G. COMMENTS FROM SUZANNE ELLEDGE PLANNING AND PERMITTING SERVICES, INC. (REPRESENTING SBCH)

S U Z A N N E E L L E D G E
P L A N N I N G & P E R M I T T I N G S E R V I C E S, I N C.

15 December 2004

Ms. Irma Unzueta
City of Santa Barbara
Community Development
Planning Division
630 Garden Street
Santa Barbara, CA 93101

Subject: Santa Barbara Cottage Hospital Modernization and Seismic Compliance Plan DEIR Comments

Dear Ms. Unzueta:

The Santa Barbara Cottage Hospital (SBCH) project team has reviewed the Draft Environmental Impact Report (DEIR). This letter reflects a compilation of our comments and has been prepared in consultation with representatives of SBCH, planning team members, Dave Davis and Doug Fell, and the following technical consultants:

Lee, Burkhart & Liu
Penfield & Smith Engineers
Martin Newson & Associates LLC
Kaku & Associates
Heliplanners
Arcadia Design
Parkitects
Fugro
McCarthy Construction
ME Engineers

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We have organized our comments by volume and section of the DEIR and within each section we have separated any comments we have into three categories: 1) general comments 2) comments regarding analysis and 3) comments related to the mitigation measures.

VOLUME I
General Comment(s)

Where a comment is made on the text of the DEIR, please accept the comment as a comment on all places in the DEIR where the same information is discussed. For example, a comment on a cultural resources mitigation measure contained in Chapter 7 of Volume I would be accepted as a comment on that same cultural resources mitigation measure where it is also set forth or discussed in the Executive Summary, the Table I.A. Summary of Impacts, the Mitigation Monitoring and Reporting Program, and the cultural

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resources technical studies contained in Appendices, Volume II.

Section 1.0 Executive Summary

General Comment(s)

As we have discussed, we need to establish more feasible timing of condition compliance for many of the mitigation measures. The DEIR treats the timing as typical development projects would be treated and for this project and its mandatory schedule, it will be necessary to make a distinction between those mitigation measures which are critical path and must be satisfied prior to the first demolition permit being issued and others that may be satisfied at later times. We look forward to scheduling a meeting with you to discuss in detail the feasible timing of all mitigation measures and all conditions of approval. **G-1**

Table 1A Comments

Page No.	Comment	
1-66	The DEIR for the proposed project should not include mitigation measures for potential future phases of the Specific Plan as potential future build-out is not currently proposed and is not a reasonably foreseeable future project.	**G-2**
1-79	Sentence needs to be completed in 1st column	**G-3**
1-82	PF-12-7: It should be stated that "No Mitigation Measures are required" since utility impacts are all less than significant	**G-4**
1-84	The NTMP improvements discussed here are in development and are not mitigation measures associated with the proposed project, therefore, this discussion should be removed from the table of mitigation measures.	**G-5**
1-88	PF14-5: This should not be listed as a mitigation measure since the associated impact is less than significant.	**G-6**

Section 3.0 Project Description

General Comment(s)

Page No.	Comment	
3-3	The identification of applicable codes needs clarification. The correct description of the building code that applies to this project is the 2001	**G-7**

California Building Code (CBC), which is Part 2 of the California Building Standards Code (CBSC), which is Title 24 of the California Code of Regulations (CCR). The CBSC has eleven parts in total, all of which govern this project. **G-7**

3-4 The second to last paragraph needs to be corrected with respect to describing which existing hospital building wings will be converted to non-acute care purposes. Current hospital facilities A (West Wing), B (Central Wing), C (Reeves Wing), F (North Wing), J (Eye Center), and L (Central Services Building) will be demolished.

Current hospital facilities I (Centennial Wing, including Emergency Department) and G (Surgery Wing) already comply with SB1953 requirements for structural performance and are now rated SPC-4 (Structural Performance Categories). They can remain acute care facilities indefinitely. In addition during this project, I and G will be upgraded to NPC-3 (Non-Structural Performance Categories) for non-structural performance. **G-8**

Current hospital facilities D (South Wing), E (East Wing), H (no name, attached to East Wing) and K (Cancer Center) will be converted to non-acute care except for an existing psychiatric in-patient unit on the 5th floor of the East Wing. This psychiatric unit will remain where located and is exempt from SB1953 requirements. In general, at total project completion, other than the psych unit these facilities will be reused for outpatient clinical service and support functions.

3-8 In describing the proposed project, this Table assumes a future reconstruction of approximately 158,000 square feet of facilities within five years (the 4th nursing pavilion) after the proposed project's completion. This assumption contemplates commencement in 2018. Cottage Hospital does not believe that this assumption is realistic. At the present time Cottage Hospital does not expect that this future reconstruction will occur, if ever.Therefore, this future reconstruction is not a reasonably foreseeable project. **G-9**

This comment applies to all of the multiple references and analysis of the impacts and the mitigation measures discussed in the DEIR concerning future construction not proposed at this time.

Finally, the tree counts listed in this table need to be updated per the attached December 25, 2004 summary table by Arcadia Studio. **G-10**

3-10 Table 3.C: This table should reflect that under the proposed Specific Plan, in all Land Use Areas, "Any use permitted in the C-O Medical Office **G-11**

Zone" would be also be permitted. G-11

3-11 The last sentence of the second full paragraph under the Development Plan heading, should, for clarity, be revised to read as follows:

Bed occupancy is currently 226 beds which is approximately 49 percent of the 456 licensed beds[1]. With implementation of the proposed project, bed occupancy is projected to be 226 beds which is 67 percent of the proposed 337 licensed beds. G-12

3-13 The project's architectural style is more accurately described as Spanish Colonial Revival (this reference occurs at several other places in the project description). G-13

3-14 In the discussion of employees, the following should be added:

To accommodate doctor's offices and facilities which were displaced by the project, the Knapp Building has been remodeled to function as a medical office building. 112 FTE employees of the hospital previously located in the Knapp Building have moved from the Cottage campus to an existing office building located in Goleta. All calculations and analysis of SBCH employee counts should be revised in accordance with our letter dated March 12, 2004 documenting the revised employee figures (see attached letter from Suzanne Elledge Planning & Permitting Services). G-14

3-14 MRI Trailer: The temporary location of the MRI Trailer has changed. It is now expected to be located on the hospital side of Castillo Street near its intersection with Pueblo St. for approximately 18 months once construction commences. After that, the trailer will be located in the Emergency Department parking area for several years until Phase 4 is completed and the function is moved within the new hospital. G-15

In addition to the temporary relocation of the MRI trailer, the hospital's loading dock area will also need to be relocated temporarily to a location north of the emergency department off Junipero street (see attached exhibit showing this location).

3-15 The parking space inventory described under Parking Lots/Structures should be used in connection with the parking analysis in Chapter 13 of Volume I of the EIR. G-16

[1] Since the time that the SBCH application was deemed complete, the number of State-licensed beds has been reduced to 366.

3-19	Please clarify that the phasing described in this section and graphically depicted in Figure 3-10 is approximate and may be adjusted as necessary during construction.	G-17
Fig. 3-5	Please clarify that the actual flight path may be affected by wind, weather and other conditions which can vary the flight path alignment depicted in this figure.	G-18
Fig. 3-9	Proposed Helipad Lighting Plan needs to be updated to reflect changes associated with the evolving design (e.g. central tower reconfiguration) and a recent change in FAA requirements. The flush-mounted helipad perimeter lights are green, not yellow and there are ten of them, not eight. Four obstruction lights were shown on the proposed new central tower, but now, only one proposed red obstruction light is to be mounted at the very top of the new tower spire. The proposed lighted wind cone has been relocated to the western-most new elevator penthouse at the core between and north of the west and central nursing pavilions. The new 3-color heliport beacon (aka Hospital Locator Light) is correct as located.	G-19

Section 4.0 Land Use and Policy Consistency

General Comment(s)

We support the findings of consistency made for all of the appropriate elements of the City's General Plan. We would also suggest inclusion and reference to the City's **Economic Development** plan adopted in the mid-1990's. Cottage Hospital is part of the basic infrastructure of the community. The Hospital plays a critical role in the basic economic vitality of the region. Without the level and quality of care provided by Cottage Hospital, business activities and decisions would be adversely affected. Meeting the basic objectives of this project would be in support and consistent with the City's economic development goals and policies. G-20

Analysis

Page No.	Comment	
4-4	Please revise this section to state that while the Specific Plan identifies particular uses and development standards for each proposed Land Use Area, it also states that in addition to the uses specified, in all Land Use Areas, "Any use permitted in the C-O Medical Office Zone" would be also be permitted. This acknowledgement would eliminate the DEIR comment that banks are a currently permitted use in the C-O zone but would be eliminated under the proposed Specific Plan.	G-21

Section 5.0 Air Quality

General Comment(s)

The air quality analysis should be reevaluated and redone based upon SBCH's comments on the Transportation and Circulation Analysis contained in Section 13 of Volume I of the DEIR. **G-22**

Analysis

Page No.	Comment	
5-13	PF 5-1: SBCH has not agreed to this as a Project Feature, nor has SBCH agreed to mitigation measure PS-4.	**G-23**
5-24	Potential future development is not being currently proposed and no approvals authorizing future development are being requested. Potential future development can be noted, but it is not a reasonably foreseeable future project and no environmental analysis or mitigation measure should be set forth in this DEIR. If future development is ever proposed, that future development and its impacts should be subjected to full environmental review at the point in time future development is proposed. Also see comment regarding page 3-8.	**G-24**

Mitigation Measures (begin on page 5-19)

AQ-1	Hospital occupancies are exempt from the 2001 California Energy Code (CEC) (aka California Code of Regulations, Title 24, Part 6). Refer to CEC Section 2, "Scope and Application", sub-section 2.1.1 which states in part, "The Standards do not apply to UBC Groups I and U. These groups include such buildings as hospitals, daycare, nursing homes, prisons, private garages, and agricultural buildings." That being said, the proposed project is incorporating many energy efficient features that will meet or exceed the efficiencies of the more residential features of solar or low-emission water heaters and double-paned glass referenced in this mitigation measure (see attached memo from LBL dated October 22, 2004, that describes the sustainable design features that are incorporated into the project).	**G-25**
AQ-2	Measure needs to clarify that this is required only at time of applicable structure's certificate of occupancy.	**G-26**

Section 6.0 Biological Resources

Analysis Page No.	Comment	
6-24	Statement is made that the Specific Plan would have a direct impact on Mission Creek yet there is no discussion in this section supporting this conclusion. Please clarify.	G-27

Mitigation Measures

B-1, B-2	The Arborist's monitoring and reporting role needs to be clarified. Typically, the arborist would work for the owner and not the contractor and will monitor the project on behalf of the owner and will report as directed.	G-28
B-3	The completion of each phase of landscape installation may depend on construction disturbance or needed staging area(s) for the current or following phase being located in areas to be landscaped. It is the intention of SBCH to fully implement the landscape plan for each phase by the completion of each phase.	G-29
B-5& B-7	These two mitigation measures should be deleted. A payment of money (in essence an ad hoc fine or punishment) which does not mitigate an impact is not permissible under CEQA or state law.	G-30
B-6	What form should the "plan" take? Why would this particular tree require different treatment than any other on the landscape plan in order to survive? This requirement is not necessary as long as SBCH agrees to replace the tree with the largest available specimen if the existing tree fails to survive.	G-31
B-8	Avoiding vegetation removal to periods outside of January to August or performing surveys and creating a 50-ft buffer between nests and construction activities is infeasible and is unnecessary. The DEIR acknowledges that loss of bio-mass is temporary and that there are no sensitive species in the project area to be protected.	G-32
B-10	The Tree Protection Plan will be reviewed and modified to meet the standards described in the EIR, where feasible, but it is unlikely any of the trees can be protected in compliance, due to proximity to intended construction and landscape installation. The City will need to	G-33

acknowledge that the Tree Protection Plan provides the greatest protection under the circumstances.

The requirement for 10:1 replacement of protected trees that are compromised (removed, relocated, or damaged) is onerous and unnecessary. A more appropriate requirement would be to replace with a specimen of matching size, or the largest available specimen. There is no room on the site for a 10:1 replacement. G-33

Project specifications require replacement of any plant installed if it fails to thrive.

