinogenic diesel emissions from nearly 7,000 truck trips during 37 weeks of demolition and grading.

The City of Santa Barbara has the opportunity to avoid wreaking havoc on the health and tranquility of its citizens through the demolition of St. Francis Hospital, yet still manage to accomplish the goal of creating housing on the site. A few years ago, planning commissioners acted wisely when they required a condo developer to save three perfectly good bungalows on Laguna Street, rather than allowing their planned demolition. By requiring the adaptive re-use of St. Francis Hospital, the commissioners will encourage the creation of the kind of aesthetically pleasing, environmentally friendly, and financially sound development that has been so successful in so many other communities considered less progressive than Santa Barbara. ■

7/2/04
News-Press Editorial

Tearing down St. Francis?

Cottage Health System's plan to build a $400 million new hospital on the upper Westside — without a dime of taxpayer money — warrants the city's enthusiastic support.

State law requires Cottage and other hospitals in California to meet tougher earthquake standards. Cottage basically has no choice and deserves credit for using the state-imposed mandate as an opportunity to create an even better medical facility for the South Coast.

NIMBYism or the personal agendas of some city planning commissioners shouldn't get in the way of this project.

But Cottage's plan for housing on the site of the former St. Francis Medical Center is unrelated and, in a sense, is just another development project before the city. No doubt, some city leaders will take a more favorable hand to the St. Francis project because it will create some "work force" and "affordable" housing. These are buzz-phrases of the moment at City Hall.

Yet we worry that the city's process and biases may lead to the jamming of housing down the throats of the neighbors around St. Francis to create a "company town" or, more precisely, a "company neighborhood." Are there other health-related uses for the St. Francis property instead of building 115 condos there?

In April, City Councilman Das Williams was the sole dissenting vote on the condo project. He noted: "I want to support this project so bad, but I can't tonight unless substantial mitigations are made to benefit the neighborhood. Paramount to this process is to reduce the impacts of density on this neighborhood."

Amazingly, one council member seemed to outright endorse the development even though it's in the early planning stages. "This is the finest project that has ever come before me," Brian Barnwell said in April.

This a premature statement that calls into question City Hall's stated declaration that it will look out for neighborhood interests.

We worry that the city's process and biases may lead to the jamming of housing down the throats of the neighbors around St. Francis.

In the months ahead, we'd like to see more discussion about the St. Francis building itself and re-examination by the city of what the loss of this prominent structure would mean for Santa Barbara. Can this piece of the city's past be preserved? Does it really need to be torn down? Can it be reused?

Generations of Santa Barbarans have been born at St. Francis. The medical center on the hill has been part of our cultural landscape for decades upon decades.

Whether to tear all or part of it down needs much more debate than what has gone on so far.

4-of 13

NB News Press

OUSING PROJECT July 29, 2004

Condo construction would come at a high price for city

VOICE FROM SANTA BARBARA

Cheri Rae
John McKinney

Today the Planning Commission will consider whether or not a comprehensive Environmental Impact Report will be required for the proposed Cottage Hospital Foundation Workforce Housing Project.

Substantial evidence exists that this project will pose significant environmental impacts to the neighborhood and that it will significantly degrade the quality of life of the individuals who live there, during the demolition and construction process and beyond.

This so-called work-force housing project is the most massive building demolition and reconstruction project proposed in this city since the 1925 earthquake. The short- and long-term effects of the demolition of a huge building, the construction of a massive new neighborhood — what some have characterized as a company town — and the introduction of a major new traffic pattern must be carefully analyzed.

The surrounding neighborhood is inhabited by at-risk populations of children and the elderly, and the demolition and construction processes require dealing with hazardous substances and known carcinogens. Surely, a comprehensive EIR is required for this reason alone.

But this proposed project also raises several additional questions regarding the city's housing issues and how decisions are made.

Time and again, civic leaders have testified about their absolute belief in the necessity of building this project. This groupthink mentality chants the mantra of "work-force housing" to the exclusion of all other considerations, including environmental impacts to the community.

It's time to step back and look at this proposal from a broader perspective.

Maybe Cottage's highest and best use of the St. Francis Medical Center building is as a medical clinic for veterans. The sad spectacle of our vets having to drive all the way to Santa Maria for their health care needs is appalling.

In a region with a burgeoning population of seniors, maybe it could become an elder-care facility. Or a medical research institute, bringing good, high-paying jobs to Santa Barbara.

In the past, neighbors warmly embraced St. Francis Medical Center and willingly accepted the minor inconveniences that came along with living alongside it. Today, many believe that an alternative use of the building, rather than its destruction, would greatly benefit the entire community.

Yes, the health care workers at Cottage Hospital do need housing, but these condos will do little to solve this problem, especially considering the economics of this project have been hazy from the start. When the actual costs to the individuals of down payment, monthly mortgage, association fees, taxes and limited appreciation are factored in — along with the fact that when employment at Cottage is terminated, so is the housing arrangement — maybe this isn't such a good deal for Cottage's work force.

Maybe these condos aren't so affordable after all. And their construction comes at a very high price for Santa Barbara.

Cheri Rae and John McKinney live in Santa Barbara.

St. Francis neighbors combat condo plan

By SCOTT HADLY
NEWS-PRESS SENIOR WRITER

In her small front yard on Sola Street, Tillie Walters tends her roses — and keeps an eye on the neighborhood.

It's busy. There are a few homes being remodeled, some new additions to the 70- and 80-year-old bungalows around her.

But it's the plan to demolish the old St. Francis Medical Center one block up the hill and replace the sprawling complex with 115 condos — 81 of them as affordable homes for people who work at Santa Barbara Cottage Hospital — that has her and her neighbors most concerned.

Today, the Planning Commission will hold a 6 p.m. meeting on a draft environmental impact report on the plans by the Santa Barbara Cottage Hospital Foundation. The city's planning department will accept public comments until Sept. 23. A final report will likely be finished before the end of the year.

There have been several neighborhood meetings on the topic and a raucous Planning Commission meeting last year.

"I went to one of the meetings and people just went crazy," said Mrs. Walters, who takes in foreign exchange students and has lived in her home since the early 1950s.

Concerns about parking and traffic seem to dominate the discussion. The 81-year-old widow, who with her husband, a City Fire Department battalion chief, raised five boys in her home, is a bit conflicted about the plans. She remembers how hard she and her husband worked to scrape together the $25,000 they needed to buy the home in 1953. She knows how expensive it is to live in Santa Barbara, and building homes that people who work here can afford is important.

"That's a good thing," she said.

But it's hard to get around cramming so many people and cars into the neighborhood.

"I'd welcome them if they came, but I'm not sure," she said.

The report, released in June, details what kind of traffic, noise and dust would be created by building the condominiums. It looks at how that many homes, and the people who would live in them, would affect the neighborhood.

Cottage Hospital bought the seven-acre property two years ago for $18 million and expects to spend between $30 million and $40 million on the construction.

Initial response from city officials was positive. Last summer, during a hearing on the proposal, members of the city Planning Commission were also upbeat.

But the city's review of the development is taking a little longer than officials at Cottage Hospital had hoped, said Ron Biscaro, the former St. Francis administrator who is now the vice president of real estate and development for Cottage.

"We're happy that the hearing is coming up," said Mr. Biscaro. "It took the better part of the year to get the draft done, several months longer than we'd anticipated, but we're pleased that the process is coming to a head."

Along with outlining the effects of building all those homes, the environmental impact report is meant to lay out ways to offset those effects and offer alternatives, if there are any. Construction is expected to take 15 months.

Although Mr. Biscaro has some problems with the predictions, the biggest sticking point for Cottage is the conclusion about how much traffic would be created by people living in the homes. The draft report overstates the number of trips by as much as 40 percent, he said.

According to the document, studies indicate the homes would generate 1,101 trips a day. That's about 78 more car trips than during the operation of St. Francis and about 400 more than Cottage officials estimate.

Several people in the neighborhood, who oppose the project as it has been proposed, have focused on traffic.

Cheri Rae, who lives down the street from the proposed site, said Salsipuedes and Micheltorena streets are already too busy. Ms. Rae and her husband, John McKinney, both writers and members of the

Clarification, 9/9/05

A Thursday story about Cottage Hospital's plans to convert the former St. Francis Medical Center into work force housing incorrectly characterized comments by neighbor Cheri Rae McKinney.

Ms. McKinney said she supports a smaller project of 89 work fo units that would utilize the existing structure.

Haven, have ... plopping so many homes in the middle of a well-established neighborhood.

Although she supports the idea of building affordable homes, Ms. Rae said putting so many homes there would hurt the neighborhood. She'd be more willing to give up on the idea of densely packed affordable housing in favor of using the existing structure, which could fit about 89 condominiums that would sell at the market rate.

The noise, dust and truck traffi that would be part of the demolitio also concern her.

"We're talking about demolishing huge building and generating a enormous amount of solid waste fr that," said Ms. Rae: "I just think i time of diminishing resources, shouldn't make that kind of choic a cavalier manner."

She said there are a numbe examples across the country "adaptive reuse," in which old h pitals have been converted i homes without demolishing building. The EIR actually offers t as one of four alternatives to current proposal.

"We were happy that they inclu this as an 'environmentally supe alternative,'" said Joe Rution, a from the Bungalow Haven Nei borhood Association. The alterna would mean less of an effect fr construction and fewer people, Rution said.

After next week's meeting, planners will assemble all the pu comments and the responses fi Cottage Hospital before finishing environmental impact report, s planner Bettie Weiss.

The work would be done by planners and the consultant hire prepare the report, Rodriguez C sulting Inc.

When the final report is compl the Planning Commission will h hearings to decide whether approve the project. Either way, conclusion will likely be appeale the City Council, which will decid what gets built.

e-mail: shadly@newspress.com

Santa Barbara News Press 9-8-05

SANTA BARBARA NEWS-PRESS

Voices IDEAS & COMMENTARY

A10 SANTA BARBARA NEWS-PRESS ❖ TUESDAY, SEPTEMBER 13, 2005

Shelter Katrina victims at St. Francis

How about using the empty St. Francis Medical Center facility to house victims of Hurricane Katrina or the homeless?

Ronnie Haran Mellen
Santa Barbara

Hospital proposal a local hurricane

We don't have hurricanes in Santa Barbara. But we do have Cottage Hospital with a proposal to demolish the old St. Francis Medical Center building.

At Thursday's Planning Commission hearing there was a unified voice from the draft environmental impact report, the neighborhood and the Santa Barbara planning commissioners: Don't tear down this building with a significant history and meaning in our community, and don't inflict the environmental devastation on the neighborhood.

Use some imagination to create a new project, which has as its goal the adaptive re-use of the building.

We can only hope this clear message will be heeded by Cottage and a new project that is "green" and friendlier to the neighborhood is created. If we want environmental devastation, let's leave that to nature and not to man.

Peggy Phillips
Santa Barbara

St. Francis should remain a hospital

Cottage Hospital has a long and illustrious history. It is an excellent organization. However, it was not founded as a nonprofit organization to be in the housing business.

St. Francis Medical Center also has had a long and honored reputation. It would seem that, even if St. Francis could not make it financially as a hospital on its own, it could become a satellite hospital of Cottage, or could be put on the market to see if someone else would want to operate it.

After all, it was always a hospital and a very good one. I believe it should stay one.

There is something to be said for having some competition in all businesses, including hospitals.

Jeffrey Fairchild
Santa Barbara

CHOICE WORDS

If we want environmental devastation, let's leave that to nature and not to man.

Peggy Phillips,
Santa Barbara

SANTA BARBARA NEWS-PRESS

Voices

IDEAS & COMMENTARY

A12 SANTA BARBARA NEWS-PRESS ❖ WEDNESDAY, SEPTEMBER 14, 2005

If you rebuild it, they will come

The demolition of St. Francis should only be a last resort, but it seems that retrofitting and redesigning is a better option.

Ron Werft of Cottage Healthcare System says that reusing the building is "not attractive for home ownership." I disagree. I bet that if the existing building were retrofitted and well-designed and the units were offered for purchase to Cottage employees that there would be a waiting list.

In Santa Barbara, a dump of a house can sell for over $1 million. I don't believe that a brand-new unit offered at a fair price would be turned down by anyone.

Jennifer Miller
Santa Barbara

Get second opinion on hospital condos

At Thursday night's EIR hearing regarding Cottage Hospital's plans to tear down St. Francis Medical Center to build condos, many people presented examples of adaptive reuse projects. Yet, Ron Werft claims that adaptive reuse would only lead to "dormitory style living" for Cottage employees. Has he no imagination? Why is he so determined to tear down a perfectly usable space?

Recycling St. Francis hospital makes more sense. It would mean far less impact on the surrounding neighborhood, and Cottage Hospital would look like a leader in innovative housing. Before submitting St. Francis to demolition surgery, the suits at Cottage should get a second opinion.

Susan Petty
Santa Barbara

Voices IDEAS & COMMENTARY
SANTA BARBARA NEWS-PRESS ❖ SATURDAY, SEPTEMBER 17, 2005

Don't throw away hospital, reuse it

On Sept. 8, I watched with interest and appreciation as a large group of Bungalow Haven neighbors stood before the Planning Commission. They asked the commissioners to consider not tearing down the 100-year-old St. Francis Medical Center. Why not retrofit the existing building to house Cottage Hospital employees?

