



# REPORT TO COUNCIL

## City of Sacramento

6

915 I Street, Sacramento, CA 95814-2671  
www.CityofSacramento.org

PUBLIC HEARING  
**DECEMBER 6, 2005**

Honorable Mayor and  
Members of the City Council

**Subject:** Appeals of Sutter District Master Plan and Redesignations and Rezones of Various Properties for the Sutter District Master Plan (P03-090)

**Location/Council District:** Portions of 26-29<sup>th</sup> Streets, K-N Streets (Attachment ) . Council District 3

### **Recommendation:**

Staff recommends that the City Council take the following action: 1) Adopt the Resolution Certifying the Environmental Impact Report and adopting Findings of Fact and Statement of Overriding Considerations for the Sutter District Master Plan Project; 2) Adopt the Resolution Certifying the Environmental Impact Report (EIR) and adopting Findings of Fact and Statement or Overriding Considerations for the Housing Project of the Sutter District Master Plan; 3) Adopt a Resolution denying the appeal of the Planning Commission's decision approving the Sutter District Master Plan Project by SEIU-UHW West; 4) Adopt a Resolution granting the Sutter Community Hospital's appeal for the entitlements necessary for the Sutter District Master Plan and appeal of the conditions of the Major Project Special Permit ; 5) Adopt a Resolution granting the Loftwork's appeal of a Major Project Special Permit and Alternative Housing Special Permit for the housing component of the Sutter District Master Plan Project; 6) Adopting a Resolution Amending the General Plan Land Use Map for various properties for the Sutter District Master Plan Project; 7) Adopting a Resolution Amending the Central City Community Plan Land Use Map for various properties for the Sutter District Master Plan Project; 8) Adopt an Ordinance Amending the Zoning Districts established by the Comprehensive Zoning Ordinance, Title 17, of the Sacramento City Code by removing 2.31± net acres from the Office Building Special Planning District (OB SPD) zone and placing in the General Commercial Special Planning District (C-2 SPD) zone; removing 0.29± net acres from the Multi-Family Special Planning District (R-3A SPD) and placing in the General Commercial Special Planning District (C-2 SPD) zone; removing 0.73± net acres from the General Commercial Special Planning District with conditions (C-2 SPD w/c) and placing in the General Commercial Special Planning District (C-2 SPD); 9) Adopt an Ordinance amending the Zoning Districts established by the Comprehensive Zoning Ordinance, Title 17, of the Sacramento City Code by removing 0.73± net acres from Multi-Family Special Planning District (R-3A SPD) and placing in the Multi-Family Special Planning District (R-4 SPD) zone; and 10) Adopt a Resolution approving plans for a Helistop.

**Contact:** Mark Kraft, Associate Planner, 808-8116; Jeanne Corcoran, Senior Planner, 808-5317  
**Presenters:** Mark Kraft, Associate Planner  
**Department:** Development Services  
**Division:** Planning  
**Organization No:** 4875

**Summary:**

The applicant is requesting the necessary General Plan Amendments, Community Plan Amendments and rezones to accommodate the proposed facilities of the Sutter District Master Plan which includes the expansion of the Sutter Medical Center of Sacramento (SMCS) and additional medical facilities, support facilities, and housing. The expansion applies to property owned by SMCS throughout a seven block area adjacent to the existing Sutter General Hospital located at 2801 L Street.

The Sutter Medical Foundation Building will require a Community Plan Amendment from Residential Office to General Commercial for a portion of the site, and a Rezone of a portion of the site from Office Building to General Commercial.

The Community Parking Garage and the Children's' Theater of California will require a General Plan Amendment from High Density Residential to Community Neighborhood Commercial and Office, a Community Plan Amendment from Residential Office and Multifamily to General Commercial, and a rezone from Office Building (OB) and Multi-family Residential (R-3A) to General Commercial, C-2.

The housing component of the project will require a rezone from R-3A to R-4, and the future Medical Office Building at the St. Luke's site will require a General Plan Amendment from High Density Residential to Community Neighborhood Commercial and offices, a Community Plan Amendment from MultiFamily to General Commercial, and a rezone from OB to C-2. The project will also require a City Council Resolution to provide a Helistop on the Women's and Children's Center.

The Planning Commission action of November 10, 2005 has also been appealed by the applicants (Sutter and Loftworks) and by a third party (SEIU-UWH West). The two applicants have appealed the project to address specific conditions added by the Planning Commission on the Special permits. SEIU-UHW West's appeal challenges the adequacy of the Final EIR for the Project. Basically SEIU-UHW West's claims are the (1) the City failed to adequately respond to SEIU-UHW West's comments on the Draft EIR, (2) the EIR does not adequately analyze and disclose the project's environmental impacts on traffic, parking, noise and air quality, and (3) the EIR fails to identify and the Planning Commission failed to require feasible mitigation measures where required by CEQA.

Because of these appeals, all of the entitlements that comprise the Sutter District Master Plan Project are before the City Council for hearing and action. The City Council is to conduct a *de novo* hearing on the project as a whole, meaning that the Council shall hear the matter as if for the first time. (SCC 17.200.030(H)).

**Committee/Commission Action:**

On October 19, 2005 the project was reviewed and approved by the Design Review Board (DR05-150, DR05-226, DR05-238).

On November 10, 2005, the Planning Commission, with a vote of six ayes and two recusals, approved the entitlements for the development and construction of the Women's and Children Hospital, the ambulatory services/medical office building, the retail and parking garage (aka Community Garage) and the housing component, and recommended approval and forwarded to City Council the General Plan, Community Plan Amendments and rezones necessary to develop the project.

**Background Information:**

Acute care facilities presently at Sutter Memorial Hospital (SMH) and Sutter General Hospital (SGH) will be consolidated and expanded into a single, fully integrated medical complex. Currently, a decision has not been made on the reuse of Sutter Memorial site at 53<sup>rd</sup> and F Streets.

The applicant is requesting the entitlements necessary for the Sutter Medical Center of Sacramento's (SMCS) expansion of their medical and support facilities. The expansion will apply to property owned by SMCS throughout a seven-block area adjacent to the existing SGH located at 28<sup>th</sup> & K Sts. The new development proposed by the expansion is as follows:

- A Women and Children's Center (WCC) (385,400 s.f./eight stories , plus one below grade) located at the southeast corner of 28<sup>th</sup> and L Streets
- The Sutter Medical Foundation building (SMF) (209, 781 s.f./four stories, plus one below grade) located at the southwest corner of 28<sup>th</sup> and L Street.
- The Community Parking Garage for the WCC, SMF and other surrounding entities (Café Bernardo, Pioneer Church, Trinity Cathedral, The Children's Theatre of California, and other retail uses).
- A 32 unit Loftworks housing project that replaces the St. Luke's parking garage on N Street, adding housing to the area and providing the necessary units zidentified in the rezone of the parking structure in 1983.

Construction of the WCC will include a three story spanning structure connecting the existing and proposed hospital across L Street. This will allow the SGH and the new WCC to function as one hospital. Two additional pedestrian bridges will be constructed to accommodate pedestrian movement from the parking lots underneath the freeway to the new WCC building and from the existing Buhler Building across 28<sup>th</sup> Street to the SMF building. The existing pedestrian bridge connecting the Buhler Building and SGH will be removed. The proposal will also include a pedestrian bridge from the parking lot under the Capitol City freeway to connect the new hospital. The new hospital will include a helistop on the roof of the WCC.

*Planning Commission Hearing:*

Extensive testimony was given at the November 10, 2005 Planning Commission hearing. The testimony was centered around perceived inadequacy of the EIR and inadequate

mitigation measures present in the Mitigation Monitoring Plan (MMP). Written comments submitted at the hearing are included as attachments, as well as responses to these comments by Environmental Services staff (Attachments 7 and 8).

Major areas of concern included the following:

- 1) Air Quality concerns resulting from particulate matter and gasses emitted by construction equipment during construction and by vehicles after construction.
- 2) Understating of vehicle trips in the EIR.
- 3) Inadequate evaluation of the project effects on the two-way street conversion plan for L Street.
- 4) Inadequate mitigation of the parking shortfall calculated in the EIR.
- 5) Inadequate measurement of, and mitigation for, helicopter noise.
- 6) Inadequate noise mitigation for construction noise.
- 7) Inadequate mitigation for construction related on-street parking impacts of construction activities.

The MMP has been revised by the Planning Commission to strengthen some of the language related to construction related air quality impacts.

A point of concern which received extensive discussion was the claim that construction related air quality impacts were understated and that mitigation was inadequate because emissions were measured assuming an eight-hour day, while the actual construction would occur for eleven hours per day. It was explained at the meeting that the eight hour period used to measure emissions represents a base line to measure the performance of equipment (i.e., emissions per hour) not as a measurement of total emissions.

As a result of testimony, the Planning Commission also directed staff to explore the feasibility of the use of acoustical blankets for noise mitigation during construction. Environmental Services staff will be reporting back to the Council on this issue at the December 6 hearing.

### *Appeals*

Sutter Community Hospital and Loftworks have appealed the Planning Commission's approval to address conditions of approval L13, L14, and O1. of the Notice of Decision of the Planning Commission, November 10, 2005. These conditions were added by the Planning Commission at the hearing.

Condition L14 states that:

*The applicant shall provide acorn style street lighting, to the satisfaction of the Development Engineering and Finance Division, on both sides of the streets adjacent to the project site (26<sup>th</sup>-29<sup>th</sup>, L to N).*

The project had already been conditioned to provide street lighting adjacent to the project site, consistent with the Subdivision Map Act, City Code standards, and City policy. Providing

street lighting beyond the project boundary is not required by City Ordinance, and no nexus has been established which would require these street lights to address impacts of the project. Sutter also believes that the cost to install street lights on both sides of the street could greatly affect their budget for this project. Sutter is willing to work with the City to construct street lights on the opposite street sides if there is currently a city proposed lighting project in the area.

Condition L13 states that:

*The applicant shall provide an ADA accessible, continuous path of travel within the project site (Community Parking Structure, SMF, WCC, and housing sites). This shall include ADA compliant buildings, sidewalks, corner curb ramps and driveway curb cuts.*

Sutter Community Hospital does not object to this condition, however, the residential component of the project has been designed to provide a raised interior courtyard, which will provide privacy without the need for fencing. Requirement of ADA accessibility for the entire site will result in a major change to the project design, and it would not be feasible to construct the development as approved, affecting the possibility of Sutter to develop its housing component concurrently with the medical expansion.

Condition O1. states that:

*The Residential Component of the project shall provide two units, fronting on N Street, which are ADA accessible.*

Loftworks, which is developing the housing component for Sutter, is of the position that the proposed requirement will result in significant costs which were not anticipated in the design of the project. Staff is in agreement with the applicant's position in appealing the additional conditions imposed by the Planning Commission.

### *Rezoning and Plan Amendments*

The SMCS project would require General Plan and Community Plan Amendments to modify existing land use designations from High Density Residential to Community Neighborhood Commercial and Office, and Central City Community Plan Amendments from Residential Office and Multi-family to General Commercial. The General Plan includes specific goals and policies designed to support a balanced system of quality medical facilities that would be considered applicable to the SMCS project. The SMCS project proposes to amend the current General plan land use designations to meet the intent of this goal which is for the City to support a balanced system of quality medical facilities. The SMCS project would be considered consistent with intent of the City's goals and policies pertaining to the provision of medical facilities. The proposed uses requiring Community Plan Amendments are consistent with surrounding uses and would be consistent with the land uses that currently exist in the area. In providing a housing component, the project is consistent with General Plan and Community Plan policy to provide infill housing. The project is also consistent with General Plan policy promoting the provision of adequate parking, and preserving and enhancing historic structures.

The project site is zoned Hospital (H-SPD), Office Building (OB-SPD), General Commercial (C-2-SPD and C-2-R-W/C) and Multi-family Residential (R-3A). The SMCS project requires rezones from OB to C-2 for the SMF Building, from OB and R-3A and C-2-R-W/C to C-2 for the Community Parking Garage and from R-3A to R-4 for the residential component. These rezones will allow for zoning consistency with the proposed project, and with the proposed General Plan and Central City Community Plan designations for the project.

### *Helistop*

The SMCS project includes a non-emergency helistop which is located at the southern section of the roof of the WCC. The helistop will be used for periodic scheduled transfers of seriously ill infants, children and adults to the hospital from varying counties in northern California and western Nevada. It is anticipated that 200 trips per year would occur at this site.

It is anticipated that two basic approach and departure flight paths will be used for this site. The approach and departure flight paths generally follow the Capitol City Freeway from the north to the south or the south to the north. The EIR has analyzed the noise impacts of the helistop.

City Code Title 17 (17.24.050 (57)) requires a special permit for a heliport or helistop other than at an existing airport. The Planning Commission approved the helistop at its November 10, 2005 hearing.

Additionally, the Public Utilities Commission (PUC) requires approval of the plans for construction of a helistop. Furthermore, City Code Title 12.92 provides further regulations for the development, operations and permitting of helistops. The City is currently in the process of amending the City Code for helistops in order to be more consistent with State and Federal requirements and reduce conflicting requirements. The additional requirement for City Council approval of the construction plan will be eliminated. This ordinance is anticipated to be heard by the City Council in January of 2006.

Staff supports the helistop since the trip will be pre-arranged, noise issues have been addressed in the EIR, and the helistop is subject to federal and state regulations.

### **Financial Considerations:**

This project has no fiscal considerations.

### **Environmental Considerations:**

In accordance with CEQA Guidelines, Section 15081, Environmental Planning Services determined that an EIR should be prepared for the proposed project. The Draft EIR identified the following significant impacts for the SMCS project: Aesthetics, Air Quality, Cultural Resources, Hazardous Materials, Public Safety, Noise, and Transportation and Circulation. Mitigation measures were identified to reduce many project impacts to a less-than-significant level. However, significant and unavoidable impacts remain for Air Quality, Noise, and Transportation. An MMP that lists all of the mitigation measures and required implementing actions was prepared (Resolution Certifying the EIR-Exhibit A).

**Policy Considerations:**

The General Plan includes specific goals and policies designed to support a balanced system of quality medical facilities; supports opportunities to intensify and reuse properties for residential, office and retail uses, preserve and enhance existing neighborhoods; and provide adequate on-site parking.

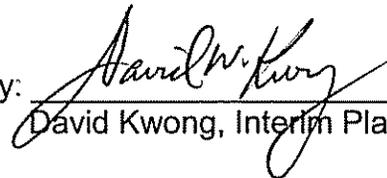
Smart Growth Principles: City Council adopted a set of Smart Growth Principles in December 2001 in order to encourage development patterns that are sustainable and balanced in terms of economic objectives, social goals, and use of environmental/natural resources. The proposed project is located in an area that is well served by transit, freeway accessible, and provides amenities that will enhance the neighborhood: housing, retail, theatre and a community parking garage. The project supports Smart Growth Principles.

Strategic Plan Implementation: The project conforms to the City of Sacramento's Strategic Plan, specifically by advancing the goal to enhance and preserve urban areas by supporting new development or redevelopment within existing developed areas that allow for efficient use of existing facilities and features.

**Emerging Small Business Development (ESBD):**

No goods or services are being purchased under this report.

Respectfully Submitted by:



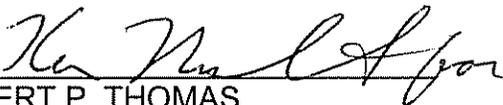
David Kwong, Interim Planning Manager

Approved by:



William Thomas  
Director of Development Services

Recommendation Approved:

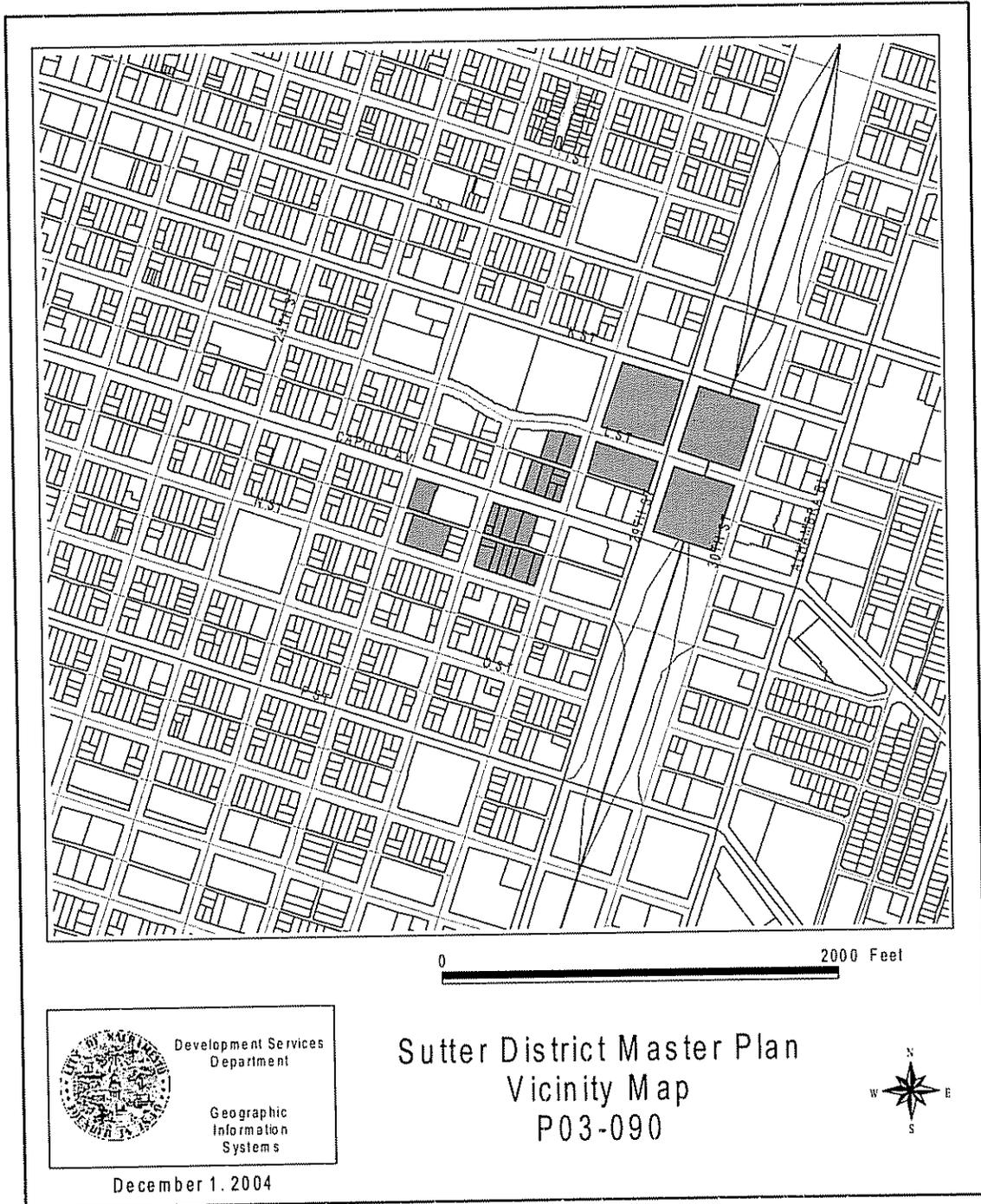


ROBERT P. THOMAS  
City Manager

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Attachment 1 – Vicinity Map



Attachment 2 – City Planning Commission Voting Record

**CITY PLANNING COMMISSION  
HEARING ITEM**

CPC AGENDA DATE: November 10, 2005

Item No.	Project No.	Title/Location	Action: Approved/Denied
8	P03-090	Sutter District Master Plan, 2800 K Street	AP'd & amended

**ACTION**

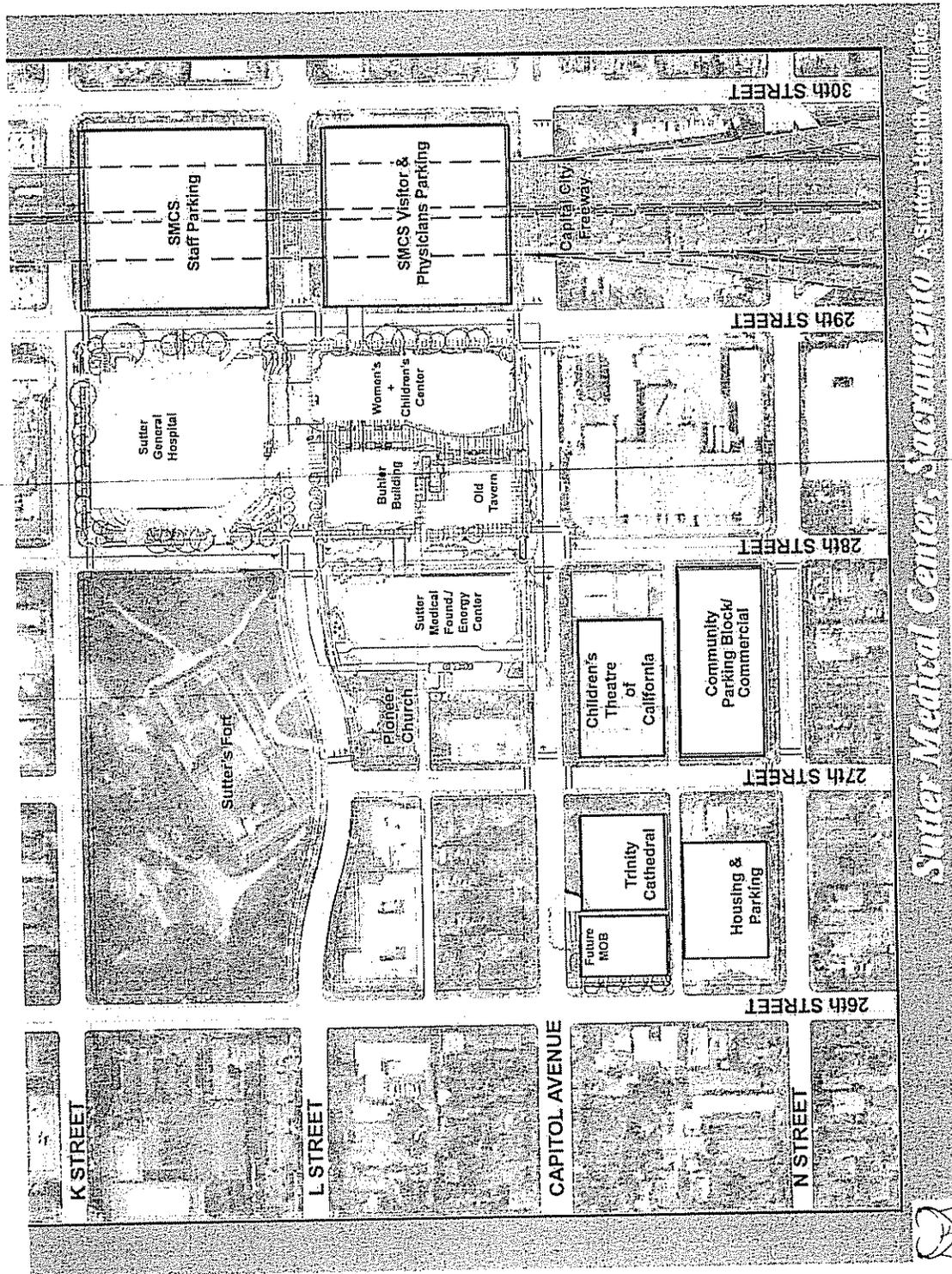
ADA sidewalks thru out, Acorn street lighting, changing AVE to ~~complete~~ <sup>built</sup> completion date & parking structure  
<sup>two</sup> housing units provided with universal design. Stds/principles, Air district/quality mitryations  
 enhanced, helicopter trips not to exceed 200 per year and 10 per day  
 TSM reviewed by city engineer and planning director, nothing about this project stops  
 the 2-way conversion project, watering more than twice as determined by staff for grading,  
 account for changes blankets (investigate), parking for construction workers - prohibit parking  
 on the street, and additional offsite parking, screening for garage as determined by  
 DRP13

**VOICE OF THE PLANNING COMMISSION:**

COMMISSIONER	MOTION 1			MOTION 2			ABSTAIN
	Yes	No	M/S	Yes	No	M/S	
Vacant							
Banes	✓		B				
Boyd	✓		S				
Notestine			Recused				
Taylor-Carroll	✓						
Vallencia			Recused				
Wasserman	✓						
Woo	✓		M				
Yee	✓						

Act Or

\*\*\*\* List "Proponents" and Opponents" on reverse side of this page\*\*\*\*



Attachment 4-SEIU Appeal

CITY OF SACRAMENTO

DEVELOPMENT SERVICES DEPARTMENT  
 915 I Street, New City Hall, 3<sup>rd</sup> Floor  
 Sacramento, CA 95814

PLANNING DIVISION  
 916-808-5419

APPEAL OF THE DECISION OF THE  
 SACRAMENTO CITY PLANNING COMMISSION

DATE: November 21, 2005

TO THE PLANNING DIRECTOR:

I do hereby make application to appeal the decision of the City Planning Commission on November 10, 2005 (hearing date), for project number (P#) 03-090 when:.

- Special Permit for \_\_\_\_\_
- Variance for \_\_\_\_\_
- "R" Review for \_\_\_\_\_
- Other Certification of EIR and other approvals and entitlements for Sutter Medical Center, Sacramento (Project)

were:  Granted by the City Planning Commission  
 Denied by the City Planning Commission

Grounds For Appeal: (explain in detail, you may attach additional pages)

\_\_\_\_\_

Failure to Comply With CEQA (see attached Appeal Letter)

\_\_\_\_\_

⇒ Property Location: Midtown Sacramento, blocks bounded roughly by 26th, N. K. and 30<sup>th</sup> streets

⇒ Appellant: SEIU-UHW West Daytime Phone: 510-337-1001  
(please print)

⇒ Address: Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA, 94501

⇒ Appellant's Signature: 

THIS BOX FOR OFFICE USE ONLY			
FILING FEE:	<input type="checkbox"/> \$1,192.00 By Applicant	RECEIVED BY: _____	
	<input type="checkbox"/> \$298.00 By Third Party	DATE: _____	
Distribute Copies To: CAS; DK; Project Planner; Mae Sactern (original & receipt)			
P# _____	Forwarded to City Clerk: _____		

STEFANO VERGARA  
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DANIELA BENTON  
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ANGELICA MARRAS  
W. DANIEL NOONAN  
ELLYNE MCDONALD  
JERRY E. HIRSH  
JAMES RUFFINO  
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CHRISTIAN L. RASNER  
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MELISSA FERGUSON  
ANTHONY F. Z  
MATTHEW J. GARDNER  
ASHLEY K. HEDA  
LINDA BALDWIN  
PATRICIA A. DAVIS  
ALAN B. CHOMLEY  
DANIEL LEE  
N. ELIZABETH MEATHY  
- Also admitted in Nevada  
- Admitted in Hawaii

**WEINBERG, ROGER & ROSENFELD**  
A PROFESSIONAL CORPORATION

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SARAH P. BENNER  
- Admitted in Hawaii  
- Also admitted in Hawaii  
PATRICK M. GATES, Of Counsel  
HELENE S. PAUL, Of Counsel  
ROBERTA D. PERONS, Of Counsel

November 21, 2005

VIA HAND DELIVERY

City of Sacramento  
Environmental Planning Services, L.E. Buford  
1231 I Street, Room 300  
Sacramento, CA 95814

Re: Appeal of Planning Commission Action Approving Project, Certifying Environmental Impact Report, and Adopting Various Ancillary Measures P03-090 Sutter Hospital Expansion Project, Sacramento, California

Dear Ms. Buford:

On behalf of Service Employees International Union, United Healthcare Workers - West ("SEIU-UHW"), we are appealing the decision of the Planning Commission on November 10, 2005, to approve the Sutter Hospital Expansion Project (project # P03-090), to certify the Final Environmental Impact Report<sup>1</sup> ("Final EIR") prepared by the City of Sacramento ("City") for the Sutter Medical Center, Sacramento, Project ("SMCS Project" or "Project") and the Trinity Cathedral Project, and to adopt various ancillary measures in support of the Project<sup>2</sup>

Although SEIU-UHW recognizes the important role Sutter Medical Center, Sacramento ("SMCS") plays in providing necessary and essential services to the community, there are serious deficiencies in the Final EIR (even after the adoption of some additional mitigation measures by the Planning Commission) that must be addressed before the Project proceeds further. This Project is perhaps the largest hospital construction project in the city's history and will have substantial effects on the surrounding community for at least the next 50 years. The Final EIR and the Planning Commission's certification of it do not comply with the requirements of the California Environmental Quality Act ("CEQA")<sup>3</sup>, as explained more fully below. The City may not approve the Project or grant any permits for the Project until an adequate EIR is prepared and circulated for public review and comment.

<sup>1</sup> City of Sacramento, Final Environmental Impact Report for the Sutter Medical Center, Sacramento (SMCS) Project and the Trinity Cathedral Project, September 2005.  
<sup>2</sup> The Trinity Cathedral Project is located within the area covered by the SMCS Project, and both projects are addressed by the Draft EIR. This Appeal, however, addresses only the impacts of the SMCS Project and those effects of the Trinity Cathedral Project that contribute to the cumulative impacts of the SMCS Project.  
<sup>3</sup> Public Resources Code §§ 21000 et seq

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Along with many thousands of members of the general public, SEIU-UHW members live, work, and pay taxes in the area affected by the Project. They are concerned about sustainable land use and development in the City of Sacramento and the development of health care facilities that embody sound environmental principles. Poorly planned and environmentally detrimental projects may jeopardize future jobs by inspiring a backlash against necessary and appropriate expansion of health care facilities that may employ SEIU-UHW's members. Additionally, SEIU-UHW's members live in the communities that suffer the impacts of environmentally detrimental projects. Union members breathe the same polluted air, encounter the same traffic congestion, endure the same noise pollution, and suffer the same health impacts as other members of the nearby community. Furthermore, SEIU-UHW members are also patients and caregivers in the Sacramento community. SEIU-UHW wishes to ensure that expanded medical facilities are constructed in a manner that safeguards the health and safety of patients and employees.