B-11 The EIR's statements regarding paving within tree canopies are contradictory; one states that no more than 25% of non-permeable paving may be placed within the dripline, while further in the same paragraph it is stated that all pavement shall be pervious. The project design cannot accommodate either requirement. Of the trees designated for preservation, nine in the main campus, and three in the Child Care Center will comply with this condition. No native oaks are affected by encroachment into driplines, however, beyond existing condition. G-34

B-12 Planting plan will be revised to ensure conformance with the Coast Live Oak replacement-size standards. There is no need for a separate Oak Tree Replacement Plan. The plan assumes a 3:1 on-site replacement ratio across the board. If it is determined that additional trees are needed, as a result of insufficient numbers per Mitigation Measure standards, these will need to be provided to the City of Santa Barbara for off-site planting. The City would need to be responsible for maintenance and monitoring of any trees installed on City property; SBCH should not be held accountable for the successful growth of trees outside its own ability to maintain. G-35

Section 7.0 Cultural Resources

Analysis Page No.	Comment	
7-5	Historic Landmarks Commission: SBCH does not believe that Historic Reports for the SBCH project which have been evaluated in a DEIR/FEIR and ultimately certified by the City Council "will require approval by the HLC".	G-36

Section 8.0 Geophysical Conditions

In addition to the comments below, please see the attached memo from Fugro dated December 15, 2004. **(See G-37 to G-42 Attached)**

Analysis Page No.	Comment	
8-3	The discussion of the provisions of Senate Bill 1953, its requirements and its consistencies contains the following statement: > If this deadline is not met, SBCH will lose its State's Operating License as a general acute care hospital This statement and its consequences must be reconciled with mitigation measure N-9 which mitigation measure the DEIR preparer acknowledges will extend construction by 3.5 years, preventing SBCH from complying with the time requirements of SB 1953.	**G-43**
8-11	PF 8-2: The following more accurately reflects the current design of the parking structures: The proposed parking structures would be constructed using long span 36 inch deep Cunningham beam system of reinforced concrete and post tensioning. The gravity system would consist of reinforced columns and foundations. The beams and concrete slabs would be of post tensioned, reinforced concrete. The lateral systems would be post-tensioned, reinforced moment frames. The lower level of the structure would consist of a reinforced concrete slab with perimeter retaining walls constructed of reinforced concrete masonry or shotcrete. The exterior walls and foundations would extend to a maximum depth of 18 feet below the finished exterior ground level.	**G-44**

Mitigation Measures

GEO-2	Geotechnical reports for new Central Plant have been approved by the state and are incorporated by reference in current proposed construction documents. Geotechnical Reports for proposed replacement hospital are in OSHPD review and will also be incorporated by reference in the construction documents once finalized.	**G-45**
GEO-3	Monitoring frequency is not specified; OSHPD inspector will be monitoring compliance with requirements so additional monitor is unnecessary	**G-46**

Section 9.0 Hazards

Analysis

Page No.	Comment	
9-13	Records Review at County HMU, 2nd paragraph: SBCH does not understand the statement: "SBCH staff had no knowledge of this inicident and indicated that no leaks have occurred at the present Central Services Plant." Please clarify.	G-47
9-15	PF 9-2: Please clarify that the actual helicopter flight path may vary due to wind, weather or other unusual conditions.	G-48
9-15	PF 9-3 A: A closed circuit television system (CCTV) would be installed in the parking structure buildings. The camera locations would be strategically located in areas throughout the parking fields to capture video scenes interconnected to a host system located in the Hospital building. CCTV would also be located in the stairs and other egress areas of the structure.	G-49
9-19 to 9-21	This section should include an evaluation and discussion of whether there would be any odor impacts of this system.	G-50
9-23 to 9-25	Section 9.6.3: Please see earlier comments in this letter with respect to future construction. Additionally, SBCH does not agree with the characterization of the possible future additions as being a build out permitted under the proposed Specific Plan. SBCH does not see any reason why the Specific Plan would contain any specific provisions with respect to future build out.	G-51

Mitigation Measures

HAZ-8	In researching the permitting requirements for the helipad we confirmed with SBCAG that they do not have jurisdiction over the proposed helipad. Mitigation measure HAZ-8 requires compliance with permitting procedures different than those applicable to Helipads. According to Jeffrey Wright of Heliplanners, the normal permitting procedures are as follows: The permit for the helipad is issued by CalTrans. The FAA reviews the proposed flight path and issues an Airspace Determination letter under Part 157 of FAA Regulations stating that they do not object to the flight	G-52

	path and airspace proposed. The FAA does not issue an approval or a permit. The City Administrator may be required by City Ordinances to approve helicopter landings. SBCH believes the normal permitting procedures are appropriate.	G-52
HAZ-9	How does this plan differ from that required in HAZ-4?	G-53

Section 10.0 Hydrology and Water Resources

***Analysis* Page No.**	**Comment**	
10-7	Ninth line from bottom: Substitute "do" for "to"	G-54
10-21	PF 10-1: Strike "RCB" from third sentence	G-55
	PF10-3: This storm drain is for Child Care property not Pueblo Parking structure which will drain to gutters in Castillo and Pueblo in several locations	G-56
	PF10-4: 2nd to last sentence should clarify "breakout flows" from Mission Creek	G-57
	PF10-5: Reference to energy dissipater at storm drain outlet into Mission Creek, which is not part of the project. An energy dissipater would interfere with the flow speed which must be maintained to facilitate entry of the flow into Mission Creek.	G-58
10-22	2nd to last sentence in 2nd paragraph: The discussion of removing flows from these streets is incorrect. Flows are not proposed to be removed from the streets except in Junipero.	G-59
10-23	1st paragraph below Table 10.K: Please correct the reference to an energy dissipater at the storm drain outlet into Mission Creek, which is not proposed or desirable at this location.	G-60
10-24	2nd full paragraph. Again, reference to storm flows being contained below ground is not accurate	G-61
10-37	1st line: "construction of any future public right-of-ways" needs clarification.	G-62

	8th line: Flood Hazard Reduction Plan for "dry weather" needs clarification. 11th line: "construction of any future public right-of-ways" needs clarification.	G-62
10-38	9th line: Typographical error	G-63
Fig.10.2	North arrow is incorrect.	G-64
Fig.10.5	North arrow is incorrect.	

Mitigation Measures

HYD-1	Timing should be adjusted to require compliance after final design of main hospital is complete and prior to obstructing storm water from flowing down Castillo St. between Junipero and Pueblo. Central Plant and Pueblo Parking structure will be under construction before design of main hospital is complete. City and FEMA will not want to process multiple CLOMRS.	G-65
HYD-2	Timing should be same as for HYD-1. Main Hospital design will not be complete before some elements (Central Plant, Day Care Center & Pueblo Parking Structure) will need to begin construction. Flood analysis has to be based on final design. We already have a CLOMR for a less beneficial project.	G-66
HYD-3	Timing should be same as for HYD-1	G-67
HYD-5,6,8	Timing of compliance is OK as long as it is understood that these documents will evolve with the ongoing project design as it progresses beyond the issuance of grading permits for the Central Plant and Pueblo Parking structure.	G-68
HYD-9	Timing issue. Erosion Control plans should be developed by project phase and apply only to the grading contemplated at that time. Separate erosion control plans are needed for Central Plant, Pueblo Parking structure Child Care Center, Phase 3 demolition, Phase 4 Main Hospital construction, Phase 5 demolition, and Phase 6 construction. 2nd to last sentence needs clarification.	G-69
HYD-10	Timing should be the same as HYD-1. Text needs clarification, i.e. references to controlling dry weather and construction of any future public right-of-ways.	G-70

Section 11.0 Noise and Vibration

General Comment(s)

The City has adopted guidelines and thresholds for assessing noise in its Noise Element, MEA, and other documents. The threshold used for assessing the effects of this project should be consistent with adopted City thresholds, not lifted from an un-adopted source. Please see the attached letter from Martin Newson & Associates (MNA), the acoustical consultants to SBCH which provides more detailed comments. MNA's comments on the mitigation measures are attached to their letter. **See Attached for G-71 Through G-72d**

Analysis

Page No.	Comment	
11-6	Stationary Sources from the Central Plant Building: This paragraph states that the Central Plant windows can be opened but this structure has no operable windows. Any openings in the building are for air intake or exhausts and are acoustically treated (baffled).	**G-73**
11-25	The analysis contains a technical error. On this page and in several other locations, there is a reference to sound power level (PWL) values at a distance of one foot from equipment. Sound power level, unlike sound pressure level, is independent of distance from a source. Please clarify if the stated values are really sound power levels, or the sound pressure levels at 1 foot.	**G-74**
11-28	There is a reference again to "sound power levels of up to 95dBA at one foot". See discussion above and please clarify.	
11-34	Please separate recommended mitigation measures which are not required to mitigate a significant impact from mitigation measures which are required to mitigate a significant impact.	**G-75**

Mitigation Measures

N-1, N-2 & N-3	Per State law (see attached Public Utilities Code Section 21662.4), local jurisdictions may not regulate the hours of emergency helicopters. These mitigation measure should be reworded to make clear that Helicopter Operations will be limited to emergency situations only, and for no other reason.	**G-76**

N-5 The hours stated in this mitigation measure are more restrictive than what occurs under current operations and those that will be required under the proposed project. The hours for the loading dock could be restricted to the hours of 4 am to 9 pm with the understanding that occasional emergencies may occur that might result in a delivery occurring outside these hours. **G-77**

N-6 On-site noise barrier at loading dock is infeasible due to flood impacts it creates which would be significantly greater than the impact it is avoiding. **G-78**

N-8 Based on Figures 11-4 – 11-6 it appears that this mitigation measure is intended to require a crack survey and video reconnaissance of structures (older than 20 years) within 50-feet, not 500-feet, of the project site. The analysis does not demonstrate a need for a survey to extend to 500 feet and a 50-ft requirement is more consistent with the recommendations of the SBCH consultant's recommendation to survey neighboring (contiguous) properties. **G-79**

N-9 Extending construction timeframe by 3.5 years is unacceptable as it will prevent SBCH from meeting one of the project objectives which also happens to be a State mandate: ***to complete construction by 2013***. How is the conclusion reached that total impacts are reduced by limiting daily exposure to noise but extending exposure to impacts for 3.5 years? Furthermore, noise impacts will not affect all surrounding areas over the entire construction period nor will it occur constantly throughout construction. We have attached a schedule prepared by LBL, McCarthy Construction, and Martin Newson & Associates which identifies the periods of time during each phase of construction when noisy, less noisy and quiet construction activities take place). **G-80**

N14 & N-17 Please explain the rationale behind mitigation measures N-14 and N-17. Please explain what is loitering and what is not loitering. May a worker walk to Oak Park during the lunch break and eat his/her lunch? May construction staff leave the site to acquire supplies or go to lunch? It is unclear what is being mitigated and the measure appears to be unreasonable and unwarranted. **G-81**

Section 12.0 Public Services

Analysis

Page No.	Comment	
12-12	PF 12-3: Reclaimed water will be used for exterior irrigation on the main campus.	G-82
	PF-12-5: Since the time we submitted the SBCH waste reduction plan, SBCH has coordinated with Marborg and they have indicated that green and large debris can be loaded into an open top, 40-yard dumpster and that they will separate. Please update this project feature.	G-83
12-13	PF 12-7: SBCH has demonstrated good faith in accepting the undergrounding 6 out of the 10 utility poles considered discretionary as directed by the City. SBCH has requested relief from undergrounding 4 utility poles due to unique circumstances related to schedule and cost as outlined in our correspondence dated September 15, 2004. SBCH requests a written response on this matter.	G-84
12-18	If the consumption of gas and electricity is consistent with national standards and there is no shortage of supply, why is the impact significant?	G-85
12-27	Table 12.G: In the Phase 2 column, please omit the word "treatment" in the description of the Central Plant and Phase 4 should be identified as Phase 5.	G-86

Mitigation Measures

PS-4	There are no LEED standards specifically for hospitals. The requirement to achieve a minimum of 26 points is not appropriate. As noted above, we have attached a memo from LBL, dated October 22, 2004, which describes the proposed project features which are sustainable and in some cases earn LEED points toward certification.	G-87

Section 13.0 Transportation and Circulation

General Comment(s)

Since LSA refers to and relies upon data contained within the analysis prepared by Kaku Associates (dated September 2003) and submitted by the applicant, we believe the document should be included as a reference in the environmental impact report. **G-88**

Also, please see our comments on traffic trip baseline beginning on page 27 herein.