What a wonderful idea. Why didn't this very simple solution come up earlier?

John and Cheri Rae McKinney gave a brilliant presentation citing other hospitals across the country that had managed to do this with great success.

All over the United States, converting hospitals into living facilities has not meant turning them into unattractive dormitories. The condos could be beautiful. After all, the views of ocean and mountains are already the best in town.

Architects across the nation have used their creativity to retain their important buildings, and instead of destroying them, have actually extended and enhanced a treasured building's life for future generations. Are Santa Barbara's architects any less creative?

Wouldn't this solution help to diminish some of the terrible environmental impacts the neighbors would have to bear if the building were to be demolished, destroyed and carted away?

St. Francis Medical Center is cherished by generations. Don't throw it away. Reuse it. Santa Barbara would be grateful, the neighbors would be appreciative, and Cottage Hospital employees would be housed in a beloved, historic home.

Penny Davies
Santa Barbara

Use medical campus as elder care facility

There has been a spate of letters and commentaries about the proposed demolition of St. Francis Medical Center. Isn't anyone listening?

It seems the old saying: "You can't fight City Hall" prevails.

As one writer proposed last week, in a disaster, Santa Barbara needs two hospitals; presently, the emergency room at Cottage Hospital incurs long waits.

If the Cottage staff insists we don't need two hospitals, then rather than tear down St. Francis, which will have a deleterious effect on the neighborhood, then convert it to an elder care facility. The following statistics will prove such a need:

- By the year 2010, it is projected that the senior population will increase 54 percent.
- A shortage of housing units.
- As an elder care facility, it would serve the greater community.
- Demolition will emit toxic materials such as asbestos, lead, mercury and PCBs.

A valued treasure to our community should be saved.

Nora Duncan
Santa Barbara

Public session a pleasant surprise

I attended a session of the Santa Barbara Planning Commission last week, and witnessed the finest example of this city's response to the public I've ever seen.

The session was called for the commissioners to gather public input regarding the recently released draft environmental impact report in regards to Cottage Healthcare System's proposed condo project on the present site of St. Francis Medical Center.

The public speakers were very well-researched and prepared. The commissioners are to be commended for their honest consideration and response to the public input. It was a pleasure to watch the pro-active community and government work so well together.

Jeffrey Sipress
Santa Barbara

Demolition enoug to make person ga

I believe the impact of the proposed demolition of St. Francis Medical Center facility or the neighborhood was not fully understood until the report was read and digested.

Likely the largest demolition project Santa Barbara has ever contemplated, it comes complete with pollution of the air with everything from heavy metals, concrete dust and asbestos. Trucks will be lumbering down many streets with their loads des tined for the Tajiguas landfill, a landfill many of us are trying to conserve space in by recycling and managing green waste.

I've lived next to St. Francis since 1973 and survived all the new construction and renovations. However, when the earthquake-proofing was done, we had days, if not weeks, of air hammers demolishing concrete. It was ghastly. This is what is proposed by Cottage to prepare for the new housing for its workers.

At the end of the EIR, several options to the proposed plan were outlined. The one I think many neighbors would prefer involved much less air and noise pollution. It suggests the hospital and convent be retained and converted into residence units. This also reduced the number and siz of the units, which would then, at 90-plus, meet Cottage's requirements for workforce housing and reduce the number of cars and car trips associated with the first proposal, which included 115 units. It also would save the St. Francis building, which for many people who've been cared for there or born there holds sentimental value.

The area under consideration is less than 6 acres. In this largely single-family neighborhood, this area would accommodate 24 to 3(homes, not 115 condos.

Sydney Siemen
Santa Barbar

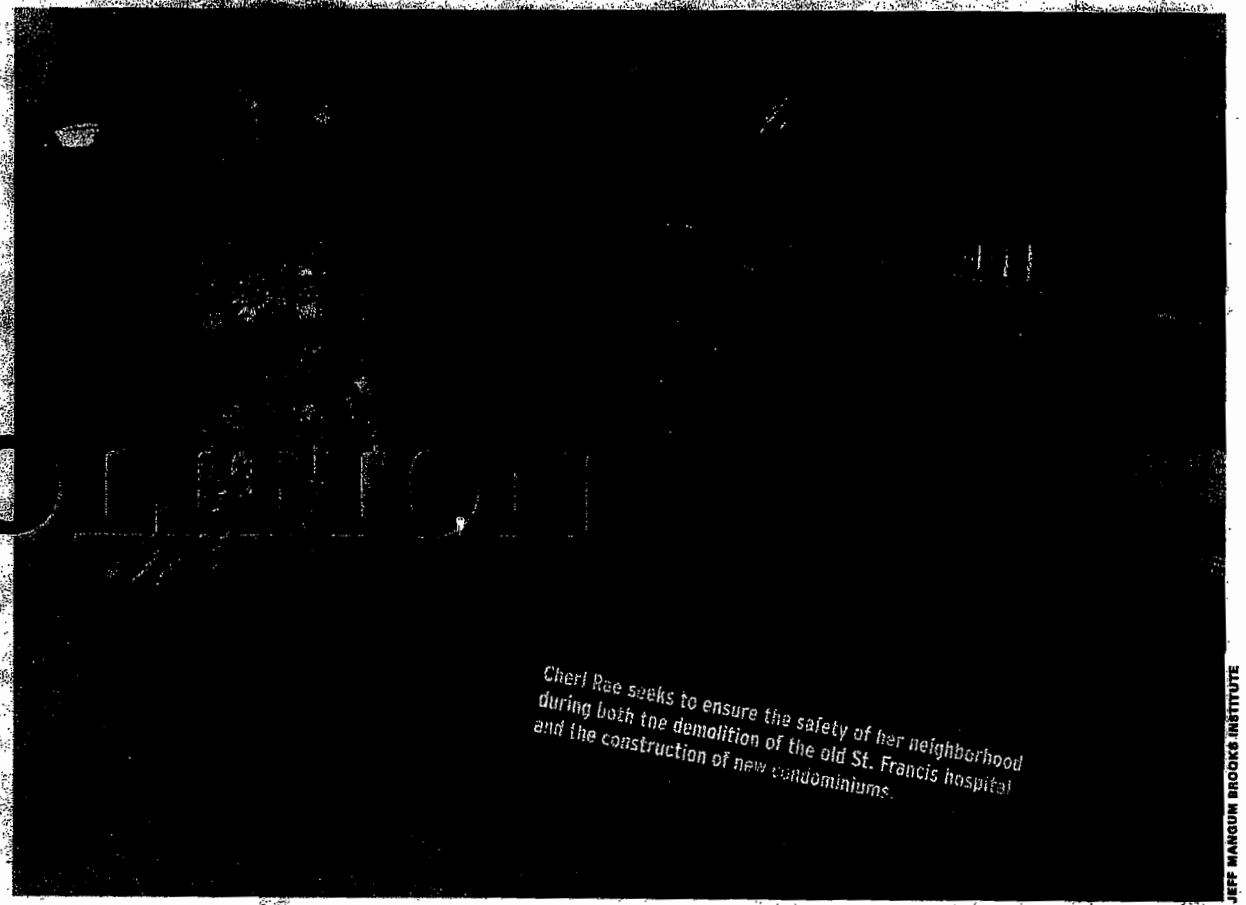
805.568.5309 ACS Anacapa Street Santa Barbara

ST. FRANCIS

DEMOLITION derby

Cottage Officials and Neighbors Respond to Housing Project Impacts

by Cathy Murillo



Cheri Rae seeks to ensure the safety of her neighborhood during both the demolition of the old St. Francis hospital and the construction of new condominiums.

JEFF MANGUM BROOKS INSTITUTE

Not B

Coming as a surprise to Cottage Health System officials, traffic has emerged as the primary environmental impact of the housing project proposed for the former St. Francis Medical Center site. And while Cottage promises to challenge "inaccuracies" in the traffic analysis contained in the recently released draft Environmental Impact Report (EIR), lower Riviera residents are preparing their own response to the document. The report has stirred the emotions of former St. Francis employees as they plan their second annual reunion picnic since the hospital closed in June 2004.

The Santa Barbara Cottage Hospital Foundation Workforce Housing Project proposes 115 condominiums be built in a six-acre area — 81 of them would be sold to Cottage Hospital employees as affordable units; the remaining 34 would be sold at market rate. While earning praise for its worker-friendly intent, the plan has generated a variety of land-use and quality-of-life questions. Do people attending Santa Barbara Bowl concerts park in the neighborhood, and will more parking be needed? Were all the buried bodies removed from the Catholic cemetery that used to occupy the site, and is the old burial ground the reason former hospital employees claim they saw ghosts and other strange occurrences in the facility?

Moreover, how will the neighbors bear one year and three months of demolition and construction? In addition to designating traffic congestion as a "Class I" impact — meaning it will entail "significant and unavoidable" negative effects — the draft EIR found that construction noise is going to shake, rattle, and roll through the neighborhood, despite proposed mitigation measures.

According to project architect Brian Cearnal, the development team had expected short-term noise impacts to be an issue, but the traffic figures were a surprise. "We're studying the appendices to see how they came to these conclusions," Cearnal said.

He also pointed to phrasing in the draft EIR, which warned of "cumulative" traffic impacts becoming a problem; vehicle trips generated by other developments in the planning pipeline were considered in the analysis. "It's not a project-specific impact," he said, noting too that congestion is predicted for peak traffic times only.

Cottage officials, meanwhile, said the biggest flaw in the report is an evaluation of the proposed attached condominiums — including one- and two-bedroom affordable units — that treated the units as if they were larger, detached single-family homes. As a result, traffic impacts were overstated.

In response, city planning officials stuck by the traffic data and methods used in the environmental study. They purposely wanted the units to be treated as single-family homes because the condos are essentially that, and will generate similar amounts of car trips.

Councilmember Das Williams said it didn't surprise him that traffic was a significant impact. "Everyone, especially the neighbors, intuitively knew it would mean more cars," he said. Furthermore, Williams defended the work done by city planners and said they gave Cottage a "gift" by using the traffic counts related to a functioning hospital as a baseline condition rather than the current conditions. St. Francis has been shuttered for two years, causing virtually zero traffic.

Williams credited Cottage with proposing a shuttle that would take workers back and forth from the St. Francis condo village to the hospital at Bath and Pueblo streets. But he pointed out that the main hospital complex is undergoing a massive rebuild and causing its own traffic impacts. Both projects will affect the Bath and Mission streets intersection. The condo project will impact the intersection of Garden and Arrellaga, which has one of the highest accident rates in the city. To mitigate the traffic congestion, Williams said, Cottage could sell more of the condo units to its employees.

The St. Francis Neighborhood Management Plan, meant to ease traffic in the area, was developed several years ago when St. Francis was still operational and seeking to add more medical offices and outpatient services to boost revenue. The city has dusted off the plan and begun implementing it already; temporary experimental mini-roundabouts and other devices are in place on the streets in that area.

Lower Riviera neighborhood activist Cheri Rae, who's long been a watchdog on St. Francis activities, said she's mostly satisfied with the traffic-calming efforts. Her attention is now focused on how the demolition of the St. Francis buildings will affect the quality of life for families in the area.

More worrisome than noise that can't be muffled and vibrations that can't be stilled, the draft EIR warns that demolition may release asbestos fibers, lead dust, mercury, and PCBs (toxic chemicals) into the environment. "We can't afford even one mistake," Rae said of the protective measures construction crews will implement. She added that the report should have included dangers from radon gas — something she and other neighbors will bring up during the public comment period, which ends September 9 for the draft EIR.

The timing of the draft EIR's release is another sore spot for Rae. It was supposed to come out earlier this year, but didn't hit the streets until last week. Rae believes many concerned parties are on vacation during this time of year and will miss the opportunity to participate in the environmental review process. Finally, Rae will spotlight the fact that the document indicates a project with only 89 units is considered the environmentally superior alternative.

Other items of interest found in the draft EIR include 75 trees set to be removed and the revelation that demolition and construction will be carried out in four overlapping phases, allowing adjacent residents to find out when their corner of the project site will be worked on. Also, the draft EIR recommends archeological monitors watch the site carefully when crews move earth and reshape the landscape for the new building pads. There may still be bodies in the ground, where a Catholic cemetery once sat, in the area of the main hospital.

Former St. Francis employees speculate the undiscovered graves under the site account for numerous ghost sightings over the years. One employee, who asked for anonymity, said staff avoided a certain service elevator that went up and down by itself, during which a maintenance worker once saw faceless people in brown robes. Two cooks in the kitchen, cooking from the kitchen, "heard" backpots screen floating in the air while employees were known to utter, "In the name of Jesus, I command you to leave," before entering a certain hospital room where a presence could be felt.

The release of the draft EIR has stirred up emotions for Georgia Tracy, a nurse who worked at St. Francis for 13 years. She said she can't even drive by the former hospital, which, for 150 years, ministered to the sick and also brought thousands of babies into the world. Tracy said she remained at her post until the moment St. Francis closed its doors on the last day. "I felt it was like the *Titanic* and I had to go down with the ship," said Tracy, who noted that former employees are planning a reunion potluck at Tucker's Grove in Goleta, Saturday, October 1. For more information, see *stfranciscommunity.net*. ■

Voices IDEAS & COMMENTARY

A14 SANTA BARBARA NEWS-PRESS ❖ THURSDAY, SEPTEMBER 22, 2005

Destroying stately building a disgrace

I worked at St. Francis Medical Center for 15 years. It was always kept immaculate and in good repair. It is earthquake proof. What a shame to destroy that beautiful building.