Acting on these concerns of SEIU-UHW's members, SEIU-UHW undertook a review of the Draft EIR,<sup>4</sup> filed an extensive comment on the Draft EIR,<sup>5</sup> and appeared at the Planning Commission public hearing on November 10, 2005 to present additional comment on the Final EIR along with other members of the Community Coalition for Accountable Development. Supported by reports from environmental scientist Dr. Petra Pless on air quality and noise, professional engineer Daniel T. Smith, Jr. on traffic, and acoustical consultant Dr. James T. Nelson on noise, our Comment Letter established that the Draft EIR failed to meet CEQA requirements in three ways: (1) the project description was inadequate; (2) the Draft EIR does not adequately analyze the impacts that the Project will have on air quality, traffic, and noise; and (3) the Draft EIR fails to identify or analyze alternatives and mitigation measures that would avoid and/or mitigate the Project's significant impacts. Each of these failings was a violation of CEQA. Each of these failings by itself was sufficient to bar the City's adoption of the Draft EIR and granting of the development and entitlement approvals sought by the applicant. As a result, SEIU-UHW asked that the City of Sacramento prepare a revised draft of the EIR that would address the numerous deficiencies identified in our Comment Letter and the accompanying expert reports. We asked that the revised draft be recirculated for public review in accordance with the mandates of CEQA.

#### THE CITY'S RESPONSE TO SEIU-UHW'S COMMENT

The Planning Department adopted a few of our suggestions regarding mitigation and incorporated them into the Mitigation Measures upon which approval of the Project by the Planning Commission was to be conditioned. However, the overwhelming tenor of the Final EIR's response to comments was to ignore the evidence of deficiencies in the Draft EIR and rush to Project approval. Likewise, the Planning Commission dismissed serious and well-supported criticisms of the EIR without obtaining credible responses from the City's consultants. This is unwise as it now leaves the Project without a defensible foundation of compliance with CEQA.

<sup>4</sup> City of Sacramento, Draft Environmental Impact Report for the Sutter Medical Center, Sacramento (SMCS) Project and the Trinity Cathedral Project, July 2005

<sup>5</sup> See Final EIR, Letter 8 (from Theodore Franklin to L. E. Buford, dated September 9, 2005) and 7 appendices.

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At the hearing on November 10, 2005, we brought a traffic and parking expert and an air quality expert to highlight some of the most egregious flaws in the Final EIR. Copies of remarks they submitted to the Planning Commission are attached as Exhibits A and B to this letter. These explain very technical issues in terms that are relatively free of jargon.

Unfortunately, much of the testimony of these experts has been disregarded entirely or dismissed with evasive or misleading responses. As a result, the Planning Commission certified the Final EIR without requiring correction of major errors that will not pass muster if subjected to review by a court. Although the Planning Department and the Planning Commission adopted some of the suggestions made by concerned citizens, the EIR, as certified, does not disclose the full story of the project's likely impacts on the community nor does it provide for the full panoply of mitigation measures that will be needed to minimize the project's undesirable impacts.

#### NADEQUATE DISCLOSURE

The Final EIR fails to disclose the true environmental impacts this project will have on the community.

**Traffic:** The EIR underestimates the amount of traffic the project will generate. The traffic levels projected in the EIR are less than those at 92% of similar medical facilities in the morning and 98% in the afternoon. These optimistic assessments are based on an unsound extrapolation from current traffic patterns at the obsolescent hospital. Incredibly, the EIR claims that, after the massive expansion of a medical facility that sits right next to the Capital City Freeway, there will be less traffic at the nearest freeway ramp. The EIR also completely fails to analyze the combined impact of Sutter's expansion and the two-way street conversion that is likely to take place in the neighborhood in the next few years.

**Parking:** The EIR states that the project could result in a parking shortfall of 686 spaces with no plan to deal with the extra 686 vehicles if they show up. Sutter says they'll deal with that problem when it arises. That's not good enough. Under CEQA, mitigation measures be clearly defined before project approval.

**Noise:** The EIR does not contain an adequate analysis of the potential sleep disturbance that helicopter landings, takeoffs, and flyovers will bring to the neighborhood.

**Air Quality:** The EIR underestimates the project's impacts on air quality by ignoring emissions during the high-pollution site-grading phase of construction, by assuming unrealistically that construction will be limited to an eight-hour day, and by completely failing to analyze the ultrafine particular matter from diesel exhaust and other sources that may be the most toxic component of the pollution that will be generated during the construction of this project.

Because of these obvious flaws in the EIR, the project is not ready for City approval. Until the likely effects of the project have been accurately disclosed, California's environmental laws prohibit the City from certifying the EIR. The EIR must be revised to disclose the full impact of the project and recirculated for public comment before final approval is granted.

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INADEQUATE MITIGATION

Although the Planning Department and the Planning Commission have adopted a number of mitigation measures, these measures don't go nearly far enough. In addition to requiring that the EIR to correct the systematic errors identified by the Coalition's experts, the City Council should require adoption of these sensible and feasible mitigation measures to lessen the impact on the neighborhood:

Traffic and Parking

- Identify now—not after the problem arises—where the 686 extra vehicles that may pour into the neighborhood each day will be parked.
- Establish one-hour residential parking on neighboring streets to protect the neighborhood from spillover when Sutter raises employee parking from \$20/month to \$60/month.
- Establish a parking validation program to ensure that the new community garage is used by Sutter visitors, and also offer discounted parking to local shoppers in order to reduce demand for neighborhood parking.
- Create additional programs to incentivize hospital employees' use of public transit, carpooling, and alternative commuting.

Noise

- Fund sound-reducing upgrades for homes near hospital (e.g., upgrading windows and doors to suppress sound transmission)
- Prohibit non-emergency and non-urgent use of the helipad during "quiet hours" between 10 p.m. and 7 p.m.

Air Quality

- Limit construction to one eight-hour shift as assumed in the EIR's air quality analysis.
- Restrict engine size of construction equipment to the minimum practical size.
- Develop a comprehensive construction management program to minimize the amount of large construction equipment operating at any one time.
- Schedule construction truck trips during non-peak hours to reduce peak hour emissions.
- Contribute to the Sacramento Metropolitan Air Quality Management District's offsite construction emissions fee program.

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- Use alternative-fueled equipment *and* equip it with particulate traps and catalytic oxidizers, not just one or the other

Once this project is approved, it will be too late for the City to require Sutter to fix the problems Vague promises to deal with the problems in the future are inadequate to meet the legal requirements of CEQA and inadequate to meet the needs of Sutter's neighbors

A fuller picture of the errors and shortcomings of the Draft EIR, few of which have been corrected by the Final EIR, can be gleaned from our Comment on the Draft EIR and the accompanying exhibits. This Appeal will focus on some of the outstanding problems.

#### I. CEQA REQUIRES DISCLOSURE, ANALYSIS, AND MITIGATION

CEQA generally requires that an agency analyze the potential environmental impacts of its proposed actions in an environmental impact report ("EIR"). (Pub. Res. Code § 21100 ) The EIR is the very heart of CEQA.<sup>6</sup> "The 'foremost principle' in interpreting CEQA is that the Legislature intended the act to be read so as to afford the fullest possible protection to the environment within the reasonable scope of the statutory language."<sup>7</sup>

CEQA has two basic purposes, neither of which the Draft EIR satisfies. First, CEQA is designed to inform decision-makers and the public about the potential, significant environmental effects of a project.<sup>8</sup> "Its purpose is to inform the public and its responsible officials of the environmental consequences of their decisions *before* they are made. Thus, the EIR 'protects not only the environment but also informed self-government'"<sup>9</sup> The EIR has been described as "an environmental 'alarm bell' whose purpose it is to alert the public and its responsible officials to environmental changes before they have reached ecological points of no return."<sup>10</sup>

Second, CEQA directs public agencies to avoid or reduce environmental damage when possible by requiring alternatives or mitigation measures.<sup>11</sup> The EIR serves to provide public agencies and the public in general with information about the effect that a proposed project is likely to have on the environment and to "identify ways that environmental damage can be avoided or significantly reduced."<sup>12</sup> Public agencies must deny approval of a project with significant adverse effects when feasible alternatives and mitigation measures can substantially lessen such effects.<sup>13</sup> CEQA section 21002 requires agencies to adopt feasible mitigation measures in order

<sup>6</sup> *Dunn-Edwards v BAAQMD* (1992) 9 Cal App 4th 644, 652.

<sup>7</sup> *Communities for a Better Environment v Calif. Resources Agency* (2002) 103 Cal App 4th 98, 109

<sup>8</sup> 14 Cal. Code Regs. ("CEQA Guidelines") § 15002(a)(1)

<sup>9</sup> *Citizens of Goleta Valley v Board of Supervisors* (1990) 52 Cal.3d 553, 564

<sup>10</sup> *Berkeley Keep Jets Over the Bay v Bd. of Port Comm'rs.* (2001) 91 Cal App 4th 1344, 1354 ("Berkeley Jets"); *County of Inyo v Yorty* (1973) 32 Cal.App 3d 795, 810

<sup>11</sup> CEQA Guidelines § 15002(a)(2) and (3). See also *Berkeley Jets*, *supra*, 91 Cal App 4th, at p. 1354; *Citizens of Goleta Valley v Board of Supervisors* (1990) 52 Cal 3d 553, 564; *Laurel Heights Improvement Ass'n v Regents of the University of California* (1988) 47 Cal 3d 376, 400

<sup>12</sup> CEQA Guidelines § 15002(a)(2)

<sup>13</sup> *Sierra Club v Gilroy City Council* (1990) 222 Cal App 3d 30, 41

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to substantially lessen or avoid otherwise significant adverse environmental impacts of a proposed project.<sup>14</sup> To effectuate this requirement, EIRs must set forth mitigation measures that decision makers can adopt at the findings stage of the process.<sup>15</sup> For each significant effect, the EIR must identify specific mitigation measures. Where several potential mitigation measures are available, each should be discussed separately and the reasons for choosing one over the other should be stated.<sup>16</sup> Mitigation measures should be capable of "avoiding the impact altogether," "minimizing impacts," "rectifying the impact," or "reducing the impact."<sup>17</sup> An EIR must respond to specific suggestions for mitigating a significant impact unless the suggested mitigation is "facially infeasible."<sup>18</sup> The response need not be exhaustive, but it should evince good faith and a reasoned analysis.<sup>19</sup>

Decision-makers must fulfill the state's policy that "public agencies should not approve projects as proposed if there are feasible alternatives or feasible mitigation measures available which would substantially lessen the significant environmental effects of such projects."<sup>20</sup> Each public agency is required to "mitigate or avoid the significant effects on the environment of projects that it carries out or approves whenever it is feasible to do so."<sup>21</sup>

The remainder of this Appeal Letter provides an analysis of the EIR's failure to meet these basic requirements of CEQA for the SMCS Project and its failure, even with the additional measures adopted by the Planning Commission on November 10, to require adequate mitigation. A revised Draft EIR should be prepared to address these issues and recirculated for public review.

## II. THE PROJECT DESCRIPTION IS INADEQUATE UNDER CEQA

An accurate and complete project description is the foundation of an EIR and is necessary for an intelligent evaluation of the potential environmental impacts of a project. As explained in the discussion following Section 15124 of the CEQA Guidelines,<sup>22</sup> an EIR must describe the proposed project "in a way that will be meaningful to the public, to the other reviewing agencies, and to the decision-makers." The state court of appeal has declared that "[a]n accurate, stable and finite project description is the *sine qua non* of an informative and legally adequate EIR."<sup>23</sup> In contrast, "[a] curtailed, enigmatic or unstable project description draws a red herring across the

<sup>14</sup> See also, Pub Res Code § 21081(a); CEQA Guidelines § 15370.

<sup>15</sup> CEQA Guidelines § 15126(c)

<sup>16</sup> CEQA Guidelines § 15126(c)

<sup>17</sup> CEQA Guidelines § 15370.

<sup>18</sup> *Los Angeles Unified School Dist. V. City of Los Angeles* (1997) 58 Cal App.4th 1019, 1029 ("Under the CEQA statute and guidelines a mitigation measure is 'feasible' if it is 'capable of being accomplished in a successful manner within a reasonable period of time, taking into account economic, environmental, social, and technological factors (citations)'.")

<sup>19</sup> *Ibid*

<sup>20</sup> Pub Res Code § 21002.

<sup>21</sup> Pub Res Code § 21002 1(b)

<sup>22</sup> California Code of Regulations, Title 14, Secs. 15000 *et seq* ("CEQA Guidelines").

<sup>23</sup> *County of Inyo v. City of Los Angeles* (1977) 71 Cal App 3d 185, 192

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path of public input." The court further concluded that "[o]nly through an accurate view of the project may affected outsiders and public decision-makers balance the proposal's benefit against its environmental costs, consider mitigation measures, assess the advantage of terminating the proposal (*i. e.*, the 'no project' alternative) and weigh other alternatives in the balance."<sup>24</sup> As the leading treatise on California environmental law has noted:

The adequacy of an EIR's project description is closely linked to the adequacy of the EIR's analysis of the project's environmental effects. If the description is inadequate because it fails to discuss the complete project, the environmental analysis will probably reflect the same mistake<sup>25</sup>

Here, the EIR fails to provide an adequate and complete project description, and therefore fails to meet the requirements of CEQA. In particular, the Project's construction schedule, equipment, and workforce are not adequately described. The Draft EIR fails to include any description of the construction equipment and workforce needed during the various stages of Project construction. (Draft EIR, pp. 2-53/54.) According to Dr. Pless, "Without knowledge of the number and type of construction equipment (including horsepower, loading factor, hours of operation per day, etc.) and the number of construction workers employed during each of these stages, it is impossible to accurately determine emissions of fugitive dust and criteria pollutant emissions from construction equipment and vehicle exhaust." (Comments on Air Quality and Noise by Petra Pless, D. Env., Final EIR, Letter 8, Appendix A ("Pless Report"), Comment II B.) Similarly, the Draft EIR only contains a list of construction equipment and typical noise levels but no itemization of the type and size of each piece of equipment that will be present at different times during the construction of the Project. (See Draft EIR, p. 6.6-21; Table 6.6-7.) This makes computation of sound levels around the construction site impossible. (Pless Report, Comment V 1.)

The Final EIR's response to this comment is to insist that the air quality analysis presented in the Draft EIR is conservative and based on standard assumptions. As will be described more fully in the next section discussing the failure, the air quality analysis is deeply flawed and, therefore, is incapable of excusing the Draft EIR's failure to provide the raw information that would enable Dr. Pless or any other air quality specialist to calculate air quality impacts of the construction phase of the project.

### III. THE ENVIRONMENTAL IMPACTS OF THE PROJECT ARE NOT ADEQUATELY DISCLOSED AND ANALYZED.

In addition to providing an accurate project description, an EIR must disclose all potentially significant adverse environmental impacts of a project.<sup>26</sup> CEQA requires that an EIR not only identify the impacts, but also provide "information about how adverse the impacts will be."<sup>27</sup>

<sup>24</sup> *Id.*, at 197-98; see also, CEQA § 15124; *City of Santee v. County of San Diego* (1989) 263 Cal. Rptr. 340

<sup>25</sup> Kostka and Zischke, "Practice Under the California Environmental Quality Act," p. 474 (8/99 update)

<sup>26</sup> Pub. Res. Code § 21100(b)(1) CEQA Guidelines section 15126(a); *Berkeley Jets*, 91 Cal. App. 4th 1344, 1354

<sup>27</sup> *Santiago County Water Dist. v. County of Orange* (1981) 118 Cal. App. 3d 818, 831.

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The lead agency may deem a particular impact to be insignificant only if it produces rigorous analysis and concrete substantial evidence justifying the finding.<sup>28</sup> In the absence of adequate disclosure, the public agency cannot fulfill its obligations under CEQA. "[T]he ultimate decision of whether to approve a project, be that decision right or wrong, is a nullity if based upon an EIR that does not provide the decision-makers and the public with the information about the project that is required by CEQA."<sup>29</sup>

Here, the disclosures regarding environmental impacts are wholly inadequate.

**A. The EIR Has Failed to Provide Accurate Information on the Air Pollution That Will Be Generated by the Project.**

CEQA prohibits certification of an EIR that does not disclose the likely impacts of a project on the environment. Yet, despite detailed and specific criticisms of major errors in the EIR's analysis of air quality by qualified experts, the Planning Commission improperly certified the Final EIR. Here are a few examples:

**1. The EIR's construction air quality analysis presents lower emissions than those calculated by its air quality consultant.**

In the Pless Report, Dr. Pless pointed out that the construction emissions of nitrogen oxides (or "NOx") presented in the Draft EIR were considerably lower than those actually calculated with the emissions model URBEMIS, which is contained in Appendix F of the Draft EIR. The Final EIR did not respond to this comment at all. The summary table originally presented in the Pless Report on the Draft EIR demonstrates the problem:

Unmitigated NOx construction emissions (lb/day)

Project Component	Draft EIR <sup>1</sup>	Appendix F <sup>2</sup>
SMF Building	107	236.14
WCC	35.97	404.66
Residential Housing Units	73.89	29.40
Future MOB	107	?
<b>Total</b>	<b>323.86</b>	<b>670.02</b>

<sup>1</sup> Draft EIR, p. 6.2-19

<sup>2</sup> Appendix F, URBEMIS 2002 modeling outputs, contains only three model runs for NOx emissions from construction of the WCC, the SMF Building, and the residential housing units. The modeling outputs for the Future MOB are not included.

As can be seen from this table, the Draft EIR presents and discusses less than half the daily emissions that its air quality consultant calculated with the URBEMIS model. The outputs discussed in the Draft EIR are "less than half" because Appendix F, which contains printouts of the URBEMIS air quality model outputs, is incomplete and does not contain a printout for the

<sup>28</sup> *Kings County Farm Bureau v. City of Hanford* (1990) 221 Cal App 3d 692

<sup>29</sup> *Santiago County Water Dist v. County of Orange* (1981) 118 Cal App 3d 818, 829.

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Future Medical Office Building (or "Future MOB") Now, because of the revised construction schedule, construction of the parking garage will add additional NOx emissions. Thus, the basic analysis of NOx emissions is wrong

Does it matter if a City certifies an EIR that understates nitrogen oxide emissions by over 50%?

It certainly does. When emissions of nitrogen oxides and various volatile organic compounds (or "VOCs"), which are also emitted by construction equipment, come together with sunlight, they can initiate a set of reactions that produce ozone, or photochemical smog. The Sacramento Valley Air Basin has for years been in severe non-attainment of the State ambient air quality standard for ozone. Emissions from construction of this Project will considerably worsen the already poor air quality in the Sacramento region.

The human health and associated societal costs from ozone pollution are extreme. In proposing a new rulemaking limiting emissions of NOx from certain diesel engines, EPA summarized the effects of ozone on public health:

"A large body of evidence shows that ozone can cause harmful respiratory effects, including chest pain, coughing and shortness of breath, which affect people with compromised respiratory systems most severely. When inhaled, ozone can cause acute respiratory problems; aggravate asthma; cause significant temporary decreases in lung function of 15 to over 20 percent in some healthy adults; cause inflammation of lung tissue, produce changes in lung tissue and structure; may increase hospital admissions and emergency room visits; and impair the body's immune system defenses, making people more susceptible to respiratory illnesses."<sup>30</sup>

Moreover, ozone is not an equal opportunity pollutant, striking hardest the most vulnerable segments of our population: children, the elderly, and people with respiratory ailments. (*Id.*) Children are at greater risk because their lung capacity is still developing, because they spend significantly more time outdoors than adults—especially in the summertime when ozone levels are the highest, and because they are generally engaged in relatively intense physical activity that causes them to breathe more ozone pollution. (*Id.*)

Ozone has severe impacts on millions of Americans with asthma. While it is as yet unclear whether smog actually causes asthma, there is no doubt that it exacerbates the condition.<sup>31</sup> Moreover, as EPA observes, the impacts of ozone on "asthmatics are of special concern particularly in light of the growing asthma problem in the United States and the increased rates of asthma-related mortality and hospitalizations, especially in children in general and black children in particular."<sup>32</sup> In fact:

<sup>30</sup> 66 Fed Reg 5002, 5012 (Jan. 18, 2001)

<sup>31</sup> See 66 Fed Reg 5002, 5012 (Jan. 18, 2001) (EPA points to "strong and convincing evidence that exposure to ozone is associated with exacerbation of asthma-related symptoms")

<sup>32</sup> 62 Fed Reg at 38864

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[A]sthma is one of the most common and costly diseases in the United States. Today, more than 5 percent of the US population has asthma [and] [o]n average 15 people died every day from asthma in 1995 . . . In 1998, the cost of asthma to the U.S. economy was estimated to be \$11.3 billion, with hospitalizations accounting for the largest single portion of the costs.<sup>33</sup>

The health and societal costs of asthma are wreaking havoc in California. There are currently 22 million Californians suffering from asthma.<sup>34</sup> In 1997 alone, nearly 56,413 residents, including 16,705 children, required hospitalization because their asthma attacks were so severe. Shockingly, asthma is now the leading cause of hospital admissions of young children in California.<sup>35</sup> Asthma hospitalizations reflect massive human suffering and also impose a huge financial drain on the state's health care system. The most recent data indicate that the statewide financial cost of these hospitalizations was nearly \$350,000,000, with nearly a third of the bill paid by the State Medi-Cal program.<sup>36</sup>

2. **Revisions to the construction schedule will lead to increases in construction emissions that are not accounted for in the Draft EIR's air quality analysis.**

The Final EIR presents a considerably compressed construction schedule yet the Final EIR provides no revision to the air quality analysis. In brief, the EIR fails to disclose increased pollution levels that are certain to occur during construction. Neither the public, nor the Planning Commission had accurate information about the impact of the new construction schedule prior to the Planning Commission's approval of the Project on November 10.

The new construction schedule accelerates the start of construction for two Project components. Previously, construction of the various Project components was somewhat staggered; now, the construction phases of all Project components will overlap. (Compare Final EIR and Draft EIR, Tables 2-8.) The Final EIR states, with no analysis whatsoever, that "[this] revised schedule does not change the analysis in the Draft EIR, specifically the air quality analysis." (Final EIR, p. 2-6.) This statement is simply wrong. The revised schedule will have a number of consequences including a considerable increase in daily emissions from construction.

The Draft EIR's air quality analysis of worst-case daily emissions from construction relied on concurrent construction of only four components, the Women's & Children's Center, the Sutter Medical Foundation Building, the residential housing, and the Future Medical Building. (Draft EIR, p. 6.2-19.) Under the new construction schedule, the parking structure will be constructed concurrently with these four components during the six months between October 2006 and the end of March 2007. The additional daily emissions associated with the construction of the

<sup>33</sup> 66 Fed. Reg. at 5012

<sup>34</sup> California Department of Health Services, California County Asthma Hospitalization Chart Book, August 1, 2000

<sup>35</sup> *Id.*, at 1

<sup>36</sup> *Id.*, at 4

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parking garage will aggravate the already significant adverse impacts of Project construction on air quality

3. The EIR's construction air quality analysis is based on only 8 hours per day but the EIR does not restrict construction activities to 8 hours per day.

Review of the URBEMIS modeling outputs show that construction was assumed to occur only for 8 hours per day. Yet the Draft EIR contains no such limit on the hours per day that construction can occur. Typically, large construction projects, such as the SMCS Project, have longer hours of operation than 8 hours per day. If construction were to occur for more than 8 hours per day, emissions would be proportionally higher. For example, if construction occurs for 12 hours per day, emissions would be roughly one and a half times the emissions of an 8 hour day. Although this was pointed out to the Planning Commission, the Planning Commission failed to add as a condition of approval *any limitation at all* on the hours of construction. The EIR must be revised to contain language that restricts construction to 8 hours per day or else the air quality analysis must be revised to reflect the longer hours of construction.

4. The EIR does not analyze impacts on public health due to diesel exhaust emissions from construction equipment.

The Pless Report commented on the absence of a health risk assessment for toxic air contaminants including diesel exhaust emissions in the Draft EIR for the construction and operational phases of the Project. The response to these comments regarding the construction phase was that the only toxic air contaminant of any significance during construction is diesel particulate matter and that according to the California Air Resources Board ("or CARB") the focus of any impact discussion should be long-term health impacts. Based on the fact that construction emissions are only "temporary," the EIR then concludes that long-term health impacts would not arise. (Final EIR, p. 4-28.) This conclusion is wrong.

First, the Project will be built out over five years, which is hardly a short-term duration. During this entire time, people living in the area will be exposed to elevated levels of toxic air contaminants from the emissions of diesel-fueled construction equipment. Second, the same CARB guidance cited by the Final EIR recommends the use of an exposure duration of 70 years for risk assessments, *regardless of the actual duration of a project*; it does not recommend not assessing short-term emissions. (See California Air Resources Board, Risk Management Guidance for the Permitting of New Stationary Diesel-Fueled Engines, October 2000, p. IV 2.)

Diesel engines, including construction engines, emit nearly 40 toxic substances, and ultra-fine particulate matter (or "PM<sub>2.5</sub>"), which can penetrate the lungs and enter the blood stream. Due to its small size, particulate matter is easily inhaled and reaches deep into the lungs where it can trigger an inflammatory response. Particulate matter is associated with heart attacks, irregular heartbeat, asthma attacks, reduced lung function, and bronchitis. Diesel emissions are also estimated to be the hazardous air pollutant with the highest contribution to cancer risk in many areas across the country. In numbers, the national average cancer risk from breathing hazardous air pollutants in the outdoor air was one in 2,100 in 1996. Diesel emissions alone contributed

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89% of the risk with 60% from non-road sources such as construction, industrial, and farm equipment.

Historically, health impacts due to particulate matter were regulated through ambient air quality standards for PM10. However, a substantial amount of important new research has been published, documenting new health impacts at much lower concentrations and for different size fractions of particulate matter than was previously known and reflected in ambient air quality standards (Pless Report, Comment I.)

As summarized in the Pless Report, this new research documents that the inhalation of particulate matter, particularly the smallest particles, causes a variety of health effects, including premature mortality, aggravation of respiratory (e.g., cough, shortness of breath, wheezing, bronchitis, asthma attacks) and cardiovascular disease, declines in lung function, changes to lung tissues and structure, altered respiratory defense mechanisms, and cancer, among others. (Pless Report, Comment I.) Particulate matter is a non-threshold pollutant, which means that there is some possibility of an adverse health impact at any concentration.<sup>37</sup> This new information led the U.S. Environmental Protection Agency ("U.S. EPA") and the State of California to adopt new ambient air quality standards for PM2.5. These standards are *not* subsets of the old PM10 standards, but new standards for a separate pollutant with distinguishable impacts.

The Draft EIR's air quality section failed to discuss the existence of the State ambient air quality standard for PM2.5. The new annual PM2.5 standard of 12  $\mu\text{g}/\text{m}^3$  was adopted by the California Air Resources Board ("CARB") on June 20, 2002 and became effective on July 5, 2003, two years before the Draft EIR was published. At the same time, California lowered its annual PM10 standard from 30  $\mu\text{g}/\text{m}^2$  to 20  $\mu\text{g}/\text{m}^2$ . (CARB 09/05<sup>38</sup>) The Draft EIR also failed to acknowledge this new, lower standard for PM10. (Draft EIR, p. 6 2-3, Table 6.2-1.) Consequently, the Draft EIR failed to accurately characterize the regulatory setting for the Project.

The Final EIR addressed these shortcomings by denying the need to evaluate PM2.5 independently of PM10. (See Final EIR, p. 4-26.) The Final EIR noted that the comment on the Draft EIR received from the Sacramento Metropolitan Air Quality Management District ("SMAQMD") did not point to any deficiency in the Draft EIR regarding PM2.5. This response sounds a theme that is repeated on many pages of the Final EIR: if SMAQMD didn't require a disclosure, analysis, or mitigation, then the EIR didn't consider it. This negates the City's independent responsibility for compliance with CEQA when the City takes action that requires certification of an EIR.

The unfortunate result is that the EIR fails to analyze the risks attributable to diesel exhaust emissions during the five-year construction period of the Project. Furthermore, because these risks were deemed insignificant, the Draft EIR does not impose all feasible mitigation to reduce

<sup>37</sup> See *American Trucking v. EPA*, Unjustified Revival of the Nondelegation Doctrine, 23-SPG *Environ. Envtl. L. & Pol'y J.* 17, 26.

<sup>38</sup> California Air Resources Board, Review of the Ambient Air Quality Standards for Particulate Matter and Sulfates, <http://www.arb.ca.gov/research/aags/std-rs/std-rs.htm>, accessed September 8, 2005.

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these emissions as much as possible. The Final EIR and the Planning Commission have failed to correct the problem

**B. The Traffic Impacts of the Project Are Not Adequately Disclosed or Analyzed.**

**1. The Draft EIR underestimates traffic generation of the Project and as a likely consequence, understates impacts and the mitigation required.**

A key step in traffic analysis is estimating how many trips will be generated by a project on an hourly basis. Except when analyzing the "hospital" component of the SMCS Project, the Draft EIR relies on data from Trip Generation, 7<sup>th</sup> Edition, a recognized standard technical reference in the field. (See Report of Daniel T. Smith, Jr., Final EIR, Letter 8, Appendix C ("Smith Report"), pp. 1-3.) In the case of the SMCS "hospital" component, the Draft EIR relies upon observations at the current SMCS hospital facility, which results in significantly lower estimates of traffic generation. (*Id.*, at p. 2.)