***Analysis* Page No.**	**Comment**	
13-14	PF 13-1: Please include the onsite surface parking spaces.	**G-89**
13-16	ADT Overstatement LSA's Table 13.C overstates the existing average daily vehicle trips (ADT's) in to and out of the Cottage study area. It does this by overstating the ADT vehicles parked on the street. In the last full paragraph at Page 13-16, LSA states as follows: "Therefore, ***the Kaku observations only account for a portion of the trips generated by the hospital*** and those parked in the hospital parking lots. The parking demand analysis, discussed later in this section, indicates that 31 percent of vehicles parked in the SBCH parking system are parked on the street, while 69 percent are parked in the hospital's parking lots. If the percent of vehicles parked on the street and in the parking lots is applied to the trip generation, then 69 percent of the total trip generation (i.e., 367 a.m. and 332 p.m. trips) can be attributed to those parked in the hospital's parking lots. Therefore, 31 percent, or 164 a.m. and 148 p.m. peak hour trips, of the total trip generation can be assigned to on-street parking locations. Table 13.C shows the existing trip generation based upon the trip generation surveys at the hospital parking lots adjusted for on-street parking." (emphasis added) The problem is that Kaku, being the source of the trip generation data used by LSA, did not "only account for a portion of the trips generated by the hospital." Kaku, at page 45, explains how it did account for the on-street parking as follows:	**G-90**

"Data from the driveway counts discussed above was used to estimate the total traffic entering and exiting the hospital campus. These traffic volumes, however, do not represent the total volume of traffic generated by the hospital. As discussed in the analysis of the parking system, approximately 9% of the employee traffic and 55% of the customers park in on-street spaces in the neighborhood surrounding the hospital. Therefore, the adjusted traffic volumes summarized in Table 9 represents 91% (i.e., total minus 9% off site) of the total employee-generated traffic and 45% (i.e., total minus 55%) of the total customer traffic. It is necessary to adjust these volumes to reflect all of the hospital-generated traffic into and out of the study area. Based on data from the parking survey, the employee surveys and the customer surveys, it is estimated that 85% of the volumes in Table 9 is generated by employees and 15% by customers. ***After the appropriate adjustments, it is estimated that the actual total daily traffic generated by the hospital into and out of the study area is 5,235 vehicles per day.*** The same adjustments were made to develop peak hour traffic volumes that properly reflect the total volumes into and out of the study area that are generated by the hospital." (emphasis added) G-90

As a consequence of LSA's inflated number of trips from vehicles parked on the street, LSA's Table 13.C overstates the existing average daily trips by 691 trips, computed as follows:

LSA's ADT		5,926
Kaku's ADT	-	5,235
LSA's Overstatement		**691**

Peak Hour Trips Overstatement

In addition to the overstatement of existing average daily trips, LSA's Table 13.C overstates the number of peak hour trips.

The peak hour traffic trips used by LSA for its Table 13.C were supplied by Kaku. Specifically, LSA, at page 13-16, states as follows:

"Kaku Associates, on behalf of SBCH, took existing traffic volume counts at the hospital parking lots in July 2003. These traffic counts indicate that 367 vehicles in the a.m. peak hour and 332 vehicles in the p.m. peak hour enter and leave the hospital's parking lots." G-91

However, LSA did not use the correct peak hour traffic trips. LSA used the peak hour trips generated at the ***hospital's peak hour and not peak***

hour trips which coincided with the peak hour of the overall traffic in the area. Kaku, at the top of page 45, discusses this difference as follows:

"It should be noted that although the hospital-generated traffic peaked during the 6:30-7:30 a.m. morning peak hour and between 3-4 p.m. during the evening peak hour, the peak hour turning movement traffic counts conducted at the 21 intersections in the study area indicate that overall, the traffic in the area has a morning peak hour between 8:00 and 9:00 a.m. and an evening peak hour between 4:30 and 5:30 p.m. For the purposes of this study, it was necessary to identify the traffic volumes generated by the hospital during these periods."

Kaku then presented these differences in its Table 10 at page 46.

As a consequence of LSA ignoring this differential, LSA overstates existing a.m. and p.m. peak trips in Table 13.C, as follows:

	Total A.M. Peak	Total P.M. Peak
LSA existing trips at parking lots	367	332
Kaku existing trips at parking Lots at street peak hour	311	302
LSA's overstatement	**56**	**30**

G-91

The overstatements in Table 13.C get repeated in Table 13.D and Table 13.E.

The overstatement occurs in each case because LSA makes the incorrect assumption that the percentage difference between the total parking demand generated by Cottage Hospital during the peak period of parking use and the total accommodated by the hospital's off-street parking facilities can be used to expand the traffic volumes that enter and exit the hospital's parking facilities into the total traffic volumes generated by the hospital. This direct mathematical expansion is not appropriate because the various elements that compose the total parking demand generated by the hospital do not have the same parking characteristics. This is true with regards to length of stay, arrival-departure patterns, and peak characteristics. Each of these factors has an impact on the relationship between peak parking demand and peak hour and daily traffic generation.

These overstatements were then carried forward into its analysis of impacts when its computation of the trips generated by the project were distributed to the surrounding roadways. G-91

Methodology Overstatement

In addition to the above overstatements, there is one additional overstatement. This overstatement arises as a result of the methodology which LSA has chosen to analyze the project trip generation.

First, in Table 13.C, LSA determines average daily trips and average daily a.m. and p.m. peak hour trips (which is overstated as discussed above).

Next, in Table 13.D, LSA divides the total number of annual patient trips (in thousands) into the average daily trips as determined in Table 13.C. The result of this division is a "trip rate per 1,000 yearly patients". G-92

Next, in Table 13.E, LSA multiplies its projection of the projected trips in 2014 times the trip rate established by Table 13.D to determine the projected ADTs in 2014. LSA then concludes that the increase in the average daily trips will be 1,375 trips per day.

This analysis of New Project Trips overstates the New Project Trips. The cause of this overstatement is that the methodology is not patient sensitive and does not take into account the trip characteristics of different types of patient trips.

Below is a summary (prepared by Kaku and accepted by LSA) of the components of the existing Daily Trips and Peak Hour Trips:

TABLE 11
TRAFFIC GENERATION MODEL FOR COTTAGE HOSPITAL

COMPONENT/USER	Daily	Daily Rate *	DAILY TRIPS	AM PEAK HOUR TRIPS (8:00 a.m. – 9:00 a.m.)			PM PEAK HOUR TRIPS (4:15 p.m. – 5:15 p.m.)		
				IN	OUT	TOTAL	IN	OUT	TOTAL
Existing Condition (Year 2003)									
Employees (FTE)	1,666	2.2	3,652	166	89	255	14	260	274
Doctors	100	3.0	300	27	3	30	3	12	15
Volunteers	35	1.9	67	17	0	17	3	10	13
Outpatient Visits (not including ER)	151	1.8	269	32	0	32	1	10	11
ER Visits	71	1.5	108	3	2	5	2	2	4
Inpatient Visits (average beds occupied)	226	0.9	197	22	7	29	5	15	20
Visitors	339	1.4	483	17	7	24	19	15	34
Cancer Center Employees	70	2.2	153	73	4	77	4	73	77
Cancer Center Volunteers	4	1.9	7	2	0	2	0	2	2
Estimated Total Existing Trips			5,236	359	112	471	51	399	450

Notes:
* Empirical trip generation rates estimated from User Parking Surveys, observations, and various hospital department operational characteristics. See Appendix A for rate calculations.

G-92

When the components of the peak hour trips are evaluated, it immediately becomes clear that two components which make up the largest components. These are Employees and Inpatient Visitors.

	AM Peak	PM Peak
Employees	256	274
Inpatient Visitors	77	77
Total	**333**	**351**
Percentage of peak trips attributable to Employees and Inpatient Visitors	$\frac{333}{471}$ = 70%	$\frac{351}{449}$ = 78%

The above demonstrates that in the a.m. peak, 70% of the trips are attributable to employees and inpatient visitors, and that in the p.m. peak, 78% of the peak hour trips are attributable to employees and visitors. **G-92**

However, the bulk of the new patient trips which are projected for the increase in 2014 are outpatients. Outpatients do not generate inpatient visitors. Outpatients do not generate a significant number of new employees. In fact, the projected increase of outpatients in 2013 is only expected to increase the number of employees by 28 FTE employees.

So, the flaw in LSA's methodology is that it overstates the number of peak hour trips because it necessarily overstates the number of employee trips and the number of visitor trips.

Conclusion

In three separate ways, each of which is discussed above, LSA overstates the projected increase in peak hour trips in 2013.

With the reductions that would result from elimination of the overstatements of impact in the traffic analysis, the resulting project impacts should be reduced to a less than significant level and should not require any mitigation measures.

13-29 *Intersections Around Campus Perimeter:* This section refers to there being eight intersections surrounding the hospital and we believe there are only six. Please clarify. **G-93**

13-29 *Improve Neighborhood Circulation:* SBCH anticipates improving the six intersections around the perimeter of the project site. Castillo Street is being abandoned so the community may have a first class non-profit hospital which complies with the State mandated seismic standard and the City's height limitation. The hospital is being privately funded and the cost and expense of the additional neighborhood improvements should be assumed by the City as a small contribution to the Hospital Project. **G-94**

13-34 The parking supply analyzed is only considering the parking spaces in the New Parking Garage. The supply also includes 61 surface parking spaces (see Table 3.B., at page 3-8 of Volume I). **G-95**

13-34 & 13-35 Table 13.L; Page 13-35.

This table should be revised to reflect the following inaccuracies in the Table:

A. Employees. The total employees per day should be revised to reflect the facts set forth in the March 12, 2004 letter to Irma Unzueta from SEPPS discussing the Adjusted Full Time Equivalent (FTE) Projection for Revised Project, a copy of which is attached to this letter. The correct number of employees is 1,572 and the on-site during peak period number is 856. **G-96**

B. Doctors. Cottage Hospital does not expect the number of doctors to increase above the existing 100.

C. Inpatients. As Cottage has stated and demonstrated, the number of inpatients will not increase with the New Project. The number of inpatients should be at 226.

D. Inpatient Visitors. Reduce the number of inpatient visitors to be consistent with the number of inpatients. 226 X 1.5 = 339. Not 506.

With the above revisions to the total per day, Table 13.L should be revised as follows:

Table 13.L: Project Parking Demand

User Type	Total per day	On-Site during Peak Period	Parking Utilization Factor	Parking Demand
Employees	1597	856	0.90	770
Doctors	100	100	1.00	100
Volunteers	35	11	0.95	10
Outpatients (non-emergency)1	203	61	0.89	54
Outpatients (Emergency)2	119	13	0.89	12
Inpatients (based on occupied beds)	226	203	0.60	122
Inpatient Visitors (1.5 per inpatient)	339	58	0.75	43
Cancer Center Employees	86	86	0.90	77
Cancer Center Volunteers	43	5	0.90	4
Total Parking Demand				**1192**

1. Based on 250 days per year.
2. Based on 365 days per year.

Based upon the revisions to the Project Parking Demand, the Project would not create a significant impact on parking supply and TRF-4 should be eliminated. G-96

Mitigation Measures

TRF-1 This mitigation measure has not been demonstrated to be feasible or practical. Further more, performing or funding a study cannot be considered "mitigation" under CEQA and should be deleted as such. G-97

TRF-2 Per the discussion under *Conclusion* on page 19, the requirement for traffic mitigations should be eliminated as traffic impacts are reduced below the level of significance. G-98

TRF-3 Please evaluate whether this mitigation measure can be legally imposed in light of the provisions of *Health and Safety Code Section 40717.9* which prohibits "public agenc[ies]" from requiring an employer to implement an employee trip reduction program. If, SBCH voluntarily implements this measure, then some resulting reduction should be quantified and the impacts described should be reduced as a result of the quantification of the trip reduction. G-99

TRF-4 See discussion above supporting the deletion of this mitigation measure. G-100

TRF-7 In light of the corrections to be made to the parking analysis, the requirement to provide 216 off-site parking spaces during Phase 1 construction should be re-evaluated. G-101

Section 14.0 Visual Aesthetics and Lighting

General Comment(s)

The narrative in this section should note that the architecture depicted in the photosimulations has continued to evolve over time as we have continued to meet with the City's Architectural Review Board (e.g. Figure 14.11b shows a domed tower that is not part of the current design). G-102

Analysis

The following list of Figures and the associated comments are regarding the accuracy of the landscaping depicted in the photo-simulations:

Figure 14.7A, B, View 1
View is incorrect. All existing street trees (6), the two existing Coast Live Oak trees (in foreground left) and three existing California Sycamore trees (in background) will be protected. These trees should be shown in all "proposed" views, and the "five-year" and "mature" views should depict appropriate gain in overall size.

Figure 14.8 B, View 2
Proposed views omit three specimen Mexican Fan palms adjacent to prominent element of building at left on photo. These trees will have a significant buffering effect on the building at this location. Photos also incorrect depict fountain. Fountain will not have vertical jets. G-103

Figure 14.9B, View 3
Photos omit foundation and understory landscape, giving the impression that the ground plane is essentially flat. Photos also indicate no growth of street trees on Bath Street side.