Shirley Pendergraft
Carpinteria

Razing of hospital raises health issues

I would like to express my strong opposition to the condo project proposed for the former St. Francis Medical Center site. As a resident of the neighborhood, I was not at all surprised that traffic congestion and construction noise emerged as serious concerns in the environmental impact report.

The neighborhood already is dealing with significant traffic issues, which will only be compounded exponentially by the condo project. Of equal concern to me and many of my neighbors, however, are the grave health risks that will affect both residents of the area and workers during demolition and construction.

Release of potent carcinogenic, teratogenic and other disease-causing substances, such as asbestos, lead, mercury, PCBs and radon gas, pose serious health risks to neighborhood residents and project workers, and are especially concerning for pregnant women, children and the elderly. Should these high risk groups be relocated during the one-plus years of the project?

Has the potential for health-related lawsuits been considered by the Cottage Health System officials and city planners? It is unconscionable that our city is even considering a project that carries with it such grave negative impacts and risks to one of Santa Barbara's most beautiful neighborhoods and its residents.

Especially ironic is the fact that the project promoters are in the health care business. How shameful is that?

Francesca Pagliotti
Santa Barbara

Place Economics

#26

Brief Biography

Donovan Rypkema is principal of Place Economics. Place Economics is the new name of Rypkema's firm, originally established in 1975 as the Real Estate Services Group. The new name better reflects the broader focus of the firm's current activities.

Rypkema began his consulting practice in Rapid City, South Dakota and relocated to Washington, DC in 1985. He has performed real estate and economic development consulting services throughout the United States for State and local governments and non-profit organizations with interests in a broad range of properties, from National Historic Landmark Structures to Main Street commercial centers. His specific fields of consultation include: training in community-based development; economic revitalization of downtowns and neighborhood commercial centers; and the rehabilitation of historic structures.

Prior to 1985, Mr. Rypkema was involved in the direct development and management of residential, office, retail and National Register properties. He completed appraisals of over 1500 properties including residences, office and apartment buildings, farms, ranches and athletic facilities. His background includes teaching pre-licensing and continuing education courses for real estate professionals.

Today Mr. Rypkema is recognized as an industry leader in the economics of preserving historic structures. Since 1983 he has provided ongoing consulting services to the National Trust for Historic Preservation (where he was a member of the Board of Advisors from 1982 to 1985) and its National Main Street Center. He has undertaken assignments in 48 states and the District of Columbia.

Rypkema was educated at Columbia University where he received a Masters of Science degree in Historic Preservation. (He was a Bush Leadership Fellow in 1983-84). He has lectured widely on economic and preservation issues relating to rehabilitation, community development and commercial revitalization. Mr. Rypkema's short courses and workshops have been delivered to architects, bankers, developers, preservationists, planners, and downtown managers. He is author of several publications including Community Initiated Development, The Economics of Rehabilitation, the Downtown Real Estate Development Series and others. His articles have appeared in Architectural Record, The Journal of Commercial Bank Lending, The Responsive Community, Urban Land, Real Estate Finance, Investment Decisions, Places, Preservation Forum, Vital Speeches, the Bulletin of Science, Technology & Society and others. In Washington he has served on the Boards of Directors of North Capital Neighborhood Development Corporation and the Washington Council of Agencies.

On an international level Rypkema has worked directly with government and business

leaders in Japan on issues of downtown revitalization; public officials and academics in Thailand regarding historic preservation challenges; citizen groups in Russia on development plans and tourism strategies and provincial officials in China on heritage preservation strategies. He has spoken at international conferences in Australia, Brazil, Canada, and Portugal. Rypkema keynoted a Study Tour on Cultural Resource Preservation and Economic Development sponsored by the World Bank and the US Park Service. He also was a participant in the World Bank's Conference on Culture and Sustainable Development in Italy and a US/UK symposium on military privatization efforts held in England.

Rypkema has worked with such groups as the Urban Land Institute, the Mayors' Institute on City Design, the American Planning Association, the International Downtown Association, International Town and City Centre Conference, the World Monuments Fund, the Center for Livable Communities and hundreds of other international, national, statewide and local organizations. In recent years Mr. Rypkema has conducted statewide studies of the economic impact of historic preservation in Virginia, Kentucky, North Carolina, Indiana, New York and Maryland and a citywide study in Philadelphia.

Rypkema is currently working with the U.S. Army's Office of Historic Properties creating strategies for the redevelopment of historic buildings on active Army posts. As part of this effort he has written a Feasibility Assessment Manual to be used at the installation level Army-wide.

Rypkema's book, The Economics of Historic Preservation: A Community Leader's Guide, published by the National Trust for Historic Preservation is now in its second printing and is widely used by preservationists nationwide.

Donovan D. Rypkema, Principal - (202)588-6258 - 1785 Massachusetts Avenue, N.W., Washington, D.C. 20036

Adaptive reuse can turn older buildings into Class A community assets

By YEHUDI GAFFEN
Gafcon

On occasion, once-monumental buildings become eyesores to their communities. Many of these buildings, most age 50 and older, typically are in need of major structural, aesthetic and technological overhauls. In many cases, these buildings are left abandoned and eventually are demolished.

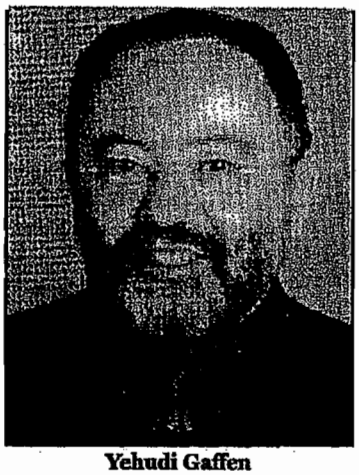
Most people would readily agree that the adaptive reuse of abandoned older buildings is a positive development, and that the demolition of these buildings would be a significant loss to the character and history of the cities of which they are a part.

Unfortunately, public policies traditionally have fueled urban flight in many areas, and it simply has been uneconomical for individual property owners to renovate some buildings — especially for owners who have been offered incentives to relocate.

The good news is that times are changing, and all is not lost for such buildings. Building teams are renovating abandoned facilities, adapting them to current standards and bringing new life to neglected areas. According to a report by Harvard University Graduate School of Design, renovation, reuse and preservation of existing buildings represents more than 40 percent of the current design and construction market in the United States, particularly in urban areas.

Bringing history back to life

Adaptive reuse of existing or built structures has remote historical precedents. In antiquity, durable structures of stone and masonry outlived empires and often changed function many times. In more modern times, the desire to preserve historical buildings and neighborhoods emerged in many European countries out of various romanticist, nationalistic and historical movements. Paris, for example, has evolved into a complementary blend of preserved



Yehudi Gaffen

and refurbished historical buildings, together with newer structures infused with both modern technology and cultural influences.

Today, several factors are driving adaptive reuse. First and foremost, the imperative to extend the life cycle of a structure is related to various sustainability goals: sprawl minimization, preservation of raw materials and energy conservation. Also, many western cities are changing dramatically as a number of industrial operations have moved to the south and the east, leaving massive, sturdy buildings vacant. Moreover, in the institutional sector, many old hospitals, sanatoriums, military buildings and even office blocks are becoming redundant.

Economics of adaptive reuse

Without a doubt, economic feasibility is a major factor in the decision to adaptively reuse an older building. Developers must carefully assess all line items that might be involved in a refurbishment of such a sizable magnitude. For instance, the project might involve difficult HVAC retrofits and thermal improvements. It also might call for removal of dangerous and degraded toxic building materials that were widely used during the 20th century. Both can be expensive undertakings.

Furthermore, it is worthwhile to acknowledge that some structures are in such states of disrepair and decay that it might be more feasible to salvage or recycle some or all portions of them, rather than submit to a difficult readaptation.

That being said, the economic benefits of adaptive reuse versus demolition can be enormous. According to the *Journal of Property Management*, reuse projects are popular "because they can significantly reduce construction costs for developers, and they present economically viable alternatives to commercial tenants in search of large spaces."

It is estimated that adaptive reuse projects cost an average of 16 percent less than new construction and can be accomplished faster in many cases. Plus, adaptive reuse of abandoned buildings has proven to spur redevelopment efforts around them, thereby expanding the economic impact of the original investment.

Today, there are a number of economic incentives, primarily federal, to reuse historic buildings. Commercial property owners who choose to renovate their buildings and follow certain historic preservation guidelines are eligible for a federal tax credit equaling 20 percent of the cost. A 10 percent credit is available to non-historic commercial buildings more than 50 years old.

Enhancing the community

There are many societal benefits to adaptively reusing buildings. Abandoned buildings and vacant lots drive down property values and increase blight, create a sense of economic decline and hopelessness, and invite crime.

Yet, many of these buildings are still considered visual amenities or have made a cultural contribution in some way to a city. Reusing existing building stock maintains a city's character and identity, bolsters civic pride and community

See **Adaptive reuse** on 5C

Adaptive reuse

Continued from Page 3C

[redacted] and drives tourism.

As a current example, the Los Angeles County Hall of Justice, which has remained vacant in downtown L.A. since being damaged by the Northridge earthquake in 1994, is currently undergoing a $140 million reconstruction for adaptive reuse. Originally built in 1925, the 14-story, 550,000-square-foot building maintains a listing on the National Register of Historic Places. Upon the project's scheduled completion in 2006, the L.A. County Sheriff's Department, which is spread across 20 different offices countywide, along with 10 other county department offices, will consolidate their operations into the Hall of Justice building.

Adaptive reuse of a building also can serve a functional purpose for a community. The new 20,000-square-foot facility for RAIN, a homeless shelter and transitional housing development in Camarillo, Calif., was made possible through adaptive reuse. The project entailed interior demolition and renovation of an existing two-story, Spanish-style, concrete building, formerly part of the Camarillo State Hospital. In addition to providing meals and shelter for up to 90 residents, RAIN provides career counseling, job placement, and life skills classes to help prepare those staying at the shelter to take care of themselves once they are on their own.

Sustainable benefits

The benefits of combining historic preservation/adaptive reuse and sustainable design can be noted at a number of different scales. At the individual building level, the reuse of existing structures preserves raw materials used for new construction, while reducing the amount of construction debris sent to our already overcrowded landfills.

At the neighborhood level, the retention of existing buildings maintains the scale and architectural integrity of existing neighborhoods and provides opportunities for mixed-use developments with a vibrant, urban street life. The historic Scripps Hospital on the outskirts of downtown La Jolla, designed by renowned architect Irving Gill in 1914, recently underwent a rehabilitation for adaptive reuse as a 50-unit, ocean view luxury condominium development. The project included the preservation of the original building's historic facade.

At the citywide level, adaptive reuse takes advantage of infrastructure that is already in place. Reclaiming brownfields sites can take properties that are typically perceived as negative environments and turn them into productive contributions to the urban experience. Moreover, redeveloping properties within cities allows for retention of employees and

residents within city limits.

At the regional level, the preservation of existing facilities contributes to smart growth by reducing pressure on undeveloped green space and decreasing the need to extend infrastructure into undeveloped areas.

Other considerations for developers

Developers contemplating whether or not to pursue an adaptive reuse project may also want to keep the following in mind:

Adaptive reuse is ideal if a downtown location is crucial. Location is often the greatest asset offered by older buildings, and many of them occupy prime downtown locations. Given that land is limited and extremely expensive in most major urban areas, adaptive reuse of an older building may be a better investment than new construction.

Adaptive reuse can offer a positive public relations component. Demolishing a structure that holds historical or sentimental value to a community likely will not go unnoticed by the public or the media. By undertaking an adaptive reuse project, your company is likely to receive positive media exposure. Adaptive reuse has strong emotional appeal, especially when local landmarks are involved.

Due diligence is crucial. Preexisting environmental situations can affect the feasibility of adaptive reuse. An audit usually is in order to determine if any problems exist with underground tanks, hazardous wastes, asbestos, wetlands restrictions and stormwater requirements.

Renovate to last another 50 to 100 years

The primary objective of adaptive reuse is to prolong the "cradle-to-grave" period of a building by retaining all or most of the structural system and as much as possible of other elements, such as cladding, glass and interior partitions. Another objective is to make other necessary structural, cosmetic, and infrastructure upgrades to bring the building to a higher level of overall performance.

When considering adaptive reuse, take into account all that will need to be done to not only restore the structure, but also to help make that structure last another life time — or at least another 50 years before having to undergo another major overhaul. In doing so, developers can help turn eyesores into Class A properties that are community assets.

Gaffen is founder and principal of Gafcon, a leading construction management firm providing professional construction consulting, construction program management and construction-related claims support. More information can be found at www.gafcon.com.

464 Prospect St., La Jolla 92037

This wonderful historic building, originally Scripps Hospital, has just been completely renovated into an exclusive, upscale 41 unit building.

Call Peter Toner
toll free at

(8

or email me

Units in this building sell in the $750,000 to $1,500,000 range.

Whilst not ocean front, this building with it's world class amenities, and a central location, is hard to beat.