Although it may be argued that rates based on the current facility capture some unique quality of the Sutter-managed hospital facilities, it is also possible, and indeed probable, that the lower traffic generation rates may be based on other factors, for example, that the current facility is partially obsolescent and consequently underutilized. (See *id.*, at pp. 2-3.) Further frustrating the disclosure function of the EIR, the details of the data supporting the trip generation rates used in the Draft EIR are missing. This makes it impossible for the public to review and determine whether the observations conducted in preparation of the Draft EIR are flawed. (*Id.*, at p. 2.) Without further disclosures and in the absence of a coherent explanation for the unusually low rates of trip generation reportedly observed at the existing facility, it is unacceptable for the Draft EIR, evaluating the traffic-generating potential of a new state-of-the-art medical facility, to rely on trip generation rates lower than those generally assumed by transportation engineers. A revised Draft EIR should be prepared to reflect industry standard reference rates of trip generation or thorough documentation of the observation methodology, data, and assumptions that support the use of lower alternative rates.

In the Smith Report, traffic engineer Smith pointed out that the DEIR trip generation for the hospital part of the project is 18 percent lower in the AM and 42 percent lower in the PM peaks than if the Institute of Transportation Engineers average trip generation rates were used. The Final EIR responded that the rates used in the Draft EIR—based on surveys of the existing Sutter hospital—are correct to use for the Project because they are for this site and because they fall within the range of data points from case studies used to compile the ITE average

But is it true that the lower trip rates they observed at the existing hospital are more relevant than a broader database? It is common sense that an enlarged, revitalized and upgraded hospital complex which, in the words of the project's statement of purpose, would support the latest diagnosis and treatment technologies and patient care processes and philosophies, would be different—would have a higher trip rate—than an existing hospital whose increasing obsolescence is the fundamental reason for undertaking the project. In this circumstance, it is much more reasonable as well as in keeping with the good faith effort to disclose impact required

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by CEQA, to assume that the enlarged and modernized complex will have trip rates more like the national average rates rather than the lower trip rates observed at the existing obsolescent complex. Until the EIR does that, neither the City's decision-makers nor the public will know the extent of the SMCS project's traffic impacts nor what mitigations should be required.

The Final EIR asserts that the projected trip generation figures for the future SCMS facility are within range. That is true—but just barely. According to transportation expert Smith, the rate they compile from the existing Sutter Hospital is lower than 92 percent of the ITE range for the a.m. peak and lower than 98 percent of the range for the p.m. peak. (See Appendix B.)

2. **The Draft EIR fails to analyze the city's plan to convert one-way to two-way streets as an event likely to occur in the next five years.**

The Draft EIR indicates that the SMCS Project is expected to begin construction and be completed by 2010. The City is actively pursuing a plan ("the Two-Way Street Conversion Project") to convert some one-way streets in the project area to two-way streets. (See Smith Report, at p. 4.) It is quite possible, and even probable, that the Two-Way Street Conversion Project will take place before the construction of the SMCS Project is done, yet the Draft EIR only analyzes the SMCS Project in relation to the altered two-way streets network in the cumulative condition analysis 20 years from now—i.e., in the year 2025. (*Id.*) In the professional opinion of transportation engineer Smith, "as a matter of fairness to the public and a matter of due diligence in a good faith effort to disclose impact, the consequences of the combined effects of the two-way streets plan and the SMCS project, which both could be completed by Year 2010, should be analyzed." (*Id.*) The Draft EIR, by contrast, misrepresents the combined effects of the SMCS Project and the two-way streets project as "a time-distant and hence improbable and unimportant scenario." (*Id.*) Misrepresentation of the probable impacts of a project is not merely a violation of principles of fairness and diligence; it violates the fundamental requirement of CEQA that the EIR provide "information about how adverse the impacts will be."<sup>39</sup> A revised Draft EIR must be prepared and recirculated for public comment.

In order to protect the public interest, the City needs to know whether the traffic added by the SMCS project in the next few years will make the Two-Way Street Conversion Project less feasible or if it will necessitate some additional immediate mitigations with streets conversion that wouldn't be required without the SMCS project. It is within the City's purview to require that an analysis of the joint short-range traffic effects of SMCS and "streets conversion" be included within the context of the SMCS EIR and to require of SMCS any appropriate traffic mitigations to impacts SMCS would have in the two-way street configuration.

At the hearing of the Planning Commission on November 10, the issue was glossed over with meaningless assurances that the SMCS Project would not "interfere" with the Two-Way Street Conversion Project. "Interference" is a straw man. The issue is not "interference" (whatever that term may mean) but the absence of necessary analysis as required by CEQA—a failing only confirmed by the vacuous reference to "interference." Without analysis that has not been performed, no one knows if or how the SMCS Project will impact the viability or costs of the

<sup>39</sup> *Santiago County Water Dist. v. County of Orange* (1981) 118 Cal. App. 3d 818, 831.

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Two-Way Street Conversion Project The City should not certify the EIR until this analysis has been provided at SMCS's present, rather than the taxpayers' future, expense.

3. The EIR traffic projections appear to have errors in forecasts on individual streets that understate impacts.

The authors of the Final EIR deny there are major problems with the EIR's traffic analysis. Their responses are not persuasive.

The Smith Report established that there are computational errors in the traffic model for a key intersection, 29<sup>th</sup> and J. (See Smith Report, at pp. 5-7.) In both the near term and the cumulative scenarios, the EIR's projected traffic on the southbound off-ramp from Business 80 to the intersection of 29<sup>th</sup> and J, *the freeway ramp that most directly serves the project area, is less* in the "with SMCS project" conditions than in the baseline conditions. In other words, although the EIR projects that the Project, a regional medical care facility that most doctors, nurses, patients, and visitors will probably reach by freeway and that will add 838 a.m. trips and 909 p.m. trips to the immediate area, the EIR predicts a *decrease* in traffic on the closest local freeway off-ramp.

This is beyond belief. There is no plausible explanation for this anomalous conclusion and it appears clear that a calculation error has corrupted the Draft EIR's traffic analysis. According to transportation engineer Smith, the projections for each intersection are linked to those of other nearby intersections so the problem may be more widespread than miscalculations regarding a single intersection. (*Id.*, at pp. 6-7.)

Instead of finding the error and fixing it, the Final EIR responds by attempting to explain it away. The Final EIR suggests that perhaps, because of shifts in parking location, people who used the southbound off-ramp to J will instead use the next closest southbound exits to E and P streets. This is unfounded speculation, not the kind of rigorous analysis required by CEQA. As transportation engineer Smith explained to the Planning Commission, it is unlikely that people will divert to ramps six blocks away. (See Exhibit B.) More likely, he speculated, drivers will continue to use J Street and travel around a block or two. But beyond that common sense doubt, the numbers in the Final EIR just raise more questions.

The Final EIR includes a table that shows that when traffic at all three exits (E, J and P) is added together, the combined ramp traffic is greater with SMCS added than in the "no-project" condition. That is true—but just barely. Compared to the existing scenario, the Final EIR says SMCS will add 72 vehicles to the a.m. 3-ramp total and 39 to the p.m. total. The corresponding numbers are 58 in the a.m. and 39 in the p.m. for the cumulative scenarios.

As a reality check, the EIR says the Project will overall add 519 inbound trips to the area in the a.m. peak and 297 inbound in the p.m. peak. Given the layout of the region and the circulation system, according to transportation engineer Smith, one would reasonably expect that roughly 30 percent of the inbound traffic to SMCS would exit the ramps from Business 80 southbound. That would lead to an expected SMCS contribution to the E, J and P ramps of 156 in the a.m. and 90 in the p.m. The Final EIR implausibly suggests that the SMCS contribution will be less than half those reasonable expectations.

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As with air pollution, so with traffic. Half or more of the real problem is never disclosed, and when this is pointed out, the response in the Final EIR is pure obfuscation. We hope the honorable members of the City Council will trust their own instincts enough to demand that the Planning Department provide a credible explanation for how the massive expansion of the Sutter facility by half a million square feet or more will result in a decrease in traffic on the nearest freeway offramp. Until the evident systematic problem with the EIR's traffic assignments is rectified, the City and the public cannot know what traffic impacts SMCS will really have, what mitigations are really needed, and what impacts may be unmitigable.

**4 The Final EIR's analysis of parking impacts of the SMCS project is deeply flawed and misstates the likely impact of the Project on neighborhood parking.**

Calculations by the traffic consultants who contributed to the Draft EIR indicated that the SMCS project would result in a deficit of 686 parking spaces in relation to parking demand. Although they considered a number of potential mitigation measures and conditions, they found that the effect of those mitigation measures is not quantifiably certain and, as a consequence, they found that the SMCS project would have parking impacts that are significant and unavoidable (note that measures do not qualify as mitigation under CEQA unless the effect can be quantified).

When the public commented that the parking deficit would cause impacts due to overspill of parking and parking-related traffic into adjacent neighborhoods, the response was that the Draft EIR did not find there would be parking overspill into the neighborhoods. True enough, the Draft EIR merely identified the parking deficit, it did not make the logical deduction that this deficit would cause overspill to the neighborhoods. But the Final EIR's response is a denial of the obvious consequence if the projected deficit condition materializes.

The other part of the response to concerns raised by the finding of significant parking deficit has been to call in a second consultant who claims that there will be no deficit. (See Final EIR, Appendix A.) This would be amusing if it were not so blatantly irresponsible. The City has retained a second consultant to deal with the fact that its original consultant projected a real environmental problem that requires disclosure, analysis, planning, and action. Sadly, the analysis by the second consultant is little more than a coverup.

After unfairly dismissing recognized national parking generation rates for the involved uses, the substitute parking analysis assumes that the ratio of total parking demand (including that of patients and visitors) to total number of employees at the expanded and modernized SMCS facility will remain the same as at the existing obsolescent SMCS facility. By this computation, they estimate a parking deficit of only 475 spaces. However, the computation is illogical and understates the deficit for two reasons. First, a modernized facility offering more advanced and more varied services will certainly attract more patients and their visitors or companions than an obsolescent facility; the ratio between total parking demand and number of employees is not a constant. Second, the new facility will have a higher proportion of medical office space than the old. Medical office space generates total traffic and parking at a rate more than 70 percent higher than hospital space. So, however you compute it, per square foot, per employee or

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whatever, logically the new SMCS facility will cause higher rates of parking demand than the existing obsolescent facility.

The substitute analysis goes on to assert that the remainder of the deficit can be erased by raising the employee parking fees at SMCS facilities from the current \$ 20 per month to \$ 60 per month. However, this assertion is neither correct nor does it mitigate the impacts of the original parking supply vs. demand deficit.

The substitute parking analysis misapplies parking elasticity rates (the rate at which an incremental increase in price triggers an incremental decrease in demand). The elasticity rate it uses, - 3, is, according to the substitute analysis' primary reference source, the elasticity rate that applies to area-wide price changes (such as occurred when San Francisco placed tax on all downtown off-street parking fees in the 1970s).<sup>40</sup> According to the source documents, the elasticity rate of - 3 is reflective of areawide changes. But for individual complexes (such as the SMCS facility at issue here), the substitute parking analysis' reference source indicates that the average elasticity rate is only -.15. If the substitute analysis had used the appropriate demand elasticity rate for an individual complex, according to that theory, it would take a employee parking price increase to approximately \$120 per month, not \$ 60, to achieve the on site demand reduction they suggest. This is a change of \$1200 per year, not the \$480 the substitute parking analysis identifies.

Logically, those priced out of wanting to park at SMCS will predominantly be the lowest paid workers. This raises the consideration of social equity impacts.

Even the substitute parking analysis admits that the traveling population to medical centers is difficult to change from its current travel habits. Since this is true, and since the low paid workers who will be most impacted by an SMCS employee pricing policy logically would *already* be using transit or carpooling if they had reasonable opportunities, the likely impact of the suggested SMCS parking pricing strategy will not significantly reduce parking demand at SMCS, it will simply reduce the numbers willing to park at the SMCS-controlled parking facilities. The portion of the parking demand that is priced-out of the SMCS facilities will not be eliminated; it will still remain in the project area. Most of the displaced demand will overspill to adjacent neighborhoods.

Thus, there will continue to be a parking impact that the EIR fails to disclose or mitigate.

**C. The Noise Impacts of the Project Are Not Adequately Disclosed or Analyzed.**

**1. The Draft EIR fails to adequately analyze noise that will be generated by project construction.**

The Draft EIR does not contain an adequate construction noise analysis. As explained in section I A above, the foundation for such an analysis is not present here as there is no itemization of the

<sup>40</sup> A -3 elasticity means that, for every one percent increase in price, demand will decrease by three-tenths of one percent.

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equipment that will be expected to be present on site during particular time frames. According to the Pless Report, "An equipment schedule identifying the type and size of each piece of equipment that will be present by month on the Project site should be used to calculate sound levels around the construction site." (Pless Report, Comment V.1)

The Pless Report also notes that the Draft EIR's construction noise assessment fails to include noise from demolition and erroneously suggests that such noise need not be considered simply because it is exempt from regulation by the Sacramento Municipal Code. (*Id.*) The Draft EIR provides no explanation why such an exemption would block enforcement of CEQA. The Draft EIR also omits analysis of backup bells, a frequent source of noise complaints at construction sites. (*Id.*) Finally, ignoring nightshift workers and hospital patients who may be sleeping during the day, the Draft EIR incorrectly concludes that vibration from construction will not be significant because it will not be conducted during recognized sleep hours. (*Id.*) Each of these construction noise impacts should be analyzed in a revision of the Draft EIR.

**2. The Draft EIR fails to analyze sleep disturbance that will be caused by helicopter noise.**

The Draft EIR concedes that the impact of helicopter noise will be significant. (Draft EIR, p. 6 6-29.) However, the Draft EIR does not adequately describe or analyze the impact of helicopter noise. (See Letter Comment of James T. Nelson, Final EIR, Letter 8, Appendix E ('Nelson Report'), pp. 1-3.) The Draft EIR provides no analysis of the degree that helicopter traffic will result in sleep disturbance to members of the community within the flight path of the helicopters. Without great additional expenditures, the authors of the Draft EIR could have developed an appropriate significance criterion for awakening and incorporated a disclosure of the likely sleep disturbance that will be caused by operation of the helipad. (See Nelson Report, at p. 3.) This failure to analyze an impact that may be quite significant leads to a failure to discuss feasible mitigation. A revised Draft EIR should be prepared to analyze the probable effects of helicopter noise on the sleep of SMCS's neighbors.

**3. The Draft EIR Fails to Analyze Cooling Tower Noise**

The Draft EIR states that several large 27-foot cooling towers will be located on the roof of the SMF Building (Draft EIR, p. 2-25.) The noise from such cooling towers can be significant if not properly controlled, and the size of the towers will make them difficult to shield from the community. (Nelson Report, p. 3.) The Draft EIR does not adequately describe and analyze the noise impact of these towers. A revised Draft EIR should be prepared to provide a full analysis of cooling tower noise.

**D. The Draft EIR's Emissions Analysis Is Piecemealed**

As discussed in section II.A and shown graphically in Table 1 of our Comment, the Draft EIR took a hodge-podge approach to emissions analysis. "Rather than analyzing the worst-case emissions for the construction phase and the operational phase for each pollutant, as is customary, the Draft EIR only analyzed emissions from select Project components and phases." (Pless Report, Comment III.C.)

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This approach unlawfully piecemeals analysis of the impacts associated with this Project, and is not permitted under CEQA. The court of appeal has stated, "CEQA forbids 'piecemeal' review of the significant environmental impacts of a project. This rule derives, in part, from section 21002.1, subdivision (d), which requires the lead agency to "consider[] the effects, both individual and collective, of all activities involved in [the] project."<sup>41</sup> Under the CEQA Guidelines, the term "project" is defined as "the whole of an action, which has a potential for resulting in either a direct physical change in the environment, or a reasonably indirect physical change in the environment."<sup>42</sup> The Draft EIR does not follow this guidance.

As the Pless Report points out, nowhere in the Draft EIR is there a requirement for demolition and grading to be conducted at different times, nor is there any mitigation measure requiring staggering of demolition, grading, or construction. Yet, "the Draft EIR discusses emissions of fugitive dust PM10 from demolition of existing buildings (Impact 6.2-1) and fugitive dust PM10 during grading of construction sites (Impact 6.2-2) as if they would occur at different times." (Pless Report, Comment III.C.) This approach impermissibly fails to disclose the full potential impacts from Project construction. By making assumptions for the sake of calculation that minimize impacts without embodying those assumptions in mandates that will be imposed on the Project, the Draft EIR misleads the public with respect to foreseeable impacts of the Project.

Similarly, the Pless Report notes that the Draft EIR analyses ROG and NOx emissions from the operational phase of the Project only for five components, the WCC, the SMF Building, the residential units, the Community Parking Structure and Commercial Retail. The Draft EIR fails to analyze and include in its emissions estimate ROG and NOx emissions from Project-related traffic and declines to analyze any emissions resulting from operation of the Energy Center. (Pless Report, Comment III.C.) Segregating operational emissions in this fashion is piecemealing and not allowed under CEQA. All operational emissions must be analyzed and aggregated in order to determine and adequately mitigate the full impact of the Project.

#### **E. The Project's Construction Emissions Are Significant and Unmitigated**

As discussed in section II.A and shown graphically in Table 1 of our Comment, the Draft EIR provides limited emission estimates for a few pollutants and select Project components only. As shown in the Pless Report, these few emissions estimates are considerably underestimated and, thus, the EIR fails to disclose the full impact of Project construction on air quality. (See Pless Report, Comment III.D.)

##### **1. Construction NOx Emissions Are Significant and Unmitigated**

The Draft EIR claims to have analyzed NOx emissions from construction activities for the WCC, the SMF Building, the residential units, and the Future MOB with the URBEMIS 2002 emissions modeling program and presents the results in the description of Impact 6.2.3. (Draft EIR, p. 6.2-19.) The Draft EIR states that total maximum NOx emissions in spring of 2007 resulting from the concurrent construction of these four Project components would total 323.86 lb/day.

<sup>41</sup> *Berkeley Keep Jets Over the Bay v. Port of Oakland*, 91 Cal App 4th 1344, 1355

<sup>42</sup> CEQA Guidelines §15378(a).

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However, as Dr. Pless points out, the results of the URBEMIS 2002 runs shown in Appendix F of the Draft EIR show that the correct total for three of the buildings is 670.02 lb/day and the correct total for all four buildings may be higher than 900 lb/day (Pless Report, Comment III D 2 )

"Given that the Lower Sacramento Valley is designated a serious non-attainment area for ozone [see Draft EIR, p. 6.2-4], the Draft EIR should have made every effort to accurately estimate emissions of the ozone precursor NOx and require all feasible mitigation to mitigate the significant impacts resulting from Project construction." (*Id.*)

The Draft EIR imposes several mitigation measures and concludes that the impact will remain significant and unavoidable. Thus, all feasible mitigation should have been required but was not. The Draft EIR claims that "[m]itigation in addition to that listed below, and that would achieve substantially more NOx reduction is not available at this time." (Draft EIR, p. 6.2-20.) This is incorrect. As discussed in section III, additional feasible mitigation measures exist—measures required in other projects.

## 2. Construction ROG and CO Emissions Are Significant and Unmitigated

As discussed in section II A, the Draft EIR's construction impact analysis failed to discuss ROG and CO emissions from Project construction. Review of the URBEMIS 2002 modeling files contained in Appendix F of the Draft EIR reveals substantial ROG and CO emissions—the estimated emissions from simultaneous construction of five Project components (without construction of the 7-story parking structure) would be almost 800 lb/day of ROG and about 880 lb/day of CO. (See Pless Report, Comment III D 3.)

ROG emissions would be an order of magnitude higher than emissions significance thresholds set by other air districts and CO emissions would be almost twice the emissions significance threshold. (*Id.*) Yet the Draft EIR fails to even discuss ROG and CO emissions. Given that the Lower Sacramento Valley is designated a serious non-attainment area for ozone, the Draft EIR should have made every effort to estimate emissions of the ozone precursor ROG and impose all feasible mitigation.

The Draft EIR imposes several mitigation measures to mitigate NOx emissions, some of which also reduce ROG emissions. However, these mitigation measures will be insufficient to reduce ROG and CO emissions to less than significance. As discussed in section III, additional feasible mitigation exists and should be evaluated and required for the Project.

## F. Project Operational Emissions Are Significant And Unmitigated

As demonstrated below, the emissions estimates presented in the Draft EIR are considerably underestimated and therefore the Draft EIR fails to disclose the full impact of Project operations on air quality.

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1. **Operational ROG and NOx Emissions Are Significant And Unmitigated**

The only emissions analyzed for the operational phase, are ROG and NOx emissions from operation of the WCC, the SMF Building, the residential units, the Community Parking Structure and Commercial Retail. (Draft EIR, pp 6.2-21 – 6.2-24 ) The Draft EIR fails to analyze and include ROG and NOx emissions from Project-related traffic in its operational ROG and NOx emissions estimate.

Further, the Draft EIR declines to analyze any emissions resulting from operation of the Energy Center arguing that equipment at the new Energy Center would, for the most part, replace older equipment at the existing Energy Center, which would require a permit from the SMAQMD prior to operation and that "[c]onsequently, the newer equipment may actually be held to more stringent emission standards than existing equipment." (Draft EIR, p. 6.2-21 ) This is erroneous for a number of reasons. First, the substantially larger size of the new medical facilities will likely require a considerably increased output of the new Energy Center compared to the old Energy Center (see Comment II B ) Second, absent any determination of baseline emissions from the old Energy Center, it is impossible to determine whether emissions from the new Energy Center will or will not constitute a net increase. And third, the Draft EIR improperly -- assumes that a permit would ensure that utility equipment, e.g., boilers, would achieve the lowest achievable emission rate. (Draft EIR, p. 6.2-21.) This is not necessarily true and depends on the magnitude of the emissions and the specific pollutant, e.g., only for non-attainment pollutants. If the emissions do not exceed certain permitting thresholds, they will not be held to the lowest achievable emission rate. The EIR should be revised to include emission calculations for utility equipment and to identify regulations that would apply and control technology that would be required.

The Draft EIR imposes a number of mitigation measures designed to reduce ROG and NOx emissions but concludes operational emissions would remain significant after mitigation. An EIR can not conclude that emissions are significant and unavoidable without imposing all feasible mitigation. As discussed in Comment IV, a large number of additional feasible mitigation measures is available and should be required for the Project.

2. **Operational PM10 Emissions Are Significant And Unmitigated**

The EIR does not analyze the increase in PM10 from project operation. There would be an increase, resulting in a significant impact according to the EIR's significance criteria. The EIR appears to dismiss PM10 emissions based on an unsupported claim that they are "not typically produced in high amounts by project operations." (Draft EIR, p. 6.2-21 ) According to Dr. Pless, this is incorrect. (Pless Report, Comment III D.2 ) PM10 and PM2.5 emissions will be created by a number of sources including the boilers and cooling towers of the Energy Center, water heaters, diesel generators, auto exhaust, and entrained road dust from the increase in traffic (Id )

Further, as Dr. Pless points out, the Draft EIR alleges that the SMAQMD sets no standards for PM10 for the long-term operational phase of a project. This claim is incorrect and contradicted

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by the EIR itself, which elsewhere specifies the SMAQMD's operational threshold of  $50 \mu\text{g}/\text{m}^3$  for determining the significance of project emissions. (*Id.*; see Draft EIR, p. 6.2-14.)

**IV. THE FINAL EIR, AS MODIFIED BY THE PLANNING COMMISSION, FAILS TO REQUIRE FEASIBLE MITIGATION WHERE CEQA REQUIRES IT**

CEQA section 21002 requires agencies to adopt feasible mitigation measures in order to substantially lessen or avoid otherwise significant adverse environmental impacts of a proposed project.<sup>43</sup> To implement this requirement, an EIR must set forth mitigation measures that decision-makers can adopt at the findings stage of the process.<sup>44</sup> For each significant effect, the EIR must identify specific mitigation measures. Where several potential mitigation measures are available, each should be discussed separately and the reasons for choosing one over the other should be stated.<sup>45</sup> Mitigation measures should be capable of "avoiding the impact altogether," "minimizing impacts," "rectifying the impact," or "reducing the impact."<sup>46</sup>

By the EIR's own admission and as shown in this Appeal, our Comment Letter, and the accompanying reports, "significant unavoidable impacts" from construction and operation of the Project remain after implementation of the Draft EIR's proposed mitigation measures. Therefore, in order to comply with CEQA, the City must impose all feasible mitigation measures to mitigate these significant impacts, which the City has not done. The comments below discuss specific mitigation measures that should be implemented to lessen or eliminate the significant adverse effects of Project construction and operation.

**A. The EIR does not require all feasible mitigation to reduce the significant adverse impacts on air quality from Project construction.**

The EIR concludes that Project construction will result in significant adverse effects on air quality that will remain significant and unavoidable after implementation of its proposed mitigation program. (Draft EIR, p. 6.2-21.) In the Pless Report on the Draft EIR, Dr. Pless recommended a number of feasible mitigation measures. The Final EIR contains perfunctory discussion of why none of these proposed mitigation measures are feasible for the SMCS Project or how they are already included in mitigation measures set forth in Draft EIR. Several of the Final EIR's conclusions and statements are plainly wrong.

For example, Dr. Pless recommended the use of aqueous diesel fuel, which is certified by the California Air Resources Board, to considerably decrease NO<sub>x</sub> and particulate matter emissions. *In addition*, Dr. Pless recommended the use of add-on control devices such as particulate traps, so-called soot filters, and catalytic oxidizers. In response, the Final EIR commented that "Mitigation Measure 6.2-3(f) would require the applicant to use alternative fueled equipment or

<sup>43</sup> See also Pub. Res. Code §21081(a); CEQA Guidelines § 15370

<sup>44</sup> CEQA Guidelines § 15126(c).

<sup>45</sup> CEQA Guidelines § 15126(c).

<sup>46</sup> CEQA Guidelines § 15370

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catalyst equipped diesel construction equipment where feasible." (Final EIR, p. 4-44, emphasis added.)

However, as Dr. Pless told the Planning Commission, the use of alternative fuel does not preclude the use of add-on controls as the EIR suggests by using the word "or." Add-on post-combustion controls can be used *in addition* to an alternative fuel. Oxidizing soot filters are available that combine a particulate trap and a catalytic oxidizer in one device. A combination of add-on controls and alternative fuels has been required for construction of many other projects and is therefore clearly feasible and should be required to reduce the Project's considerable construction emissions.

Other mitigation measures that appear to be feasible and should be adopted as requirements for approval of the Project include:

- Limiting construction to one eight-hour shift as assumed in the EIR's air quality analysis.
- Restricting engine size of construction equipment to the minimum practical size.
- Requiring the applicant to develop a comprehensive construction management program to minimize the amount of large construction equipment operating at any one time.
- Scheduling construction truck trips during non-peak hours to reduce peak hour emissions.
- Requiring contributions to the Sacramento Metropolitan Air Quality Management District's offsite construction emissions fee program.

With respect to this last suggestion, the Final EIR discusses offsite mitigation as if it were taboo. In fact, offsite mitigation provides a well-established method for requiring developers to offset impacts that are significant and unmitigatable onsite.

**B. Additional Construction Mitigation Is Feasible and Should Be Required**

**1. Additional fugitive dust mitigation should be required.**

The Pless Report provides an extensive list of examples of fugitive dust mitigation measures that were not considered in the Draft EIR, appear to be feasible, and ought to be required under CEQA Guidelines sections 15126.4 and 15091. (See Pless Report, Comment IV.A.1.) These measures should be reviewed further and all that are feasible should be required.

**2. Additional diesel exhaust mitigation should be required.**

The Draft EIR finds significant unavoidable impacts for ROG's and NOx. Under CEQA, these must be mitigated with all feasible mitigation measures. The Pless Report provides an extensive list of examples of diesel exhaust mitigation measures that were not considered in the Draft EIR, appear to be feasible, and ought to be required under CEQA Guidelines sections 15126.4 and

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15091 (See Pless Report, Comment IV.A.2.) These measures should be reviewed further and all that are feasible should be required.

**3. Additional construction noise mitigation should be required.**

The construction noise analysis concludes that construction noise will remain significant and unavoidable after mitigation. Sensitive receptors live immediately across the street from Project construction. (Draft EIR, p. 6.6-23.) However, the Draft EIR does not require all feasible mitigation. Other feasible mitigation measures exist and should be required to mitigate the significant noise impacts from Project construction. For example, the following mitigation measures could be implemented to further reduce noise impacts: (1) notify affected parties of the proposed construction schedule and provide assistance with relocation if an affected party requests it; (2) establish a noise hotline that is continuously manned with someone with authority to seek out and solve the noise problem and shutdown the project if warranted; (3) install sound walls and barriers; and (4) require the use of equipment that meets noise levels of 85 dB at a distance of 50 feet.

Although the Planning Commission discussed the possibility of requiring installation of sound barriers, it was unclear at the meeting of the Planning Commission whether any such mitigation would be required. The other measures were not adopted. These suggestions should be seriously addressed rather than brushed aside.