Figure 14.10A, B, View 4
Photos omit mature Podocarpus trees to be protected (at left of corner, midground) and understory planting that will buffer view of Service Court. Photos also depict parkway strip as planted with lawn; parking strips will be paved with brick.

Figure 14.11A, B, View 5
Photos incorrectly depict fence around Child Care Center. Fence is proposed to be a low picket fence, appropriate to the Craftsman style of the buildings, and 42" high.

Figure 14.12B, View 6
Trees depicted in "mature" photo should have more foliage for their full heights. Vines

proposed to cover parking garage are not shown. It is intended that the vines will cover the structure, making its "mature" appearance more green than white.

Figure 14.15B, View 9
Proposed View- With Landscaping After 5 Years fails to account for vines to be planted in the building, supported by a wire grid. The vines specified are vigorous, and would be expected to cover the building in a five-year period. G-103

Page No.	Comment	
14-11	PF14-1 and 14-2: The architectural style is more accurately described as Spanish Colonial Revival.	G-104
14-12	The City has required that street lighting be spaced at maximum distance of 250' around the project. Penfield & Smith Engineers laid out the preliminary locations in the project's DART submittal for the main hospital and they are designing the final locations for the Pueblo parking structure now. We have not proposed to, nor are we aware of a requirement to, retrofit any of the existing street lights that are to remain in place. In addition, three of the existing lights to remain are a Type B and we are not proposing to replace these lights With Type A's at this time. Existing Lights • Across the street from project sites – 7 street lights, all mounted on power poles and proposed to be protected in place • Directly adjacent to project sites – 6 streets lights; 3 on poles that will be removed (one of which is mid-block Castillo which will be completely demolished, one of which is at the future main entrance location, and one of which is located at the Knapp Building Parking structure site), and 3 that are Type B street lights proposed to remain. Proposed Lights • 16 new lights are proposed on the project site (10 on the main hospital, 2 on the Knapp Parking Structure project, and 4 on the Pueblo Parking Structure project) • All lights are proposed to be 'Type A', and will comply with City Standard Detail 3-001.0, 3-002.1, and 3-005.0. The spacing, as requested by the Pre-application Review Team Comments dated April 22, 2003 was designed to be 250'. The wattage for light standard 'Type A' is 100 watt high pressure sodium lamps, by City Standard Detail 3-002.1, Note number 1.	G-105
14-13	PF 14-4: Please clarify that not all proposed building fenestration has window treatments that can be drawn closed (i.e. glass curtain walls at	G-106

lobbies, corridors, etc.) While many window coverings may be drawn at night it should not be assumed or required that every window will be covered every night. G-106

14-23 2nd paragraph states that there are no openings on the west and south sides of the parking structure, however, the following openings exist on the first level:

West Elevation:

Approximately 27-feet of the most southerly portion of the west elevation is open (with the exception of the exhaust shaft on the side closest to the Child Care Center).

The remainder of the elevation (facing the medical building at the corner of Pueblo and Oak Park Lane) is open except for interruptions by structural columns. G-107

South Elevation:
The eastern half of the south elevation (facing Child Care Center) is completely solid and without openings.

The western half of the south elevation (facing the open parking area and multi-family residential building) is open except for interruptions by structural columns.

Section 15.0 Alternatives to the Proposed Project

General Comment(s)

This section begins with the explanation to the reader of the purpose of this section under CEQA which is ***to identify feasible alternatives to the proposed project which will meet the project objectives and reduce environmental impacts***. There follows page after page of discussion of various alternatives, almost all of which fail this test of purpose. Rather than weigh the reader down with having to sift through all of these alternatives, we suggest a simplified table be provided indicating the alternatives reviewed and those which did not meet the basic project alternatives or which resulted in additional or different impacts are not discussed further in Volume I. Further discussion of these infeasible alternatives and the larger table provided in this section could the be moved to the appendices and the main discussion could then be focused on what alternatives actually can meet the CEQA purpose. This simplification will help the decision makers and the public later in the process. G-108

Section 16.0 Long-Term Implications of the Project

G-109

General Comment(s)

We believe the proper title for this section is "Growth-Inducing *Effects* of the Proposed Project" instead of Growth-Inducing *Impacts* of the Proposed Project.

Analysis **Page No.**	**Comment**	
16-5	Table 16 A: The data presented in this table needs to be checked for accuracy. We note the following: - The percent change for housing units in the City appears to be 9.9 percent, not 91. - County housing units are shown growing to some 364 percent over today's base, not the 27 percent listed in the percentage column. - Employment in the City is unlikely to grow to 102,000, an increase of over 200 percent in 30 years. - Employment in the City, which is presently mostly built out, is shown as increasing over 54,000 new jobs, a more than 200 percent change. The County on the other hand, only grows 44 percent.	G-109

VOLUME II

Please note that the format of our comments on the remaining portion of the DEIR follow the format of each individual section and therefore differs from section to section.

B: Air Quality

General Comment(s) G-110

To the extent that the analysis and assumptions of the traffic impact section of the EIR are revised, this section will need to be revised accordingly.

C: Biological Resources

Comments on Peer Review of Arborist Report

In addition to the arborist report by Randall Mudge, SBCH submitted a report by arborist Bill Spiewak about the Moreton Bay fig tree that included recommendations for its care and maintenance. We note that the Spiewak study was not peer reviewed, but many of its recommendations are contained within the project mitigation measures. As with all technical reports submitted by the hospital, recommendations contained within the reports are proposed as part of the project and may be considered project features. G-111

Page 2, Moreton Bay Fig

The current condition of space around and under the Moreton Bay Fig encourages trespass. The ground around the tree is decomposed granite, and concrete pavement and benches near the trunk promote use of the space. New landscaping should discourage trespass under the tree after planting is completed. There is no implication of the availability of the space for human use in the landscape plan as designed. The tree and the area under it will be separated from pedestrian areas by sandstone walls, and the landscaping under the tree will not be the type that would be conducive to trespass. If found to be necessary, temporary fencing may be installed to discourage access to the tree. If found to be necessary, temporary fencing may be installed. G-112

Page 3, Oaks and Sycamores

Planting plans will be reviewed and revised as necessary to conform to recommendations for 6-48" box, 10-36" box and 10-15 gallon trees as mitigation for removal of existing trees. G-113

Page 4, Transplanted Specimens

Seven Washingtonia robusta (Mexican Fan) palms, three Strelitzia nicolai (Giant Bird of Paradise), and four Dracaena draco (Dragon Tree) will be transplanted at the Pueblo Garage site. Other existing specimen trees to be removed may be salvaged for use at off site locations at the construction contractor's discretion. G-114

Page 4, Tables.

Table 2: The Tree Disposition Plan has been revised to indicate canopies of existing trees and is attached for your review. G-115

Page 5, Comments on the Graphics DART Submittals.

DART submittal: Plans have been revised in response to comments and now conform in addition to the revised plans, we have also attached a revised Tree Disposition Plan Count Confirmation summary table. It is anticipated that as construction documents for each phase of the project are completed, this plan will need to be refined and updated as project details are more specifically defined. G-116

Page 5, Arcadia Studios Sheet PH4: Tree Protection Plan-Cottage West Campus & PH6: Tree Protection Plan-Cottage East Campus

• Numbering trees on Protection Plan to match Arborist Report is not necessary; construction is not affected by the Arborist Report. However, numbers from Arborist Report will be added to the appropriate trees in parenthesis. G-117

• Direction included in Moreton Bay Fig tree report will be included in notes on Tree Protection Plan.
• Location of protective fencing at five feet outside edge of canopy is not feasible in many cases. Plan will be revised to include five-foot buffer wherever possible.
• Notes for "optimal care" will be added to notes on Tree Protection Plans.
• Crossed identifications of Coast Live Oak and California Sycamore have been corrected.
• Tree Protection Plans has been revised to show canopies of existing trees to be protected.

G-117

E: Geophysical Conditions

We have attached a memo dated October 15, 2004 from Fugro providing comments on the Leighton peer review.

G-118

G: Hydrology and Water Resources

Comments on Hydrology and Water Quality Assessment

Page 4	Section 2.2, 1st paragraph reference to FIRM Map dated December 3, 1991 is incorrect. In issuing the CLOMR, FEMA adopted our analysis for the "existing condition" and amended their map.
Page 7	3rd paragraph, substitute A for An.
	4th paragraph, delete "RCB" in second line
	6th paragraph, the storm drain referenced serves the Day Care Center not Pueblo Parking Structure.
Fig. 4	North arrow incorrect.
Figure 6	North arrow incorrect.
Page 18	1st paragraph under "Water Resources and Drainage Measures", 6th line, reference to reinforced concrete should be PVC.
	1st paragraph under "Project Design Features # 1 (Flooding)", second line, "RCP should be "RCB".
Page 19	10th line, reference to outlet energy dissipater is incorrect.
	Last line, reference to outlet energy dissipater is incorrect, as stated above.

G-119

Page 36 4th line, Please clarify what responsibility SBCH has over the sweeping of local streets. G-119

Page 37 11th line, delete "will".

VOLUME III

H: Noise

J: Traffic Circulation

Comments on LSA's Traffic Study Peer Review Letter dated March 26, 2004

Page 4 LSA rejects the concept that Cottage Hospital's existing permitted uses, rights, and capacity create a "baseline" of environmental conditions for purposes of measuring the project's impacts. LSA stated its position as follows:

"The hospital is currently operating at less than capacity. To represent the potential traffic and parking demand that could be experienced without implementation of the project, Kaku developed trip generation and parking estimates for this potential activity level. This scenario is referred to as the Baseline Assumption.

To satisfy CEQA requirements, the EIR traffic study will assess all project impacts in relation to the actual existing conditions (i.e., a "ground-to-plan" comparison), rather than a "plan-to-plan" comparison." (Emphasis added.) G-120

Cottage Hospital does not agree that "to satisfy CEQA requirements" the traffic baseline is the actual existing condition.

The effect of treating the actual existing condition as the traffic baseline is to convert the continued operations of the hospital under its existing permitted uses, rights and capacity into a new additional environmental impact.

Clearly, due to all of the existing forces which effect the operation of the existing hospital, there will be an increase in outpatients and related vehicle trips from now to 2013 when the project is complete. These additional outpatients will seek services at Cottage Hospital because it is the hospital of the community. They will not come to the Cottage Hospital in 2013 because the hospital has undergone a Seismic Compliance and Modernization Project.

If a project is demonstrated to be the cause of an impact for which it is not presently permitted (e.g. not part of its baseline), then, clearly the caused impact must be evaluated. For example, the project, as designed, will cause new flooding impacts and these impacts must be evaluated and mitigated.

For a separate example, assume that the project consists of simply seismic retrofitting and remodeling and reconfiguration of 337 existing inpatient rooms in the existing hospital in order to provide seismic safety and to gain efficiencies in service and room for new equipment in each inpatient room. Project starts with 337 inpatient rooms, results in 337 inpatient rooms. Would an impact of that project include an analysis of the increase in the inpatient and outpatient traffic trips which can be accommodated within the existing permitted uses and capacity of the hospital project? No. The project does not create the impact. There is no cause and effect. The same is true of the project under review. Under LSA's analysis, LSA includes in its projection the increase in project trips which are generated in 2004, 2005, 2006, 2007, and 2008, even though these trips will occur and be accommodated by the existing hospital ***without one square foot of new "patient care space either open or operating***."

G-120

The baseline concept has been articulated in the California courts in Benton v. Board of Supervisors (1991) 226 Cal.App.3d 1467; Temecula Band of Luiseno Mission Indians v. Rancho California Water District (1996) 43 Cal.App.4th 425; and Bowman v. City of Petaluma (1986) 185 Cal.App.3d 1065. These three cases were summarized in Remy, et al., Guide to the California Environmental Quality Act (Tenth Edition), at page 168, as follows:

"The net effect of the approach approved in *Bowman*, and *Temecula* is to treat prior discretionary approvals as providing project proponents the right or entitlement to cause a certain amount of environmental harm. As long as later project approvals do not result in harm beyond the amount previously contemplated..."

The same authors continue on page 168, as follows:

"The cases described above... require agencies to approach the identification of their "baseline" conditions differently in different kinds of situations. ...if the project under review merely constitutes a modification of a previously-approved project previously subjected to environmental review

(which the existing Cottage Hospital was in 1984), the agency may restrict its review to the incremental effects associated with the modification, compared against the anticipated effects of the previously-approved project."