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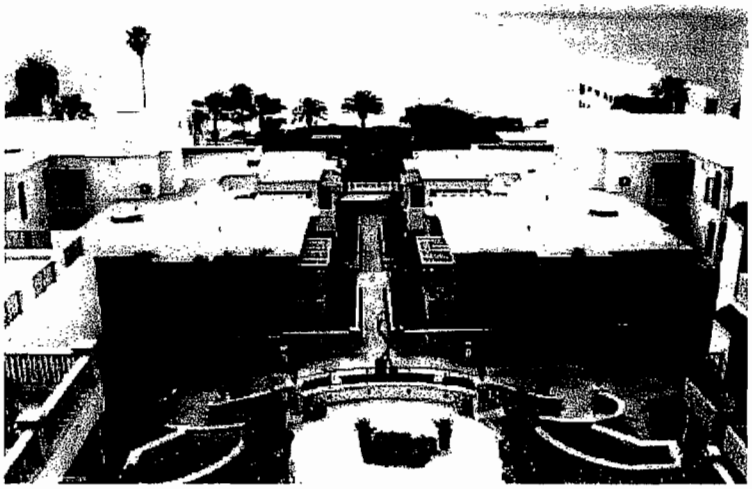
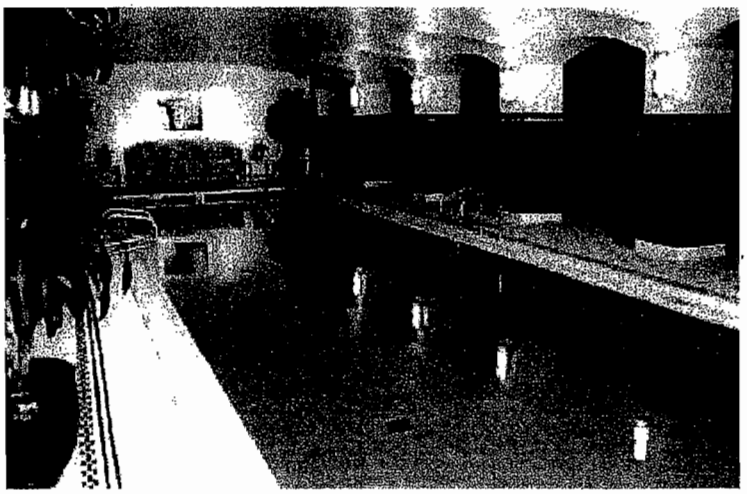
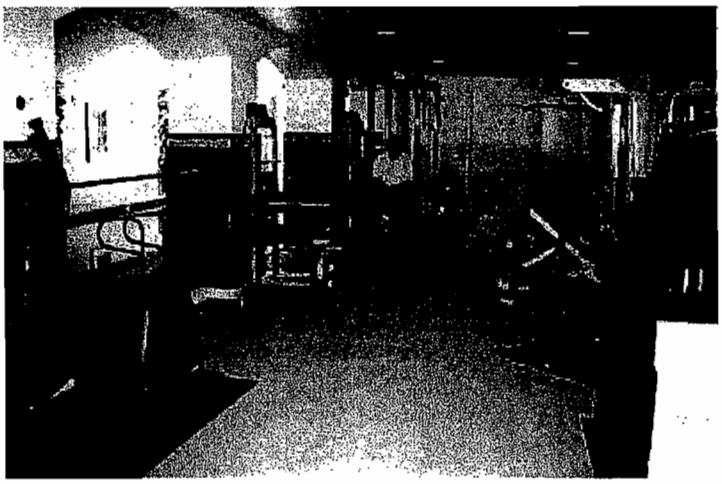


The courtyard

The foyer





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The BUSINESS REVIEW
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IN DEPTH: ARCHITECTURE & ENGINEERING

From the October 18, 2002 print edition

Adaptive reuse of historic buildings makes economic sense

Mark Thaler
For The Business Review

The recent conversion of the Parker Building in downtown Schenectady, from a long-vacant office building into the upscale Parker Inn, is a good example of the benefits of choosing adaptive reuse rather than demolition.

There are many fine examples of adaptive reuse in the Capital District. In Troy, the former Cluett-Peabody factory was transformed into an office complex. In Albany, the conversion of the abandoned Union Station into the headquarters for Norstar Bancorp (now part of Fleet Bank) was the catalyst for a complete renewal of that section of the city over the past 16 years. That project encouraged further development, now completed with the construction of the new Dormitory Authority of the State of New York and the state Department of Environmental Conservation buildings.

Most people would readily agree that the adaptive reuse of those abandoned buildings was a positive development. And,

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that the demolition of these buildings would have been a significant loss to the character and history of the cities of which they are a part.

The economic benefits of adaptive reuse versus demolition of our historic assets can be enormous. Abandoned factory buildings in North Adams, Mass., have been transformed into MASS MoCA, one of the foremost contemporary art museums in the country. Restaurants have now opened and nearby buildings have been converted for use as upscale lodging, expanding the economic impact of the original investment.

There are many societal benefits to adaptively reusing our buildings. Abandoned buildings and vacant lots drive down property values, create a sense of economic decline and hopelessness, and invite crime. Reusing this building stock maintains the character of our cities and bolsters our civic pride.

It can also be important to developing tourism. The city of Albany recently unveiled redevelopment plans for parts of its waterfront, including the development of an inner harbor just north of the Corning Preserve that would adaptively reuse the historic buildings in the surrounding area for restaurants, retail and sports venues.

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Another important advantage of adaptive reuse is environmental. The resources and energy that were once used to create our cities are squandered when we demolish those buildings. Adaptive reuse of historic buildings requires fewer construction materials but often requires more time in labor. This means that, dollar for dollar, a renovation project will provide more funds to the local work force than a new construction project.

Why then, do we still see buildings being demolished or left abandoned?

Although there may have been numerous societal advantages in adaptively reusing older

buildings, public policies have often fueled urban flight. It has been uneconomical for individual property owners to renovate some buildings while being offered incentives to relocate. This has led many states to enact "smart growth" legislation.

Today, there are a number of incentives, primarily federal, to reuse historic buildings. Commercial property owners who choose to renovate their historic buildings and follow certain historic preservation guidelines are eligible for a federal tax credit equaling 20 percent of the cost. A 10 percent credit is available to non-historic commercial buildings more than 50 years old.

» Continued
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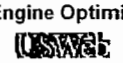
Search Engine Optimization by 

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Opportunities in adaptive re-use spurs momentum - Brief Article

Barry Poskanzer

A basic tenet of economics 101 -- inadequate supply vs. steady demand -- is continuing to drive the Metro New York Area's real estate market. A fundamental cause of the dramatic supply/demand imbalance in our densely-packed region is the lack of developable land for new construction. In turn, that land scarcity is motivating a growing number of developers/investors to add adaptive re-use to their project mix.

As an architectural firm that has designed more than $100 million in such assets, Poskanzer Skott has in-depth, first-hand experience of the numerous benefits of, and solid potential for profit in, transforming older, historic, underutilized or abandoned properties into intriguing, appealing, highly marketable multi-unit housing, office space and medical practice facilities.

One of the strongest rationales for the growing momentum for adaptive re-use is also the simplest: these buildings are already there, in established neighborhoods and communities, near existing transportation systems, shopping, schools, hospitals, recreation and community services, complete with all utilities. And they are there in relative abundance.

Be they picturesque mills, appealing Victorian mansions, rundown tenements or abandoned factories and warehouses, any building not living up to its original use is a candidate for creative adaptive re-use. Witness the transformation of the meat packing district's undistinguished warehouses, the expansive lofts carved from Financial District office buildings, the manufacturing sites and lumberyards that have found new life as apartments and offices throughout New Jersey's cities and suburbs. They are not limited to historic buildings, or even those with architectural detail and charm. Old warehouses with ceilings of 12-13 feet considered too low for modem purposes are, for example, wonderful, practical shells for housing or offices (where raised floors accommodate technology).

Adaptive re-use projects offer a refreshing change from the dreaded, ponderous, expensive, frustrating "stop/start/go/no" approval process for new construction in high density areas. When a community knows that you are going to take an abandoned or underutilized property and attractively transform it, increase nearby property values, and generate tax revenue, customary blockages to approvals melt away. Rather than entrenched NIMBY resistance, municipalities and neighborhood groups tend to support efforts that end urban blight. Thus, many road-blocks to new development -- heated debates about density, preservation of green space and wildlife habitat, noise, pollution and lack of facilities to support population growth -- are neutralized.

By virtue of eliminating or decreasing the amount of time, effort and money expended to gain community support, undergoing an expedited approval process and the (usually) reasonable cost of land and building shell, adaptive reuse projects translate into cost savings for developers.

Drawing upon their experience on over 25 significant adaptive re-use projects, Poskanzer Skott advises that cost savings are found differently in each one. Older and/or historic structures present unusual design and construction challenges. Some contribute to and others subtract from project costs. Windows can be oddly shaped, larger or deeper than modern, new construction standards, adding to replacement cost. When retrofitting multi-story buildings, new mechanical systems must be run to the roof or through brick walls. Roofs and walls that on first inspection seem secure, may have to be replaced. Architectural detailing to be retained requires restoration. Historic districts set restrictions on what can be done to the skin of the building. Requesting government funding for historic restoration

means the masonry cannot be changed.

All this being said, adaptive re-use offers what new construction, no matter how beautifully designed, cannot: the resonance of history, a unique sense of place, the charm of original architecture and detailing and priceless, non-institutional character.

Turning an old historic brick mill into apartment units where few are alike and all have special charm creates a visual stimulating, warm, inviting and user friendly environment that is highly desirable and uniquely marketable; like the 48-unit building Poskanzer Skott is completing at the Mill at Little Falls, previously the Beattie Carpet Mill.

Because adaptive e re-use projects are never plain vanilla boxes, architects have great opportunities for creativity to compliment the property's uniqueness. It is also a chance for architects to show their respect for and draw inspiration from history.

Adaptive re-use projects are an unparalleled opportunity for success. The developer gets to ride into town in a white hat. The town gets an attractive, taxable asset. Users get a distinctive, friendly home or office environment. Architects get inspired to ratchet up their creativity. And forlorn, derelict buildings, their history and tradition acknowledged, and resurrected as valuable real estate assets.

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Nicolas P. Retsinas, Director of Harvard University's Joint Center for Housing Studies, to Lead Executive Education Seminar Focused on Developing Workforce Housing

Developing Workforce Housing, a new Harvard Design School executive education seminar scheduled on July 14, will be led by Nicolas P. Retsinas, Director of Harvard University's Joint Center for Housing Studies

(PRWEB) June 19, 2005 – On July 14, Harvard Design School's Office of Executive Education will present, Developing Workforce Housing, a new two-day seminar led by Nicolas P. Retsinas, director of Harvard's Joint Center for Housing Studies and former Assistant Secretary for Housing-Federal Housing Commissioner at the US Department of Housing and Urban Development.

The seminar was created in response to the growing awareness of the need for affordable workforce housing and examines how that need is shaping the priorities of communities, employers, policymakers, and planners around the nation.

Successful, sustainable economies need a diverse workforce and all workers need homes that meet their family's needs. A recent National Association of Home Builders (NAHB) study found that workers who provide vital services to the community, including teachers, hospital workers, firefighters and policemen, have a difficult time finding affordable housing in the nation's top 25 metropolitan areas. The result is that more and more people are either paying too high a percentage of their income for housing or are forced to endure long commutes to work from the communities where they can afford to live.

According to Retsinas, "In the amount of time that the number of single-family homes affordable to working families has increased ten percent, the number of jobs in retail and service industries has increased almost 100 percent."

"Successful workforce housing development depends on identifying and assessing sites with market potential, mastering regulatory complexity, and working with local government and community groups to create acceptable developments," adds Retsinas.

Designed to challenge assumptions and broaden perspectives, Developing Workforce Housing will consist of a blend of modules that address the market for workforce housing; state and local regulations intended to channel or manage growth; the development of workforce housing in both inner-ring suburbs and urban contexts that require adaptive reuse or infill; and the navigation of regulatory complexity.

Joining Mr. Retsinas will be a group of renowned guest speakers including:
• Eric Belsky, executive director of the Joint Center for Housing Studies at Harvard University and Harvard Design School lecturer
• Lee Cott, adjunct professor in urban design at Harvard Design School and a founding principal of Bruner/Cott & Associates, Cambridge, MA
• Edward Marchant, adjunct lecturer in public policy at Harvard's Kennedy School of Government
• Arthur Segel, Professor of Management Practice at Harvard Business School

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Article: Convent transformed into HIV, AIDS housing project. (Newsmakers).(Mercy Gardens)

Publication Date: 30-SEP-02
Publication: San Diego Business Journal
Purchase this article for $9.95

Article Excerpt: A former convent at Scripps Mercy Hospital in Hillcrest has been converted to Mercy Gardens, apartments for people living with HIV or AIDS.

Mercy Housing California renovated the property into 23 affordable studio and one-bedroom apartments.

The developer is the San Francisco-based division of the nonprofit Mercy Housing System, headquartered in Denver. The company has ...

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September 10, 2001

Gina Coupens
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Mercy Housing, Inc.
Tel: 303-830-3323
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Mercy Housing California Celebrates Heritage of Former Lying-In Hospital
Not-for-profit Affordable Housing Developer Unveils Commemorative Exhibition

Oxnard, CA - Mercy Housing California (MHC) is unveiling an exhibition to celebrate the heritage of the former Lying-In Hospital, a historic site rehabilitated and preserved by MHC as Casa Merced Apartments in Oxnard, CA. The exhibition charts the history of the hospital and celebrates its founders, Dr. Floyd and Ida Swift.