**C. Additional Operational Mitigation Is Feasible and Should Be Required**

**1. Additional operational traffic mitigation measures should be required.**

According to the Pless Report, numerous traffic mitigation measures have been routinely required to mitigate significant impacts from other projects and should be required here to mitigate the Project's significant NOx, ROG, and PM10 impacts:

The Pless Report clearly documents that many of these mitigation measures have been required for projects in California and elsewhere. (Pless Report, Comment VI.B.1.) These measures should be assumed feasible in the absence of a reasoned analysis demonstrating otherwise, and used by this Project to reduce traffic emissions to a less than significant level. In particular, we would like to call attention to four mitigation measures that the City can require as conditions for approval of the Project:

- Identification of the specific locations where the 686 extra vehicles that may pour into the neighborhood each day will be parked.
- Establishment of a one-hour residential parking on neighboring streets to protect the neighborhood from spillover when Sutter raises employee parking from \$20/month to \$60/month.

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- Establishment of a parking validation program to ensure that the new community garage is used by Sutter visitors and by local shoppers in order to reduce demand for neighborhood parking.
- Additional programs to incentivize hospital employees' use of public transit, carpooling, and alternative commuting.

2. Additional operational area emissions mitigation should be required.

In addition to the mitigation measures proposed by the Draft EIR, operational area emissions can also be mitigated by controlling other sources of emissions from the Project, including exhaust emissions from landscaping equipment, emissions from natural gas combustion for heating/air-conditioning, increased ozone production from the heat island effect, and indirect emissions from electricity generation (see Pless Report, Comment IV B.2) In addition, the CEQA Guidelines of other air districts identify numerous other feasible measures for commercial/industrial operations. Some of these additional measures, which are routinely required as mitigation in other EIRs include:

Further, some air districts recommend that large projects that cannot be fully mitigated with on-site measures should implement off-site mitigation measures, for example:

- Retrofit existing homes and businesses in the project area with approved energy conservation devices;
- Replace/repower school/transit bus with cleaner vehicles;
- Construct satellite work stations;
- Fund a program to buy and scrap older, high-emission vehicles;
- Contribute to an off-site IDM fund;
- Repair smog-check waived vehicles;
- Introduce electric lawn and garden equipment exchange program; and
- Retrofit/purchase clean heavy-duty trucks, construction equipment, diesel locomotives, and marine vessels.

These off-site measures may be appropriate if the Project's operational impacts cannot be reduced by on-site mitigation to a less than significant level. The Final EIR dismisses many of these suggestions on the apparent grounds that offsite mitigation is never appropriate (See Final EIR, pp 4-50 - 4-53. But offsite mitigation is a well established method by which a project's developer can offset environmental impacts that cannot be entirely eliminated. The SMCS facility presents an ideal case for such measures. As Dr Pless concludes, "the traffic-related measures proposed by the Draft EIR to mitigate the Project's operational impacts are clearly

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inadequate to reduce its operational emissions to a less than significant level" (Pless Report, Comment IV B.2.) Additional feasible measures, including offsite mitigation, should be evaluated and required for this Project. A revised Draft EIR should be prepared to include these additional measures and recirculated for public review.

3. Additional helicopter noise abatement measures should be required.

CEQA provides that it is the policy of the State of California to "[t]ake all action necessary to provide the people of this state with ... freedom from excessive noise."<sup>47</sup> The Final EIR fails to meet this standard. The Draft EIR conceded that helicopter noise will be significant even after factoring in the one mitigation measure it required, namely, that helicopters follow a flight path along the freeway, approach the medical center from one direction, and depart in the other direction.

Again, the Draft EIR simply fails to do its job of identifying, discussing, and requiring feasible mitigation measures to substantially lessen or avoid a significant impact.

The Nelson Report identifies several possible mitigation measures that were not required or even discussed by the Draft EIR (see Nelson Report, p. 3):

- Upgrade windows and doors with glazing rated for sound transmission loss; and
- Prohibit non-emergency use of the helipad between 10 p.m. and 7 a.m.

The Pless report suggests that, at minimum, financial assistance should be provided to noise-proof homes and other structures within the 70 dB noise contour. (Pless Report, Comment V.3.) The Final EIR presents no analysis to establish that this is infeasible but instead coyly suggests that SMCS can do nothing because it cannot force homeowners to permit changes to their residences. This is beside the point. SMCS is certainly capable of providing financial assistance to those residents who have noise problems caused by the helipad and wish to make such alterations.

As to restriction on non-emergency use of the helipad during the traditional "quiet hours," a speaker at the Planning Commission hearing noted that some helicopter arrivals or departures may nonetheless be very time-sensitive despite the fact that they would not qualify as medical "emergencies." This objection is frivolous. If there is some broader need to use the helipad at night, SMCS should be able to explain it. If some other term besides "emergency" is required, SMCS should explain. The City should not, as the Planning Commission did, simply throw up its hands and abandon any restriction on nighttime use.

The City should require adoption of all feasible methods of reducing the significant impact of helicopter noise that is predicted in the EIR.

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<sup>47</sup> Pub. Res. Code § 21001(b)

November 21, 2005  
City of Sacramento  
Page 27

*CONCLUSION*

As this Appeal, our original Comment, and the accompanying reports demonstrate, the Final EIR does not provide the City's decision-makers with sufficient information to properly decide whether to approve the Project. Approval without adequate information compromises the environmental protection process envisioned by CEQA and risks court nullification. Where the public has not received adequate information about the likely effects of a project and numerous feasible mitigation measures have been overlooked, the better course is to require revisions to the EIR before project approval.

This Project will have numerous highly significant impacts that have not been adequately disclosed, analyzed, or mitigated. Based on the severity of the EIR's errors and omissions, a new draft EIR should be prepared to address the issues identified above and recirculated to allow for public review. Without these revisions, the EIR is inadequate under CEQA and cannot be relied upon by the City of Sacramento for approval of the Project.

Thank you for considering our Appeal.

Sincerely,

  
Theodore Franklin

TF/x: 110216/402819

Statement of Dr. Petra Pless, Leson & Associates to  
The City of Sacramento Planning Commission  
November 10, 2005, In the Matter of  
Certification of the Environmental Impact Report for the  
Sutter Medical Center, Sacramento (SMCS) Project

My name is Petra Pless. I hold a doctorate degree in environmental science and engineering and have reviewed the air quality components of environmental documents for many residential, industrial, and commercial projects, including hospitals.

I found the air quality analysis presented in the Environmental Impact Report or "EIR" for the SMCS Project to be significantly flawed and summarized these flaws in a comment letter on the Draft EIR. The responses to many of my comments on the Draft EIR were evasive or not responsive.

In my comments today, I will concentrate on the construction phase of the Project, however I would like to point out that there are equally important flaws in the EIR's analysis of the operational impacts of the Project on air quality. The most important flaws in the construction air quality analysis that remain or were created by new information contained in the Final EIR are:

1. Revisions to the construction schedule will lead to increases in construction emissions that are not accounted for in the Draft EIR's air quality analysis.
2. The EIR's construction air quality analysis presents lower emissions than calculated by its air quality consultant.
3. The EIR's construction air quality analysis is based on only 8 hours per day but the EIR does not restrict construction activities to 8 hours per day.
4. The EIR does not analyze impacts on public health due to diesel exhaust emissions from construction equipment.
5. The EIR does not require all feasible mitigation to reduce the significant adverse impacts on air quality from Project construction.
6. The EIR's proposed mitigation measures are not enforceable.

I will briefly summarize the details for each of these flaws.

1. Revisions to the construction schedule will lead to increases in construction emissions that are not accounted for in the Draft EIR's air quality analysis.

The Final EIR presents a considerably revised construction schedule. The new construction schedule accelerates the start of construction for two Project

components. Previously, construction of the various Project components was somewhat staggered; now, the construction phases of all Project components are overlapping (Compare Final EIR and Draft EIR, Tables 2-8.) The Final EIR states, with no analysis whatsoever, that "[this] revised schedule does not change the analysis in the Draft EIR, specifically the air quality analysis." (Final EIR, p. 2-6) This statement is simply wrong. The revised schedule will have a number of consequences including a considerable increase in daily emissions from construction.

The Draft EIR's air quality analysis of worst-case daily emissions from construction relied on concurrent construction of only four components, the Women's & Children's Center, the Sutter Medical Foundation Building, the residential housing, and the Future Medical Building. (Draft EIR, p. 6 2-19) Under the new construction schedule, the parking structure will be constructed concurrently with these four components during the six months between October 2006 and the end of March 2007. The additional daily emissions associated with the construction of the parking garage will aggravate the already significant adverse impacts of Project construction on air quality.

2. The EIR's construction air quality analysis presents lower emissions than calculated by its air quality consultant.

In my comment letter on the Draft EIR, I pointed out that the construction emissions of nitrogen oxides (or "NOx") presented in the Draft EIR are considerably lower than was actually calculated with the emissions model URBEMIS, which is contained in Appendix F. The Final EIR did not respond to this comment at all. The summary table I prepared for my comments on the Draft EIR is presented here again:

Unmitigated NOx construction emissions (lb/day)

Project Component	Draft EIR <sup>1</sup>	Appendix F <sup>2</sup>
SMF Building	107	236.14
WCC	35.97	404.66
Residential Housing Units	73.89	29.40
Future MOB	107	?
<b>Total</b>	<b>323.86</b>	<b>670.02</b>

<sup>1</sup> Draft EIR, p. 6.2-19

<sup>2</sup> Appendix F, URBEMIS 2002 modeling outputs, contains only three model runs for NOx emissions from construction of the WCC, the SMF Building, and the residential housing units. The modeling outputs for the Future MOB are not included.

As can be seen from this table, the Draft EIR presents and discusses less than half the daily emissions than its air quality consultant calculated with the URBEMIS model. I say "less than half" because Appendix F, which contains printouts of the

URBEMIS air quality model outputs, is incomplete and did not contain a printout for the Future Medical Office Building (or "Future MOB"). Now, because of the revised construction schedule, construction of the parking garage will add additional NOx emissions.

When emissions of nitrogen oxides and various volatile organic compounds (or "VOCs"), which are also emitted by construction equipment, come together with sunlight, they can initiate a set of reactions that produce ozone, or photochemical smog. The Sacramento Valley Air Basin has for years been in severe non-attainment of the State ambient air quality standard for ozone. Emissions from construction of this Project will considerably worsen the already poor air quality in the Sacramento region.

3. The EIR's construction air quality analysis is based on only 8 hours per day but the EIR does not restrict construction activities to 8 hours per day.

Review of the URBEMIS modeling outputs show that construction was assumed to occur only for 8 hours per day. Yet the Draft EIR contains no limit on the hours per day that construction can occur. Typically, large construction projects, such as the SMCS Project, have longer hours of operation than 8 hours per day. If construction were to occur for more than 8 hours per day, emissions would be proportionally higher. For example, if construction occurs for 12 hours per day, emissions would be roughly one and a half times the emissions of an 8 hour day. The EIR must be revised to contain language that restricts construction to 8 hours per day or its air quality analysis must be revised to reflect the longer hours of construction.

4. The EIR does not analyze impacts on public health due to diesel exhaust emissions from construction equipment.

I commented on the absence of a health risk assessment for toxic air contaminants including diesel exhaust emissions in the Draft EIR for the construction and operational phases of the Project. The response to my comments regarding the construction phase was that the only toxic air contaminant of any significance during construction is diesel particulate matter and that according to the California Air Resources Board ("or CARB") the focus of any impact discussion should be long-term health impacts. Based on the fact that construction emissions are only "temporary," the EIR then concludes that long-term health impacts would not arise. (Final EIR, p. 4-28 ) This conclusion is wrong.

First, the Project will be built out over five years, which is hardly a short-term duration. During this entire time, people living in the area will be exposed to

elevated levels of toxic air contaminants from the emissions of diesel-fueled construction equipment. Second, the same CARE guidance cited by the Final EIR recommends the use of an exposure duration of 70 years for risk assessments, *regardless of the actual duration of a project*; it does not recommend not assessing short-term emissions. (See California Air Resources Board, Risk Management Guidance for the Permitting of New Stationary Diesel-Fueled Engines, October 2000, p. IV 2.)

Diesel engines, including construction engines, emit nearly 40 toxic substances, and ultra-fine particulate matter (or "PM2.5"), which can penetrate the lungs and enter the blood stream. Due to its small size, particulate matter is easily inhaled and reaches deep into the lungs where it can trigger an inflammatory response. Particulate matter is associated with heart attacks, irregular heartbeat, asthma attacks, reduced lung function, and bronchitis. Diesel emissions are also estimated to be the hazardous air pollutant with the highest contribution to cancer risk in many areas across the country. In numbers, the national average cancer risk from breathing hazardous air pollutants in the outdoor air was one in 2,100 in 1996. Diesel emissions alone contributed 89% of the risk with 60% from non-road sources such as construction, industrial, and farm equipment.

The EIR fails to analyze the risks attributable to diesel exhaust emissions emitted during the five-year construction period of the Project. What's more, because these risks were deemed insignificant, the Draft EIR does not impose all feasible mitigation to reduce these emissions as much as possible.

5. The EIR does not require all feasible mitigation to reduce the significant adverse impacts on air quality from Project construction.

The EIR concludes that Project construction will result in significant adverse effects on air quality that will remain significant and unavoidable after implementation of its proposed mitigation program. (Draft EIR, p. 6.2-21.) In my comment letter on the Draft EIR, I recommended a number of feasible mitigation measures. The Final EIR contains a discussion why none of these proposed mitigation measures are feasible for the SMCS Project or how they are already included in mitigation measures. I strongly disagree with several of the Final EIR's conclusions and statements.

I will give just one example here. I recommended the use of an aqueous diesel fuel, which is certified by the California Air Resources Board to considerably decrease NOx and particulate matter emissions. In addition, I recommended the use of add-on control devices such as particulate traps, so-called soot filters, and catalytic oxidizers. In response, the Final EIR commented that "Mitigation Measure 6.2-3(f) would require the applicant to use alternative fueled equipment

or catalyst equipped diesel construction equipment where feasible " (Final EIR, p 4-44, emphasis added )

However, the use of alternative fuel does not preclude the use of add-on controls as the EIR suggests by using the word "or." Add-on post-combustion controls can be used *in addition* to an alternative fuel. Oxidizing soot filters are available that combine a particulate trap and a catalytic oxidizer in one device. A combination of add-on controls and alternative fuels has been required for construction of many other projects and is therefore clearly feasible and should be required to reduce the Project's considerable construction emissions

6. The EIR's proposed mitigation measures are not enforceable.

A number of mitigation measures include the wording "where feasible" or "where appropriate." This language renders the respective mitigation measures unenforceable as a practical matter. The EIR contains no information regarding who will be responsible for judging whether a potential mitigation is "feasible" or "appropriate." Consequently, these mitigation measures will most likely not be implemented. To prevent this, the EIR must identify an entity that will be responsible to judge whether a mitigation measure is feasible or not.

**Conclusion**

Construction of the Project will occur over a period of five year. During this time, people living and working in the area will be exposed to considerable construction emissions. These emissions will adversely affect the air quality in a City where the air people breathe is already severely compromised. Yet the EIR fails to disclose the magnitude of these impacts and fails to unambiguously require all available and feasible mitigation

Similar flaws are found throughout the operational air quality impact analysis.

Statement of Daniel T. Smith, Jr. to  
The City of Sacramento Planning Commission  
November 10, 2005, In the Matter of  
Certification of the Environmental Impact Report for  
Sutter Medical Center, Sacramento (SMCS) Project

My name is Dan Smith. I'm a consulting engineer with Smith Engineering & Management and a registered Civil and Traffic Engineer in California. I've been preparing and reviewing the traffic and parking components of environmental documents for over three decades.

The central point of my testimony tonight is that there are significant flaws in the SMCS EIR and that you should not certify the environmental document until those flaws are rectified. What are the flaws?

1. The EIR understates total traffic the SMCS project produces and as a likely consequence, understates impacts and mitigation necessary.
2. The EIR traffic projections appear to have errors in the forecasts of traffic on individual streets. Those errors understate SMCS impacts.
3. The parking impacts of the SMCS project have not been properly addressed.
4. The EIR fails to perform a short-range traffic impact analysis of the effects of the SMCS project in combination with the 2-way street conversion project.

I will briefly summarize details on each point.

The EIR understates total traffic the SMCS project produces, and as a likely consequence, understates impacts, and mitigation required.

In original comments we pointed out that the DEIR trip generation for the hospital part of the project is 18 percent lower in the AM and 42 percent lower in the PM peaks than if the Institute of Transportation Engineers average trip generation rates were used. The EIR people responded that their rates – based on surveys of the existing Sutter hospital - are correct to use for the project because they are for this site and because they fall within the range of data points from case studies used to compile the ITE average.

The point about being within the range is true – just barely. The rate they compile from the existing Sutter Hospital is lower than 92 percent of the ITE range for the AM peak and lower than 98 percent of the range for the PM peak.

But is it true that the lower trip rates they observed at the existing hospital are more relevant than a broader data base? It is common sense that an enlarged, revitalized and upgraded hospital complex which, in the words of the project's

EXHIBIT B

statement of purpose. would support the latest diagnosis and treatment technologies and patient care processes and philosophies. would be different - would have a higher trip rate - than an existing hospital whose increasing obsolescence is the fundamental reason for undertaking the project. In this circumstance, it is much more reasonable as well as in keeping with the good faith effort to disclose impact required by CEQA, to assume that the enlarged and modernized complex will have trip rates more like the national average rates rather than the lower trip rates observed at the existing obsolescent complex. Until the EIR does that, neither you nor the public will know the extent of the SMCS project's traffic impacts nor what mitigations should be required.

The EIR traffic projections appear to have errors in the forecasts of traffic on individual streets that understates impacts.

In our original comments, we observed that the results of the traffic projections were illogical and contain a significant systematic error that undermines the validity of the entire intersection traffic analysis. What is illogical is that, in both the near term and the cumulative scenarios, the EIR's projected traffic on the southbound off-ramp from Business 80 to the intersection of 29<sup>th</sup> and J, the freeway ramp that most directly serves the project area, is less in the "with SMCS project" conditions than in the baseline conditions. In other words, the EIR is projecting the project that adds 838 AM trips and 909 PM trips to the immediate area would cause a *decrease* in traffic on the closest local freeway off-ramp.

Instead of finding the error and fixing it, the EIR people respond by attempting to find a plausible explanation. They suggest that perhaps, because of shifts in parking location, people who used the southbound off ramp to J would instead use the next closest southbound exits to E and P streets.

You may, as I do, find doubtful the explanation that people will divert to ramps six blocks away. More likely, drivers would continue to use J Street and travel around a block or two. But beyond that common sense doubt, the numbers the EIR people provide just raise more questions.

They compiled a table that shows when you add all three exits to E, J and P, the combined ramp traffic is greater with SMCS added than in the "no-project" condition. That is true - just barely. For the existing scenario, the response says SMCS adds 72 to the AM 3-ramp total and 39 to the PM total. The corresponding numbers are 58 AM and 39 PM for the cumulative scenarios. We're considering a project that the EIR says will overall add 519 inbound trips to the area in the AM peak and 297 inbound in the PM peak. Given the layout of the region and the circulation system, one would reasonable expect that roughly 30 percent of the inbound traffic to SMCS would exit the ramps from Business 80 southbound. That would lead to an expected SMCS contribution to the E, J and P ramps of 156 in the AM and 90 in the PM. What the EIR people show in their

EXHIBIT B

response table is an SMCS contribution less than half those reasonable expectations.

Until the evident systematic problem with the EIR's traffic assignments is rectified, the City and the public cannot know what traffic impacts SMCS will really have, what mitigations are really needed and what impacts may be unmitigable.

Third: The parking impacts of the SMCS project have not been properly addressed.

The people who prepared the DEIR indicated that the SMCS project would result in a deficit of 686 parking spaces in relation to parking demand. Although they considered a number of potential mitigation measures and conditions, they found that the effect of those is not quantifiably certain, and as a consequence found that the SMCS project would have parking impacts that are significant and unavoidable (note that measures do not qualify as mitigation under CEQA unless the effect can be quantified).

When the public commented that the parking deficit would cause impacts due to overspill of parking and parking-related traffic into adjacent neighborhoods, the response was that the DEIR did not find there would be parking overspill into the neighborhoods. True enough, the DEIR merely identified the parking deficit, it did not make the logical deduction that this would cause overspill to the neighborhoods. But the response is a denial of the obvious consequence if the deficit condition does eventuate.

The other part of the response to concerns raised by the finding of significant parking deficit has been to call in a second consultant who claims that there will be no deficit. But this analysis by the second consultant is deeply flawed.

After unfairly dismissing recognized national parking generation rates for the involved uses, the substitute parking analysis assumes that the ratio of total parking demand (including that of patients and visitors) to total number of employees at the expanded and modernized SMCS facility will remain the same as at the existing obsolescent SMCS facility. By this computation, they estimate the parking deficit at only 475 spaces. However, the computation is illogical and understates the deficit for two reasons. First, a modernized facility offering more advanced and more varied services will certainly attract more patients and their visitors or companions than an obsolescent facility; the ratio between total parking demand and number of employees is not a constant. Second, the new facility will have a higher proportion of medical office space than the old Medical office space generates total traffic and parking at a rate more than 70 percent higher than hospital space. So, however you compute it, per square foot, per employee or whatever, logically the new SMCS facility will cause higher rates of parking demand than the existing obsolescent facility.

EXHIBIT B

The substitute analysis goes on to assert that the remainder of the deficit can be erased by raising the employee parking fees at SMCS facilities from the current \$ 20 per month to \$ 60 per month. However, this assertion is neither correct nor does it mitigate the impacts of the original parking supply vs demand deficit.

- The substitute parking analysis mis-applies parking elasticity rates (the rate at which an incremental increase in price triggers an incremental decrease in demand). The elasticity rate it uses, - 3, is, according to the substitute analysis' primary reference source, the elasticity rate that applies to areawide price changes (such as occurred when San Francisco placed tax on all downtown off-street parking fees in the 1970's). (We should mention that a -3 elasticity means that for every one percent increase in price, the demand would decrease by three-tenths of one percent ) They used an elasticity rate of -3 that is reflective of areawide changes. But for individual complexes, the substitute parking analysis' reference source indicates that the average elasticity rate is only - .15. If the substitute analysis had used the appropriate demand elasticity rate for an individual complex, according to that theory, it would take a employee parking price increase to approximately \$120 per month, not \$ 60, to achieve the on site demand reduction they suggest. This is a change of \$1200 per year, not the \$480 the substitute parking analysis identifies.
- Logically, those priced out of wanting to park at SMCS will predominantly be the lowest paid workers. This raises the consideration of social equity impacts.
- Even the substitute parking analysis admits that the traveling population to medical centers is difficult to change from its current travel habits. Since this is true, and since the low paid workers who will be most impacted by an SMCS employee pricing policy logically would *already* be using transit or carpooling if they had reasonable opportunities, the likely impact of the suggested SMCS parking pricing strategy will not significantly reduce parking demand at SMCS, it will simply reduce the numbers willing to park at the SMCS-controlled parking facilities. The portion of the parking demand that is priced-out of the SMCS facilities will not be eliminated; it will still remain in the project area. Most of the displaced demand will overspill to adjacent neighborhoods.

Thus, there will continue to be a parking impact that the EIR fails to disclose or mitigate.

Fourth, the EIR fails to perform a short-range traffic impact analysis of the effects of the SMCS project in combination with the 2-way street conversion project.

The issue here is straightforward. The City is currently considering a project to convert some of the one-way streets in the area to two-way streets. The City needs to know whether the traffic added by the SMCS project in the next few

EXHIBIT B

years would make the "streets conversion" project less feasible or if it would necessitate some additional immediate mitigations with streets conversion that wouldn't be required without the SMCS project. The EIR has analyzed SMCS with streets conversion only as a Year 2025 possibility. In such long term analyses, cause and effect of specific projects tend to be dwarfed or masked by the effects of long term regional growth. We are speaking of two projects that could be implemented more-or-less concurrently over the next five years or less: the need to mitigate SMCS traffic impacts on a converted street system could be immediate. It is within the City's purview to require that an analysis of the joint short-range traffic effects of SMCS and "streets conversion" be included within the context of the SMCS EIR and to require of SMCS any appropriate traffic mitigations to impacts SMCS would have in the two-way street configuration. The City should not certify the EIR until this information is provided.

Attachment 5-Sutter Appeal

NOV 18 2005 09:04 1162547489

SPECIAL DELIVERED

PAGE 01

CITY OF SACRAMENTO

DEVELOPMENT SERVICES DEPARTMENT  
 915 I Street, New City Hall, 5<sup>th</sup> Floor  
 Sacramento, CA 95814

PLANNING DIVISION  
 916-808-5419

APPEAL OF THE DECISION OF THE  
SACRAMENTO CITY PLANNING COMMISSION

DATE: November 18, 2005

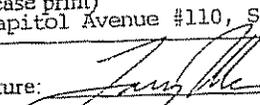
TO THE PLANNING DIRECTOR:

I do hereby make application to appeal the decision of the City Planning Commission on November 10, 2005 (hearing date), for project number (P#) P03-090 when:

- Special Permit for Major Project
- Variance for height, set-backs
- "R" Review for \_\_\_\_\_
- Other various for entitlements listed as "A" through "T" on Notice of Decision

was:  Granted by the City Planning Commission  
 Denied by the City Planning Commission

Grounds For Appeal: (explain in detail, you may attach additional pages)  
Applicant appeals Condition L14, which was added by the Planning Commission.  
According to Applicant's copy of the draft Notice of Decision, Condition L14 reads  
as follows: "The applicant shall provide acorn style street lighting, to the...  
 (See attached)

- ⇒ Property Location: Portion of 26th & 25th Street, K-N Streets
- ⇒ Appellant: Sutter Community Hospital of Sacramento (please print) Daytime Phone: (916) 454-6865
- ⇒ Address: 2801 Capitol Avenue #110, Sacramento, CA 95816
- ⇒ Appellant's Signature:  , Larry Maas

THIS BOX FOR OFFICE USE ONLY			
FILING FEE:	<input type="checkbox"/> \$1,192.00 By Applicant <input type="checkbox"/> \$298.00 By Third Party	RECEIVED BY: _____	DATE: _____
Distribute Copies To: CAS; DK; Project Planner; Mae Saeteru (original & receipt)		Forwarded to City Clerk: _____	
P# _____			

**ATTACHMENT TO SUTTER COMMUNITY HOSPITAL OF SACRAMENTO APPEAL**

...satisfaction of the Development Engineering and Finance Division on both sides of the streets adjacent to the project site (26th-29th, L to N)." Applicant is unable to determine at this point the cost of compliance with this condition, as the number of additional units of street lighting, the cost of each such additional unit and the cost to integrate such units into the existing street light grid is not specified. The impact of such additional lighting could compromise the project budget. Further, Applicant does not believe that there exists an appropriate nexus between the project being proposed by Applicant and the facilities required by this condition. Applicant wishes to reserve the opportunity to expand upon the stated grounds for appeal as it develops additional information regarding the requested improvements.

Attachment 6-Loftworks Appeal

CITY OF SACRAMENTO

DEVELOPMENT SERVICES DEPARTMENT  
 915 I Street, New City Hall 3<sup>rd</sup> Floor  
 Sacramento, CA 95814

PLANNING DIVISION  
 916-808-5419

APPEAL OF THE DECISION OF THE  
 SACRAMENTO CITY PLANNING COMMISSION

DATE: November 18, 2005

TO THE PLANNING DIRECTOR:

I do hereby make application to appeal the decision of the City Planning Commission on November 10, 2005 (hearing date), for project number (P#) p03-090 – Sutter Hospital Expansion Project when:

- Special Permit to allow development of 32 single family alternative housing units
- Variance for \_\_\_\_\_
- "R" Review for \_\_\_\_\_
- Other \_\_\_\_\_ for \_\_\_\_\_

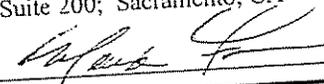
was:  Granted by the City Planning Commission with conditions  
 Denied by the City Planning Commission

Grounds For Appeal: (explain in detail, you may attach additional pages)

Please See attached letter

\_\_\_\_\_

\_\_\_\_\_

- ⇒ Property Location: 26<sup>th</sup> and N Street
- ⇒ Appellant: Loftworks LLC (Attn; Mark Friedman) Daytime Phone: (916) 383-3333  
(please print)
- ⇒ Address: 1530 J Street; Suite 200; Sacramento, CA
- ⇒ Appellant's Signature: 

**THIS BOX FOR OFFICE USE ONLY**

FILING FEE:  \$1,192.00 By Applicant      RECEIVED BY: \_\_\_\_\_  
 \$298.00 By Third Party                      DATE: \_\_\_\_\_

Distribute Copies To: CAS; DK; Project Planner; Mae Saetern (original & receipt)  
P# 03-090    Forwarded to City Clerk: \_\_\_\_\_

November 21, 2005

Ms. Jeanne Corcoran  
**DEVELOPMENT SERVICES DEPARTMENT**  
915 I Street, New City Hall, 3<sup>rd</sup> Floor  
Sacramento, CA 95814

**RE: Appeal of Conditions of Approval  
P03-090 – Sutter Hospital Expansion Project**

Dear Ms. Corcoran:

I am writing on behalf of Loftworks LLC to appeal two conditions of approval added by the Planning Commission to the housing component of the above referenced project. In our opinion, complying with these conditions creates privacy and security issues that significantly diminish the utility and the desirability of the units.