After the above was written by Remy, et al., our District Court of Appeals in Ventura decided Fairview Neighbors v. County of Ventura (1999) 70 Cal.App.4th 238. In Fairview, relying on the same case law which is referenced above, the court upheld an EIR that treated the full capacity of the mining operations under prior entitlements as the environmental baseline for purposes of a new permit application. The court held that, because the prior permit had been approved based on a prior CEQA review, the maximum level of operations authorized by the permit should be treated as the baseline for purposes of an EIR evaluating expansion of the previously permitted project. G-120

The Court concluded its analysis by stating, at page 243, that: "[d]iscussing the possible environmental effects of the project based on *actual traffic counts* would have been misleading and illusory..."

Cottage submits that LSA's "ground-to-plan" premise is flawed. The Fairview case and the cases the court relied upon in deciding Fairview, require a "traffic baseline" for the Cottage EIR which consists of the Hospital's ongoing operations which are permitted and which will occur without the project and within its existing permitted capacity.

Then, the EIR should analyze only the "incremental traffic impacts" of the Project which are over and above the "traffic baseline" as defined above.

End of Comments

We appreciate the efforts of staff and LSA and their consultants in preparing the DEIR and look forward to the completion of the final EIR and staff report. Please let us know if there is any information that you need to facilitate your review of the project.

Sincerely,
SUZANNE ELLEDGE
PLANNING & PERMITTING SERVICES, INC.

Suzanne Elledge
Principal

arcadia studio
landscape architecture

December 15, 2004

COTTAGE HOSPITAL RECONSTRUCTION

EXISTING TREE COUNT BY DISPOSITION

PAGE# ARB RPT	DEAD*	SAVE	REMOVE	TRANSPL	OUT OF SCOPE	LESS THAN 4"	TOTAL PER PAGE
1		5	25				30
2	1	4	27				32
3		15	15		1		31
4		12	14		4	1	31
5		7	21			3	31
6		6	6	3	18		33
7		4	27				31
8		10	18				28
9		7	21				28
10		9	16		2		27
11		2	19		10	1	32
12	1	1	29				31
13		3	22			5	30
14		10	12	8			30
15		2	21	3	2		28
16		13	24				37
SUM TOTAL PER PAGE							490
TOTAL	**2**	**110**	**317**	**14**	37	10	490
TOTAL INVENTORIED MINUS LESS THAN 4" CALIPER AND OUT OF SCOPE							**443**

*TREE HAS DIED SINCE INVENTORY TAKEN

THE TOTAL OF 443 INCLUDES A DEAD ACACIA MELANOXYLON AND A DEAD BAUHINIA STREET TREE SHOWN ON THE PLAN AS REMOVALS

TOTALS SHOWN ON DRAFT EIR	**324**	**10**		422

CURRENT COUNT OF PROPOSED TREES BY PROJECT

PHASE 4 HOSPITAL RECONSTRUCTION	227
PHASE 6 HOSPITAL RECONSTRUCTION	120
PUEBLO GARAGE	45
CHILD CARE	23
KNAPP GARAGE	102
TOTAL	**517**

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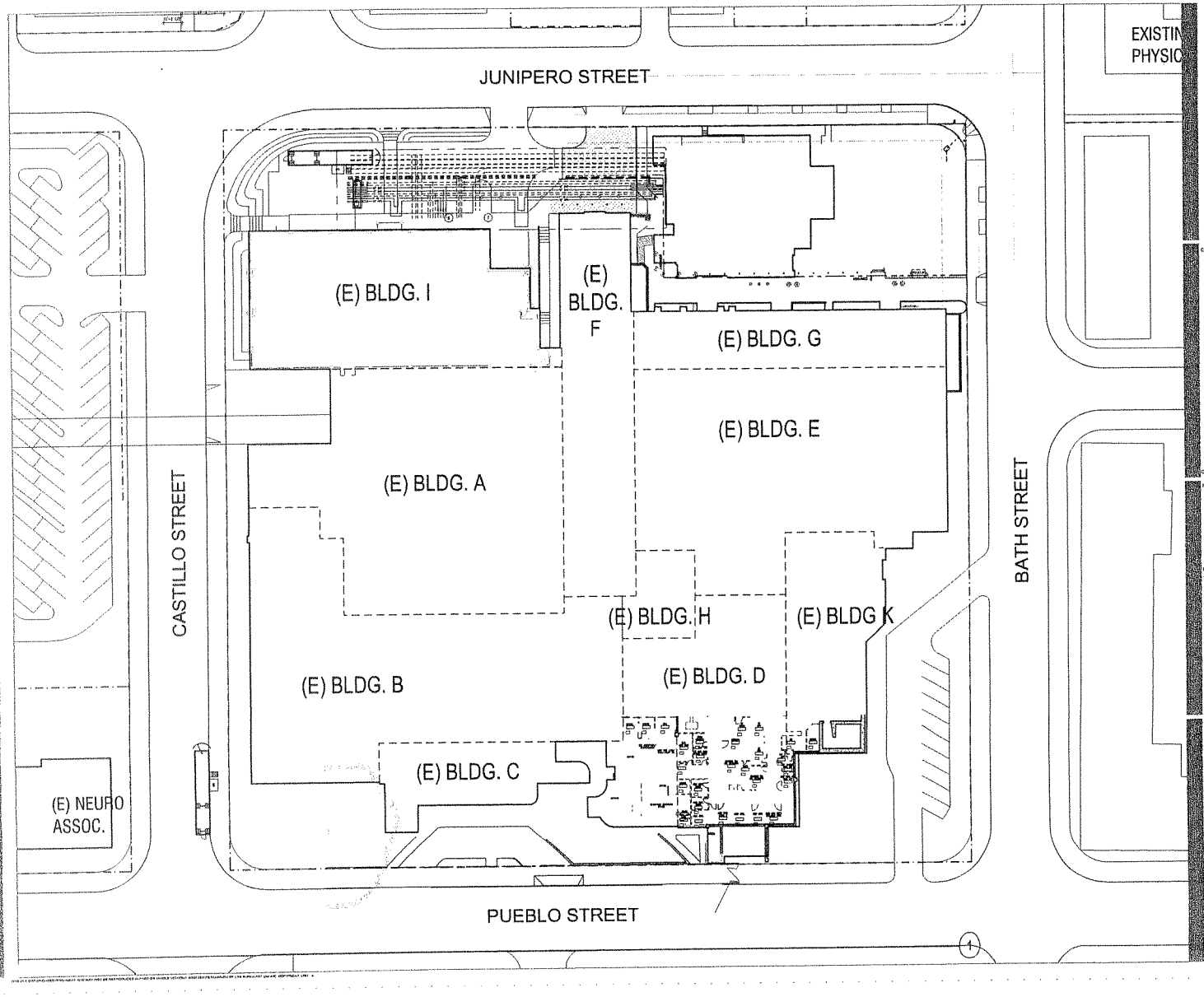

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JOSHUA BURKHART
NO. C-13071
REN. DATE
JUNE 30, 2006
STATE OF CALIFORNIA

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Project: SANTA BARBARA COTTAGE HOSPITAL
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LBL Job Number: 26804.002

OSHPD Number: HS 030697-42

Revisions:
Nov. 3, 2003 OSHPD Submittal
Nov. 28, 2003 Coordination Set
June 24, 2004 OSHPD Backcheck #1 1
Oct. 1, 2004 OSHPD Backcheck #2 2

Key Plan/ North Arrow

Issue Date: Oct. 1, 2004

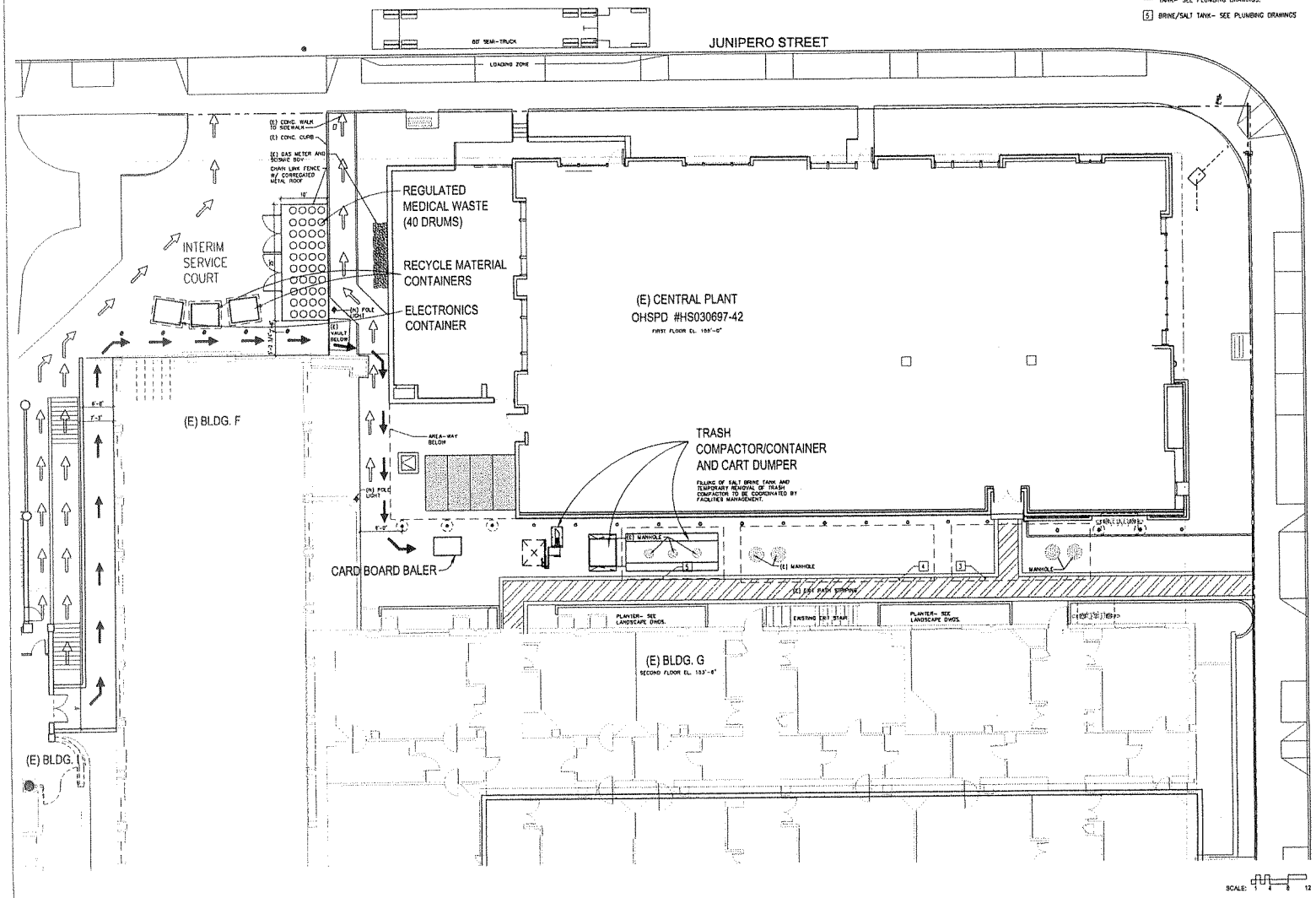
Scale: 1" = 20'

Sheet Title: CAMPUS SITE PLAN

Sheet Number: CP A1.01

PARTIAL SITE PLAN NOTES :

1. PROPERTY LINE
2. SETBACK LINE
3. BOILER FUEL OIL STORAGE TANK- SEE PLUMBING DRAWINGS.
4. EMERGENCY GENERATOR FUEL OIL STORAGE TANK- SEE PLUMBING DRAWINGS.
5. BRINE/SALT TANK- SEE PLUMBING DRAWINGS



ENLARGED SITE PLAN

1

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Project: SANTA BARBARA COTTAGE HOSPITAL REPLACEMENT PROJECT

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LBL Job Number: 26808

OSHPD Number: IS-042307-42

Revisions: INCREMENT NO. 1

ISSUED FOR	REV	DATE
OSHPD CD SUBMITAL		11.01.2004

Key Plan/ North Arrow

Issue Date: NOVEMBER 01, 2004

Scale: AS NOTED

Sheet Title: ENLARGED SITE PLAN

Sheet Number: PH3 A1.07

S U Z A N N E E L L E D G E
P L A N N I N G & P E R M I T T I N G S E R V I C E S , I N C .