"I have very fond memories of Lying-In," said Ray Swift, who was adopted by the Swifts in the late 1930s. "Generations of Swifts grew up on the property, including my own son. My parents would be very pleased with the exhibition and Mercy Housing's development. My wife and I are very proud."

The Lying-In Hospital opened its doors in 1928 and was famous for using 'twilight sleep', a technique of injecting pregnant mothers with a powerful analgesic during labor, enabling almost painless birth.

"Many people who live in Oxnard were actually born at Lying-In," said Manuel Lopez, Mayor of Oxnard. "Its preservation is extremely important to the community and it's wonderful to commemorate its heritage on the site it was originally built."

The celebration comes at the same time that Mercy is due to receive an award from the Ventura County Cultural Heritage Board for its adaptive reuse of the property into 41-units of affordable rental housing for low-income seniors.

"Mercy Housing is committed to developing affordable housing with sensitivity to a community and its surroundings," said Dara Kovel, Associate Director of Mercy Housing California. "It's a privilege for us to have the opportunity to bring new life into this incredible historic site while meeting the community's affordable housing needs."

The unveiling will take place on Thursday September 13, 2001 at 5.30pm at Casa Merced, 838 West 5th Street, Oxnard, CA 93030. The display will be a permanent exhibit at Casa Merced and was designed by Madeline Murphy, Murphy and Associates, and Oxnard preservationist, Gary Blum. The display was donated by Ray and Betty Swift, with partial funding by Dorothy John.

10

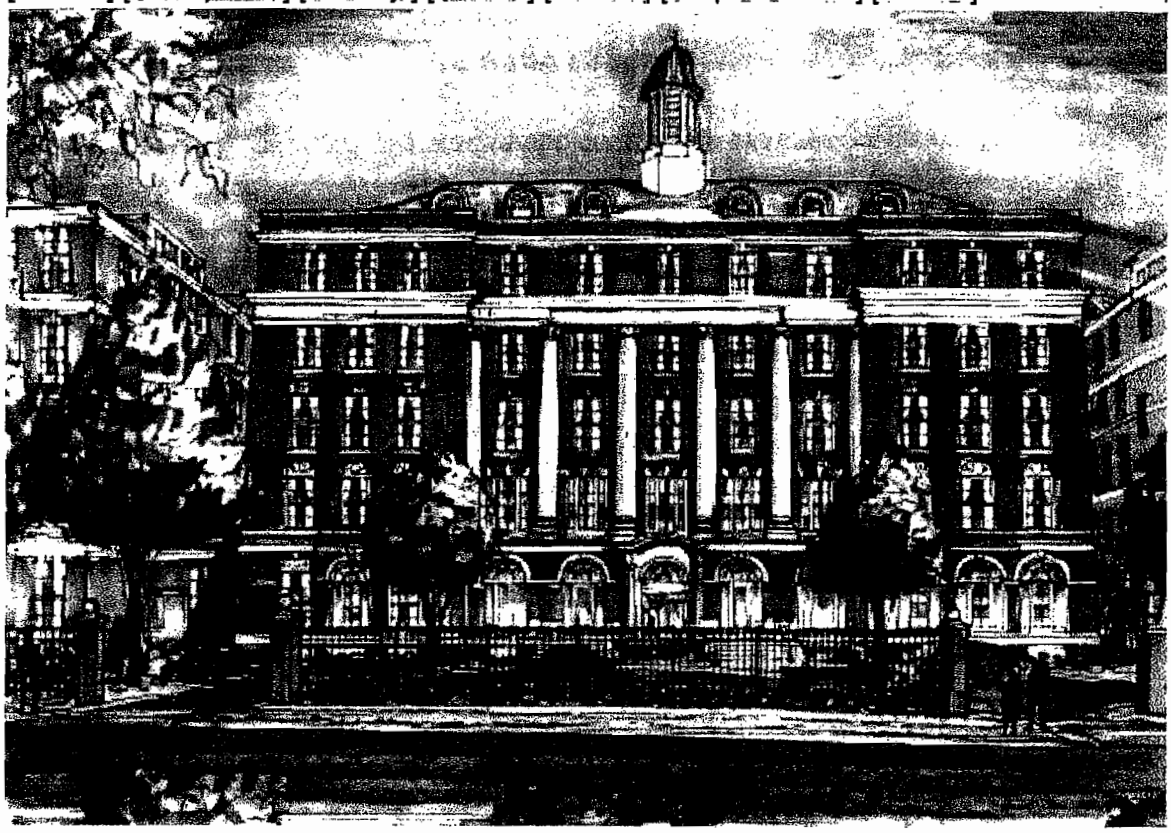
The Georgian

By Gilded Age

Exceptional New Loft Condominiums in a Landmark Historic Building

City Living Comes of Age

The turn of the century City Hospital and the surrounding buildings will be magnificently renovated into a brand new cosmopolitan residence along with dynamic retail shops and office space. A synthesis of suburban and urban living. The Georgian features spacious one, two, and three bedroom condominiums with more than a dozen unique floor plans.



Welcome to the Georgian Condominium Website. This site will provide information on the newest and pert project in the City of St. Louis. The former City Hospital complex is being redeveloped into a total commur retail, restaurant, and commercial properties. In March construction began on Phase One which will be the hospital building into 102 beautiful condominiums.

More than a dozen different floor plans are available. The Georgian offers views and environments to suit e of the available floor plans have been provided on this site for you to view. We recommend revisiting this s updated information.

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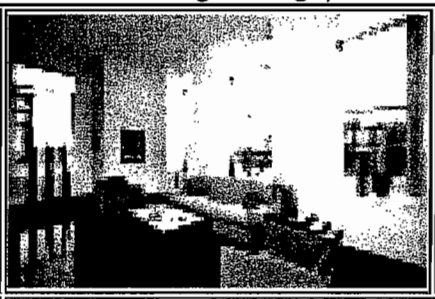

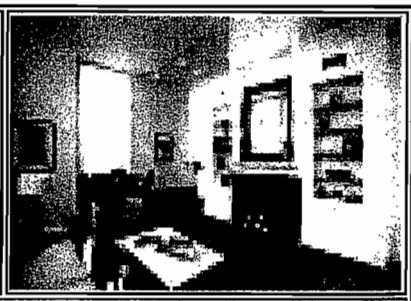

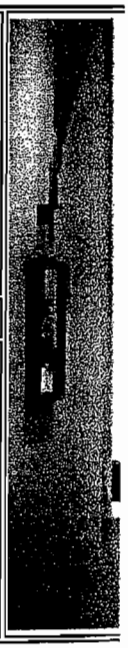

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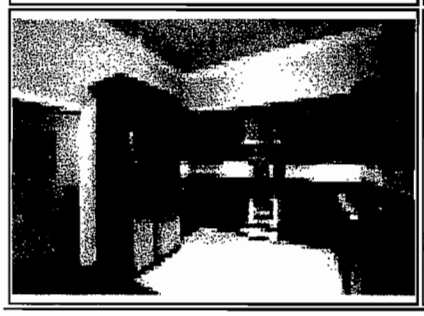

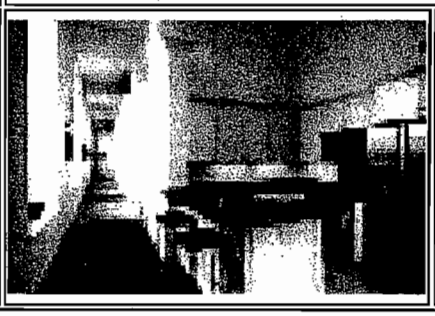

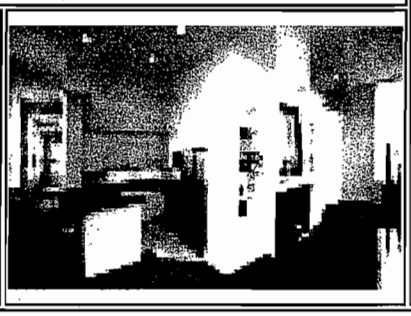

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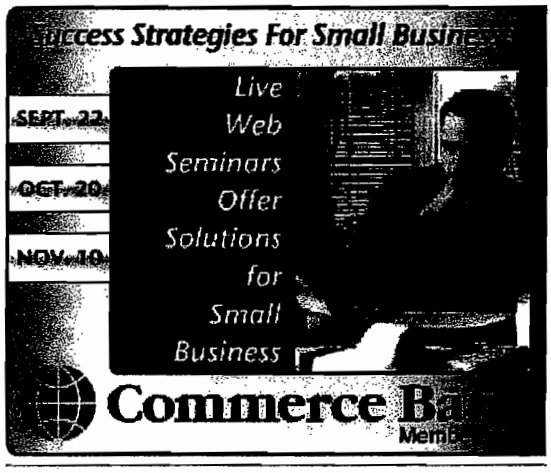
St. Louis Post-Dispatch

n is returning to skeleton of old City ospital

By Charlene Prost
09/30/2004

Rob Turner cuts a slab of sheetrock last week while working on a display condo in the old City Hospital.
(Teak Phillips/P-D)

Advertisement



St. Louis, Mo.

With windows and the front steps missing, and only skeletal remains of what once were copper-covered dormers and a cupola on the roof, you might not think of the old City Hospital complex on Lafayette Avenue as a place to call home.

But that's about to change.

On Oct. 15, developers of this long-empty landmark will open two display condos inside, with cozy fireplaces, wood molding and unusually large windows.

They're the first of 101 condos coming as part of a nearly $25 million renovation of the 92-year-old administration building and two attached wings, renamed the Georgian Condominiums.

ıg the condos to fit the hospital's unusual layout took some doing.

two long, narrow five-story wings, for example, were once patient wards. "They were basically wide open inside, ıd not exactly dripping with detail," said developer Chris Goodson, a partner at Gilded Age LLC.

"But they have very large windows, going to the ceiling, and ceiling heights of about 14 feet. What we're doing is building units inside those spaces and adding fireplaces, bookshelves, and extensive molding."

Some also will have long entrance hallways inside, designed to be used as art galleries leading into living areas. "We couldn't put a hallway down the middle of the wing" because of its shape, Goodson said, "so we put parts of the hallway into units."

In the end, the developers and their architects at the Lawrence Group came up with at least a dozen different condo layouts designed to fit the spaces and architectural features. Prices range from $126,000 for 733 square feet to $246,50(for just over 1,600 square feet.

Also coming are six larger penthouses at the top of the administration building. Prices aren't set yet. But Goodson said some will be two levels, incorporating the dormers. And like other condos in the building, which stands atop a small hill, they'll offer panoramic views of St. Louis.

"Our pitch will be great views, a spectacular building and for a low price point," Goodson said.

BSI Constructors Inc. has the renovation under way. But Goodson said it won't get into full swing until about 30 :ondos are pre-sold. He and leasing agent Steve Gray at Coldwell Banker Gundaker expect that to happen quickly after he displays open.

Even now, Gray said, "We're seeing a whole lot of people" interested in buying. "Surprisingly, a number of them are etirees, empty-nesters looking to move to the city and some who lived in the city before and want to come back. We're ılso seeing younger professionals moving in from other cities, and young professionals wanting to live in the Lafayette Square and Soulard areas."

Barbara Geisman, deputy mayor for development, said that reviving the hospital property is important for continuing growth in that part of the city. The hospital closed in 1985. Since then, it continued to deteriorate, and scavengers arted away everything from the copper sheathing to the massive stone front steps.

It's one of the most visible elements of the city from both highways 44 and 55, and we get letters all the time asking, When are you going to tear that thing down?'" Geisman said. "So we're happy we can now tell people this landmark is eing made into condominiums and will be beautiful again."

ı addition, she said, the renovated hospital and more housing planned next door on the site of the demolished Darst-Vebbe housing complex "will eliminate what's been a void ... and a barrier separating the Lafayette Square, Soulard ıd LaSalle Park neighborhoods ... and downtown."

oodson and partner Trace Shaughnessy, who've specialized mostly in renovation projects in and around Lafayette quare, have been working on plans for the hospital property for several years. They bought the administration building ıd wings and six other hospital structures from the city for about $700,000 after the city demolished unusable parts of e complex and cleaned up contamination.

hey're financing the Georgian project with about $4 million in city-approved tax increment financing, $4.6 million in ate historic tax credits and a loan from National City Bank.

ıe Georgian name is in keeping with the style architect Albert B. Groves used to design the administration building

.. And Goodson said many of the missing or damaged original exterior features will be coming back next

ople should be moving in a year from now," he said, "and we're thinking the building will be finished about 18 onths from now."

After that, he said, they'll renovate the old power plant, laundry room and remaining hospital buildings for retail, a estaurant, office space and more housing.

Goodson also expects the renovated buildings to last longer than original ones on the site. A fire destroyed the first ospital there in 1856. A tornado destroyed a second one in 1896.

The third time, they built this baby to stay," Goodson said. "It's still a really strong, solid structure ... with a slate roof n top of concrete, which is really amazing, and big water tanks on the roof that we're keeping. We think they were part f a fire suppression system."