More specifically, we object to the following conditions:

***“L13. The applicant shall provide an ADA accessible, continuous path of travel within the project site (Community Parking Structure, SMF, WCC, and housing sites). This shall include ADA compliant buildings, sidewalks, corner curb ramps and driveway curb cuts.”***

***“O1. The Residential Component of the project shall provide two units, fronting on N Street, which are ADA accessible.”***

The ground floor of each townhome is set a minimum of two feet above the level of the sidewalk to create a clear delineation between the public path of travel and the private space of each homeowner. In addition, the interior courtyards that form the entry path for 20 of the homes are at a higher elevation to accommodate basements and below grade parking.

Lowering the N Street townhomes to street level – as required by Condition O1 – will enable passers-by to look directly into the living areas, significantly diminishing their value and utility. Furthermore, we cannot meet the requirements of condition L13 while also achieving other, important design objectives including: maintaining privacy and security; minimizing the visibility of cars on site; and providing an attractive landscaped buffer between units.

We believe that providing accessible dwelling units for people with disabilities is a desirable goal, but one that cannot always be readily achieved in dense, urban housing types. The Fair Housing Act and California Building Code, Chapter 11A recognize this difficulty and specifically exempt single-family dwelling units on separate parcels from the accessibility regulations. (See also 28 C.F.R. § 35.151, subd. (a) (requiring compliance with the Americans with Disabilities act if constructed by, on behalf of, or for the use of a public entity).)

In view of the statutory exemptions and the serious detrimental effect on the project, we respectfully request that the Council approve the project without the two conditions noted above.

Subject: Sutter Hospital Expansion (P03-090)

December 6, 2005

Sincerely,

Mark Friedman

Cc: Andee Leisy

Attachment 7-Public Comment Letters



SIERRA  
CLUB  
FOUNDED 1892

Mother Lode Chapter  
1412 K Street, Suite 500  
Sacramento, CA 95814  
Tel: (916) 557-1100 x 105  
Fax: (916) 557-9669  
motherlode@sierraclub-sac.org  
www.motherlode.sierraclub.org

November 10, 2005

Comments to Planning Commission on Sutter District Master Plan EIR

I am Vicki Lee, representing the Sierra Club. I live at 1360 Perkins Way in Sacramento.

Let me start with saying that we support the expansion of medical services for Sacramento residents, but we also believe that the developer must be held accountable to protect our public health and to meet our community's needs. The EIR does not adequately describe various environmental impacts and fails to adopt sufficient mitigation measures to safeguard our community's health.

The EIR is inadequate on air pollution issues and mitigation for air pollution impacts. It should be amended before it is adopted and certified.

As you know, the proposed project will produce substantial diesel exhaust emissions from trucks, construction equipment, and the demolition of 10 to 14 buildings during the four-year construction process. It will also increase mobile source emissions from operations once constructed that will have a significant impact on the neighborhood and the region.

Diesel engines emit a complex mixture of air pollutants, composed of gases and solid material. The visible emissions in diesel exhaust are known as particulate matter, which includes carbon particles or "soot." Diesel exhaust contains a variety of harmful gases and over 40 other cancer-causing substances. In 1998, California identified diesel particulate matter as a toxic air contaminant based on its potential to cause cancer, premature deaths, and other health problems including an increase in respiratory disease and lung damage. Exposure to diesel particulate matter is a public health hazard, particularly to children whose lungs are still developing and the elderly who may have other serious health problems.

Each year in California, diesel particulate matter contributes to an estimated 2,900 premature deaths, 3,600 hospital admissions, 240,000 asthma attacks and respiratory symptoms and 600,000 lost workdays. Overall, diesel engine emissions are responsible for the majority of California and Sacramento's potential airborne cancer risk from combustion sources. The California Air Resource Board formally identifies particulate emissions from diesel-fueled

engines as a toxic air contaminant and has established ambient air quality standards for fine particulate matter.<sup>1</sup>

Sacramento residents already face substantial cancer and other health risks due to elevated levels of particulate matter. According to the Draft EIR, the Sacramento region currently exceeds the maximum levels of fine particulate matter set by California ambient air quality standards to protect public health (see p 6 2-6). However, in areas close to major diesel use, such as regional freeways, rail yards, and ports fine particulate emissions are much higher. The Sutter Health facility location next to a major congested freeway, and in the central city area of Sacramento, which is bounded by regional freeways, is a particularly impacted area. The cumulative impacts of all existing sources and the project construction and operations emissions are not adequately addressed in the EIR. Of particular concern to us is the potential for increased goods movement through Sacramento on area freeways bordering the project area which will heighten exposures to these same pollutants.

The addition of diesel exhaust from heavy-duty construction vehicles for this project will exacerbate existing and growing health risks. It is reasonable to expect that diesel emissions from construction equipment will pose a special risk to nearby residents, hospital employees and construction workers. Despite this fact, the EIR fails to address public health impacts from exposure to diesel exhaust generated by construction equipment and fails to require appropriate mitigation measures.

Construction equipment, haul trucks, and worker and patient vehicles will emit other pollutants including nitrogen oxides and reactive organic gases. These compounds contribute to the formation of ozone for which the Sacramento Valley is in serious non-attainment status (DEIR, p 6 2-4). The Draft EIR admits to significant and unavoidable increases in nitrogen oxide emissions but does not propose solutions to mitigate the impacts, despite the availability of feasible mitigation.

**Construction Mitigation.** The EIR fails to establish clear requirements to reduce emissions for construction equipment. Instead, it grants wide discretion over emissions-reduction efforts to the developer. For example, the EIR only requires the developer to use alternative-fueled equipment or catalyst-equipped diesel construction equipment "where feasible" or "where appropriate." The EIR fails to define what might constitute "feasibility" or "appropriateness." It also fails to identify who will be responsible for judging whether a potential mitigation is "feasible" or not. And, finally, the EIR fails to establish enforceability mechanisms so that there

<sup>1</sup> California Air Resources Board, Initial Statement of Reasons for Rulemaking, Proposed Identification of Diesel Exhaust as a Toxic Air Contaminant, Staff Report, June 1998

are consequences if the developer fails to protect our community's health. This is a serious disservice to the community.

Another deficiency is that the EIR understates air pollution impacts by making air pollution assumptions based on 3-hour construction day, even though the EIR proposes no hourly restrictions on construction. It also fails to analyze PM 2.5 particulate matter generated by diesel exhaust, as mentioned earlier, a cause of premature mortality, asthma, cardiovascular disease, and cancer.

These deficiencies in the EIR need to be addressed. We urge the Commission to require a supplemental site-specific thorough air quality analysis be completed to:

- 1 Analyze the health risks posed by diesel combustion exhaust emissions and
- 2 Establish clearly defined and enforceable mitigations to reduce risks from impaired air quality to our community

We also urge the Commission to require that planning staff supplement the EIR's proposed mitigation program with methods to reduce diesel exhaust emissions from heavy-duty construction equipment. For example, the EIR only requires the developer to use alternative-fueled equipment *or* catalyst-equipped diesel construction equipment. Yet, add-on post-combustion controls can be used in addition to the use of alternative fuels and the combination can substantially reduce particulate matter and nitrogen oxides. The EIR should require retrofit pollution-control devices (e.g., particle traps, catalytic oxidizers) to all diesel and gasoline powered construction equipment.

Other mitigation includes:

- 1 Increase watering of the project site to more than twice a day during summer months
- 2 Limit construction to one eight-hour shift as assumed in the EIR's air quality analysis or fully offset all construction emissions beyond the eight hour period.
- 3 Restrict engine size of construction equipment to the minimum practical size
- 4 Develop a comprehensive construction management program to minimize the amount of large construction equipment operating at any one time.
- 5 Schedule construction truck trips during non-peak hours to reduce peak hour emission.
- 6 Contribute to SMAQMD's offsite construction emissions fee program.
- 7 Ensure that construction vehicles and equipment comply with the City's anti-unnecessary idling ordinance.

The proposed Sutter Hospital Expansion Project will have significant adverse impacts on our air quality resulting from its day-to-day operation. When the Project is completed, there will be substantially increased traffic, more than 1,750 trips through the neighborhood per day. This will result in air pollution requiring mitigation.

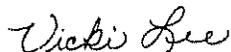
A number of additional feasible mitigation measures are listed in the report prepared by the BIR.

We believe the following should be required:

1. A neighborhood emissions offset program to:
2. Replace old HVAC, boilers, furnaces, hot water heaters and generators with newer, less emissive and energy efficient equipment;
3. Replace windows in neighboring residences with double pane windows;
4. Provide employees with the option of half-price transit passes;
5. Contract with Paratransit Inc. to provide elderly and disabled passengers with convenient access to hospital services on appointment basis. After all, our society is aging and the incidence of cancer and related treatments will continue to grow as Sutter Hospital continues to expand.

These mitigation measures are feasible and reasonable. We urge the Commission to require the developer adopt them. Let's make certain this place of healing starts off on the right foot by ensuring that its construction will **include every reasonable step** to preserve our community's health and the health of its neighbors in the Central City.

Sincerely,



Vicki Lee, Chair  
Sierra Club—Sacramento Group  
[VickiLee10@comcast.net](mailto:VickiLee10@comcast.net)

Planning Commission  
City of Sacramento  
215 F Street  
Sacramento, Ca 95814

**RE: Sutter Hospital Expansion Project 11/10/2005 Meeting**

- 1) We oppose adoption of the EIR based on the issues in our previous letters, and responder comments in the EIR.
- 2) For all the impacts this project will have on the immediate and surrounding neighborhood, the staff has been very miserly and not asked for ANYTHING SUBSTANTIAL to address the neighborhood concerns. The staff report should be rejected.
- 3) **Mitigation should include:**
  - a) **Applicant should pay for and install 6 historic streetlights per block from 25<sup>th</sup> to 29<sup>th</sup> K to P to mitigate neighborhood impacts, upgrade to current standards and provide for the projects parkers.**
  - b) **Applicant should upgrade and replace sidewalks from 25<sup>th</sup> to 29<sup>th</sup> K to P to mitigate neighborhood impacts, upgrade to current standards and provide for their new parkers.**

Please reject the application until the mitigations above are added and EIR issues addressed.

Sincerely Yours,

 11/11/05

Mark Whisler  
President  
Sacramento City Taxpayers Rights League

**Community Concerns & Proposed Mitigations:  
Sutter Medical Center Sacramento EIR**

COMMUNITY CONCERNS	EIR'S PROPOSED MITIGATION	COMMUNITY'S PROPOSED SOLUTIONS/MITIGATION
<p>The EIR states that the volume of traffic that the project will generate is as much as 42%. The project will produce 770 additional daily trips in the neighborhood. (Table 6-7-2) Traffic will have substantial impact on streets for residents, including large traffic overspill into the neighborhood. Understatement of traffic flow is due to flawed traffic impact analysis related to freeway and TMD volumes and trip generation (Table 6-7-5, 6-7-19).</p> <p>The EIR also understates effects of the project on the neighborhood's two-way street network. Increased traffic flows from the proposed SMCS will increase difficulty to convert the neighborhood's one-way streets to two-way streets, a program favored by neighborhood and Planning Commission.</p> <p>Even with a new 1,100-space Sutter Hospital Parking Garage, the SMCS project will have 537 fewer parking spaces than the EIR's forecast (DEIR, p. 6-7-45). When projected, the SMCS, Trinity Center Mall, and Children's Theatre parking could result in a parking deficit of 527 to 686 spaces (DEIR, p. 6-7-7). The EIR concludes that the project will have a potentially</p>	<p><b>Mitigation in the EIR</b></p> <ol style="list-style-type: none"> <li>1. Provide secure, weather-protected bicycle lockers for employees.</li> <li>2. Provide showers and lockers for employees bicycling or walking to work.</li> <li>3. Provide short-term bicycle parking for retail customers and other non-commute trips.</li> <li>4. In the event additional parking is needed, SMCS may add additional TSM (Transportation Systems Management) measures through the TSM monitoring program. (6-7-6)</li> <li>5. SMCS shall monitor parking occupancy on a regular basis during construction, particularly upon the closure of any parking facility.</li> </ol> <p>Adequate parking for patients/visitors shall be maintained at all times. As necessary, remote parking (with shuttle service) shall be provided for SMCS employees, including construction workers.</p> <ol style="list-style-type: none"> <li>6. SMCS shall pay its fair share to fund the future construction of a traffic signal at 27<sup>th</sup> Street and Capitol Avenue intersection.</li> <li>7. SMCS shall pay to restrip the northbound and southbound intersection approaches at 28<sup>th</sup> Street and Capitol Avenue to provide one left turn lane and one through-right turn lane.</li> <li>8. SMCS shall pay to add a</li> </ol>	<p><b>Revise EIR Traffic Study</b></p> <ol style="list-style-type: none"> <li>1. Revise EIR's traffic study to correct understatement of vehicle traffic flow to SMCS, including increased use of freeway ramps, then analyze additional measures to mitigate increased impacts.</li> <li>2. Amend EIR's traffic study to include an analysis of SMCS project's impact on the neighborhood's plan for two-way street conversion.</li> </ol> <p><b>Additional Reasonable Mitigation</b></p> <ol style="list-style-type: none"> <li>1. Establish 100% monthly transit or vanpool subsidy (up to \$80) for employees to encourage use of regional transit and vanpools.</li> <li>2. Establish one-hour residential permit parking from 8 a.m. to midnight on neighboring streets.</li> <li>3. Develop electronic, in-house ride-matching service to help employees to carpool and install electronic kiosks to be placed at Transportation Information Boards.</li> <li>4. Establish parking validation program to ensure that garage is used by SMCS visitors and also offers discounted parking to local shoppers in order to reduce demand for neighborhood street parking.</li> <li>5. Create programs to incentivize hospital employees' use of public transit, carpooling, &amp; alternative commuting. For example, track shuttle riders via driver-provided punch cards and offer cafeteria, café, coffee, cookie or other on-site discount for every 10<sup>th</sup> shuttle trip.</li> <li>6. Allow per diem employees to participate in 2005 transit pass program (up to \$80 per</li> </ol>



COMMUNITY'S PROPOSED SOLUTIONS/MITIGATION	EIR'S PROPOSED MITIGATION	CONCERNS
<p><b>Adopt Reasonable Measures to Mitigate Air Quality Impacts on Neighborhood</b></p> <ol style="list-style-type: none"> <li>1. Establish clear pollution-reduction requirements for construction equipment rather than granting discretion over such decisions to developer.</li> <li>2. Add pollution-control devices (e.g., particle traps, catalytic oxidizers) to all diesel and gasoline powered construction equipment.</li> <li>3. Increase watering of the project site to more than twice a day during summer months.</li> <li>4. Limit construction to one eight-hour shift as assumed in the EIR's air quality analysis</li> <li>5. Restrict engine size of construction equipment to the minimum practical size</li> <li>6. Develop a comprehensive construction management program to minimize the amount of large construction equipment operating at any one time.</li> <li>7. Schedule construction truck trips during non-peak hours to reduce peak hour emission.</li> <li>8. Contribute to SMAAQMD's offsite construction emissions fee program.</li> <li>9. <b>ALTERNATIVE FUELED VEHICLES?</b></li> <li>10. Pay an air quality mitigation fee.</li> <li>11. Sacramento Air Quality Management District's offsite fee program was adopted for projects such as this to improve overall air quality in Sacramento. 27777</li> </ol>	<p><b>Mitigation in the EIR</b></p> <ol style="list-style-type: none"> <li>1. "Catalytic converters shall be installed on gasoline-powered equipment, <u>if feasible.</u>" [NEW]</li> <li>2. "New technologies to control ozone precursor emissions shall be utilized <u>as they become available and feasible.</u>" [NEW]</li> <li>3. "When appropriate, use alternative fuel (such as aqueous diesel fuel) or catalyst equipped diesel construction equipment." [OLD]</li> <li>4. Emissions from all off-road diesel powered equipment used on the project site shall not exceed 40% opacity for more than three minutes in any one hour... [OLD]</li> <li>5. "Construction equipment shall be kept in optimum running condition at all times." [OLD]</li> <li>6. "Minimize idling time (10 minute maximum)." [OLD]</li> <li>7. "When appropriate, replace fossil-fueled equipment with electrically driven equivalents (provided they are not round via a portable generator set)." [OLD]</li> <li>8. Developer shall provide a plan for approval by SMAAQMD demonstrating that heavy-duty off-road vehicle is to be used in construction projects will achieve a project-wide fleet average 20% NOx reduction and 45% particulate reduction compared to the most recent CARB fleet average at time of construction. [OLD]</li> </ol>	<p>The developer's construction project will have potential effects on air quality, specifically due to its generation of fine particulate matter through diesel-powered construction equipment and the demolition of existing buildings. The Sacramento region, as well as statewide California mandates for fine particulate matter (see p. 67 of EIR) emissions from the project's construction equipment will add an additional burden to the public health risks. However, EIR fails to establish clear and enforceable pollution-reduction requirements for construction equipment. Instead, it provides wide discretion over pollution-reduction decisions to the developer. For example, EIR only requires the developer to "when feasible" installing catalytic converters on gasoline-powered equipment. EIR also fails to define "feasible" and only fails to define "when feasible" means. It also fails to identify who is responsible for determining "feasible." Furthermore, it fails to establish enforceable mitigation measures.</p> <p>EIR fails to adopt a number of sensible mitigation measures to reduce the project's overall air quality impacts on neighborhood:</p> <ul style="list-style-type: none"> <li>1. EIR does not establish air pollution impacts because EIR does not establish an 8-hour construction day, although</li> </ul>

COMMUNITY'S PROPOSED SOLUTIONS/MITIGATION	EIR'S PROPOSED MITIGATION	COMMUNITY'S PROPOSED SOLUTIONS/MITIGATION
<p><b>Revise EIR Helicopter Noise Study</b></p> <p>EIR should be revised to analyze helicopters' disturbance of residents sleep. DEIR indicates that no significant standards regarding noise impact on sleep disturbance or awakening are available. However, estimates of the probabilities of sleep disturbance and awakenings versus the Single Event Level (SEL) have been developed and are available. EIR could have easily calculated the probability of sleep disturbance. The EIR also fails to count the number of residential receivers and calculate the number of people likely to be affected.</p>	<p><b>Mitigation in the EIR</b></p> <ol style="list-style-type: none"> <li>1. Pilots must adhere to the Helicopter Association International "Fly Neighborly Program." [NEW]</li> <li>2. Helicopters are to fly directly along the highway routes, when possible. [NEW]</li> </ol>	<p><b>Adopt Reasonable Measures to Mitigate Noise Impacts on Neighborhood:</b></p> <ol style="list-style-type: none"> <li>1. Fund sound-reducing upgrades for homes near hospital (e.g., upgrading windows and doors for sound transmission loss).</li> <li>2. Prohibiting non-emergency use of the helipad between 10 pm and 7am.</li> </ol>
<p><b>Adopt Reasonable Measures to Mitigate Noise Impacts on Neighborhood:</b></p> <ol style="list-style-type: none"> <li>1. Install acoustical blankets or walls to reduce construction noise from the project, especially the most noise-intensive demolition phase. Such devices should be focused to shield noise from adjacent housing units.</li> <li>2. Publish regularly a newsletter to notifying neighbors of construction schedule. EIR says it "anticipates" that SMCS would publish such a newsletter. Newsletter should become a firm requirement of project.</li> </ol>	<p><b>Mitigation in the EIR</b></p> <ol style="list-style-type: none"> <li>1. Use alternative backup bells [NEW]</li> <li>2. SMC will post a construction schedule at the construction site [NEW]</li> </ol>	<p><b>Adopt Reasonable Measures to Mitigate Noise Impacts on Neighborhood:</b></p> <ol style="list-style-type: none"> <li>1. Fund sound-reducing upgrades for homes near hospital (e.g., upgrading windows and doors for sound transmission loss).</li> <li>2. Prohibiting non-emergency use of the helipad between 10 pm and 7am.</li> </ol>
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	PUBLIC COMMENT CONCERNS	EIR'S PROPOSED MITIGATION	COMMUNITY'S PROPOSED SOLUTIONS/MITIGATION
	<p>Need to investigate the significant noise impacts on neighbors.</p> <p>2. 3. 4.</p> <p>Our report says that construction will have a significant and unavoidable impact but fails to set a criterion of sensible and feasible mitigation to reduce the project's impact on neighbors.</p>		<p>3. Establish a noise hotline to which neighbors can report noise problems to SMCS. EIR says it "anticipates" that SMCS would provide such a hotline. Noise hotline should become a firm requirement of project.</p> <p>4. Require that developer use <i>equipment</i> that meets noise levels of 85 dB at a distance of 50 feet.</p> <p>Will Ted bring examples of blankets?</p>

at 11:00 PM on February 19, 2004, subject to the  
Helicopter Noise Impact.

Table 6-6-3

The study was performed on February 17, 2004, with no time of day given in the DEIR. This is during the winter when houses are closed up with doors and windows closed. Due to the absence of public notice on the February 19, 2004 test a second test was performed on June 2, 2004 between 3:05 PM and 4:00 PM and between 10:05 PM and 10:30 PM. Data from this test is conspicuously absent in the DEIR.

During the spring and fall and on summer days that the "Delta Breeze" phenomenon is present, most neighborhood residents leave their windows open to avoid the costly use of air-conditioning. Avoiding the use of air-conditioning is also environmentally important with the recurrent power shortages California has been experiencing.

The use of only one residential interior, closed up during the winter, with no given window type, number or size is inadequate to give a true test of the noise impact of the use of helicopters and a helistop. **More extensive testing is needed to accurately assess the sleep disturbance impact.** We would suspect that the noise level would be much greater and spread over a larger area. As noted in Impact 6-6-7 the impact is "Significant and Unavoidable" even testing in a closed up home. As noted in Impact 6-6-6 to prevent noise levels to exceed the City's interior noise criterion of 45 dB the windows must be closed during the day.

Many of the residential properties in the study area are considered historical. Use of noise reduction windows is contrary to Sacramento City policy discouraging the degradation of the historical properties with inappropriate window replacement.

Potential mitigation: Windows could be upgraded in more modern buildings. All residences could have closed windows and doors at night. Air-conditioning would be operated to maintain a comfortable sleeping environment and provide white noise during periods of heat. **We do not feel that the residents should bear the cost of this solution.** Residents should be reimbursed for the increased electricity cost over past averages for the life of the helistop.

**Not taken into account is the cumulative time effect of the two other major sources of helicopter noise in the study area.** These are the traffic helicopters patrolling the Capitol City Freeway mornings and evenings and the Sacramento Police Department helicopters. The latter are especially troublesome. These are older model helicopters that are extremely noisy and hover over the study area for long periods of time. Residents responding to requests for input by the Neighborhood Associations following the June 2004 tests reported varying impacts. Almost all reported the noise problem with the police helicopters and concern over the addition of more helicopter noise.

Allowing other aircraft to use the runway to the west impact on the emergency use of helicopters approaching and departing the UC Davis Medical Center nearby. Police and emergency service helicopters are exempt from regulations as noted in the DEIR.

Potential mitigation: Fund the replacement of the two Sacramento Police Department helicopters.

Another possible mitigation that would solve all helicopter noise problems is to do what Sutter Memorial does already. That is to land helicopters off-site and transport by surface to the hospital. This has been used successfully for many years. This is also done at hospitals in other cities, including trauma hospitals.

Sutter's four-year construction process will produce substantial noise that will affect neighbors, especially during the demolition of 10-story buildings. The EIR's construction noise analysis concludes that construction noise will remain significant and unavoidable after mitigation.

Although the EIR incorporates some of the mitigation measures proposed by the community, other feasible mitigation measures were rejected and should be adopted to mitigate the significant noise impacts on neighbors.

Several other municipal projects across the state of California analyze and incorporate "Noise Mitigation Systems" that are far greater than the mitigation proposed for this project. One main feature of the noise mitigation system is the installation of acoustical blankets or walls. The portability of the acoustical blankets makes them well suited to construction projects where noise sources are constantly moving around the site and allows for effective noise controls.

Enclosed is a list of projects where the acoustical blankets have been installed as part of the Noise Mitigation Systems. The list is from Behrens and Associates, Inc., an Acoustics, Noise and Vibration Consultant.

This EIR admits that there will be a significant impact to noise, but has virtually no mitigation, even though feasible mitigation exists. We recommend that the Commission supplement the EIR to analyze the feasibility of installing acoustical blankets and other routine devices in standard "Noise Mitigation System" that are considered by municipalities all over the state.

cc: Phil  
From: Steve Kuehn (skuehn.enc@sbcglobal.net)  
Sent: Thursday, November 10, 2005 9:06 AM  
To: Nicole Phillos  
Subject: RE: Project List

Nicole:

For the projects listed in most if not all the cases where a "Noise mitigation system" was required, accoustical blankets or some other appropriate noise barrier material would have been used or considered. Accoustical blankets would have been used in either a short term, semi-perminant fashion (i.e. sound wall) or as relocatable panels depending on the specific noise mitigation requirements at the time. The portability of accoustical blankets makes them well suited to construction projects where noise sources are constantly moving around the site and allows for effective noise control.

Please call me with any questions

Steve Kuehn  
Behrens & Associates  
Environmental Noise Control  
Phone: 707-738-4451  
fax: 707-252-9019  
skuehn.enc@sbcglobal.net

15100 SUTTER HOSPITAL EXPANSION PROJECT  
15100 SUTTER HOSPITAL EXPANSION PROJECT

LELAND CONSULTANTS, INC.  
15100 SUTTER HOSPITAL EXPANSION PROJECT  
FOR PROFESSIONAL NOISE/VIBRATION SUPPORT SERVICES

Sample Public Works project experience in noise and vibration consulting support services.

ORANGE COUNTY MUNICIPAL WATER DISTRICT (OCWD):

Advanced Water Treatment Facility Construction Project.

- Reverse Osmosis and Microfiltration System demolition, excavation and construction noise impact studies and mitigation specification system design for the Fountain Valley facility
- Construction and pile driving noise and vibration level measurement and mitigation studies;
- Developed allowable construction noise level codes;
- Designed noise mitigation systems for heavy construction equipment and operations;
- Completed pre-construction noise and vibration ambient level measurement programs and developed impact analysis model with noise mitigation designs, January 2004 to present.

CITY OF LOS ANGELES  
ENVIRONMENTAL ENGINEERING DIVISION AND WASTEWATER  
CONSTRUCTION MANAGEMENT DIVISION:

North East Interceptor Sewer Project (NEIS).

- Construction and tunneling field measurement and monitoring responsibilities including problem response and mitigation implementation during tunnel construction, June 2003 to present;
- Review of contractor's submittals for noise and vibration for both surface and sub-surface construction and tunneling activities, March 2003 to present;
- Completed pre-construction and construction noise and vibration surveys along the tunnel alignment and at portal and access shaft work sites, June 2003 to present;

East Central Interceptor Sewer Project (ECIS).

- Construction and tunneling field measurement and monitoring responsibilities including problem response and mitigation implementation during tunnel construction, May 2000 to present;
- Responsible for the development of all construction noise and vibration specifications for both surface and sub-surface construction and tunneling activities on the ECIS Project, March 1999 to May 2000;
- Completed all pre-construction noise and vibration surveys along the potential tunnel alignments and at all portal and access shaft work sites, June 1995 to April 2000;

**Behrens and Associates, Inc.**  
*Acoustics, Noise and Vibration Consultants*

Hyperion Treatment Plant.

- Outfall pipeline ballasting project noise control monitoring and mitigation development, July 2000;
- HTP-PBA Modification Project demolition and construction noise and vibration specification development, June 2000;
- Gas Blower noise study and mitigation system design, May 2000;
- TSF equipment noise acceptance testing and mitigation system development, October 1998;
- Pile driving boundary noise level study, June 1995;
- Cryogenics facility start-up noise level measurement program and mitigation system design, May 1995;
- Sludge pumps, compressor room and gallery machinery noise level testing and acceptance verification, 1994-1995;
- Digester compressor noise study and mitigation system design, fabrication and installation, October 1994;
- Facility noise measurement program for OSHA worker exposure levels, 1993-1994;
- Boundary and community noise level measurement programs, 1993-1994;
- Facility demolition noise and vibration study, 1993;
- Pile driver noise barrier boundary noise level testing program, 1992;
- Equipment and machinery ground vibration studies, 1988-1994;
- Community noise level studies in El Segundo, 1988-1995;
- El Segundo continuous, 24-hour construction ground vibration monitor, 1988 to 1999;

North Outfall Replacement Sewer Tunnel Project (NORS).

- North and South portal construction noise studies;
- North portal continuous, 24-hour noise monitoring program;
- Construction traffic noise studies;
- Tunnel alignment residential and commercial area noise studies;
- Tunnel alignment residential and commercial area ground vibration studies;
- North portal noise mitigation barrier wall specification and design;
- City of Los Angeles public outreach noise specialist, 1991-1992

North Outfall Sewer (NOS) Clean-out Project.

- Performed preconstruction structural condition inspection and documentation on potentially impacted residential areas, 1994.

**CITY OF LOS ANGELES**  
**BUREAU OF ENGINEERING**

East Central Interceptor Sewer Tunnel, Phase I EIR.

- Completed nineteen (19) area noise studies;
- Tunnel alignment noise-sensitive land use study;
- Traffic noise studies;
- Tunnel alignment ambient ground vibration level measurement program, 1993-1994.

Solids Technology and Resources Recovery Division (STARR).