12 March 2004

Ms. Irma Unzueta
City of Santa Barbara Planning Division
630 Garden Street, P.O. Box 1990
Santa Barbara, CA 93102

RE: Adjusted Full Time Equivalent (FTE) Projection for Revised Project

Ms. Unzueta:

On October 27, 2003 our office submitted a written response to the 30-day Development Application Review Team (DART) Comments dated August 15, 2003. In that letter the following information on employees or full-time equivalents (FTE's) read as follows:

> *The estimated maximum number of employees is 1,572 productive FTE's by year 2013. This figure was derived by taking the existing 1,666 employees and factoring in the 2% growth in outpatient services per year, resulting in the addition of up to 28 FTE's bringing the total number of employees to 1,694. Employees relocated from the Knapp building to another facility will total 112 reducing the total FTE's to 1,582. In addition 10 employees are expected to relocate outside the project area when the off-site warehousing location is established. This results in a final maximum number of employees on-site of 1,572.*

SBCH has studied the feasibility of an off-site storage warehouse and has concluded that a storage facility on the hospital campus is a superior alternative. As a result of this conclusion the project has been revised to include a larger basement than previously proposed to accommodate on-site storage of supplies and materials. The 10 employees that would have relocated to the off-site warehouse will now remain on the hospital campus bringing the total maximum number of on-site employees to 1,582.

The expanded child care facility will require an additional 15 employees which will raise the total number of on-site FTE's to 1,597. The maximum number of FTE's at SBCH facilities at any given time is projected to be 856.

Please contact me if you need additional information or have any questions about the above information.

Sincerely,
SUZANNE ELLEDGE
PLANNING & PERMITTING SERVICES

Isaac Romero
Associate Planner

S:\Cottage Hospital MP\City of SB Correspondence and Doucments\March 2004 Resubmittal\Letter Describing FTE increase - I unzueta - 3.12.04.doc

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Exhibit A

Sustainable Design Narrative

This exhibit is in response to the need for a sustainable design narrative for use in the EIR for this project. The following is a summary of sustainable design features currently incorporated by LBL in the proposed design for the Santa Barbara Cottage Hospital Replacement Project.

The features are grouped for convenience under the categories used by the LEED ™ Green Building Rating System of the U. S. Green Building Council. Where possible, potential LEED ™ Green Building Rating System credits are indicated in parentheses. Additional proposed design measures, which the LEED ™ Green Building Rating System specifically does not list, are shown in *italics*.

Sustainable Site (SS)

LEED ™ Design Measures

1) The project will employ a site sediment and erosion control plan that will control soil erosion, storm sewer sedimentation, and dust pollution during construction and after occupancy. Negative impacts on water and air quality will be reduced. (SS Prerequisite 1)

2) The existing hospital site will be reused. Development of inappropriate sites has been eliminated and the environmental impact has been reduced. (SS-1)

3) This development will be within an established urban area with existing infrastructure. A green field site is not required and impacts on natural resources will be minimized. (SS-2)

4) The site will continue to have direct access to both MTD bus routes and local commuter bus routes. Several new and existing MTD bus stops shall be located on or less then one block away from the site perimeter. Mass transit use will be enhanced. (SS-4.1)

5) The project will include enclosed, secure bicycle storage for 65 bicycles along with adjacent changing rooms and showers in the proposed new Pueblo Parking Garage. This facility, across Pueblo Street a short distance from the new hospital main entry, will be sufficient for over 5% of the peak hospital occupants. Automobile pollution and land development impacts will be reduced. (SS-4.2)

6) The project will reduce the existing overall development footprint and will have about 30% open area among the three developed sites. The hospital site alone will 49% open space (33% landscaping and pedestrian areas, and 16% vehicular areas). Damaged urban area will be restored and biodiversity promoted. (SS-5.2)

7) The project will provide additional shade via landscaping and canopies, use light colored paving and wall materials, and place over 50% of the proposed total parking spaces under cover. Heat island effects will be reduced, thus minimizing adverse impacts on the local microclimate. (SS-7.1)

8) The project will use Energy Star ® compliant, highly reflective roofing and traffic coatings for at least 75% of the roof surfaces. Heat island effects will be reduced, thus minimizing adverse impacts on the local microclimate. (SS-7.2)

Other Sustainable Design Measures

9) *Project scale, massing, and site development will enhance the surrounding mixed-use neighborhood.*

10) *An improved public park will be provided at the southwest corner of the site on Pueblo Street and Oak Park Lane.*

11) *Spanish Colonial Revival style architecture will respect the City of Santa Barbara history and urban context.*

12) *Proposed exterior artificial lighting will be directional and shielded to prevent glare, light trespass, and sky glow in conformance with City of Santa Barbara ordinances.*

13) *The project will provide places of respite to connect patients, visitors, and staff to the natural environment through a series of protected, outdoor courtyards with restful landscaping and seating.*

14) *The project will connect patients, visitors, and staff to the natural environment through building orientation and views from indoors of outdoor landscaping, and seating areas throughout the site. Main public circulation corridors and elevator lobbies will have extensive views of pleasing, outdoor scenes.*

Water Efficiency (WE)

LEED ™ Design Measures

1) A new, computer-controlled irrigation system supplied with 100% reclaimed water from an existing water line in nearby Oak Park will provide hospital landscape

watering. Potable water use for landscape irrigation will be eliminated. (WE-1.1 & WE-1.2)

Energy & Atmosphere (EA)

LEED ™ Design Measures

1) The project will have zero use of CFC-based (chlorofluorocarbon) refrigerants in new HVAC&R (heating, ventilation, air conditioning, and refrigeration) equipment. Ozone depletion will be reduced. (EA-Prerequisite 3)

2) The project will have building equipment free of HCFC's (Hydrochlorofluorocarbons) and Halons. Ozone depletion will be reduced and early compliance with the Montreal Protocol will be supported. (EA-4)

Other Sustainable Design Measures

3) The project will employ energy efficient HVAC and plumbing strategies including:

a) Variable Frequency Drives for chillers, cooling towers, air-handlers & pumps.
b) Heat recovery systems at flue stacks, large exhaust & boiler blow down systems.
c) Primary and secondary variable speed pumping systems.
d) Premium efficiency motors.
e) Airside economizer cycles for free cooling.
f) Building Management System with Direct Digital Control (DDC) optimization.

4) The project will employ energy efficient electrical and lighting strategies including:

a) Multi-switching controls for public lighting.
b) Occupancy sensor lighting controls in non-patient care areas.
c) Energy efficient lamps and ballasts.
d) High efficiency electrical transformers.
e) Natural light introduction via courtyards, curtain walls, clerestories, and skylights, particularly in public lobbies, corridors and assembly areas.

Materials & Resources (MR)

LEED ™ Design Measures

1) The project will include provision in the new Service Yard for dedicated bulk storage recycling containers. Separate containers will exist for paper, commingled materials,

green (yard) / large debris waste, and electronic debris. Solid waste recycling will be facilitated. (MR-Prerequisite 1)

2) The project will have a goal that at least 5% of the total value of building materials required shall consist of post-consumer recycled content plus ½ of the total post-industrial content. Demand for virgin materials will be reduced and use of recycled materials will be promoted. (MR– 4.1)

3) The project will have a goal that at least 20% of the total value of building materials required shall consist of content manufactured within a 500-mile radius of the site. The regional economy will be promoted and environmental impacts of transportation will be reduced. (MR – 5.1)

Other Sustainable Design Measures

4) *Materials earmarked for recycling during construction will include concrete, metal, cardboard, asphalt, soil, wood, and land clearing debris (green waste).*

5) *Concrete, the largest demolition component, will be removed, crushed off-site, and offered for reuse as base course material in road building and other paving projects.*

6) *After construction, a post-occupancy comprehensive waste reduction program will be employed. Goals will include a 20% decrease in total general waste generated (from about 18 tons to 14 tons per week) plus a 15% increase in recycling volume (from about 2.5 tons to 3 tons per week).*

7) *Recycled materials will be employed in new construction where feasible.*

8) *Sustainable products will be used where feasible. Proposed Interior products will include linoleum flooring, carpeting with recycled fiber and backing content, wood veneer paneling from sustainable forests, and formaldehyde-free, 100% recycled content backing panel substrates.*

9) *The project will reduce food waste volume by 80% from today. Organic and associated paper waste volumes will be reduced together in pulper equipment on site. Residue will be picked up and composted off-site.*

Indoor Environmental Quality (EQ)

LEED ™ Design Measures

1) The hospital is now and will continue to be an Environmental Tobacco Smoke (ETS) free environment. Exposure of building occupants and systems to ETS is and will be prevented. (ID – Prerequisite 2)

2) The project will specify low VOC (Volatile Organic Compound) emitting materials including adhesives and sealants (EQ-4.1), paints and coatings (EQ-4.2), and carpet (EQ-4.3), in conformance with South Coast Air Quality Management District Rule #1168, to reduce indoor air contaminants that are odorous and/or harmful.

3) The project will provide a thermally comfortable environment in compliance with ASHRAE Standard 55-1992 and Addenda 1995. The productivity, well-being and health outcomes of building occupants will be supported and enhanced. (EQ-7.1)

4) The project will provide a permanent temperature and humidity monitoring and control system that optimizes thermal comfort. The productivity, well-being and health outcomes of building occupants will be supported and enhanced. (EQ-7.2)

Other Sustainable Design Measures

5) *In the project, chemical storage shall be tightly controlled and monitored to prevent harm to building occupants and to the environment.*

6) *The project will identify and remediate asbestos materials in existing buildings being demolished and in existing hospital buildings being remodeled in conformance with EPA regulations. Qualified and licensed asbestos survey, testing, and abatement design and construction consultants, agencies, and contractors shall be employed as required.*

7) *The project will specify fixed building materials, furnishings, and furniture that are free of asthma triggers including urea formaldehyde, formaldehyde, phthalates, and natural rubber latex, and that contain low VOC emitting materials. The productivity, well-being and health outcomes of building occupants will be supported and enhanced.*

8) *The project will provide an acoustically comfortable environment, free of disruptive sound and vibration levels in compliance with sound and vibration control principals of the 1999 ASHRAE Application Handbook, Chapter 46. The productivity, well-being and health outcomes of building occupants will be supported and enhanced.*

9) *The project will provide a high level of thermal and lighting system control by individual occupants and specific groups in multi-occupant spaces. Typical patient rooms, treatment spaces, and assembly spaces will have their own controls. The productivity, well-being, and health outcomes of building occupants will b enhanced.*

Exhibit A

Innovation & Design Process (ID)

LEED ™ Design Measures

1) The design team for this project includes several LEED™ accredited professionals. Sustainable design will be encouraged, technically supported, and more thoroughly integrated into the design process for this project. (ID-2)

Other Sustainable Design Measures

2) *In this project, operational efficiencies, adaptability to future needs, and reduced future building modification costs will result from a rigorous systems approach and synergistic integration of healthcare and building systems. Key examples include:*

   a) *Robotic pharmacy and laboratory systems.*
   b) *Digital information and controls environment.*
   c) *Patient / infant tracking & security systems.*
   d) *Closed Circuit TV systems for security, information, & educational purposes.*
   e) *Flexible air supply & ventilation systems.*
   f) *Flexible communication system pathways and grounding systems.*

****

If there are any questions about this narrative, please contact Joseph M. Madda, AIA, at Lee, Burkhart, Liu, Inc., 310-829-2249 ext. 575.

END

MEMORANDUM
FUGRO WEST, INC.
4820 McGrath Street, Suite 100 Tel: 805/650-7000
Ventura, CA 93003-7778 Fax: 805/650-7010

To:	Isaac Romero	Date:	December 15, 2004
From:	Craig Prentice/Jon Blanchard	Project No:	3254.001.06
Subject:	Comments on Draft EIR, Santa Barbara Cottage Hospital Seismic Compliance and Modernization Plan	Copy to:	

Mr. Romero, Fugro offers the following comments on the draft EIR for Cottage Hospital.

Section 8.6.1 Fault Rupture Impacts (Project Long-Term), Page 8-12. The text indicates the Mission Ridge Fault has been zoned active by the State of California, Division of Mines and Geology (CDMG, currently California Geologic Survey) in accordance with Alquist-Priolo (AP) zone act requirements. The Mission Ridge fault has not been zoned active by the CDMG and AP zones are not specified for potentially active faults. **G-37**

Section 8.6.2 Corrosive Soil Impacts, Page 8-14. Per Fugro's letter, dated October 15, 2004 (attached) chemical testing for corrosion was performed as part of the September 2003 Fugro report. A mitigation measure for corrosive soil analyses is not necessary. **G-38**

Section 8.6.2 Oversize Rock Impacts, Page 8-14. Per Fugro's letter dated October 15, 2004, oversize rock will be addressed as part of the site grading using recommendations from the geotechnical report and the grading ordinance and a geologic mitigation measure is not required. **G-39**

Section 8.6.3 Mitigation Measures

GEO-1, Corrosion Analysis. Not required, see comment for section 8.6.2 above. **G-40**

GEO-2 and GEO-3. Final Geotechnical Investigations. Final geotechnical investigation for the main hospital complex have been completed (Fugro, September 2003). The mitigation measures are not required per discussion above for section 8.6.2. **G-41**

Section 8.7.2. GEO-4, Excavation and Shoring Safety. As discussed in Fugro's letter dated October 15, 2004, excavation and shoring safety is the responsibility of the contractor. An EIR mitigation measure requiring SBCH and their geotechnical engineer to make slope recommendations requires SBCH and their engineering team to be responsible for site safety instead of the contractor being responsible for site safety per normal CAL-OSHA requirements. **G-42**

FUGRO WEST, INC.