Reporter Charlene Prost
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New England town converts hospital to condos

Adams, Mass. pop. 14,681

Part 2: Condo craze: Flippers, converters, first-time buyers grab a slice

Wednesday, April 27, 2005

By Janis Mara
Inman News

Editor's note: The condo market is on fire across the country, with prices appreciating faster than single-family homes in some cases. Buyers are scrambling to be the first in line, and amateur real estate investing is akin to sports and hobbies in the hottest markets. In this three-part series, we examine the trend from the trenches, catching up with part-time investors and first-time buyers, along with an example of the type of unique conversion projects taking place. (See Part 1: Property flipping is sport in some markets and Part 3: First-time buyers flood condo market.)

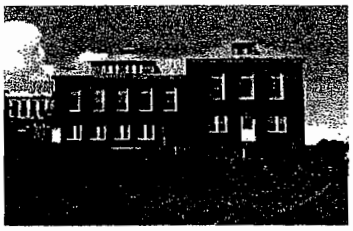

Image of Plunkett Hills Condos under construction in 2004; courtesy of scarafoniassociates.com.

In tiny Adams, Mass., developers are converting a former hospital into condominiums, in a sign that the national condo conversion craze is hitting New England.

Halfway through construction, 11 of the 16 units already have sold, according to Dave Carver, managing partner of Scarafoni Associates of North Adams. Scarafoni is the real estate management and development company converting the hospital.

"This is the first condo project in the town," said Carver. Adams, which has 8,000 residents, is a sleepy community, a former mill town in the Berkshire Hills. But apparently even Adams – and the Plunkett Hospital, erected in 1918 – can't escape the inexorable condo conversion trend.

"The condo craze is penetrating into Massachusetts," Carver acknowledged.

The news should come as no surprise. Condo converters accounted for 22 percent of apartment sales in 2004, and 45 percent of total volume in January 2005, according to Prudential Real Estate Investors' U.S. Market Outlook for the first quarter of 2005.

The condo market has sizzled in many markets across the country, with condo-price appreciation in some cases exceeding home-price increases. Murmurs of bubbles and busts haven't scared away condo developers from low-rise, high-rise and condo-conversion projects, though. And buyers in some markets are still scrambling to be the first in line for a condo unit.

The former hospital in Adams has two classic red brick New England buildings, one of which boasts a cupola and a 6-foot gold leaf weathervane. It stands on "the best parcel of land in Adams," according to Ronald King, Scarafoni's project manager. Perched high on the hill, the buildings, which total around 40,000 feet, have a striking view of downtown and the surrounding area.

Though the exterior has been preserved, the insides have been gutted, King said. "No remnants of the hospital remain inside," he said. "Hospitals and houses don't have much in common." He acknowledged, "It's somewhat difficult to fit these things into what was a hospital and make it work properly." Overall, the "medium-difficult" job is going well, he said.

Deemed a historic resource by Historic Massachusetts, a state advocate for historical preservation, the hospital sat empty for nearly 20 years. Proposals for the town-owned property went nowhere.

During that period, thieves plundered the boarded-up hospital's copper piping and downspouts. Some even considered the neglected property to be haunted, according to Carver and ghost spotting Web sites that reported, "Screams can be heard along with sightings of ghosts that usually resemble patients that may have died there." Carver, however, said, "If there are ghosts there, they are friendly ghosts."

In 2003, Scarafoni proposed to bring the "haunted" hospital back from the dead, with a plan to create condominiums selling for $150,000 to $250,000, targeting the "empty-nest" market of local retirees.

City officials were ecstatic. "We are quite pleased this is a positive proposal and believe it is a realistic proposal," Faith Yando of the Massachusetts Development Finance Agency, which handled the proposal process, told the local paper, the Berkshire Eagle. "I'm glad it's a local developer and one with a good reputation," Edward Driscoll, vice chairman of the Selectmen, told the Eagle.

Work began in late 2003. Scarafoni expects to complete the job in 2006. The hospital's 200-odd windows have been replaced with windows that, while modern, are mullioned and

Image of view from Plunkett Hills Condos; courtesy of scarafoniassociates.com.

resemble the old windows. The old gutters and ironwork have been replaced, and now the interior is being rebuilt.

"We are trying to direct this to the older market," said Carver. "A lot of the houses in town are occupied with people who raised their families and now want to downsize.

"This keeps those people in the community and also frees up the larger houses for young couples who plan to have families," Carver said.

The unit mix ranges from a 1,222-square-foot, one-bedroom, one-bath unit with a deck, to a 2,823-square-foot, two-bedroom-plus-den with two baths. All the units have garages. Unlike many condo complexes, the 16-unit property doesn't have a common area.

The condos are priced from $150,000 to $250,000. According to King, new houses in Adams, "which is what these essentially are," sell for around $200,000. The smallest unit is 1,129 square feet, with one bedroom and one bath. The largest is 2,823 square feet, with two bedrooms, a den and a deck.

It appears that Adams residents aren't scared of the hospital's "haunted" reputation, with 11 of the 16 units selling before construction was completed. Indeed, King anticipates that the brick buildings crowning the hill in the center of town will radiate a sense of community.

"Some of the people who are moving in already know each other," King said. "I'm sure it will become a close-knit group."

Tomorrow: First-time buyers get into real estate with condo purchases.

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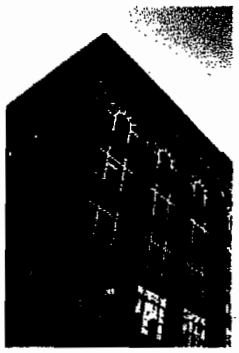
ADAPTABLE KNOX



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Those compelling geodesic "Fuller" structures

☞ **Adaptable Knox**

How some of our best-known buildings came into "reuse"

by Jack Neely

population 173,890

Imagine some Knoxville cornet player in a jazz-age band got conked on the head in some nightclub brawl in 1933, and emerged from his coma 70 years later.

After he adjusted to the shock of being extremely old, and to the sad fact that nightclubs of 2003 rarely employ cornet players, he might look around Knoxville and see a lot of familiar sights. Familiar, and yet weirdly different.

The world headquarters of Sterchi Brothers Furniture had somehow turned into an apartment building full of hip young people, with interior-design elements like exposed ductwork that would have seemed, to our cornetist, bizarre, like something out of a moving picture by Fritz Lang.

The Andrew Johnson and Farragut Hotels, which had been Knoxville's two finest hostelries in 1933, were both still there, but they were office buildings. The Andrew Johnson used to employ hot cornet-based jazz bands, but not when it's the headquarters of the county school system.

Somehow even the familiar old school buildings were different. Tyson Junior High's an office building. Park Junior High's an apartment building with a big fence around it. Old Knoxville High's an office building.

The New Sprankle building, the brand-new office building on Union that the cornetist knew as headquarters of Roosevelt's socialist experiment TVA, had turned into something called the Pembroke, a swanky apartment building with a penthouse.

Both train stations were still there. But the Southern

station was now much quieter, full of drafting tables, with a receptionist in the middle. It had become a large architectural office. There were architects' offices in the most unlikely places: one in the old Walla-Walla Chewing Gum Factory on Emory Park, even one in the other train station, the L&N. But it had mostly turned into a big restaurant.

The big new post office, the marble building on Main Street that was the pride of Knoxville in 1933 was now mainly a bank.

On the north side, Greystone, Major Camp's spooky old Victorian mansion on Broadway, very old-fashioned even in 1933, was all fixed up. It was a television station. Our convalescent had heard of television, the latest marvel of high technology in 1933, but he didn't expect to find it going on in a big way in an old house where an elderly Union veteran had died years ago.

Maybe it's the head injury, but he's feeling dizzy. Woodruff's Furniture Store now had sidewalk seating, and inside is a legal saloon where they brew their own beer. The Christian Science Church had turned into some kind of crazy late-night dance club. And the Miller's Department Store had morphed into an office building that, inside, looked something like a big-city hotel.

The Market House is clean gone. All the buildings surrounding it were still there, but they were a whole lot cleaner and ritzier than the ones he knew. The dirty old second floors, which he knew as storage rooms and gambling clubs, were all fixed up with curtains and window boxes, even had people living up there.

It's like one of those weird dreams, where everything is familiar, but wildly different.

A visit downtown may have a similar effect on some old-timers who haven't visited in a while. Some of the changes can be bewildering and disorienting. It's hard to blame one elderly businessman of the community who recently told us that he disapproves of the Sterchi project. A building, he said, should be used for the purpose for which it was intended.

However, downtown has survived by changing through the principle of *adaptive reuse*. The phrase is fairly new to our ears, but it's a simple, and very

old, idea. Before it was trendy or mandated by new-urbanist planners, adaptive reuse was often plain practical. There's a Darwinian principle at work here: buildings survive the generations by adapting to new uses.

It's tough to figure what was the first example of using a building for a purpose very different from its original one (it may be better all around if we pass over J.G.M. Ramsey's reported use of an ancient Indian mound in the design of Mecklenburg, his exotic Forks of the River mansion nearly 200 years ago; it burned down during the Civil War.)

Thomas Humes is said to have had a residence in mind when he built his brick building on the corner of Gay and Cumberland in 1816, a rather grand townhouse for him and his family. But Humes died soon after the building was finished, and by 1817 the townhouse was serving as a hotel, a purpose it served for well over a century, much of it as the Lamar House. In 1909 it became the front of the Bijou Theater, an establishment for vaudeville and movies, two forms of entertainment Humes never experienced. Today the Irishman's old townhouse also houses offices and a restaurant/bar.

The municipal building known today as Old City Hall was built in 1848. One of the few antebellum buildings still standing downtown, it served for its first 70-plus years as the "Deaf and Dumb Asylum": it was the now-politically incorrect name for the original Tennessee School for the Deaf. During the Civil War it served as a hospital of sorts, as many buildings did, and after the war it filled in, briefly, as East Tennessee University, the forerunner to UT. It's currently headquarters to the Knoxville Area Chamber Partnership.

The seven-story brick building in which we assemble this magazine is known as the Arnstein. It's an office building with a pub located conveniently at the bottom. It has been an office building for about 70 years. It began life a quarter-century before as a large department store, Millers' chief rival.

Speaking of Miller's, Arnstein's old rival is now also an office building itself, restored in an ambitious city project, with a grander interior than the old department store ever had. Did we say Miller's? The other Miller's Building, the one on Henley Street, which was built to be a Rich's in 1954, has served as

the UT Conference Center for the last several years. All three of downtown's biggest department store buildings are now occupied as office buildings.

Both the Farragut the Andrew Johnson Buildings have been office buildings as long as many downtowners can remember. But they were both built to be luxury hotels, a purpose they served for most of their histories.

As hotels, department stores, and at least one Sunsphere have been converted into office space, sometimes office buildings go residential, as did the Pembroke, 20 years ago.

The 1920s Sterchi Building, was the headquarters store of a major furniture distributor for nearly 60 years, sat empty for 20 years and then, suddenly, became a trendy apartment building with a youthful reputation. Nearby, the Commerce Building, once retail/wholesale/industrial space, is now upscale residential, as is the adjacent Rebori Building, which began life, ca. 1885, as Knoxville's public library. One of the most daring adaptations is the old six-story glass distributor on the corner of Jackson and Broadway, which after decades of vacancy is being converted into a single-family dwelling.

Adaptive reuse has always been a municipal fact of life, but there's been a particularly feverish spate of architectural transmogrification just lately: aforementioned Sterchi Building, the Miller's Building, and several other Gay Street apartment and condo buildings; and, on Market Square, too many adaptive reuses even to list in this article. Some of the newest uses restore middle-class housing, an original but long-forgotten presence on the Square.

Market Square's nearly 150 years of history could illustrate a textbook on adaptive reuse. The Square's buildings served purposes that were industrial, educational, profitable, residential, illegal, agricultural, musical, supernatural, political, recreational; several buildings on the Square have undergone very different transitions: buildings standing there today have been, in the past, pool halls, movie theaters, boarding houses, butcher shops, saloons, groceries, small factories.

Some buildings somehow go through far-flung odysseys without leaving their own address. The building at 200 East Jackson that now houses

Barley's began life 80 years ago as a wholesale grocery firm, did time as a lawn-mower supplier, was then a punk-era avant-garde art gallery, and is now, as it has been for the last several years, a pizza-and-beer parlor with a reputation for bluegrass.

A surprising number of reused buildings retain some hint of their original uses. Of course, a few do so out of necessity, like the 1932 post office building on Main, which still keeps a service window in the back. The Old City's Jackson Ateliers, where Cup-a-Joe is located, was once a shoe factory and warehouse. Its design preserved an original metal shoe chute, still visible in its lobby. Besides the coffee shop, it now houses residences and business firms, including the high-tech communications maverick Atmosphere Pictures.

Some restoration projects are so thorough that even the modern businesses they attract evoke some of the original use of a building. The Candy Factory was nothing of the sort for decades, serving mainly as a warehouse. Today, though mostly devoted to galleries, it houses a small chocolate factory. The 1905 L&N Station nearby hadn't welcomed a passenger train for more than a decade before it became a restaurant centerpiece of the 1982 World's Fair, but now it hosts the headquarters of Knoxville-based Gulf & Ohio Railways. Aspects of a building's original use and character are sometimes known to sneak back and haunt the place in surprising ways.