- Waste gas flare noise study of low frequency (infrasound) noise impact on residential structures;
- Flare stack dynamic analysis and mitigation recommendations, 1993-1994

**Behrens and Associates, Inc.**  
*Acoustics Noise and Vibration Consultants*

CITY OF LOS ANGELES  
BUREAU OF SANITATION

Lopez Canyon Operation Noise Impact Evaluation and Mitigation:

- Compost and Co-generation facility noise impact studies and development of mitigation system to control off-site noise impacts on adjacent residential communities, December 2002 to present;

Air Treatment Facilities Design and Engineering Phase 1:

- Develop operational noise impact models and projections and mitigation specifications for the 7 Air Treatment Facilities during the facility design phase to ensure operational noise levels are limited to per-construction ambient levels, June 2003 to present;

CITY OF LOS ANGELES  
OFFICE OF THE CITY ATTORNEY

Expert Witness Services.

- Technical report review and expert opinion consulting services for construction generated damage claim case, 1995 to present.

WEST BASIN/CENTRAL BASIN  
MUNICIPAL WATER DISTRICT

Water Recycling Pipeline and Facility Construction Project

- Reverse Osmosis and Microfiltration System facility noise impact studies and mitigation system design for the El Segundo, Torrance, and Carson plants; • Denitrification facility noise impact studies and mitigation system design for the Mobil, Chevron and Texaco plants; • Construction noise level measurement studies; • Developed allowable construction noise level codes; • Designed noise mitigation systems for heavy construction equipment and pre-school buildings; • Completed pre-construction noise impact analysis model with noise mitigation designs, 1994 to Present

WATER REPLENISHMENT DISTRICT OF SOUTHERN CALIFORNIA

Orduna Desalter and Madrona Wells Raw Water Pumping Station

- Completed facility noise studies and designed noise mitigation systems for both the Desalter facilities and the Well Raw Water pumping stations. January to July 2000

**Behrens and Associates, Inc.**  
Acoustics Noise and Vibration Consultants

CITY OF SANTA MONICA  
DISASTER RECOVERY DIVISION

Pacific Coast Highway Replacement Sewer Microtunneling Project.

• Responsible for all noise and vibration measurement, monitoring, mitigation and control for surface construction activities including material separation towers, material handling equipment, pavement ripping, soil boring, jacking and receiving pit excavation and shoring. Responsible for microtunneling ground borne vibration measurement, monitoring and mitigation, June 1999 to May, 2003.

Ocean Avenue/Neilson Way Relief Sewer Project

• Responsible for all noise and vibration measurement, monitoring, mitigation and control for construction activities including, excavation operations and equipment, material handling equipment, pavement ripping, December 1999 to June 2003

Moss Avenue Pump Station Project

• Completed facility operational noise studies and developed noise mitigation and control systems for both surface and sub-surface noise control, August 1999 to present. • Developed surface construction noise control systems to mitigate construction noise impacts at adjacent residential facilities, March 2000 to October 2003

Colorado Boulevard Sewer Replacement Project.

• Completed construction excavation and pipeline installation noise and vibration measurement and mitigation control recommendation studies, August 1999 to September 1999

Lincoln Boulevard Sewer Replacement Project.

• Completed construction excavation and pipeline installation noise and vibration measurement and mitigation control recommendation studies, August 2002 to February 2004

City of Sutter County  
City of Sutter County  
December 6, 2005  
City of Sutter County  
City of Sutter County

My name is Petra Fless. I hold a doctorate degree in environmental science and engineering and have reviewed the air quality components of environmental documents for many residential, industrial, and commercial projects, including hospitals.

I found the air quality analysis presented in the Environmental Impact Report or "EIR" for the SMCS Project to be significantly flawed and summarized these flaws in a comment letter on the Draft EIR. The responses to many of my comments on the Draft EIR were evasive or not responsive.

In my comments today, I will concentrate on the construction phase of the Project, however I would like to point out that there are equally important flaws in the EIR's analysis of the operational impacts of the Project on air quality. The most important flaws in the construction air quality analysis that remain or were created by new information contained in the Final EIR are:

1. Revisions to the construction schedule will lead to increases in construction emissions that are not accounted for in the Draft EIR's air quality analysis.
2. The EIR's construction air quality analysis presents lower emissions than calculated by its air quality consultant.
3. The EIR's construction air quality analysis is based on only 8 hours per day but the EIR does not restrict construction activities to 8 hours per day.
4. The EIR does not analyze impacts on public health due to diesel exhaust emissions from construction equipment.
5. The EIR does not require all feasible mitigation to reduce the significant adverse impacts on air quality from Project construction.
6. The EIR's proposed mitigation measures are not enforceable.

I will briefly summarize the details for each of these flaws.

1. Revisions to the construction schedule will lead to increases in construction emissions that are not accounted for in the Draft EIR's air quality analysis.

The Final EIR presents a considerably revised construction schedule. The new construction schedule accelerates the start of construction for two Project

components. Previously, construction of the various Project components was somewhat staggered; now, the construction phases of all Project components are overlapping. (Compare Final EIR and Draft EIR, Tables 2-8.) The Final EIR states with no analysis whatsoever, that "[this] revised schedule does not change the analysis in the Draft EIR, specifically the air quality analysis." (Final EIR, p. 2-6.) This statement is simply wrong. The revised schedule will have a number of consequences including a considerable increase in daily emissions from construction.

The Draft EIR's air quality analysis of worst-case daily emissions from construction relied on concurrent construction of only four components, the Women's & Children's Center, the Sutter Medical Foundation Building, the residential housing, and the Future Medical Building. (Draft EIR, p. 6.2-19.) Under the new construction schedule, the parking structure will be constructed concurrently with these four components during the six months between October 2006 and the end of March 2007. The additional daily emissions associated with the construction of the parking garage will aggravate the already significant adverse impacts of Project construction on air quality.

2. The EIR's construction air quality analysis presents lower emissions than calculated by its air quality consultant.

In my comment letter on the Draft EIR, I pointed out that the construction emissions of nitrogen oxides (or "NOx") presented in the Draft EIR are considerably lower than was actually calculated with the emissions model URBEMIS, which is contained in Appendix F. The Final EIR did not respond to this comment at all. The summary table I prepared for my comments on the Draft EIR is presented here again:

Unmitigated NOx construction emissions (lb/day)

Project Component	Draft EIR <sup>1</sup>	Appendix F <sup>2</sup>
SMF Building	107	236.14
WCC	35.97	404.66
Residential Housing Units	73.89	29.40
Future MOB	107	?
<b>Total</b>	<b>323.86</b>	<b>670.02</b>

<sup>1</sup> Draft EIR, p. 6.2-19

<sup>2</sup> Appendix F, URBEMIS 2002 modeling outputs, contains only three model runs for NOx emissions from construction of the WCC, the SMF Building, and the residential housing units. The modeling outputs for the Future MOB are not included.

As can be seen from this table, the Draft EIR presents and discusses less than half the daily emissions than its air quality consultant calculated with the URBEMIS model. I say "less than half" because Appendix F, which contains printouts of the

URBEMIS modeling of construction, in addition to the EIR, was prepared and submitted for the Public Medical Office Building (or "Public MOB"). Now, because of the revised construction schedule, construction of the parking garage will add additional NOx emissions.

When emissions of nitrogen oxides and various volatile organic compounds (or "VOCs"), which are also emitted by construction equipment, come together with sunlight, they can initiate a set of reactions that produce ozone, or photochemical smog. The Sacramento Valley Air Basin has for years been in severe non-attainment of the State ambient air quality standard for ozone. Emissions from construction of this Project will considerably worsen the already poor air quality in the Sacramento region.

3. The EIR's construction air quality analysis is based on only 8 hours per day but the EIR does not restrict construction activities to 8 hours per day.

Review of the URBEMIS modeling outputs show that construction was assumed to occur only for 8 hours per day. Yet the Draft EIR contains no limit on the hours per day that construction can occur. Typically, large construction projects, such as the SMCS Project, have longer hours of operation than 8 hours per day. If construction were to occur for more than 8 hours per day, emissions would be proportionally higher. For example, if construction occurs for 12 hours per day, emissions would be roughly one and a half times the emissions of an 8 hour day. The EIR must be revised to contain language that restricts construction to 8 hours per day or its air quality analysis must be revised to reflect the longer hours of construction.

4. The EIR does not analyze impacts on public health due to diesel exhaust emissions from construction equipment.

I commented on the absence of a health risk assessment for toxic air contaminants including diesel exhaust emissions in the Draft EIR for the construction and operational phases of the Project. The response to my comments regarding the construction phase was that the only toxic air contaminant of any significance during construction is diesel particulate matter and that according to the California Air Resources Board ("or CARB") the focus of any impact discussion should be long-term health impacts. Based on the fact that construction emissions are only "temporary," the EIR then concludes that long-term health impacts would not arise (Final EIR, p. 4-28). This conclusion is wrong.

First, the Project will be built out over five years, which is hardly a short-term duration. During this entire time, people living in the area will be exposed to

... construction equipment. Second, the same CARB guidance cited by the Final EIR recommends the use of an exposure duration of 70 years for risk assessments, *regardless of the actual duration of a project*; it does not recommend not assessing short-term emissions. (See California Air Resources Board, Risk Management Guidance for the Permitting of New Stationary Diesel-Fueled Engines (October 2000, p. IV 2.)

Diesel engines, including construction engines, emit nearly 40 toxic substances, and ultra-fine particulate matter (or "PM2.5"), which can penetrate the lungs and enter the blood stream. Due to its small size, particulate matter is easily inhaled and reaches deep into the lungs where it can trigger an inflammatory response. Particulate matter is associated with heart attacks, irregular heartbeat, asthma attacks, reduced lung function, and bronchitis. Diesel emissions are also estimated to be the hazardous air pollutant with the highest contribution to cancer risk in many areas across the country. In numbers, the national average cancer risk from breathing hazardous air pollutants in the outdoor air was one in 2,100 in 1996. Diesel emissions alone contributed 89% of the risk with 60% from non-road sources such as construction, industrial, and farm equipment.

The EIR fails to analyze the risks attributable to diesel exhaust emissions emitted during the five-year construction period of the Project. What's more, because these risks were deemed insignificant, the Draft EIR does not impose all feasible mitigation to reduce these emissions as much as possible.

5. The EIR does not require all feasible mitigation to reduce the significant adverse impacts on air quality from Project construction.

The EIR concludes that Project construction will result in significant adverse effects on air quality that will remain significant and unavoidable after implementation of its proposed mitigation program. (Draft EIR, p. 6 2-21.) In my comment letter on the Draft EIR, I recommended a number of feasible mitigation measures. The Final EIR contains a discussion why none of these proposed mitigation measures are feasible for the SMCS Project or how they are already included in mitigation measures. I strongly disagree with several of the Final EIR's conclusions and statements.

I will give just one example here. I recommended the use of an aqueous diesel fuel, which is certified by the California Air Resources Board to considerably decrease NOx and particulate matter emissions. In addition, I recommended the use of add-on control devices such as particulate traps, so-called soot filters, and catalytic oxidizers. In response, the Final EIR commented that "Mitigation Measure 6 2-3(f) would require the applicant to use alternative fueled equipment

or catalyst equipped diesel construction equipment where feasible. (Final EIR p. 4-44, emphasis added.)

However, the use of alternative fuel does not preclude the use of add-on controls as the EIR suggests by using the word "or." Add-on post-combustion controls can be used *in addition* to an alternative fuel. Oxidizing soot filters are available that combine a particulate trap and a catalytic oxidizer in one device. A combination of add-on controls and alternative fuels has been required for construction of many other projects and is therefore clearly feasible and should be required to reduce the Project's considerable construction emissions.

6. The EIR's proposed mitigation measures are not enforceable.

A number of mitigation measures include the wording "where feasible" or "where appropriate." This language renders the respective mitigation measures unenforceable as a practical matter. The EIR contains no information regarding who will be responsible for judging whether a potential mitigation is "feasible" or "appropriate." Consequently, these mitigation measures will most likely not be implemented. To prevent this, the EIR must identify an entity that will be responsible to judge whether a mitigation measure is feasible or not.

**Conclusion**

Construction of the Project will occur over a period of five years. During this time, people living and working in the area will be exposed to considerable construction emissions. These emissions will adversely affect the air quality in a City where the air people breathe is already severely compromised. Yet the EIR fails to disclose the magnitude of these impacts and fails to unambiguously require all available and feasible mitigation.

Similar flaws are found throughout the operational air quality impact analysis.



SMITH ENGINEERING & MANAGEMENT

Statement of Daniel T. Smith, Jr. to  
The City of Sacramento Planning Commission  
November 10, 2005, In the Matter of  
Certification of the Environmental Impact Report for  
Sutter Medical Center, Sacramento (SMCS) Project

My name is Dan Smith. I'm a consulting engineer with Smith Engineering & Management and a registered Civil and Traffic Engineer in California. I've been preparing and reviewing the traffic and parking components of environmental documents for over three decades.

The central point of my testimony tonight is that there are significant flaws in the SMCS EIR and that you should not certify the environmental document until those flaws are rectified. What are the flaws?

1. The EIR understates total traffic the SMCS project produces and as a likely consequence, understates impacts and mitigation necessary.
2. The EIR traffic projections appear to underestimate project traffic on key individual streets. Consequently SMCS impacts are understated.
3. The parking impacts of the SMCS project have not been properly addressed.
4. The EIR fails to perform a short-range traffic impact analysis of the effects of the SMCS project in combination with the 2-way street conversion project.

I will briefly summarize details on each point.

The EIR understates total traffic the SMCS project produces, and as a likely consequence, understates impacts, and mitigation required.

In original comments we pointed out that the DEIR trip generation for the hospital part of the project is 18 percent lower in the AM and 42 percent lower in the PM peaks than if the Institute of Transportation Engineers average trip generation rates were used. The EIR people responded that their rates – based on surveys of the existing Sutter hospital - are correct to use for the project because they are for this site and because they fall within the range of data points from case studies used to compile the ITE average.

The point about being within the range is true – just barely. The rate they compile from the existing Sutter Hospital is lower than 92 percent of the ITE range for the AM peak and lower than 98 percent of the range for the PM peak.

But is it true that the lower trip rates they observed at the existing hospital are more relevant than a broader data base? It is common sense that an enlarged, revitalized and upgraded hospital complex which, in the words of the project's



because the DEIR does not address the impacts of the proposed project.

And the system analysis problem with the EIR's traffic assignment is twofold: the City and the public do not know what traffic impacts the project will really have, what mitigations are really needed, and what impacts may be unavoidable. One must also see that the effects of the previous tests and this one are compounding. The EIR underestimates total added traffic from the project, and then it under-assigns the portion of what traffic it does project to a critical location; the impacts will be more seriously understated than if these were independent flaws in the analysis.

Third: The parking impacts of the SMCS project have not been properly addressed.

The people who prepared the DEIR indicated that the SMCS project would result in a deficit of 686 parking spaces in relation to parking demand. Although they considered a number of potential mitigation measures and conditions, they found that the effect of those is not quantifiably certain, and as a consequence found that the SMCS project would have parking impacts that are significant and unavoidable (note that measures do not qualify as mitigation under CEQA unless the effect can be quantified).

When the public commented that the parking deficit would cause impacts due to overspill of parking and parking-related traffic into adjacent neighborhoods, the response was that the DEIR did not find there would be parking overspill into the neighborhoods. True enough, the DEIR merely identified the parking deficit, it did not make the logical deduction that this would cause overspill to the neighborhoods. But the response is an evasive denial of the obvious consequence if the deficit condition does eventuate.

The other part of the response to concerns raised by the finding of significant parking deficit has been to call in a second consultant who claims that there will be no deficit. But this analysis by the second consultant is deeply flawed.

After unfairly dismissing recognized national parking generation rates for the involved uses, the substitute parking analysis assumes that the ratio of total parking demand (including that of patients and visitors) to total number of employees at the expanded and modernized SMCS facility will remain the same as at the existing obsolescent SMCS facility. By this computation, they estimate the parking deficit at only 475 spaces. However, the computation is illogical and understates the deficit for two reasons. First, a modernized facility offering more advanced and more varied services will certainly attract more patients and their visitors or companions than an obsolescent facility; the ratio between total parking demand and number of employees is not a constant. Second, the new facility will have a higher proportion of medical office space than the old. Medical

...the substitute parking analysis... the elasticity rate... the demand... the parking supply... the demand deficit...

The substitute parking analysis... the elasticity rate... the demand... the parking supply... the demand deficit...

The substitute parking analysis mis-applies parking elasticity rates (the rate at which an incremental increase in price triggers an incremental decrease in demand). The elasticity rate it uses, -3, is, according to the substitute analysis' primary reference source, the elasticity rate that applies to areawide price changes (such as occurred when San Francisco placed tax on all downtown off-street parking fees in the 1970's). (We should mention that a -3 elasticity means that for every one percent increase in price, the demand would decrease by three-tenths of one percent.) They used an elasticity rate of -3 that is reflective of areawide changes. But for individual complexes, the substitute parking analysis' reference source indicates that the average elasticity rate is only -.15. If the substitute analysis had used the appropriate demand elasticity rate for an individual complex, according to that theory, it would take an employee parking price increase to approximately \$120 per month, not \$60, to achieve the on site demand reduction they suggest. This is a change of \$1200 per year, not the \$480 the substitute parking analysis identifies

- Logically, those priced out of wanting to park at SMCS will predominantly be the lowest paid workers. This raises the consideration of social equity impacts.
- Even the substitute parking analysis admits that the traveling population to medical centers is difficult to change from its current travel habits. Since this is true, and since the low paid workers who will be most impacted by an SMCS employee pricing policy logically would *already* be using transit or carpooling if they had reasonable opportunities, the likely impact of the suggested SMCS parking pricing strategy will not significantly reduce parking demand at SMCS, it will simply reduce the numbers willing to park at the SMCS-controlled parking facilities. The portion of the parking demand that is priced-out of the SMCS facilities will not be eliminated; it will still remain in the project area. Most of the displaced demand will overspill to adjacent neighborhoods

Thus, there will continue to be a parking impact that the EIR fails to disclose or mitigate

Fourth, the EIR fails to perform a short-range traffic impact analysis of the effects of the SMCS project in combination with the 2-way street conversion project.

Attachment 8- Environmental Services Staff Responses to Public Comment Letters

CITY OF SACRAMENTO

DEVELOPMENT SERVICES  
DEPARTMENT

CALIFORNIA

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SUITE 200  
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95834

Environmental  
Planning Services  
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MEMORANDUM

Date: November 29, 2005  
To: Mayor Fargo and Members of the City Council  
From: LE Buford, Principal Planner

**SUBJECT:** Responses to Comments on the Sutter Medical Center Sacramento Project  
Environmental Impact Report (P03-090)

This memo is in response to the comments received just prior to or at the November 10, 2005 Planning Commission hearing for the proposed Sutter Medical Center and Midtown Housing Projects related to the environmental impact report prepared for the projects.

**Letter from Marshall School Neighborhood Association**

The Marshall School Neighborhood Association submitted a follow-up letter to the Planning Commission that specifically addresses noise associated with the proposed helicopter operations.

A detailed discussion of the helicopter noise is included in the FEIR in Response to Comment 8-23 (see page 4-35). To determine noise levels associated with helicopter operations noise readings were taken at eleven different locations in the neighborhood surrounding the proposed Women's and Children's Center as indicated in the DEIR (see page 6.6-15). For the noise analysis 24-hour ambient noise level readings were taken on March 30, 2004 and short-term noise monitoring was done on February 19 and March 31, 2004. For the purposes of the EIR analysis noise readings were taken for a series of staged arrivals and departures to determine the sound exposure levels (SEL) and the maximum noise level ( $L_{max}$ ). Table 6.6-5 in the DEIR identifies the SEL and  $L_{max}$  noise levels for the helicopter arrival and departures at the eleven different locations. In addition, the FAA Integrated Noise Model was used to develop specific noise contours to determine which areas would be exposed to noise levels that would exceed city standards. Figures 6.6-3 and 6.6-4 (see DEIR pages 6.6-16 and 17) identifies the 60 dB and 55 dB noise contours associated with a worst case scenario, assumed to be two arrivals and two departures occurring during the nighttime hours on a single night

In addition to the CNEL contours, SEL contours were also developed to illustrate the potential for sleep disturbance, shown in Figures 6.6-5 and 6.6-6 (see DEIR pages 6.6-19 and 20). The SEL contours represent a single noise event for both an arrival and departure. Based on this data, the EIR evaluated the potential for helicopter noise levels to exceed City noise standards, both exterior and interior standards (see DEIR Impacts 6.6-4, 6.6-5 and 6.6-6) and Caltrans noise standards. Noise associated with the helicopter operations would not exceed the City and Caltrans standards.

In addition, the EIR evaluated the potential that helicopter operations would contribute to sleep disturbance during nighttime hours (see DEIR Impact 6.6-7). The noise levels were identified and compared to the City's municipal code which states 70 dBA as the acceptable maximum threshold. The City's municipal code was used in the absence of any other adopted standard. Significance was determined by identifying whether nighttime helicopter operations would exceed the municipal code's 70 dBA exterior threshold at residences. If monitored data showed that helicopter operations could exceed the municipal code's 70 dBA threshold at residences, the impact was deemed to be significant. As stated on page 6.6-30 of the DEIR, based on monitored data, maximum helicopter noise levels could exceed the 70 dBA maximum allowed by the municipal code at some areas containing residential uses during nighttime hours. Therefore, because there is the potential for limited helicopter operations to occur during the nighttime hours which could contribute to a sleep disturbance this was considered a significant and unavoidable impact. A mitigation measure was identified which would restrict helicopter flight paths to those identified along Capital City Freeway, minimizing impacts on the surrounding neighborhood. In addition, the measure includes a requirement that pilots adhere to the Fly Neighborly program. This program would require that pilots fly in a manner that would minimize impacts to receptors where possible. However, implementation of the program would not reduce helicopter noise impacts in all situations, and nighttime helicopter noise could still exceed the 70 dBA threshold and cause sleep disturbance.

In response to the request for additional mitigation to upgrade windows in newer buildings and to reimburse residents for an increase in electricity, both of these measures are not considered feasible mitigation because it is not enforceable by the City. The City cannot require homeowners to retrofit their homes or landlords to retrofit their residential properties. Although money could be provided to the landowner for this purpose, no guarantee could be made that the landowner would use these funds for their intended purpose, and the City cannot require them use the funds in this way. Consequently, even if payment was made to affected residential landowners, this would not necessarily have the effect of reducing noise impacts. Since many residential properties in the area are older, landowners that actually want to use a fee to upgrade their property may be constrained by the original construction materials and building design. These factors could limit the ability of the landowner to successfully insulate their property against helicopter noise, and so the effectiveness of this mitigation cannot be ensured.

The comment also states that in order to protect themselves from additional noise introduced by helicopter flights, residents would keep their doors and windows closed more often. This would necessitate the extended use of air conditioning during the summer months in order to maintain comfortable interior temperatures. The comment suggests that this additional air conditioning use would have an adverse impact on residences in the form of higher electricity bills. This would be an economic impact, and would not be subject to a CEQA analysis. The CEQA Guidelines, Section 15064(e)(6) states "Evidence of economic and social impacts that do not contribute to or are not caused by physical changes in the environment is not substantial evidence that the project may have a significant effect on the environment." In addition, Section 15131 of the Guidelines addresses this issue as well.

The noise generated by helicopters is essentially a temporary, more or less instantaneous impact. The SEL (sound exposure level(s)) generated by a helicopter affects a receptor only while the helicopter is flying in the vicinity of the receptor. The helicopter flights associated with the helistop use would be of short duration. The helicopters would not "hover" over residences or circle the SMCS project area or the surrounding neighborhood. Helicopters would fly to the facility, and then depart.

Because a helicopter's impact on a receptor is limited to the duration of the helicopter's flight in the vicinity of that receptor, a cumulative impact would only occur if more than one helicopter were to operate in the same area at the same time. Helicopter flights associated with the SMCS project would be unscheduled. The only other helicopter activity that could occur with any regularity in the area would be that associated with police, sheriff and news reporter helicopters. These helicopter flights would be unscheduled as well. Consequently, the request that the EIR analyze the cumulative

impacts associated with the proposed helicopter operations is not possible, because it cannot be determined if or when simultaneous helicopter operations would occur in the area.

The mitigation requested to fund the replacement of the two Sacramento Police Department helicopters bears no nexus to this project and is therefore not a feasible mitigation measure.

SMCS has indicated that a helistop is a required element of the project to serve critically ill patients. SMCS explored the option to transport patients from an off-site landing location and determined it would compromise patient care.

#### **Letter from Petra Pless, Leson & Associates**

Ms. Pless raised the following six issues in her letter: 1) changes to the construction schedule will increase construction emissions; 2) the DEIR air quality analysis provides lower emissions than what was calculated in the model; 3) the DEIR air quality analysis is based on an 8-hour day; 4) the DEIR does not address TAC impacts from construction equipment; 5) the DEIR does not include all feasible mitigation; and, 6) the proposed mitigation measures are not enforceable. The following responds to each of the six issues raised.

1. Revisions made to the construction schedule (see FEIR, page 2-7) would not increase the total amount of nitrogen oxides (NO<sub>x</sub>) emitted over the entire construction process, but it may increase daily amounts of NO<sub>x</sub>. The DEIR analyzed the construction impacts of the project based on the anticipated construction schedule that was available at the time the DEIR was prepared. The DEIR states that there would be a significant and unavoidable impact from construction emissions (ROG and NO<sub>x</sub>) associated with the SMCS project, both individually and in the cumulative context. This finding would not change no matter how the construction schedule is revised in the future, even though maximum daily construction NO<sub>x</sub> emissions could increase if the construction schedule were to change.

Ms. Pless states that the severity of impacts would vary based on when different construction activities occur. If more intense construction activities were to occur concurrently, more NO<sub>x</sub> emissions could be produced on some days. The DEIR examined the worst-case scenario based on the construction schedule available at the time of the analysis. Guessing about future changes to the SMCS project construction schedule would be speculative.

2. The emission numbers referred to by Ms. Pless show the worst-case NO<sub>x</sub> emissions associated with the most intense phase of each project component. According to the construction schedule presented in the FEIR, the most intense phases of each project component would not occur simultaneously. These worst-case emissions are reduced using the recommended equipment list from the SMAQMD CEQA Guide, Table 3.1, as stated in the DEIR. The NO<sub>x</sub> emission numbers in the DEIR reflect these construction numbers for the phases of each project component that would occur simultaneously. Alternatively, the numbers referred to by Ms. Pless could be used to show what the worst-case construction emissions would be if the construction schedule changed so that the most intense construction for each component occurred simultaneously. This would be speculative, however, and such speculation is not required or allowed under CEQA.

3. The DEIR determined that the NO<sub>x</sub> impact of construction would be significant and unavoidable based on exceeding the SMAQMD's daily construction threshold for NO<sub>x</sub>. The DEIR also identified mitigation measures that would reduce this impact to the maximum extent feasible. Comments have been received suggesting that an extended work day, beyond the standard 8-hour work day, could exacerbate this impact.

An eight hour work day is considered to be typical for construction projects in the Sacramento region. The URBEMIS air modeling program suggests eight hours as the standard work day, and construction impacts



# REPORT TO COUNCIL

## City of Sacramento

are evaluated using this standard unless more specific information is available. Consequently, the analysis presented in the DEIR uses a 12-hour work day to evaluate the potential NO<sub>x</sub> impact on a non-work day during the construction period.

915 I Street, Sacramento, CA 95814-2671

[www.CityofSacramento.org](http://www.CityofSacramento.org)

The project applicant, SMCS, has indicated that under certain conditions work days may exceed eight hours, and could possibly extend to as many as twelve hours. These conditions would only occur during certain time-sensitive phases of the project, such as when the City directs that construction schedules should be altered to avoid street closures or restrictions to minimize disruptions to the neighborhood. For the purposes of presenting a worst-case analysis, on those occasions where the work day could extend to twelve hours, daily construction NO<sub>x</sub> emissions could be increased by approximately 50% over the amount predicted in the DEIR. This would mean that on these twelve hour days maximum daily NO<sub>x</sub> levels could be as high as 486 pounds per day. While the total daily NO<sub>x</sub> emissions could be increased as a result of an extended work day, the total NO<sub>x</sub> emissions generated by project construction would not increase because longer individual work days would result in fewer total work days; in other words, increased NO<sub>x</sub> levels on some work days would result in decreased NO<sub>x</sub> levels on other work days.

NO<sub>x</sub> is not measured as a criteria pollutant in and of itself, and there would be no adverse health effects in the vicinity of the site due to the NO<sub>x</sub> emissions of a 12-hour work day. NO<sub>x</sub> is, however, a precursor of ozone, which is a criteria pollutant that has effects on a regional basis. NO<sub>x</sub> combines with reactive organic gases (ROG) in the upper atmosphere to form ozone, and this ozone can then be transferred to different areas of the Sacramento region based on specific meteorological conditions. Because of this regional nature of ozone, NO<sub>x</sub> emissions from construction would not create any local ozone impact in the vicinity of the project site. Construction NO<sub>x</sub> emissions would instead combine with other NO<sub>x</sub> and ROG emissions throughout the region to add to overall regional ozone levels. If maximum NO<sub>x</sub> daily levels on a twelve hour day would be approximately 485 pounds, this is consistent with or less than the emissions generated by almost all mid-sized construction projects throughout the Region. In Sacramento County alone, an additional 485 pounds would be an increase of 0.003% in the total NO<sub>x</sub> inventory.<sup>1</sup> The regional inventory for the entire Sacramento region is, of course, much greater, and these construction emissions would make up an even smaller percentage of that regional total.