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San Luis Obispo, California 93401
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Fax: (805) 542-9311

October 15, 2004
Project No. 3254.001.06

Cottage Health System
Pueblo at Bath Street
Santa Barbara, California 93102-0689

Attention: Mr. Scott Allen

Subject: Leighton Geotechnical Assessment for EIR, Santa Barbara Cottage Hospital Redevelopment, Junipero and Bath Street, Santa Barbara, California

Dear Mr. Allen:

Fugro has reviewed the subject report prepared by Leighton Consulting, Inc. (LCI) as a geotechnical assessment for an Environmental Impact Report (EIR) being prepared by LSA Associates for the redevelopment of Santa Barbara Cottage Hospital. It is our understanding that the subject report will replace the previous letters prepared by LCI that summarized comments regarding various Fugro reports. The LCI report is intended to provide input to the preparation of the EIR regarding various geotechnical and geologic issues.

While the conclusions of the report do not bring new or additional technical issues to the project, some of the recommended mitigations could pose undue liability to the geotechnical professional and owner and may not be consistent with typical standards of practice in the Santa Barbara area. LCI has paraphrased various topics addressed in the Fugro reports that differ from what is stated in our reports; however, we have limited our comments to focusing on the recommended mitigation measures. This letter is attended to clarify issues associated with the mitigations, and further discuss how they will be addressed for this project.

As a primary point of clarification, the review of the adequacy of geotechnical documents and the design and construction of the hospital is under the auspices of OSHPD and CGS. Geotechnical issues relating to the EIR are those that have potential adverse impacts to the environment, including humans, many of which are mitigated by the codes and regulations to which the new facility will be designed and constructed in conformance with.

3.1.2 Seismic Ground Shaking. LCI recommends that the hospital be designed to comply with the California Building Code that specifically addresses state code requirements for the design of hospitals and is enforced by OSHPD. The design is submitted to OSHPD, and CGS, who evaluate code compliance of the design and geotechnical documents. No additional mitigation is needed to satisfy the intent of LCI's comment as the design of the hospital must already comply with this standard. The mitigation should consist of "none required".

3.1.2 Seismic Ground Shaking, Liquefaction (Remainder of the Medical Facility Campus). Fugro prepared a Geotechnical Report[1] for the design of the hospital that has been reviewed by OSHPD and CGS. Based on that study, the potential for the liquefaction to impact the hospital site is low. CGS has concurred with the conclusions of the Geotechnical Report, but has requested additional information for specific areas of the site and a discussion of how the analyses have considered the presence of gravelly soils. No special mitigations to address liquefaction are anticipated for the project. Fugro is currently preparing the additional data requested by CGS for submittal to OSHPD.

3.1.2 Seismic Ground Shaking, Seismically Induced Settlement. LCI states that the seismic settlement potential is linked to their discussion of the potential for liquefaction. As stated previously, the potential for liquefaction to impact the site is low. The estimates of seismic settlement presented in the report are minimal (less than ¼ inch) and have been provided for consideration in the design of the facilities. No special mitigations to address seismic settlement are anticipated for the project.

3.1.3 Stability of Temporary Slopes. LCI discusses the need for temporary slopes or shoring systems to support the side slopes during excavation. The design of temporary slopes and shoring is a construction safety issues and is the responsibility of the contractor. Cal-OSHA defines safe slope and shoring requirements for excavations. The contractor must designate a competent person to prepare the excavation and shoring plan for the project and comply with OSHA requirements. While geotechnical data is provided in the report is information that is available to the contractor, the geotechnical professional (nor likely the owner) will accept responsibility for worker safety on behalf of the contractor. A perceived conflict of interest would also not allow the owner's geotechnical professional to represent the contractor or direct the contractor's activities during construction. Typically, construction contract documents will require that an excavation and shoring plan be prepared by a competent person and submitted by the contractor to show compliance with the OSHA requirements.

3.4 Perched Ground Water. LCI discusses the potential to encounter groundwater during excavation, and as mitigation that the "geotechnical consultant should provide recommendations for dewatering". Similar to temporary slopes and shoring, dewatering of excavations is a construction operation to be performed by contractor. The geotechnical professional (Fugro) cannot direct or dictate the contractor's activities. While geotechnical data is provided in the report is information that is available to the contractor, the contractor is responsible for the design and installation of dewatering systems needed to perform the construction. Typically, construction contract documents will require that a dewatering plan be prepared by a competent person and be submitted by the contractor prior to beginning excavation.

[1] Fugro West, Inc. (2003), "Geotechnical Report, SB. Cottage Hospital, Main Hospital, Junipero at Bath Street, Santa Barbara, California", Project No. 3254.005, unpublished consultant report prepared for Cottage Health System, dated September 25. Addendum No. 1 to Geotechnical Report dated October 28, 2003.

With regard to drainage and control of groundwater below basements, Fugro has already provided recommendations for the design of subsurface drainage systems below the basement for the central plant and main hospital in the geotechnical reports.

Section 3.5.1, Compressible Soils. LCI discusses the potential for compression of soils to result in differential foundation settlements. Fugro has provided recommendations to remove existing fill and recent alluvium and replace them with suitable compacted fill material for support of foundations, and for the design of foundations to limit foundation settlement to within tolerable limits.

LCI proposes to mitigate the potential for "differential hardness between the rock (boulders) and matrix materials" by placement of a "compacted fill cushion" below foundations. The fanglomerate that underlies the site also underlies most of the downtown Santa Barbara area. While grading is recommended to provide more uniform support for building areas, structures are commonly supported on shallow foundations bearing in relatively undisturbed fanglomerate, including the existing Cottage Hospital, Outpatient Surgery Center, and parking structure. Fugro has reviewed the existing structures and has not found evidence of distress to existing the structures that would suggest that the buildings have experienced atypical settlement. As worded, the suggested mitigation does not appear necessary.

Section 3.5.2 Expansive Soils. LCI discusses various mitigations that could be needed to address expansive soils. The soils with the expected depths of excavation are mostly sandy. The soils tested have a low potential for expansion, and no special mitigations to address highly expansive clay soil conditions are recommended.

Section 3.5.3 Corrosive Soils. LCI recommends a mitigation to test soils during construction for corrosion, and that the results of the tests may not be representative of soils elsewhere on site. The sampling and testing protocols for soils used by Fugro are typical of the protocols of we have used on many other projects in the Santa Barbara area. Fugro is not providing corrosion engineering services for the project; however, the mitigation to perform additional corrosion testing during construction seems unnecessary and inconsistent with local practice. LCI also suggests a "corrosion specialist" should evaluate the need and type for corrosion mitigation. The specialist should also assess the scope of corrosion testing, the need for additional data, and the need for this mitigation.

Section 3.5.5 Rippability and Oversize Rock. LCI discusses the mitigation of oversized rock. As stated, it is unclear why this is considered an environmental impact. Nonetheless, the presence and allowances for oversized materials are discussed in the geotechnical reports.

Section 3.6 Changed Conditions. LCI discusses the importance of the continuance of the geotechnical evaluation, and affording the geotechnical professional the opportunity to observe portions of the construction related to earthwork and foundation construction. As stated, it is unclear why this is considered an environmental impact. The mitigation suggested by LCI implies that construction changes be submitted and reviewed by the City during construction. While reports of observed grading and foundation preparation are typically prepared and submitted to permitting agencies, modifications approved or

recommended during construction are typically the responsibility of the owner and/or construction manager.

Please contact the undersigned if you have further questions, or we can be of additional service.

Sincerely,

FUGRO WEST, INC.

Jonathan D. Blanchard, P.E.
Principal Geotechnical Engineer

Copies submitted : 1 – Addressee (email)
1 – Suzanne Elledge Permit, Processing Services (email)

Martin Newson & Associates LLC
Consultants in Acoustics

2001 Wilshire Boulevard
Suite 301
Santa Monica
CA 90403

Telephone 310 829 6343
Fax 310 829 6112

December 14, 2004

Mr. Joseph Madda
Lee, Burkhart, Liu, Inc.
2890 Colorado Avenue
Santa Monica, CA 90404

Subject: Cottage Hospital, Santa Barbara
Comments on Noise & Vibration Section of Draft EIR (DEIR).

Dear Joseph,

At the start of Section 11, the DEIR states that documents reviewed and incorporated in preparing the DEIR included our report "Mechanical Equipment Noise" dated 2002. In general, the DEIR accurately summarizes our report

Our report was based upon a very detailed analysis, using project specific noise data. It used the City Noise Ordinance's CNEL 60 dBA limit as a threshold of significance for potential noise impacts to neighboring properties. It is noted that the authors of the DEIR elected to consider an additional threshold of significance (75 dBA and 70 dBA L_{max} for daytime and nighttime respectively) obtained from the State of California's Model Community Noise Control Ordinance. Please note that we did not consider these L_{max} criteria in our analysis, because they are not incorporated into the City of Santa Barbara's noise ordinance. The DEIR authors conducted their own analysis of L_{max} mechanical equipment noise emissions. Based upon the description of this supplementary analysis provided on p 11-25 of the DEIR, the analysis, or description of it, contains a technical error. In a number of locations, including p. 11-25, the report refers to sound power level (PWL) values at a distance of one foot from equipment. Sound power level, unlike sound pressure level, is independent of distance from a source. We are therefore unclear on the correct interpretation of this statement (are the stated values really sound power levels, or the sound pressure levels at 1 foot?). Likewise p11-28 refers to "sound power levels of up to 95dBA at one foot". Please note that this issue does not necessarily invalidate the

G-71

results of the L_{max} analysis presented in the DEIR, but we recommend that this issue be resolved before the EIR is finalized in order to minimize loss of technical credibility. G-71

The attached Table 1 provides our comments on how justified we consider noise and vibration mitigation measures recommended in the DEIR to be. G-72

Yours Sincerely,
Martin Newson & Associates, LLC

Michael Brown

Michael Brown
Principal

03-002/E
Proj/Cottage Hospital/EIR/comments on DEIR 3.doc

Mitigation #	Issue/Requirement	MNA Comment
N-1	Helicopter operations plan required. Limits helicopter flights to hours between 7 a.m. and 7 p.m. except for emergencies.	The DEIR incorporates an analysis comparing predicted helicopter L_{max} noise levels to L_{max} noise limits included in the 'State of California Model Community Noise Ordinance'. Our understanding is that this document, which was not adopted by the City of Santa Barbara, was prepared in the 1970's by the now disbanded California State Office of Noise Control. Unfortunately we have been unable to obtain a copy of this document; however, we consider it most unlikely that this document was ever intended to be applied to transportation noise sources such as helicopters. Although there is no consensus on methodology for assessing single event noise impact from aircraft, our experience is that when EIRs prepared under CEQA address this issue, it is usually done in a more specific, activity-dependent manor. Usually this involves considering nighttime noise levels that that may cause sleep disturbance at residences. Where day time noise levels are considered, a small number of events per day would not usually be considered to be a significant impact. We would not agree with the report's methodology that considers an occasional instantaneous exterior daytime helicopter noise level above 75dBA to be a significant noise impact.