An elaborate brick Victorian building at the corner of Jackson and Central was for years an Italian ice-cream company and later as an upholstery concern. But in the mid-1980s, it suddenly re-emerged with an original name and purpose no one was old enough to remember. After almost 80 years in the non-saloon trade, the turreted building was Patrick Sullivan's Saloon again, the purpose the building had served in its first couple of decades, bearing the name of the popular Irishman who built the place in the 1880s.

Sometimes echoes of a building's past are plain spooky. After Wayne Blasius and associates set out to renovate the furniture store long and almost exclusively known as the Fowler's Building, roofing work set off an expensive fire. When the roof was repaired, Blasius determined to call his adaptive-reuse project, which mixes, office, residential and,

soon, retail, "the Phoenix Building." He came up with a stylistic logo to evoke the mythological bird that rose from its own ashes. Research into the building's past determined that long before it was known as Fowler's, when it was a china-company known as Cullen & Newman Queensware, this same ca. 1900 building had a name of its own. Because it had risen from the ashes of the downtown fire of 1897 which was, and remains, the most ruinous fire in Knoxville history, it was called the Phoenix Building. A century ago it even sported a large stone statue of the mythical bird on its roof.

Some adaptations/renovations are more graceful than others. Few remember when the Regas on North Gay was in the bottom of the five-story Watauga Hotel building—but if you stand on the Gay Street side, you can still see its grand entrance. It's just that most of the old hotel is gone. Regas started as a small lunch counter in the big hotel, but the restaurant got larger and larger as the hotel itself practically vanished. Regarded a liability when it was condemned in 1963, the offending floors, constituting most of the old Watauga, were shaved off the top. It was what might be called a radical adaptation.

In some cases, the adaptation quickly overshadows a building's original purpose. The Whittle Building, never wholly completed as the international multi-media center it was planned to be, served as a bright publishing/TV factory for hardly three years; it has already served as the federal courthouse longer than that.

It's likely that most of the buildings downtown have evolved into something other than what they were built to be. Downtown has the highest density of adaptively reused buildings, but they're everywhere, some accomplished more artfully than others.

Major Eldad Cicero Camp's Broadway mansion was converted decades ago to be the headquarters of WATE TV. Major Camp's old carriage house, once used by WATE, is one of Knoxville's newest reuse projects, now housing offices for Knox Heritage and the Center for Neighborhood Development.

A 1940s motel on Kingston Pike near Farragut is now a single-family residence. What was once a single-family residence in Maplehurst is now a small hotel. Cherokee Place, on Sutherland, once a potato-chip factory, has been, for the last 20 years or

so, an office park. The Baker-Peters house, the antebellum home of a secessionist surgeon, is a jazz club that carries Dr. Baker's name.

One of the most startling adaptive reuses in the whole city is Bennett Galleries on Kingston Pike, which was for years the Capri Cinema, a big corrugated steel movie house, Knoxville's first cineplex. It took some imagination to re-envision it as an upscale art and furniture gallery.

And, in all quarters of town, there are occupied buildings that used to be schools. The employment of old public schools in new and different ways constitutes a whole subset of reuse.

Like old Knoxville High, Tyson Junior High on Kingston Pike is now an office building. Another old public schools, like Park Jr. in East Knoxville, is now upscale residential, and better known as Park Place. Brownlow, in the Fourth and Gill neighborhood, is being renovated by downtown wunderkind David Dewhirst. The Perkins School in the Marble City area off Sutherland was recently renovated as headquarters for the accounting firm of Pershing Yoakley & Associates. Another, smaller schoolhouse in South Knoxville was recently featured on HGTV as an unusual adaptation into a single-family dwelling.

With so many encouraging examples, it shouldn't have been as surprising as it was to some that the prospective demolition of South High drew impassioned objections.

Adaptive reuse is stirring, even though it's a little more problematic than it once was. A century ago, many new buildings looked roughly alike. A stove factory might not look much different than a haberdashery or a boarding house or a saloon, and building codes for various uses were minimal, and the need for parking varied little between the uses, mainly because it was hardly an issue for any of them.

Modern buildings are often built for distinct uses. Bennett Galleries reuse of the Capri Cinema is more the exception than the rule: businesses more often find it expedient to demolish postwar buildings, even fairly new ones, when they propose a new use for the property.

The exceptions have been multiplying just lately.

You wouldn't think a suburban K-Mart or Lowe's would ever serve any purpose besides big-box retail. But recently two Lowe's have been converted into office space: one in West Knoxville for a call center for financial giant Ed South, one in East Knoxville for the headquarters of Comcast, the region's primary cable company.

Always, other buildings, and other uses, are on the horizon. . .

Adaptive reuse is in the air. Every time a building is vacated, the Fates roll dice about what purpose it will serve next. There are hopeful plans for a new Gay Street library that would leave the 30-year-old Lawson McGhee Library on Church empty; it's being courted by prospective corporate occupants. One of the TVA Towers may be empty soon, and though a radical shift to condos, a giant art gallery, a health club, or mega-church may not be in the cards, it's better to be open-minded. Maybe it can be converted into a giant parking garage.

Adaptive reuse makes sense, of course, and it's not surprising that we've been doing it here for a couple of centuries. But sometimes you can make people mad by bringing it up. It happens every time there's a discussion about finding long-term uses for the convention center.

October 23, 2003 * Vol. 13, No. 43
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ROUND TEN CASEBOOK (1998)

Women's Housing and Economic Development Corp. — Urban Horizons

The grandeur of a massive, 200,000-square-foot hospital that had long been abandoned in the South Bronx is being recaptured in the Urban Horizons affordable housing project, which mixes home with work in an innovative way. The nexus is intended to reinvigorate the struggling South Bronx neighborhood and enrich tenants with a well-rounded environment. The project is the Women's Housing and Economic Development Corporation's (WHEDCO's) first development. It is envisioned as a laboratory to connect poor and unemployed people with the world of work. It provides 132 apartments for low-income and formerly homeless women and families and a number of business ventures, including a commercial kitchen, a fitness center, and a day-care facility. Tenants have on-site training and employment opportunities, and the business ventures further generate income that circulates in the community. Health care and social services are also available to the tenants and the neighborhood.

Project Profile
Special Features
Development and Permanent Financing
Organization Information

Project Profile

- Type: Multiunit high-rise; mixed-use commercial/residential; adaptive reuse; interior and exterior rehabilitation
- Population base served: Urban
- Number of units: 132 (23 efficiency; 18 one-bedroom; 72 two-bedroom; 19 three-bedroom)
- Clientele: Families; homeless; minorities; single-parent households; senior citizens

Special Features

AFFORDABILITY: In the 48 units set aside for formerly homeless people, residents have incomes at or below 50 percent of the area median income. Residents of the remaining 84 units have incomes at or below 80 percent. The majority of the residents are women. In ensuring the affordability of the project, WHEDCO first obtained a $4.5 million, 1 percent interest, 30-year forgivable loan from the New York State Homeless Housing and Assistance Corporation, a division of the state's social services department. It provided both capital and operating funds for housing for formerly homeless persons. Additional financing includes a $6.3 million loan from the New York State Housing Trust Fund and more than $10.6 million in equity from the sale of low-income housing tax credits (LIHTCs) through the New York and National Equity funds. From the tax credit proceeds, nearly $3 million has been set aside for an operating and replacement reserve. In addition, the U.S. Department of Health and Human Services awarded a $300,000 grant for the commercial kitchen, the Empire State Development Corporation gave a $294,000 grant for the day-care center, and WHEDCO contributed $1.2 million of its developer's fee to the development of the building's common space.

New York City

DEVELOPMENT PROCESS: The Morrisania Hospital, a municipal hospital built in the neo-renaissance style, is eligible for listing on the National Register of Historic Places. Abandoned in 1976, the building had degenerated into a haven for crime and drug dealing. The City of New York, which had acquired the property, conveyed it to WHEDCO for $1. WHEDCO conceived the project, planned its economic development components, secured site control, put together the financing, oversaw the reconstruction, and serves as general partner in the ownership of the building through the syndication of tax credits. The project started in 1992, when site control was secured, and the first tenants occupied their apartments in May 1997.

DESIGN/CONSTRUCTION: The 200,000-square-foot structure required gut rehab. The historic exterior was restored, and the interior was redesigned into spacious apartments and large business and service spaces. Renovation included asbestos removal as well as the restoration of the terra cotta and limestone of the original building. To enhance security and separate the housing from the economic development and service space, separate public lobbies were created. High-quality architectural details were restored or added, from fine brickwork for the walls to pilasters and chair rails in the corridors. Decorative flooring patterns and garden statuary in public spaces and solid hardwood cabinets in the apartment kitchens were added. The property now houses a commercial kitchen, a primary health care clinic, and a day-care center, and the former hospital's annex was turned into a fitness center.

COMMUNITY INVOLVEMENT: WHEDCO required the general contractor, a Bronx-based firm, to hire an equal opportunity coordinator. Of the more than 400 individuals employed during construction, at least 85 percent were minorities and about 80 percent were from the neighborhood. Approximately 28 percent of the

racts went to minority- and/or women-owned firms. The property management company is a local rity- and woman-owned firm. WHEDCO, at the time it began to conceptualize the project, started reaching t to neighborhood women through a series of leadership training sessions. The women then formed into a group that they called Bronx United Sisterhood Together (B.U.S.T.) and served as the community advisory committee in the planning of Urban Horizons.

SOCIAL SERVICES: Urban Horizons' employment training and job creation component, which it calls $earch for Tomorrow, begins with a career assessment and job readiness preparation for each tenant. It is a three-month program that serves as a gateway to vocational training. Those who are ready are immediately placed in jobs. In the commercial kitchen, tenants and residents are trained for the food service industry through job-generating businesses, including retail take-out food and gourmet catering. Job training for the health club business takes place in the fitness center, and training in entry-level primary health care careers takes advantage of the health clinic. There are also training facilities for child-care providers and micro-entrepreneurship instructors. The service programs include an early childhood day-care center serving 72 preschool children, a family support program offering counseling and referrals, and a primary health care facility operated by the Institute for Urban Family Health. A summer program has been organized for local youth. Currently 25 people staff the programs, along with a resident manager and a facility management team. On the other half of the block-long site, a public school is now under construction. WHEDCO has collaborated with neighborhood parents and the local school board in this project.

EMPOWERMENT: In addition to the empowerment that comes from job training and from getting an income-producing job, tenants also exercise leadership through the tenants' association formed since the building opened.

COMMUNITY DEVELOPMENT IMPACT: The project, in one of the South Bronx's lowest-income neighborhoods, follows a holistic approach to address the problems of persistent urban poverty and welfare dependency. Beyond renovating an enormous former eyesore, Urban Horizons has developed training, employment, and business programs that are available to the neighborhood as well as to building residents. To understand the long-term impact of its efforts, WHEDCO has collected baseline data on the community's public schools, census data, health, crime, and fire statistics, and data on basic community quality of life. It plans to collect comparative community data at several points in the future. It has designed and set up a client tracking and management information system to allow for qualitative and quantitative analysis of program impacts at individual and aggregate levels.

Development and Permanent Financing

- Total development cost: $1,469,868
- Actual cost per unit: $162,650
- Total permanent financing: $21,469,868

Development and Permanent Financing

Equity	Amount	Terms
New York/National Equity Funds	$10,669,868	LIHTC equity
Debt	**Amount**	**Terms**
New York State Homeless	$4,500,000	1% 30-year, interest-only Housing Assistance Corporation forgivable mortgage

Note: The amount of the LIHTC proceeds in the development budget reflects the set-aside of almost $3 million into an operating and replacement reserve. This amount includes the sponsor's investment of $1.2 million of its developer's fee.

Organization Information

- Year established as nonprofit organization: 1992
- Number of years producing housing: 6
- Number of units produced through June 30, 1997: 132
- 1997 operating budget: $2,274,439

WHEDCO was born of and is led by women with long experience in housing and program design. It has a staff of 17. Urban Horizons is WHEDCO's first housing development.

For more information on the Maxwell Awards, read Ten Years of Maxwell Awards.

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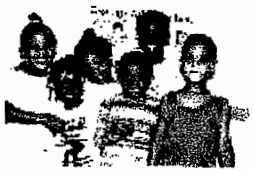
Programs

Chicago



Beth-Anne Life Center

In December of 1989 the Bethel New Life Board of Directors approved the purchase from Ancilla Domini of the closed-down St. Anne's Hospital, a 9.2 acre, seven building campus on Chicago's West Side. "**It will take a miracle**," predicted the headline in a major Chicago business magazine, describing the chances of reviving the campus. The past years have seen a iracle--and lots of hard work. Today, thanks to the Board and staff's willingness to risk, hard work, and dedication, ɔng with the help of many funding partners and colleagues, the Beth-Anne Life Center is now a major demonstration "adaptive reuse," community revitalization, job creation, and synergism. It was recently cited as a model in the :ban Land Institute's publication *New Uses for Obsolete Buildings*. Development of the former St. Anne's Hospital cludes:

- **Molade Child Development Center**, a 5,700 s.f. facility constructed by Bethel, completed in 1994, providing full day care for 80 children and parenting education.
- **Small Business Center**, opened in 1994, providing assistance and supportive space for small business ventures & professional services as well as large meeting, banquet, and performance space in Amberg Hall.
- **Cultural and Performing Arts Center**, under development in the former chapel, creating a positive alternative for youth and a cultural oasis on Chicago's West Side.
- **Elderly Housing**, 125 units of affordable housing under construction in the six-story main hospital building, to be completed in the spring of 1999 along with a first-floor adult day care center.
- A six-story wing of the hospital, to be converted into 45 units of assisted living for 85 low-income seniors.
- **The Professional Office Building**, now owned by Westside Holistic, a community-based social service agency. Tenants now include a branch of First Bank of Oak Park, the Austin-West Garfield Credit Union, a Head Start program, and professional services.
- **The Villa**, a two-story building renovated in 1992, soon to house outpatient mental health services provided by Loretto Hospital.
- **The Kasper Building**, a two-story building renovated in 1992, soon to house an expansion of Bethel's parenting education and prevention initiative for families with children ages 0-3.
- **A five-story parking garage**, with space for more than 500 cars.