As is described above, the DEIR already determined that the NO<sub>x</sub> impact of construction would be significant and unavoidable based on exceeding the SMAQMD's daily construction threshold for NO<sub>x</sub>. The potential occasional increase in total daily construction NO<sub>x</sub> emissions would not change the significance conclusion and would result in an infinitesimal increase in the regional NO<sub>x</sub> inventory. The DEIR also identified all feasible mitigation measures to reduce the magnitude of the construction NO<sub>x</sub> effect. No further mitigation measures are available.

4. As stated in the FEIR in Response to Comment 8-13, the CARB's *Risk Management Guidance for the Permitting of New Stationary Diesel-Fueled Engines* (CARB, 2000) clearly indicates that it is the long-term chronic impacts that are at issue when evaluating diesel toxic air contaminants (TAC). As stated in the DEIR, and in the citation provided in the comment (CARB *Risk Management Guidance for the Permitting of New Stationary Diesel-Fueled Engines*, page IV-2), the recommended exposure duration is 70 years. Construction of the SMCS project would occur over a five-year period, which is significantly less than 70 years.

The recent *Roseville Rail Yard Study*<sup>2</sup>, an extensive study that evaluated impacts from diesel-fueled locomotives at the Union Pacific J.R. Davis yard in Roseville, California, did not examine short-term impacts from inhalation of diesel TAC. The study decided that non-cancer risks did not need to be analyzed, stating "Non-cancer chronic health effects are not evaluated in this study because inhalation cancer risk due to diesel exhaust emissions from the Yard outweighs the non-cancer

<sup>1</sup> CARB website: [www.arb.ca.gov/app/emsinv](http://www.arb.ca.gov/app/emsinv) (2004 emissions inventory for Sacramento County), accessed 11/15/2005.

<sup>2</sup> Roseville Rail Yard Study, CARB Stationary Source Division, 10/14/2004

chronic health impacts from diesel PM."<sup>3</sup> The exposure length that was used to evaluate health impacts in the *Roseville Rail Yard Study* was 70 years, because the project created a more or less permanent increase in diesel-emitting sources, and would conceivably expose individuals to TAC over their entire lifetime.

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<sup>3</sup> California Air Resource Board Roseville Rail Yard Study, CARB Stationary Source Division, page 49, 10/14/2004

Consequently, based on the available literature and the process followed in recent studies, any analysis of diesel TAC should focus on the long-term, chronic cancer risk posed by the diesel as it impacts a receptor over a lifetime. Even if construction of the SMCS project were to occur over a much longer period, a Health Risk Assessment (HRA) would not be appropriate for assessing construction TAC impacts. HRA's are applicable for stationary sources when the amount of emissions is known or possibly when the movements of mobile sources are known to be consistent and occur regularly. For construction activities, the pieces of equipment on site would change from day to day and the location of equipment would also vary from day to day, and many times within the same day. This introduces many variables into the HRA and would make any estimation of impacts from construction activities highly inaccurate.

The SMAQMD does not offer guidance for estimating PM<sub>2.5</sub> concentrations from diesel construction equipment, and the SMAQMD CEQA Guide does not suggest that these emissions be calculated. To research whether other local air districts besides the SMAQMD had guidance for assessing construction diesel concentrations, the South Coast Air District (SCAQMD) was contacted as well. The SCAQMD does not provide guidance for the calculation of PM<sub>2.5</sub> concentrations from diesel construction equipment, although it is in the process of developing a tool that would provide guidance for calculating mass PM<sub>2.5</sub> emissions.<sup>4</sup> The SCAQMD has a PM<sub>2.5</sub> mass emission threshold of significance (the SMAQMD currently does not have a mass PM<sub>2.5</sub> threshold). This tool would not be applicable to evaluating concentrations.

Finally, the CARB was contacted to determine if any guidance for evaluating construction diesel TAC impacts had been published. According to CARB staff, no official guidance for evaluating diesel PM<sub>2.5</sub> impacts from typical construction projects has been adopted, or is recommended by CARB.<sup>5</sup> CARB staff mentioned two health risk assessments, the previously mentioned Roseville Rail Yard Study and the Port of LA/Long Beach Study, which were deemed to be feasible because the diesel sources involved were more or less stationary, or moved in consistent patterns. As mentioned above, this is not the case with the SMCS project, where sources would vary day to day and emit diesel PM<sub>2.5</sub> intermittently.

In addition to the fact that the SMCS construction would be temporary and therefore would not produce chronic long-term health impacts, and the fact that no guidance exists for the accurate assessment of construction PM<sub>2.5</sub> concentrations, it should be pointed out that Mitigation Measure 6.2-3 would reduce PM<sub>2.5</sub> generated by construction equipment. Consequently, while Mitigation Measure 6.2-3 is designed to achieve NO<sub>x</sub> reduction, it has the added benefit of reducing PM<sub>2.5</sub> at the same time.

5. Ms. Pless is correct in stating that there are opportunities for the use of aqueous diesel fuel in combination with add-on control devices. Mitigation Measure 6.2-3(e) (see page 2-11 of the FEIR) was revised in the FEIR to include alternative fuels such as aqueous diesel fuel. However, Ms. Pless is stating that add-on controls such as post combustion controls can be used in some cases in addition to the use of aqueous fuels. Therefore, the mitigation is revised as follows to require that where feasible both alternative fuel and catalyst-equipped equipment be used:

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<sup>4</sup> Conversation with Steve Smith, SCAQMD, November 16, 2005.

<sup>5</sup> Conversation with Dan Donahue, CARB, November 16, 2005

6.2-3(e) If required, use alternative-fueled (such as aqueous fuel) and/or catalyst-equipped diesel construction equipment.

6. To address these issues the Planning Commission recommended revising Mitigation Measure 6.2-3(e) to 'If required' instead of 'When appropriate'; Mitigation Measure 6.2-3(g) was revised to remove the requirement 'if feasible'; and Mitigation Measure 6.2-3(h) was revised to add the requirement that once new technologies 'are required by the SMAQMD' they will be incorporated.

### **Letter from Daniel Smith**

The letter from Dan Smith raised four areas of concern: 1) trip generation rate is too low; 2) underestimation of traffic on key streets; 3) parking impacts; and, 4) short-range impact analysis of the Two-Way Conversion project. All of the comments raised in this letter were previously raised in a letter submitted in response to the DEIR by Theodore Franklin from the law firm of Weinberg, Roger & Rosenfeld (see FEIR Letter 8).

1. Trip Generation - Six different land uses contribute to the total project trip generation. Land uses include hospital, medical office building, apartment, retail, theatre and church. As suggested by Mr. Smith, national average ITE rates were used for five of the six uses. Mr. Smith's statement takes issue with the application of a trip generation rate to one of the six land uses calculated from traffic surveys at Sutter Memorial Hospital that recorded a total of 440 a.m. trips and 358 p.m. trips.

The SMCS project would relocate uses and personnel currently at Sutter Memorial Hospital (SMH) (52<sup>nd</sup> Street/F Street) approximately 1.5 miles to the project sites between 28<sup>th</sup> and 26<sup>th</sup> Streets. It is appropriate, therefore, to consider the existing trip generation characteristics of SMH in the analysis. The resulting trip rate from SMH surveys is lower than the ITE average. However, numerous field visits to the SMH campus confirm on-site parking, and by inference, the SMH campus, is not underutilized. A field check indicates significant utilization of parking management operations (valet parking) in employee lots to maximize spaces available for employee parking.

As stated in the DEIR, project trip generation is anticipated to be lower than analyzed because trip reductions due to consolidation and internalization of uses were not accounted for in the study. With the consolidation of Sutter General and SMH into one campus, staff and patient travel between the two facilities would be eliminated and expected staff reductions of five to ten percent would reduce employee trips.

2. Parking – The SMCS project includes construction of a multi-level 1,100-space community parking garage, and smaller lots in the SMF Building and Future MOB. Overall, the project proposes to increase the off-street parking supply from 1,847 spaces to 2,737 spaces, an additional 890 spaces, after accounting for replacement of existing parking spaces to be displaced by the project.

As stated in the DEIR, the estimated parking demand is conservative because it did not consider factors that could potentially reduce the demand for parking including existing parking vacancies, consolidation and internalization of uses, and the proposed specialty care services for the medical office building (e.g., cardiac rehabilitation and imaging are less intensive than typical primary care offices located in many medical office buildings).

The DEIR identified parking as a potentially significant and unavoidable impact, and noted that a shortage of on-site parking could result in parking in inappropriate areas, including residential neighborhoods, and could create the unnecessary circulation of vehicles on city streets looking for parking. The Project Description (see DEIR pages 2-43 through 2-49) includes a detailed TSMP that would require annual monitoring to ensure the demand for parking is being met by available supply. There are a number of measures that could be implemented if there is a parking shortfall, including providing off-site parking spaces if demand reduction measures were not successful. The combined SMCS project, Trinity Cathedral project, and Children's Theatre project could result in a parking shortfall that ranges from as low as 215 spaces to as high as 686 spaces. Excluding the programmatic elements (Children's Theatre), the parking shortfall of the SMCS project and Trinity Cathedral project is approximately 562 spaces.

As indicated in the DEIR, the SMCS project would be built out over several years. The Community Parking Structure would be the first project component to be constructed. Mr. Smith agrees with the DEIR in terms of acknowledging uncertainty exists in projecting total parking demand for the project but differs in how to mitigate it. The project proposes to build a garage that would serve the demand of the project and the community, combined with an enforceable commitment to monitor parking demand on an annual basis to ensure parking demand is being met. If there is a parking shortfall, remote parking options would be available if further available demand management measures fail.

As stated in the DEIR, parking impacts are classified as potentially significant and unavoidable because the possibility exists for a temporary parking shortfall to occur between when monitoring determines that parking demand reduction measures have not adequately reduced parking demand and the provision of remote parking lots. However, at this time it is not certain how great the parking shortfall would be, but SMCS has agreed to an aggressive plan to manage and monitor parking to ensure there would not be a long-term parking shortfall.

3. Traffic Projections – Mr. Smith asserts it is "incomprehensible" that traffic would decrease at one approach to an intersection (the J Street exit ramp approach to the intersection of 29th and J Streets). As discussed in the DEIR, a traffic model was used to distribute the volume of vehicles at each study area freeway ramp and intersection. The traffic projection methodology and results were reviewed and no errors were found. The decrease in p.m. peak hour volumes noted in the technical analysis indicates a decrease of 642 vehicles under Existing Conditions to 518 vehicles under Existing Plus Project condition at the J Street exit ramp to 29th Street.

The traffic model assigns trips based on travel times on the roadway system, and redistributes traffic from the J Street exit ramp as a result of: (1) the major change in access points with the project, (2) a net overall increase in intersection volumes at the 29th and J Street intersection, and (3) diversion of non-SMCS traffic to other routes. The traffic model considers not only traffic associated with the project, but also evaluates the diversion of other traffic due to changes in roadway operating conditions (travel times).

4. Two-Way Conversion – The City of Sacramento is currently preparing an EIR for the Central City Two-Way Conversion project. This project may include the conversion of existing one-way roadway segments on ten streets including 3rd Street, 9th Street, 10th Street, 19th Street, 21st Street, J Street, L Street, N Street, P Street and Q Street. The study is also considering alternatives that include specific combinations of one-way and two-way traffic along these streets.

Some or all of the streets may not be converted until after completion of the SMCS project, depending on whether the Two-Way Conversion project, as proposed, is selected, or one of the alternatives, or some combination of the streets mentioned above. The Two-Way Conversion project has not been approved by the City and the ultimate configuration of the final project and the timing of construction is not known. Accordingly, it would be difficult to include an "Existing With Two Way Plus SMCS Project" scenario and defensibly point to it as a reasonable analysis of anticipated conditions.

Finally, it should be noted that although the Two-Way Conversion project is not approved, and only a subset of streets currently under consideration may be approved for conversion, the SMCS EIR analysis included all of the potential conversion options in a year 2025 scenario, and the Two-Way Conversion project EIR traffic analyses will be required to consider the SMCS traffic.

#### **Letter from Steve Kuehn**

Acoustical blankets are primarily used in industrial applications to create a flexible acoustic enclosure or barrier while allowing full access at a minimum cost. Acoustical blankets are used to shield stationary sources (e.g., pumps, generators, etc.) to minimize noise. The use of acoustical blankets for project construction is not a feasible or practical mitigation because acoustical blankets can only be used in situations where a piece of machinery or equipment is stationary. During demolition activities, site grading, and building construction a majority, if not all, of the equipment is mobile and needs to move around the site. It is not feasible or practical to use acoustical blankets in this type of setting.

The information attached that references the use of acoustical blankets as mitigation primarily identifies stationary sources of noise (e.g., pumps) where an acoustical blanket has been used to minimize noise levels. All of the examples cite projects that have already been constructed and include some type of noisy equipment that needs to be shielded to reduce the noise levels.

SMCS has proposed to fence off all of its construction sites with standard construction chain link fencing. All of the stationary noise sources (e.g., generators, welders, etc.) would be fitted with sound barriers and baffles to minimize noise.

#### **Letter from the Coalition for Community Concern - Community Concerns and Proposed Mitigation Matrix**

A matrix of proposed mitigation measures was submitted to the City Planning Commission on November 10, 2005 by an organization identified as the Coalition for Community Concern for consideration by the Planning Commission. The comments on each mitigation are responded to below following the same numbering system as included in the submitted matrix.

#### Traffic and Parking

##### *Revise EIR Traffic Study*

1. Please see the responses to the letter from Dan Smith, above.
2. Please see the responses to the letter from Dan Smith, above

##### *Additional Reasonable Mitigation*

1. In the TSMP, SMCS has increased the monthly transit pass or vanpool subsidy to 75% (up to \$100) (see page 2-6 of the FEIR).

2. Residential permit parking is currently required in many areas throughout the City. According to the City, the process required for establishing a residential permit parking program, application, and renewal is as follows:
  - Residents or neighborhood groups submit a letter indicating interest in residential permit parking.
  - Neighborhood representatives confer with the Parking Manager and tentative boundaries are established.
  - Parking occupancy surveys are performed to determine the appropriate parking regulations for the area.
  - Public hearing(s) is (are) held.
  - Return notices are mailed to area residents that provide information on the proposed boundaries and parking regulations.
  - If it appears the general consensus within the proposed residential permit parking area is in favor of a program, the Parking Manager submits a written recommendation to the City Council.
  - If the City Council concurs with the recommendation of the Parking Manager, the area may be designated for residential permit parking.

Within a five-block radius of the project site permit parking is required in a number of locations. The DEIR does not identify an impact associated with spillover parking in the neighborhoods; therefore, it would be inappropriate to impose this measure as mitigation. Nonetheless, the residents of the neighborhood could initiate the process independent of any mitigation requirement.

3. As stated in the DEIR Project Description (page 2-48), the TSMP would include “electronic in-house ride-matching service for employees to carpool with other employees. Electronic kiosk to be placed at Transportation Information Boards.”
4. SMCS visitors would be encouraged to park in the Community Parking Structure by using the valet parking service. SMCS does not have a program to provide discounted parking in the Community Parking Garage for local shoppers. Metered parking is available in the immediate vicinity around the project site which is available to the public. No impact associated with spillover parking was identified in the neighborhoods, so no mitigation was required. Nonetheless, the residents of the neighborhood could initiate the process independent of any mitigation requirement.
5. As stated in the DEIR Project Description (see page 2-48), the TSMP would include a measure to “track shuttle riders via driver-provided punch cards and offer cafeteria, café, coffee, cookie or other on-site discount for every 10th shuttle trip.”
6. As stated in the FEIR (see page 2-6), the TSMP would include a measure that “allows per diem employees to participate in 75% (up to \$100 per month) transit pass program.”
7. The City does not have an off-site Transportation Demand Reduction fund. **[CITY TO CONFIRM]**

Air Quality

*Additional Reasonable Measures*

1. All of the mitigation measures included in the DEIR to address construction-related impacts were reviewed and/or provided by the SMAQMD. Monitoring and enforcement of the measures is the responsibility of the City of Sacramento.
2. Mitigation measures have been recommended by the SMAQMD to require that catalytic converters be installed on gasoline powered equipment, if feasible and that new technologies to control ozone precursor emissions be utilized as they become available and are required by the SMAQMD. The City Planning Commission recommended removal of 'if feasible.'
3. In response to the request made to the City Planning Commission, the mitigation measure has been revised to read: watering shall occur twice a day, or more frequently as necessary to control dust.
4. Please see response to the Petra Pless letter, above.
5. Construction equipment would be sized appropriately for the job it is required to do. Due to economic concerns, contractors are sensitive to using the proper piece of equipment for a particular job, and thus it is not reasonable to assume that inappropriately large equipment would be used during construction. The DEIR includes Mitigation Measures 6.2-3(a) (b), and (c) which would require the contractor to demonstrate that any construction equipment meets certain NO<sub>x</sub> requirements and any diesel-powered equipment does not exceed a 40 percent opacity for more than three minutes in any one hour. The DEIR includes mitigation approved by the SMAQMD to address these concerns. In light of the mitigation already identified, no additional mitigation would be required.
6. Mitigation Measure 6.7-9 requires that prior to the beginning of construction, a construction traffic management plan be prepared by the project applicant to the satisfaction of the City traffic engineer and Planning Director. It is required this plan will address these concerns.
7. As stated above, the project applicant is required to prepare a construction management plan to the satisfaction of the City traffic engineer and Planning Director. It is required this plan will address these concerns.
8. The SMAQMD Offsite Construction Fee program recently went into effect and applies to all EIR's published after October 10, 2005. Because the SMCS DEIR was published prior to October 10, 2005, the project is not required to contribute to the SMAQMD's offsite construction emissions fee program.

Noise

*Revise EIR Helicopter Noise Study*

Please see response to the Marshall School Neighborhood Association letter above

*Adopt Reasonable Measures to Mitigate Noise Impacts on the Neighborhood*

1. Please see response to the Marshall School Neighborhood Association letter above
2. As discussed in the DEIR, the proposed helicopter operations would be used for periodic scheduled transfers of seriously ill infants, children, and adults. The transports would be scheduled during the daytime hours; however, there may be a

need to transport a patient during the evening hours. SMCS has indicated that in order to be responsive to critically ill patients it is not possible to limit helicopter operations to only the daytime hours.

1. As discussed in the previous comment regarding the use of acoustical blankets, SMCS is fencing off all construction sites with standard construction chain link fencing. All stationary equipment on-site will be fitted with sound barriers and baffles to reduce noise. However, to further reduce noise associated with project construction in those areas adjacent to residences, churches or schools, the following mitigation measure shall be added to the SMCS project as well as the Trinity Cathedral project to further reduce noise associated with project construction. However, the impact would remain short-term significant and unavaoidable.

6.6-1© Construction of the Community Parking Structure, Housing, Future (St. Luke's) Medical Office Building, and the SMF Building shall require the project applicant to install a temporary barrier or modular steel acoustical fencing along those areas adjacent to residential uses (27<sup>th</sup> Street between the alley and N Street; N Street between 27<sup>th</sup> and 28<sup>th</sup> Streets; N Street between 26<sup>th</sup> and 27<sup>th</sup> Streets, and along the east and west sides of the housing project site, 26<sup>th</sup> Street between the alley and Capitol Avenue and along Capitol Avenue in front of the Future MOB project site) and adjacent to Trinity Cathedral, Pioneer Church/Montessori school (along the alley between 26<sup>th</sup> and 27<sup>th</sup> Streets behind the proposed housing project site and along the west side of the SMF project site) to minimize noise associated with project construction.

7.6-1© Construction of Trinity Cathedral shall require the project applicant to install a temporary barrier or modular steel acoustical fencing adjacent to residential uses along Capitol Avenue, 27<sup>th</sup> Street, and the eastern half of the alley behind the Cathedral.

2. SMCS has indicated that they would continue to provide newsletters to the neighborhood during project construction, the same as they are currently doing with the MRI project.
3. In addition, a hotline number would be included for residents to contact SMCS if they have any concerns during project construction.
4. The DEIR includes mitigation that requires all construction equipment be equipped with factory matching mufflers and in good working order to minimize noise.

#### **Letter from Sacramento City Taxpayers' Rights League**

The letter from the Sacramento City Taxpayers' Rights League requests requiring additional mitigation to address street lights and sidewalks.

- 3 a) SMCS has indicated that they would install the City-required acorn style streetlights on those blocks fronting any new SMCS facilities. The number of lights to be installed would be consistent with City code, four (4) lights per block.
- b) SMCS has indicated that they would replace or repair any sidewalk that is damaged during project construction.

**Letter from Sierra Club**

A letter from the Ms. Vicki Lee, Chair of the local Sierra Club addresses concerns regarding air quality and air pollutants. These issues have all been addressed in the DEIR, responses prepared for the FEIR, as well as responses to Ms. Pless' letter above.

Ms. Lee also raises seven specific mitigation measures to be addressed. A majority of the measures requested by Ms. Lee are have been addressed previously in responses prepared for the Community Concerns and Proposed Mitigation Matrix, above.

. The specific measures are listed below.

1. In response to the request made to the City Planning Commission, the mitigation measure has been revised to read: "watering shall occur twice a day, or more frequently as necessary to control dust."
2. Please see response to Ms. Pless' letter, above.
3. Please see response in the mitigation matrix, above.
4. Please see response in the mitigation matrix, above.
5. Please see response in the mitigation matrix, above.
6. Please see response in the mitigation matrix, above.
7. The SMCS project is required to comply with all current City requirements and ordinances.

In response to the additional operations mitigation.

3. The SMCS project is proposing to remove its current Energy Center to construct a new Energy Center which will provide heating and cooling to SGH, the new WCC, Buhler Building, and the SMF Building. The new Energy Center includes the newest technology available.
4. Please see response to the Marshal School Neighborhood Association, above.
5. Please see response in the mitigation matrix, above.

No impact has been identified in the DEIR that would require this type of mitigation. Ms. Lee is raising a social issue that is outside of the scope of this environmental document.

Attachment 9-Summary of Staff Report to Planning Commission, November 10, 2005

SUMMARY:

The applicant is requesting the entitlements necessary for the Sutter Medical Center of Sacramento's (SMCS) expansion of their medical and support facilities. The expansion will apply to property owned by SMCS throughout a seven-block area adjacent to the existing Sutter General Hospital located at 28th & K Sts. The expansion will address new development of an (eight-story, {plus one below grade}, 385,400 sf Women's & Children's Hospital located at the southeast corner of 28<sup>th</sup> and L Street,; a four-story {plus one below grade}, 209,781 sf Ambulatory Services/Medical Office Building located at the southwest corner of 28<sup>th</sup> and L Street; a seven-story (plus one level below grade), 1,100 space parking structure located at the corner of 28<sup>th</sup> and N Street, and a 32 unit housing project, located at 2613 N Street. Construction of a new Women's & Children Hospital will include a three story spanning structure connecting the existing and proposed hospital across L Street; Construction of a new medical office building will include a pedestrian bridge crossing 28th St to connect the Buhler building and the new medical office building. The proposal will also include a pedestrian bridge from the parking lot under the Capitol City freeway to connect the new hospital. The new hospital will include a helistop. Development of an 8 story parking garage will include retail space along N Street. Staff has not received any written notification of opposition to the project. The only outstanding issue for the project is the pedestrian bridge across 28<sup>th</sup> Street. The neighborhood objected to the pedestrian bridge during the public testimony at the Design Review/Preservation Board hearing.

BACKGROUND INFORMATION:

The overall vision of the Sutter Master Plan is to provide a modern, state-of-the-art, hospital and healing arts facility for the citizens of Sacramento. This modern health care campus will provide medical and health services that are both acuter and non-acute. In additions, it will provide important medical research and training, and will be one of the Sacramento Region's major centers of employment. The proposed new medical facilities will allow SMCS to provide patient services from birth to adulthood at a single medical campus. The following specific objectives help to establish the vision and will guide preparation of the Master Plan.

1. Enhance SMCS's ability to service the community with high quality healthcare and to build upon SMCS's recognition as one of "America's Top 100 Hospitals"
2. Establish a highly functional hospital complex that provides accessible, innovative, and efficient medical care for the greater Sacramento community.
3. Compliment the existing neighborhood environment by providing new housing, retail and cultural uses to the extent feasible including a mix of uses and incorporating a strong urban design.

4. Encourage the combination of arts and healing for the benefit of patients and the greater Sacramento Community with the support of the B Street Theater.
5. Develop the project in a manner that is compatible with preserving the historic character of the area surrounding Sutter General Hospital
6. Allow for the creation of additional capacity for specialized care including Neonatal Intensive Care Unit.
7. Design a project that meets the Leadership in Environmental Energy and Design (LEED) certification.

The SMCS is envisioned as the hub of an "urban village" in Midtown's Sutter District. It is designed to complement neighborhood features including places of worship, historic and cultural sites, a new live theater, residential development and commercial activity, including restaurants retail and office uses. The proposed new medical facilities and renovation of the existing buildings (SGH and the Buhler Building) will offer both acute and non-acute health care services, including out-patient care and hospital services at one innovative and fully integrated medical center. SMCS has established the above objectives for the project which includes two medical office buildings, two acute care hospital buildings (joined by a spanning structure); a Community Parking Structure which incorporates neighborhood-serving businesses; restaurants and offices, and a community theater.

The proposed project, in adding the Women's and Children's Center, will result in the addition of 197 beds, with the potential to provide an additional 75 beds for future expansion, if necessary, to the existing 305 beds at Sutter General Hospital, permitting a total of 577 beds.

Acute care facilities presently at Sutter Memorial Hospital (SMH) and Sutter General Hospital (SGH) will be consolidated and expanded into a single, fully integrated medical complex. A spanning structure will allow SGH and the new Anderson-Lucchetti Women's and Children's Center to function as one hospital building. Also included in the project are two medical office buildings: the Sutter Medical Foundation Building and a new medical office building to replace St. Luke's medical office building. The new facility at the St. Luke's site will be approximately half the size of the current building (35,000 sf) versus 70,000 sf. Also included in the SMCS project is a Community Parking Structure with connected neighborhood serving retail and small-scale commercial office space, a community theater (B Street Theatre/Children's Theatre of California, and 32 residential units.

### **Sutter General Hospital Renovations**

The existing SGH would be renovated extensively to accommodate services now provided at SMH. While the external size of the building would not be increased, renovations would allow the useable area within SGH to increase from 351,000 sf to 422,300 sf.

## **Buhler Building**

Approximately 50,000 sf of administrative and medical office space in the existing seven-story Buhler Building would be renovated to achieve more efficient use of available space.

## **Women's and Children's Center**

The proposed Women's and Children's Center (WCC) would be located on the eastern half of the block (28<sup>th</sup> and 29<sup>th</sup> Street/L and Capitol Avenue) located immediately south of SGH, which currently accommodates the valet parking site for the Buhler Building, along with the Energy Center, the Old Tavern parking garage and Radiological Associates of Sacramento (RAS) former medical office.

The WCC would be an eight-story above-grade structure plus one level below-grade. The building would be approximately 167 feet high and would contain approximately 398,400 sf of hospital and medical related uses. Currently, on this block below grade is a cancer center. In order to construct the proposed hospital and not infringe on the existing Cancer Center, the elevator shafts will encroach into the south side of the L Street right-of-way a maximum of approximately 28 feet. To accommodate this, L Street would be narrowed by eliminating the on-street parking between 28<sup>th</sup> and 29<sup>th</sup> Streets, but the existing bike lanes would remain. The minimum roadway width would be 36 feet, which would allow for two 12 foot wide lanes for vehicles and two 6-foot wide bike lanes. A seven foot wide sidewalk would be provided along the south side. There would be no changes made to the existing sidewalk along the north side of L Street. With this configuration the existing travel lanes would remain as currently configured.

The WCC would provide intensive care and maternal and children's health services. It is anticipated that the WCC would provide the following services: Neonatal Intensive Care beds, Intensive Care, Pediatric Intensive Care, Pediatric Medical Surgical beds, Labor and Delivery Rooms, Ante Partum beds, and Post-Partum (birthing recovery) beds, with a total of 197 beds. In addition, the building shell space has been designed to potentially accommodate an additional 75 beds in the future, depending on the growth of specific services. The WCC would also include showers and lockers for staff and employees along with a small library, a cafeteria, and conference and performance space in the building lobby. The conference and performance space would be available for community events and other public events.

The WCC would include a helistop, which is a designated area where helicopters can land to drop off critically ill patients. A rooftop non-emergency helistop would be located at the southern section of the roof of the WCC approximately 167 feet above ground. The helistop would be used for periodic scheduled transfers of seriously ill infants, children, and adults from 27 counties in northern California and western Nevada. The general service areas would encompass an area within an approximately 60 to 90 mile radius from downtown Sacramento. SMCS does not operate a life-flight emergency operation, and the WCC is not a trauma center, so emergency or unscheduled stops would not occur. Helicopters would not be housed, parked, or fueled at this site, but

would only drop off patients and return to a remote base, following a flight path directly above the freeway to reduce noise impacts to the adjacent neighborhoods. It is estimated that the number of annual helicopter patient deliveries would be in the range of 200 trips per year, which averages between 15 to 20 flights per month.

### **Sutter Medical Foundation Building**

The proposed Sutter Medical Foundation (SMF) Building would be located on the eastern half of the block south of Sutter's Fort and west of the Buhler Building, which currently includes office buildings, parking lots, the House of Furs building, and a single-story structure currently used as a private medical office. The SMF Building would be a four-story above-grade building with two levels of parking and the Energy Center below grade for a building total of approximately 203,382 sf. A Total of 131,737 sf of medical office space would be provided, as well as a total of 90 below grade parking spaces. The building would be clad in a combination of copper and horizontal siding. The building would be stepped back from L Street and Sutter's Fort. The building would have an average 33,000 sf floor plate, and would be approximately 82 feet to the top of the mechanical screen and roof and 86 feet to the top of the roof mounted cooling towers. The SMF Building would house medical offices and outpatient services, and would contain outpatient surgery suites, recovery beds, diagnostic imaging, cardiac rehabilitation and a small retail area (approximately 2,600 sf) on L Street. In addition, showers and lockers would be provided for staff and employees of the facility.