Mitigation #	Issue/Requirement	MNA Comment
N-6	Calls for construction of a substantial sound wall to reduce noise transfer from Loading Dock activities to the nearby hospital active use area by 5 dBA.	While the hospital might elect to construct a barrier between the Loading Dock and garden area to the south, we believe this mitigation measure to be unjustified and unnecessary within the context of an EIR. The DEIR justifies the proposed mitigation measure by reasoning that without the barrier: "hospital patients, employees and visitors in the outdoor area located on the southeast corner of Oak Park Lane and Junipero Street (approximately 50 feet from the loading dock) would be exposed to maximum (L_{max}) noise levels of 80dBA, which would exceed the 75dBA daytime noise limit contained in the California Model Community Noise Ordinance." As stated above under N-1, we have been unable to obtain a copy of the referenced model ordinance document, however, we consider it unlikely that the L_{max} noise limits included in the Model Community Noise Ordinance were intended to apply to this type of situation, where the noise source and receiver are both located within the same property. Furthermore, given that the garden area of concern is only separated from a public street (Oak Park Lane) by approximately 20 feet (the width of a sidewalk), with an open railing fence at the property line (that will not provide any significant acoustical screening of road traffic noise), the noise in the garden would be expected to exceed the proposed 75dBA L_{max} threshold of significance numerous times per day due to passing motor vehicles on the public street, given that the California State Vehicle Code, sections 27200 to 27206, allows motor vehicles to generate noise levels of 80 to 88 dBA at 50 feet, depending upon the class of motor vehicle and date of manufacture.

Mitigation #	Issue/Requirement	MNA Comment
N-7	Construction vibration & noise impact upon sensitive equipment. N-7 says that "the construction contractor and SBCH shall coordinate to ensure that construction equipment that generates noise and vibration would not operate within the vicinity of sensitive hospital equipment."	Although this mitigation identifies a very real issue, the mitigation measure specified is considered overly restrictive and may not be practical to achieve. In our opinion, it should be left up to the hospital to decide how to mitigate such potential vibration impacts upon their own operations. The recommended methodology would include identifying the degree of vibration sensitivity of various equipment, (establishing a quantified vibration criterion wherever possible) and reducing vibration on a case-by-case basis by using a variety of mitigation measures that could include i) using construction techniques that reduce the levels of vibration generated at source, ii) local vibration isolation of equipment iii) where possible using vibration sensitive equipment outside of construction hours and iv) relocation of vibration sensitive activities.

Mitigation #	Issue/Requirement	MNA Comment
N-9	Construction Hour Limits. N-9 says "construction hours shall be limited to the hours between 8 a.m. and 5:00 p.m. Monday through Friday." The report acknowledges this would extend the construction time by 3 ½ years!	We were unable to find any statements within the DEIR to support the rationale of limiting construction to these particular hours and days. Given that the analysis presented shows that construction noise will result in a significant noise impact, we agree that it is reasonable to impose some limitations on construction hours, especially during nighttime, however the proposed permissible construction times appear arbitrary and overly restrictive. The City of Santa Barbara's Municipal Code, section 9.16.015 limits noisy construction activities to the hours between 7:00 a.m. to 8.00 p.m., any day, except by special permit. Section 9.16.025 limits certain noisy agricultural activities to the hours between 7 a.m. and 7 p.m. Monday to Saturday and 8:00 a.m. to 7:00 p.m. on Sundays. The DEIR recommends limiting hours of mechanical equipment testing, under N-4, to the hours from 7 a.m. to 7 p.m. Under N-5 loading dock activity is to be limited to the hours between 7 a.m. and 10 p.m. Considering the fact that as the construction hours worked per day reduces, the number of years the construction will need to continue increases, it would appear to make more sense to rewrite this mitigation measure to extend permissible construction hours to the hours between 7:00 a.m. and 8:00 p.m. as permitted by the City of Santa Barbara noise ordinance, section 9.16.015. If the client desires to accommodate the surrounding residential community by agreeing to limit construction activities beyond the requirements of the City Noise Ordinance, then restricting construction to the hours between 7 a.m. and 7 p.m. Monday through Saturday would appear to be a better comprise than proposed mitigation measure N-9.

notice, conduct a public hearing on *the* plan, and shall thereafter approve or disapprove the plan.

(d) Upon approval of the plan, the proposed acquisition of property may begin.

(e) The use of property so acquired shall thereafter conform to the approved plan, and any variance from *that* plan, or changes proposed therein, shall first be approved by the appropriate board of supervisors or city council after a public hearing on the subject of the variance or plan change.

(f) The requirements of this section are in addition to any other requirements of law relating to construction or expansion of airports.

Amended Stats 2001 ch 534 § 4 (SB 244).

NOTES OF DECISIONS

The court affirmed dismissal of an airport authority's action to block a city's review, under Pub Util C § 2166.1.6, of the acquisition of land for airport expansion. Although the airport authority claimed the city's implementation of the statute was contrary to federal law and violative of the supremacy clause of the federal constitution, the authority was a political subdivision of the State of California; and the action could be dismissed as barred by the rule that a political subdivision of a state lacks standing under federal law to challenge the constitutionality of a state statute. Burbank-Glendale-Pasadena Airport Auth. v Burbank (1998, CA9 Cal) 136 F3d 1360.

A city brought an action for declaratory and injunctive relief against an airport authority to enjoin the authority from acquiring or using property for airport expansion without its approval, and to affirm the validity and applicability of Pub Util C § 21661.6. The trial court erred in declaring § 21661.6 unenforceable as against the authority, and in finding the city had delegated its powers under that section to the authority. The "plain meaning" of the words of the statute would not annul the authority's power to acquire real property. Thus, if the authority were not required by statute to submit to a plan review prior to the acquisition of property, it most certainly would have to do so prior to construction. The requirement of submitting to land use review prior to construction does not directly or necessarily conflict with real property ownership, or create a "veto power." City of Burbank v Burbank-Glendale-Pasadena Airport Authority (1999, 2nd Dist) 72 Cal App 4th 366, 85 Cal Rptr 2d 28.

§ 21662.1. Designation of area for landing and taking off of emergency service helicopter

(a) At or as near as practical to the site of a medical emergency and at a medical facility, an officer authorized by a public safety agency may designate an area for the landing and taking off of an emergency service helicopter, in accordance with regulations established not later than January 1, 1989, pursuant to Section 21243.

(b) "Public safety agency" means any city, county, state agency, or special purpose district authorized to arrange for emergency medical services.

Added Stats 1987 ch 1215 § 6.

Cross References:

Landing of emergency service helicopter at site of medical emergency as exception to unlawfulness of landing on land or waters of another: Pub Util C § 21403.

§ 21662.4. Exemption of specified emergency aircraft flights from local ordinances restricting flight departures and arrivals

(a) Emergency aircraft flights for medical purposes by law enforcement, fire fighting, military, or other persons who provide emergency flights for medical purposes are exempt from local ordinances adopted by a city, county, or city and county, whether general law or chartered, that restrict flight departures and arrivals to particular hours of the day or night, that restrict the departure or arrival of aircraft based upon the aircraft's noise level, or that restrict the operation of certain types of aircraft.

(b) As used in this section, "emergency aircraft flights for medical purposes" are those flights in which undue delay would threaten a patient's life. "Emer-

gency aircraft flights for medical purposes'' include, but are not limited to, flights for the transportation of all of the following:

(1) Patients accompanied by licensed or certificated medical attendants such as paramedics, nurses, physicians, and respiratory therapists.

(2) Surgical transplant teams for the purpose of procuring human organs for reimplantation in recipients.

(3) Organ procurement agency coordinators responding to a potential donor.

(4) Temporarily viable human organs such as a heart, liver, lungs, kidneys, and pancreas, and human tissue, blood, or blood components.

(5) Human tissue and blood samples for clinical testing to determine compatibility between a donor and a recipient.

(6) Mechanical adjuncts or biological replacements for human organs.

(7) Medical equipment and supplies.

''Emergency aircraft flights for medical purposes'' do not include the transportation of medical personnel to attend seminars, conferences, or speaking appearances in which undue delay would not jeopardize any patient's medical condition.

(c) Written information concerning the emergency shall be submitted to the airport proprietor for all emergency aircraft flights within 72 hours prior or subsequent to the departure or arrival of the aircraft. For all emergency aircraft flights for medical purposes, the information shall include the patient s name and address, the names of medical attendants or personnel and the discipline in which they are licensed or hold a certificate to practice, a signed statement by the attending physician specifying that a medical emergency was involved, the requesting medical facility or agency, the intended destination, the type and registration number of the aircraft, and the names of all flight crew members.

This subdivision does not apply to emergency aircraft flights for medical purposes by law enforcement, fire fighting, or military personnel.

(d) Any airport that incurs additional expenses in order to accommodate the arrival or departure of emergency aircraft flights for medical purposes may charge the patient on whose behalf the flight is made, or any organization or entity which has volunteered to reimburse the airport, for those expenses.

(e) For emergency aircraft flights for medical purposes, when two airports are located in the same geographical area, and one of the airports is a ''closed'' or restricted airport, the Legislature encourages the use of the ''open'' or unrestricted airport when feasible, rather than using the ''closed'' or restricted airport.

(f) When leasing aircraft for flights for emergency medical purposes, the Legislature encourages the use, when feasible, of aircraft which comply with local noise ordinances.

Added Stats 1990 ch 270 § 1 (AB 2630).

Note—Stats 1990 ch 270 provides:

SEC. 2. The Legislature finds and declares that emergency aircraft flights for medical purposes by law enforcement, fire fighting, military, and other persons who provide those flights affect the welfare of all of the citizens of the state, and that facilitating those flights is a matter of statewide concern. It is therefore the intent of the Legislature, by the addition of Section 21662.4 to the Public Utilities Code, to preempt the ordinance of any chartered city insofar as that ordinance may restrict emergency aircraft flights for medical purposes by law enforcement, fire fighting, military, and other persons who provide those flights by restricting flight departures and arrivals to particular hours of the day or night, restricting the departure or arrival of aircraft based upon the aircraft's noise level, or restricting the operation of certain types of aircraft.

Collateral References:

Attorney General's Opinions:

City may not restrict number and hours of emergency medical landings and takeoffs at hospital heliport when issuing conditional use permit for operation of heliport. 77 Ops. Cal. Atty. Gen. 165.

§ 21662.5. Restriction on location of helicopter landings and departures

Notwithstanding Section 21006 or Section 21661 or any other provision of law to the contrary, no helicopter may land or depart in any area within 1,000 feet, measured by air line, of the boundary of any public or private school maintaining kindergarten classes or any classes in grades 1 through 12, without approval of the department ***or by a public safety agency designated by the department***, unless the landing or departure takes place at a permitted permanent heliport, ***or is a designated emergency medical service landing site***.

Before * * * approval of the landing or departure of a helicopter pursuant to this section, all schools within the specified area shall be notified by the department or public safety agency of the application and shall have 15 days after the notice in which to demand a public hearing. The public hearing shall be held at a location in the immediate vicinity of the landing or departure site. The department ***or public safety agency*** shall not grant approval pursuant to this section unless it has first found that helicopter operations at the proposed site can be conducted in a safe manner, ***and in accordance with criteria established by the department***.

This section shall not prevent the governing body of any city or county from enacting ordinances or regulations imposing restrictions equal to or greater than those imposed by this section.

Amended Stats 1992 ch 1243 § 21 (AB 3090), effective September 29, 1992.

Amendments:

1992 Amendment: (1) Amended the first pararaph by adding (a) "or by a public safety agency designated by the department"; and (b) ", or is a designated emergency medical service landing site" at the end; and (2) amended the second paragraph by (a) deleting "the department grants or denies" after "Before" at the beginning; and (b) adding "or public safety agency" and ", and an accordance with criteria established by the department" in the third sentence.

Editor's Notes—For severability, see the 1992 note following § 21650.

§ 21664. Permit required for construction, establishment, or expansion of airport; Application

Any political subdivision or person planning to construct, establish, or expand an airport shall apply for the appropriate permit from the department prior to ***the*** construction, establishment or expansion. The application shall set forth the location of all highways, railways, * * * wires, cables, poles, ***fences, schools, residential areas and places of public gathering, and any other information as may be required by the rules and regulations of the department***. Whenever an airport owned or operated by the United States ceases to be so owned or operated, any political subdivision or person desiring or planning to own or operate ***the*** airport shall apply to the department in compliance with the provisions of this article. If ***the*** airport holds a permit issued by the department, the application shall be confined to consideration of the matters enumerated in subdivision (e) of Section 21666.

Amended Stats 1992 ch 1243 § 22 (AB 3090), effective September 29, 1992.

Amendments:

1992 Amendment: In addition to making technical changes, substituted "wires, cables, poles, fences, schools, residential areas and places of public gathering, and any" for "mains, pipes, conduits, wires, cables, poles, and other facilities and structures of public service corporations and of persons engaged in radio or television broadcasting located within the area proposed to be acquired or zoned, and the names of the owners of the facilities and structures, and such" in the second sentence.

Editor's Notes—For severability, see the 1992 note following § 21650.

§ 21664.5. Amended permit for "airport expansion"

(a) An amended airport permit shall be required for every expansion of an exist-

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NOISE IMPACT SCHEDULE

| Activity | | | Periods of Significant Off-site Noise Due To Construction Activitites | | |