[Beth-Anne Center][Employment Center][Cultural & Performing Arts Center][Senior Services]
[Family Support Services][Community Organizing][Housing & Real Estate Development]
[Industrial Development & Environmental Initiatives]

A Flurry of Home Building on Capitol Hill

Washington, D.C. sent email 8/12

500 Units are going into old schools, a hospital, and infill sites.

By Shawn G. Kennedy for the New York Times

[More Articles Menu]

Developers who for the last few years have been working full tilt in other parts of the city have recently set their sites on Capitol Hill, just to the east of the Capitol Dome. The architecturally rich community, whose residences range from stately townhouses to modest brick row houses, has long been considered an affordable alternative to the better-known Georgetown.

The new projects would bring more than 500 new housing units to Capitol Hill. Included in the mix are small studio and one-bedroom rental apartments and loft-styled condominiums and town houses that builders hope to sell for $1 million. One developer is providing privately owned apartments for public housing tenants. Another plans to convert a one time hospital into condominiums and apartments.

A key to entry in nearly all cases has been the developers willingness to rebuild existing structures or work with small infill sites like parking lots. all but one of the projects fall within the boundaries of the Capitol Hill Historic District, so the designs of the new homes will reflect the neighborhoods architectural style.

Developers searching for ways into Capitol Hill got a boost two years ago when the city stepped up the sale of dozens of vacant school buildings, several of them in Capitol Hill. Nancy Metzger, a long time resident of the neighborhood and chairwoman of the historical district committee of the Capitol Hill Restoration Society, acknowledged that many residents view the new investments in their community with ambivalence. "Real estate values are increasing," she said, "but we hope that the neighborhood will not lose what makes it special."

Capitol Hill is the most recent Washington neighborhood to experience a surge in development. Developers say the increased activity reflects in part the city's improved financial health and the fiscal and housing programs of the three-year old administration of Mayor Anthony Williams, whose tax policies encourage homeownership.

On Capitol Hill, the perception that the neighborhood is a safer place than it was a decade

Holladay's experiences during the last 18 months with the approval process for the Medlink project makes Ms. Bamburgers point about the challenges of adaptive reuse development, particularly within a historic district.

Beyond the standard planning and zoning review processes, projects must measure up to the scrutiny of the city's Historic Preservation Review Board. The opinions of local preservation organizations and neighborhood associations matter, though they do not carry the weight of law.

Most developers with projects on Capitol Hill have to make minor adjustments, but Hollady's plans for the hospital have been substantially reshaped by concerns of the review board and community residents.

In an early incarnation of its plan, Holladay proposed tearing down part of the hospital and replacing it with a 240-unit apartment building. When the company subsequently aquired the right to purchase the entire hospital property, including an additional major building, the development had to be entirely revised. A year's worth of discussion and debate resulted in a design that will work mostly within existing structures and produce 275 housing units.

The review board determined that the hospital structures, built in the 1920's, were worth saving, despite their 50's-era skins. "They look institutional now," Ms. Bamberger said, "but a lot of elements in these buildings lend themselves to residential development. The nursing home has 11-foot ceilings. The spaces are good for loft-style apartments, and in some we have the ability to do two-story interiors." The housing units will be 200 rental units and 75 condos.

"It has been a delicate dance, making sure that what is built or renovated is compatible with the neighborhood," said Ms. Metzger of the Restoration Society. "People come to Capitol Hill because it has a certain look, and that is what the developers are selling — the years of restoration and retention. For

ago has also spurred investment. "There is still enough serious crime to cause concern," says Kim Stevens, chairman of the Restoration Society's public safety committee. "But the kind of street crime that hits the papers is down considerably." Mr. Steven said Capitol Hill had been made safer by an increase in the number of police officers who patrol beats in the area, a neighborhood watch program and an influx of residents who walk to work and to local shops and restaurants.

Rita Bamburger, a vice-president of the Holladay Corporation, a builder in Washington and its suburbs, said she had started driving the streets of Capitol Hill two years ago after opportunities for infill projects in other parts of the city had dried up.

"There have been barriers to developing on Capitol Hill," said Ms. Bamburger, whose company is building 18 town houses and converting a hospital into housing in the most ambitious plan so far announced for the neighborhood. "There is a scarcity of vacant land. It's harder, unpredictable, and because of the historic district designation there is significant oversight and neighborhood participation that we have to be sensitive to."

Holladay hopes to start construction before the end of the year on the town houses. The company also has a contract to purchase Medlink Hospital, a small complex with buildings dating to the 1920's.

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the most part they realize that and understand the value of maintaining it."

Holladay expects to start contruction on the town houses before the end of the year. The new three-bedroom homes will range from 2,900 to 4,500 square feet and from $600,000 to $900,000. They will be Victorian in style, with details similar to those on nearby houses.

Elsewhere on Capitol Hill, four public school buildings have been sold for redevelopment. Developers paid $270,000 to nearly $1 million, depending on the building's size, location, and condition. With their high ceilings, large windows and late 19th-century architectural details, these red brick structures are particularly suited for the loft-style apartments that buyers seem to crave.

At the Lovejoy School, Winter Properties expects to start construction in a few months on a conversion into 54 condominiums. Apartments will average 1,100 square feet and sell for about $260,000.

Nearby at the Pierce School, Evolve L.L.C. will carve 8 apartments out of the 1894 building. The company plans to maintain old school fixtures like chalkboards and coat hooks. The loft-style apartments will be rented, but no rents have been set yet.

In two other school conversion projects — at the Lenox School and the Bryan School — developers will combine gut renovations with construction of new houses on the surrounding property.

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Latest News

Worcester, Mass.

Reuse Overlay Plan Backed

Panel eyes new housing City Council must OK reuse overlay plan

Nick Kotsopoulos Telegram & Gazette STAFF

~~WORCESTER~~ The City Council Land Use Committee last night endorsed the establishment of adaptive reuse overlay districts in two parts of the city to assist in the conversion of vacant buildings into housing.

One project involves the former St. Vincent Hospital on Vernon Hill, while the other is a former factory building in South Worcester. That building was the temporary home of the Worcester Public Library a few years ago while the main library at Salem Square was being renovated and expanded.

An adaptive overlay reuse district is intended to encourage the reuse of functionally obsolete buildings by providing developers more flexibility in developing those properties, according to Joel J. Fontane Jr., the city's planning director.

Such a district maintains the existing zoning in the area, but it also allows certain other uses, and it relaxes dimensional and parking requirements. Under the city's zoning ordinance, for instance, two parking spaces are required for each housing unit. With adaptive reuse, the requirement is 1.5 spaces per unit.

"This flexibility allows for the reuse of buildings that would probably remain under-utilized," Mr. Fontane told the Land Use Committee.

Liberty Properties, which owns the former St. Vincent Hospital property, plans to convert the hospital's main, seven-story building into 183 apartment units. It encompasses about 175,000 square feet of the 450,000-square-foot complex.

In November, the Zoning Board of Appeals granted a special permit allowing housing there. In January, the Planning Board recommended changing the zoning designation for the hospital property from institutional-hospital to business office. It also recommended applying an adaptive reuse overlay district over a portion of the rezoned area, including the hospital campus.

The three-member Land Use Committee embraced the plan for the hospital property, although it did not go along with other zoning changes proposed by the Planning Board in the area of Vernon and Dorchester streets.

District 3 Councilor Paul P. Clancy Jr. said he did not object to changing the underlying zone at the St. Vincent Hospital property to business-office, but felt that a recommended zone change in the Vernon Street area to residential-general would create nonconforming uses and potentially hurt business property owners in that area.

"I support this plan because we're going to get the best reuse for this property," Mr. Clancy said. "It's a very difficult property to develop, but we need to protect the neighborhood as much as possible."

In South Worcester, The Abrams Group, a Boston-based real estate development and investment firm, intends to buy the building at 160 Fremont St. and convert it into 97 condominiums.

The adaptive reuse overlay district for this project would be designated in an area roughly bounded by Fremont Street, Sutton Lane, St. John's Road and Cambridge Street.

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Because the area is a zone for manufacturing, housing is not allowed. But it would be allowed with an adaptive overlay reuse district.

For the overlay district to go into effect, the entire City Council must vote on it. The vote is likely to take place later this month.

District 5 Councilor Frederick C. Rushton said the two projects are symbols of Worcester moving forward. He said they will likely spur further development in both areas.

"This is a very creative approach to two difficult properties," Mr. Rushton said.

Councilor-at-Large Michael C. Perotto, chairman of the Land Use Committee, said the city is fortunate to have two reputable developers willing to invest in Worcester.

"These are great projects, and they are going to be an asset to both neighborhoods," he said.

In conjunction with the committee's endorsement of adaptive reuse overlay districts for the two housing projects, Mr. Perotto also suggested that the committee recommend an advisory policy to encourage more home ownership.

He said he would like to see the Planning Board encourage developers who build housing in adaptive reuse overlay districts to set aside at least 50 percent of the units for ownership, while the other 50 percent could be rental.

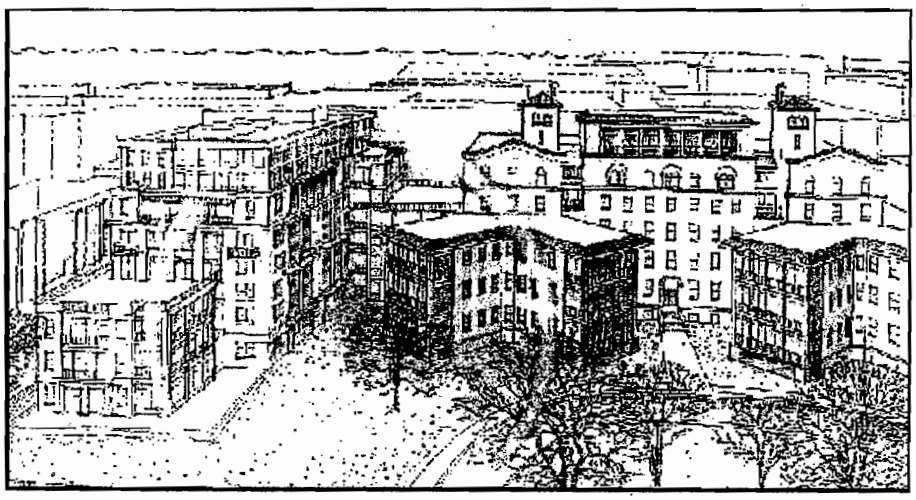
Historic Review Board Approves Plan For Columbia Hospital Condos

Home

Washington, D.C.

The plan to convert the empty Columbia Hospital for Women into luxury condominiums is now on its way to reality, and the developer, Trammel Crow Company, appears to be over the most difficult of the bureaucratic hurdles it may face.

The District's Historical Preservation Review Board (HPRB) had twice before rejected architect Shalom Baranes designs, finding fault with the dimensions of the two new wings to be built on either side of the historic 1915 hospital building at 2425 L Street.



(Shown above is architect's rendering of one of the two new wings at left, and the historic 1915 building at right.)

But at a third presentation on April 24, a new design passed the eleven-member board unanimously.

"I'm pleased that we have a direction," Jeffrey Sherman, Trammel Crow's managing director, told the *Guide*. "Now we can actually move forward and develop the building and start to make real progress."

Sherman said he hopes to start construction in November and complete the project, which will have between 175 and 199 units, in two years.

The smallest unit, at 800 square feet, is projected to sell for $440,000; the largest unit, at 2500 square feet, for $1,375,000.

Sherman's estimate of the total mass approved was 328,000 square feet. He had originally sought 350,000 square feet.

Under an agreement with the Foggy Bottom Association (FBA) to release the hospital from a covenant not to expand beyond 230,000 square feet, Trammel Crow will contribute $2.48 million

to a neighborhood trust fund that will be administered by a board that has been appointed by the FBA. The funds do not transfer until 10 days after complete building permits are issued.

The amount of the Trammel Crow's contribution to the fund was tied to the square footage

approved. Had the full 350,000 square feet been approved, the amount would have $3.6 million.

Jaqueline Lemire, a past president of the FBA and one of the seven individuals named trustees of the Foggy Bottom Association Defense and Improvement Trust, said she was disappointed that the wings were reduced, but pleased to see the plan more forward.

"I would have preferred the original design and the original 350,000 square feet," she told the *Guide*. "But we've taken a big step forward getting the project off the ground."

Architect Shalom Baranes said he did not believe the review process diminished the quality of his design. "I think it will have a more picturesque massing now than some of our earlier schemes," he told the *Guide*. "All the potential is still there for a great project."

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