The existing 18,490 sf Energy Center, located at the northwest corner of Capitol Avenue and 29<sup>th</sup> Street would be removed. The existing Energy Center currently provides all primary and emergency systems, including all heating and cooling, to SGH, the Buhler Building, and the Radiation Oncology Center (ROC). The Energy Center includes boilers, emergency generators, liquid oxygen, chillers, and electrical transformers for the buildings listed above. A new Energy Center would be located beneath the SMF Building adjacent to the below grade parking.

Cooling towers for the new energy plant would be situated on the roof of the new SMF Building. The cooling towers would be approximately 27 feet tall and would be located on the roof of the SMF building.

### **Community Parking Structure**

The Community Parking Structure would be located on the block south of the proposed SMF Building that currently contains two restaurants (Café Bernardo's and the Monkey Bar), Capitol Physical Therapy, the EAP building, surface parking lots, and the Trinity Apartments.

The Community Parking Garage would be a total of seven stories above-grade plus one level below grade. The total height of the structure would be approximately 73 to 83 feet

high. The structure would include a maximum of 1,100 parking spaces. The Community Parking Structure would provide parking for multiple uses including: patients and staff, restaurant patrons, retail customers and future patrons of the theater facilities, as well as other businesses in the neighborhood and persons attending Trinity Cathedral. The Community Parking Structure is intended to replace surface parking currently provided on the site of the SMF Building, WCC, and the Community Parking Structure. In addition, the Community Parking Structure would be sized to accommodate the loss of parking currently located in the Old Tavern Parking Structure and the St. Luke's Parking Structure. Access into the parking structure would be from 27<sup>th</sup> Street and 28<sup>th</sup> Street. In addition, approximately 9,000 sf of ground floor commercial and/or neighborhood serving retail space is proposed along N Street face of the parking structure.

### **Residential Development**

The proposed residential development would be located on the southern half of the block west of the proposed Community Parking Structure and on the same block as Trinity Cathedral. The proposed residential units would be located where the existing St. Luke's parking structure is located 2613 N Street. A total of 32 residential units approximately 1,250 sf in size are proposed. The building would be three stories along N Street, stepped down to two stories along the eastern and western sides of the project. 32 parking spaces will be provided on-site. The project is a cluster style housing project with ingress and egress provided via the alley and N Street.

To accommodate development of the residential units, the existing St. Luke's parking structure would be removed. The existing apartment buildings located to the east and west of the site would remain.

### **St. Luke's Medical Office Building (Future MOB)**

SMCS plans to demolish the existing 70,000 sf building and rebuild a smaller structure of approximately 35,000 sf of medical office space. The proposed Future MOB would be developed by an entity other than SMCS. The total square footage of the Future MOB would not increase the overall area of the existing building. The future MOB will be reviewed at a later date. Parking required for the Future MOB is anticipated to be provided below grade and at the Community Parking Structure. The building would accommodate physicians who want to locate near the medical complex, but who do not require space immediately adjacent to SGH or the WCC. The existing St. Luke's Medical Office Building would need to be demolished to allow for the construction of the new facility.

### **Spanning Structures/Pedestrian Bridges**

To meet the clinical needs of the medical complex, the WCC would be connected to the existing SGH on levels 2, 3, and 4 by a three-level spanning structure (crossing L Street) integral to the medical functionality of both SGH and the WCC. In effect, the

spanning structure allows the two separate buildings to function as a single integrated hospital. The second floor level of the proposed spanning structure would provide both public and staff circulation separated by a translucent glass partition. The third floor level would contain pre- and post-operative pediatric facilities. The fourth floor level would contain family waiting areas and staff patient circulation. The spanning structure would be designed to accommodate the 17 foot above street-level minimum height requirement in keeping with the requirements set forth by the City of Sacramento.

The existing pedestrian bridge across L Street connection the Buhler Building and SGH would be removed as part of the project and replaced by the spanning structure. Access to the proposed WCC would be through a private drive and entryway running north/south, located mid-block, east of the Buhler Building, and west of the proposed WCC. This entryway would have one-way traffic to the north with primary vehicle access from Capitol Avenue (to the south) exiting onto L Street. The proposed WCC would include a main lobby, which would serve as the main entrance for visitors and patients to the entire SMCS medical complex.

Access to the WCC is also provided by an enclosed pedestrian bridge spanning 29<sup>th</sup> Street, south of the intersection of L Street and 29<sup>th</sup> Street, which connects the WCC with the existing parking structure under the freeway. Also, a pedestrian bridge would connect the Buhler Building and the Sutter Medical Foundation (SMF) building across 28<sup>th</sup> Street. These pedestrian bridges would also be designed to accommodate the 17 foot minimum height requirements of the City of Sacramento.

STAFF EVALUATION: Staff has the following comments:

A. Policy Considerations

1. General Plan/Community Plan Amendment/Rezoning

The SMCS project would require General Plan and Community Plan Amendments to modify existing land use designations from High Density Residential (HDR) to Community Neighborhood Commercial and Office, and Central City Community Plan Amendments from Residential Office and Multi-family to General Commercial. The General Plan includes specific goals and policies designed to support a balanced system of quality medical facilities that would be considered applicable to the SMCS project. The SMCS project proposes to amend the current General Plan land use designations to meet the intent of this goal which is for the City to support a balanced system of quality medical facilities. The SMCS project would be considered consistent with intent of the City's goals and policies pertaining to the provision of medical facilities. The proposed uses requiring Community Plan Amendments are consistent with surrounding uses and would be consistent with the land uses that currently exist in the area. In providing a housing component, the project is consistent with General Plan and Community Plan policy to provide infill housing. The project is

also consistent with General Plan policy promoting the provision of adequate parking, and preserving and enhancing historic structures.

## B. Zoning Code Requirements

### 1. Zoning

The project site is zoned Hospital (H-SPD), Office Building (OB-SPD), General Commercial (C-2-SPD and C-2-R-W/C) and R-3A. The SMCS project requires rezones from OB to C-2 for the SMF Building, from OB and R-3A and C-2-R-W/C to C-2 for the Community Parking Garage and from R-3A to R-4 for the residential component. These rezones will allow for zoning consistency with the proposed project, and with the proposed General Plan and Central City Community Plan designations for the project.

### 2. Tentative Maps

Two maps are required for the proposed projects. One map is necessary to subdivide one parcel into 28 lots and 2 garage lots for the residential component and one map to subdivide 24 parcels into 5 parcels for the WCC and Buhler Building, the SMF Building, and the Community Parking Garage, as well as the future Children's Theater of California. The latter map includes abandonments of the L Street/Capitol Avenue alley between 28<sup>th</sup> and 29<sup>th</sup> Street, and portions of the L Street/Capitol Avenue alley between 27<sup>th</sup> and 28<sup>th</sup> Streets and the L/N Street alley between 27<sup>th</sup> and 28<sup>th</sup> Streets. The Tentative Maps were approved by the Subdivision Review Committee on October 19, 2005.

### 3. Major Project Special Permit

The project requires a Major Project Special Permit which encompasses the Women's and Children's Hospital, the Sutter Medical Foundation Building, and the Community Parking Garage. A Major Project Special Permit is required when a project is constructed or expanded to exceed 75,000 square feet, (40,000 square feet in the OB, C-1, or C-2 zones.) In considering an application for a Special Permit, the following guidelines shall be observed: 1) A Special Permit shall be granted upon sound principles of land use. 2) A Special Permit shall not be granted if it will be detrimental to the public health safety or welfare, or if it results in the creation of a nuisance. 3) A Special Permit use must comply with the objectives of the general or specific plan for the area in which it is to be located.

Staff believes that these findings can be made for the proposed project, given that it has been designed to be compatible with surrounding uses, it provides sufficient parking (per City Code) to accommodate the proposed development and given that the project is consistent with City policy promoting the provision of quality medical services and residential development.

Furthermore, the project provides many uses that support the neighborhood and support retaining a neighborhood identity, such as the Community Parking Structure, which will serve users other than the hospital, a housing component, and a Children's Theater.

4. Special Permit to allow height in excess of that allowed in the Alhambra Corridor Special Planning District

The Alhambra Corridor Special Planning District specifies that development located within 300 feet of a residential zone (measured from the street centerline) shall not exceed 35 feet, except that the Planning Commission may approve a special Permit for additional height, provided that the Commission finds that the development will not be out of scale with the surrounding neighborhood. The Women's and Children's Center (167 feet in height), the Sutter Medical Foundation Building (70 feet), the Community Parking Garage (at 83 feet) and the residential component (44 feet), are all in excess of the 35 foot height limit.

The Women's and Children's Center is located between the Capitol City Freeway and the existing seven story Buhler Building. Therefore, this structure will provide a freeway buffer, and result in a transition of height as the development moves west toward the residential areas to the west. The Sutter Medical Foundation Building lessens the impact on Sutters Fort to the north, by providing an entry court, and by stepping back at the second and third floors. This structure is comparable in height to the Pioneer Church located directly to the west, and will be compatible with the Community Parking Garage and Children's Theatre of California to the south. The Community Parking Garage utilizes ground floor retail along N Street, which steps back significantly (to 36 feet) before increasing the height of the parking garage, (similar to the Memorial Garage on H Street) in order to soften the height impact to residential and other lower scale uses to the south. The impact to the residential uses to the west is softened by N Street setback, as well as the use of brick veneer on the first two floors of the structure as well as notched corners to lessen massing. The residential project reduces massing through the use of courtyards which run north-south through the project site, breaking up building mass and reducing the impact of the height. The project also steps down to two stories on the east and west elevations, making the project more compatible with adjacent existing residential uses. The project is compatible with the Future Medical Office Building and Trinity Cathedral to the north.

Staff does not object to the heights since the project has incorporated design treatments to minimize the impact of the height from the pedestrian level.

5. Special Permit for a Helistop

The SMCS project includes a non-emergency helistop which is located at the southern section of the roof of the WCC. The helistop will be used for periodic scheduled transfers of seriously ill infants, children and adults to the hospital from varying counties in northern California and Western Nevada. It is anticipated that 200 trips per year would occur at this site.

It is anticipated that two basic approach and departure flight paths will be used for this site. The approach and departure flight paths generally follow the Capitol City Freeway from the north to the south or the south to the north. The EIR has analyzed the noise impacts of the helistop.

The City Code Title 17 (17.24.050 (57)) requires a special permit for a heliport or helistop other than at an existing airport. Heliports if approved are subject to such conditions requiring compliance with state and federal regulations and liability insurance.

Furthermore, the City Code Title 12.92 provides further regulations for the development, operations and permitting of helistops. The City is currently in the process of amending the City Code for helistops in order to be more consistent with State and Federal requirements and reduce conflicting requirements. This ordinance is anticipated to be heard by the City Council in January of 2006.

Staff supports the helistop since the trip will be pre arranged, noise issues have been addressed in the EIR and the helistop is subject to federal and state regulations.

6. Special Permit to allow for the development of 32 single family alternative - housing units.

The proposed type of housing, which staff views as "alternative ownership housing types", requires a special permit in the R-4 zone. The zoning code provides a zoning instrument for the development of individually owned housing arrangements other than standard single family. The requirements of this section apply to non-standard single-family detached developments, townhomes, condominiums or similar types of development in all residential zones with the exception of the Standard Single Family (R-1) and the Two-Family (R-2) zone. Provisions of this section allow for modification of setback, lot coverage, and lot size standards as part of the special permit evaluation process.

The project proposes a three foot setback from N Street (with raised planters), a 4'6" setback on the east and west sides of the project site, and a 6' setback on the alley. The side yard setbacks for the units are zero lot line. The entire project has a 60% lot coverage which is the maximum for the requested R-4 zone. And, finally, the project provides 32 parking spaces, in enclosed garages, meeting the zoning code requirement of one parking space per unit.

The project creates small individual lots for the proposed units. Each individual lot does not provide setbacks sufficient to meet zoning ordinance requirements. One of the main objectives of the "Alternative Ownership Housing Types" land use designation however, is to allow the flexibility to provide higher density individually owned units. Staff supports the applicant's proposal to achieve the objective of providing home ownership opportunities and maximizing density, while maintaining adequate light and air for the

units. Each unit has an outdoor deck located on the 2nd Floor. The proposed units comply with building and fire codes, and provide adequate access to the units while maximizing density on the project site.

Furthermore, the units have been designed to face N Street, with access from N Street. A pedestrian entrance from N Street and a common drive from the alley will provide access to the interior units.

#### 7. Variances to reduce setbacks

The project requires variance to reduce setbacks for the Women's and Children's Center and the Community Parking Garage. The City's zoning code prescribes that the front setback for hospitals in the Central City is 10 feet. The north elevation of the Women's and Children's Center has no setback, and in fact will encroach into the L Street right-of-way. As explained in the Background Section of this report, this encroachment is for the elevators only and is necessary not to disturb the existing Cancer Center located underground on the site. The proposed design maintains a seven foot sidewalk for pedestrians, as well as maintaining the existing bike lanes and vehicle travel lanes. The Community Parking Garage proposes no setback for the N Street frontage and the 27<sup>th</sup> and 28<sup>th</sup> Street sides. The N Street frontage is composed of retail uses, and the zero setback is consistent with the Central City Neighborhood Design Guidelines policy to provide for active interface with the street. The 28<sup>th</sup> Street setback will not unduly encroach upon adjacent development, as it is adjacent to the Regional Transit Maintenance facility. The 27<sup>th</sup> Street setback, across from existing residential development to the west, is softened by the brick veneer siding, the notched corners and the presence of the retail component, which runs 36 feet north of N Street and is setback 38 feet. Therefore, staff supports these variances.

#### 8. Variance to reduce the required drive aisle maneuvering area

The Community Parking Garage requires a variance for the reduction the drive aisle width from 26 feet to 2 feet. To accommodate the narrower drive aisle width, the applicant has increased the width of the standard spaces from the 8 feet required, to 8'6", and the width of the compact spaces from 7'6" to 8 feet. Staff has no objections to the reduction in the maneuvering area since the additional movements within the parking garage will not affect on-street movements.

#### 9. Parking

The proposed project will result in the following parking supply (counting new and existing parking):

Under Freeway-North Lot	716
Under Freeway-South Lot	756
Community Parking Structure	1100

SMF Building	90
Future MOB	35
Residential	<u>32</u>
Total	2729 Parking Spaces

The new and existing uses, along with their parking requirements per City Code, are listed below:

Sutter General Hospital	305	(1 space per patient bed)
WCC	272	"
SMF	646	(1 space per 200 sf, for 129,137 sf)
Buhler Building	470	(1space per 200sf for 188,283)
Housing	32	1 space per unit
Restaurants	137	(1space per 3 seats for existing Restaurants using surface parking on the Community Parking Garage site)
Pioneer Church	36	(weekday, per agreement)
Parking Garage Retail	22	(1 space per 400 sf, for 9000 sf)
SMF Retail	<u>7</u>	" for 2,600sf
		1927 Parking spaces

The project will therefore result in 802 more parking spaces than required by City Code. The Community Parking garage will need to absorb additional parking demand in the future. Assuming the development of the Trinity Cathedral expansion and the Children's Theater of California, as well as extra parking required for the Future MOB, the Community Parking Garage would absorb an additional demand of approximately 353 spaces, plus an additional 250 spaces required by Trinity Cathedral for Sunday Services. The project, however, is providing sufficient parking to meet immediate and future needs of the proposed project as well as other projects in the immediate area.

### 9. Spanning Structure/Pedestrian Bridges

The project proposes three structures over the streets; two pedestrian bridges and a spanning structure connecting the hospitals on the north and south side of L Street. The spanning structure is a three story usable floor structure across L Street. Staff is not objecting to this structure since the structure is built on the eastern portion of the block and the freeway already crosses L Street, and therefore does not impact any view corridor.

The two pedestrian bridges include one from the parking lot located under the Capital City Freeway and the new Women's and Children's Center, crossing 29th Street. Staff again is not objecting to this pedestrian bridge, since 29th Street, is a high volume, high speed roadway utilized mostly for access or departures off the freeway. Furthermore there is no sidewalk along the east side of 29th street where the parking lot is located, further exacerbating the pedestrian use of this street. Since the freeway is along one

side of the street and the people utilizing the parking structure will have business with Sutter, staff is not objecting to this pedestrian bridge.

The second proposed pedestrian bridge location is on 28th Street, connecting the SMF Building with the Buhler Building. The Urban Design Plan for the Central Business District contains policy discouraging pedestrian bridges, unless very special circumstances can be established. While the project site is not in the CBD, the policies to protect vistas and views of landmarks, keeping the spatial continuity of streets and providing pedestrian activity on the streets to maintain support for retail uses is appropriate in this area as well as throughout the city.

While 29<sup>th</sup> Street and L Street are high volume traffic streets, 28th Street is still a quiet, minor street that should be activated with the Sutter project. This street is adjacent to Sutter's Fort and is more interior to the neighborhood. Staff believes that, while the use of the bridge is predominantly for patients, others will be permitted use of the passageway. Sutter will also be constructing tunnels under the street to connect their facilities. This is a policy question that needs consideration by the Planning Commission and City Council. Staff therefore is not in support of this pedestrian bridge, and the Major Project Special Permit is conditioned to eliminate the bridge.

Sutter, however, has provided the following rationale for the 28<sup>th</sup> Street Bridge:

The 28th St. Bridge connects the hospital environment with the SMF Building via the Buhler Building. This connection is extremely important because of the need to provide an immediate and direct route for patients in critical condition in the SMF Building. The services that are provided in the SMF Building where patients are at risk for CPR and immediate transport are as follows: Cardiac Rehabilitation (including patients recovering from cardiac surgery), Imaging Services (including invasive procedures such as angiography), and ambulatory surgery (six operating rooms). Services will be provided to patients at all age levels, from the elderly to the pediatric population. A reality of medical treatment today is that a growing array of services once provided in the hospital are now offered on an out-patient basis and this trend will only intensify in the years ahead. It is imperative that a patient in immediate distress be stabilized and moved as quickly and efficiently as possible to a location where intensive care can be provided.

While the underground tunnel is an option for such transport, it is not an optimal solution for several reasons. The underground tunnel is specifically designed as a service tunnel for maintenance and operations. The tunnel carries the utilities from the energy center to the campus buildings. The utilities are not enclosed and could provide obstacles to the equipment necessary to travel with the critical patient. Additionally, there is not always direct access to patient

care areas from the campus buildings through the tunnel system. To illustrate this, from the SMF Building a patient would need to be taken down a level in an elevator, through the underground parking lot and Energy Center into the tunnel crossing 28th Street and into WCC by Dietary where visitors are dining, and then be taken through the tunnel along 29th Street, through the SGH basement and finally up to the first floor via an elevator to get to ED or ICU.

From a patient care perspective, the second floor bridge is necessary because of the need to minimize the number of elevator trips when the patient is being transported along with personnel and life-saving equipment. The entire hospital complex is designed to provide life-saving connectivity between buildings on the second floor level explicitly to reach ICU and ER care as quickly as possible. Utilization of the underground tunnel would require a vertical transport of a patient down to the tunnel, crossing through the tunnel, and then another vertical transport up from the tunnel once on the hospital side of the street. Physicians feel very strongly that the need to minimize the transport time and the elevator transports is critical to delivering timely and necessary care to prevent a death. Time is of the essence.

Staff believes that Sutter may have special circumstances that would allow the Planning Commission to approve the pedestrian bridge across 28<sup>th</sup> Street.

## **RESOLUTION NO.**

Adopted By the Sacramento City Council

December 6, 2005

### **RESOLUTION CERTIFYING THE ENVIRONMENTAL IMPACT REPORT AND ADOPTING THE MITIGATION MONITORING PROGRAM FOR THE PROPOSED SUTTER MEDICAL CENTER SACRAMENTO (SMCS) PROJECT LOCATED IN AN AREA BOUNDED BY 26<sup>TH</sup> STREET TO THE WEST, N STREET TO THE SOUTH, K STREET TO THE NORTH, AND 30<sup>TH</sup> STREET TO THE EAST**

THE CITY COUNCIL OF THE CITY OF SACRAMENTO DOES HEREBY FIND, DETERMINE, AND RESOLVE AS FOLLOWS:

#### **I. CALIFORNIA ENVIRONMENTAL QUALITY ACT FINDINGS**

- A. The City Council finds that the Environmental Impact Report for the SMCS Project (herein EIR) which consists of the Draft EIR, and Final EIR (Response to Comments) and Appendices, has been completed in accordance with the requirements of the California Environmental Quality Act (CEQA), the State CEQA Guidelines and the Sacramento Local Environmental Procedures.
- B. The City Council certifies that the EIR was prepared, published, circulated and reviewed in accordance with the requirements of CEQA, the State CEQA Guidelines and the Sacramento Local Environmental Procedures, and constitutes an adequate, accurate, objective and complete Final Environmental Impact Report in accordance with the requirements of CEQA, the State CEQA Guidelines and the Sacramento Local Environmental Procedures.
- C. The City Council certifies that the EIR has been presented to it and that the City Council has reviewed it and considered the information contained therein prior to acting on the proposed project.
- D. Pursuant to CEQA Guidelines Sections 15091 and 15093, and in support of its approval of the SMCS Project, the City Council hereby adopts the attached Findings of Fact and Statement of Overriding Considerations and a Mitigation Monitoring Program to require all reasonably feasible mitigation measures be implemented.

#### **II. PROCEDURAL FINDINGS**

- A. The City of Sacramento caused an Environmental Impact Report ("EIR") on the Project to be prepared pursuant to the California Environmental Quality Act, Public Resources

Code, Section 21000 et seq. (CEQA), the CEQA Guidelines, Code of California Regulations, Title XIV, Section 15000 et seq., and the City of Sacramento Environmental Guidelines.

- B. Notices of Preparation (NOPs) dated October 1, 2003, and January 7, 2004 were filed with the Office of Planning and Research and were circulated for public comments for 30 days. Two scoping meetings held on October 8, 2003 and January 26, 2004, regarding the preparation of the EIR.
- C. A Notice of Completion (NOC) and copies of the Draft EIR were distributed to the State Clearinghouse on July 19, 2005 to distribute to those public agencies that have jurisdiction by law with respect to the Project and to other interested parties and agencies. The comments of such persons and agencies were sought.
- D. An official forty-five (45) day public review period for the Draft EIR was established by the State Clearinghouse. The public review period began on July 19, 2005 and ended on September, 2005.
- E. A Notice of Availability (NOA) was distributed to all interested groups, organizations, and individuals on July 19, 2005, for the Draft EIR. The Notice of Availability stated that the City of Sacramento had completed the Draft EIR and that copies were available at the City of Sacramento, Department of Planning and Building, 1231 I Street, Room 300, Sacramento, California 95814. The letter also indicated that the official forty-five day public review period for the Draft EIR would end on September 2, 2005.
- F. A public notice was placed in the Daily Recorder on July 19, 2005 which stated that the Draft EIR was available for public review and comment.
- G. A public notice was posted with the Sacramento City Clerk's Office on July 19, 2005.
- H. Following closure of the public comment period, the Draft EIR was supplemented to incorporate comments received and the City's responses to said comments, including additional information included in the Final EIR.
- I. Following notice duly and regularly given as required by law, and all interested parties expressing a desire to comment thereon or object thereto having been heard, the EIR and comments and responses thereto having been considered, the City Council makes the following determinations:
  - 1) The EIR consists of the Draft EIR, and Final EIR (Responses to Comments) and appendices.
  - 2) The EIR was prepared and completed in compliance with CEQA.
  - 3) The EIR has been presented to the City Council which reviewed and considered the information therein prior to acting on the SMCS Project, and they find that the EIR reflects the independent judgment and analysis of the City of Sacramento.
  - 4) The following information is incorporated by reference and made part of the record supporting these findings:
    - The Draft and Final EIR and all documents relied upon or incorporated by reference including:

- City of Sacramento General Plan, City of Sacramento, January, 1988
- Draft Environmental Impact Report City of Sacramento General Plan Update, City of Sacramento, March, 1987
- Findings of Fact and Statement of Overriding Considerations for the Adoption of the Sacramento General Plan Update, City of Sacramento, 1988
- Zoning Ordinance, City of Sacramento
- The Mitigation Monitoring Plan dated November, 2005.
- All staff reports, memoranda, maps, letters, minutes of meetings and other documents relied upon or prepared by City staff relating to the project, including but not limited to, City of Sacramento General Plan and the Draft and Final Environmental Impact Report for the City of Sacramento General Plan Update.

J. The official custodian of the record is the City of Sacramento Development Services Department, Environmental Planning Services, 2101 Arena Boulevard, Suite 200, Sacramento, CA 95834.

### **III. FINDINGS OF FACT REGARDING THE CONTENTS OF THE ENVIRONMENTAL IMPACT REPORT FOR THE SUTTER MEDICAL CENTER, SACRAMENTO PROJECT**

#### **INTRODUCTION**

The Environmental Impact Report ("EIR") addresses the potential environmental effects associated with a multi-component project in Midtown Sacramento, California. The EIR addresses the Sutter Medical Center, Sacramento Project ("SMCS Project") and the Trinity Cathedral Project ("Trinity Cathedral Project") and includes a programmatic analysis of the proposed Children's Theatre of California project ("Children's Theatre Project"). The EIR includes an analysis of the effects associated with the residential development of 32 dwelling units (the "Sutter Midtown Housing Project"), which is one of the six components of the SMCS Project ("Project Components") and which is addressed in separate findings. (Draft EIR ("DEIR"), p. 1-1.)

Although the DEIR includes an analysis of the SMCS Project, Trinity Cathedral Project, Sutter Midtown Housing Project, and the Children's Theatre Project, the findings set forth below specifically pertain to the SMCS Project. These findings have been prepared to comply with the requirements of the California Environmental Quality Act ("CEQA") and the CEQA Guidelines (Cal. Code Regs, tit. 14, § 15000 *et seq.*).

#### **DEFINITIONS**

"af" mean acre feet.

"AFY" means acre feet per year.

"ARB" means Air Resources Board.

"ASTs" means Above-Ground Storage Tanks.

"BATs" means Best Available Technologies.

"BMP" means Best Management Practices.

"CCCP" means the Sacramento Central City Community Plan.

"C&D" means construction and demolition.

"CAA" means Clean Air Act.

"CAAQS" means California Ambient Air Quality Standards.

"Caltrans" means California Department of Transportation.

"CARB" means California Air Resources Board.

"CEQA" means California Environmental Quality Act.

"CFR" means Code of Federal Regulations.

"Children's Theatre Project" means the Children's Theatre of California project.

"City" means City of Sacramento, including collectively the Design Review and Preservation Board, Planning Commission and City Council.

"CIWMB" means California Integrated Waste Management Board.

"CNEL" means Community Noise Equivalent Level.

"CNPS" means California Native Plant Society.

"CO" means carbon monoxide.

"Council" means the City of Sacramento City Council.

"County" means County of Sacramento.

"CSS" means the combined sewer system.

"CWTP" means Combined Wastewater Treatment Plant.

"dB" means decibel(s).

"dBA" means A-weighted sound levels.

"DEIR" or "Draft EIR" means Draft Environmental Impact Report for the Sutter Medical Center, Sacramento Project (July 2005).

"DHS" means State Department of Health Services.

"DOA" means the Caltrans Division of Aeronautics.

"EIR" means Environmental Impact Report.

"EPA" means U.S. Environmental Protection Agency.

"EMS" means Emergency medical services.

"ESA" means Environmental Site Assessment.

"ETC" means Employee Transportation Coordinator.

"EtO" means ethylene oxide.

"FAA" means Federal Aviation Administration.

"FEIR" or "Final EIR" means Final Environmental Impact Report for the Sutter Medical Center, Sacramento Project (October 2005).

"FATA" means final approach and take-off.

"Future MOB" means the Future Medical Office Building.

"gpd" means gallons per day.

"lb" means pound.

"L<sub>dn</sub>" means day-night noise level.

"LEA" means Local Enforcement Agency.

"Lead Agency" means the City of Sacramento, Planning and Building Department.

"L<sub>eq</sub>" means equivalent noise level.

"L<sub>max</sub>" means highest noise level measured over a given period of time.

"L<sub>min</sub>" means lowest noise level measured over a given period of time.

"LOS" means Level of Service.

"mgd" means million gallons per day.

"MRF" means materials recovery facilities.

"MMPs" means Mitigation and Monitoring Program.

"MSL" means mean seal level

"NAAQS" means national ambient air quality standards.

"NBHCP" means the Natomas Basin Habitat Conservation Plan.

"NOI" means Notice of Intent.

"NOP" means Notice of Preparation.

"NO<sub>x</sub>" means nitrogen oxides.

"NPDES" means National Pollutant Discharge Elimination System.

"O<sub>3</sub>" means ozone.

"OSHA" means Occupational Safety and Health Administration.

"OSHPD" means the Office of Statewide Health Planning and Development.

"PM<sub>10</sub>" means particulate matter equal to or less than 10 microns in diameter.

"ppm" means parts per million.

"PRC" means Public Resources Code.

"Project" means Sutter Medical Center, Sacramento.

"Project Applicant" means Sutter Medical Center.

"RAS" means the Radiological Associates of Sacramento.

"ROG" means reactive organic gas.

"SACOG" means the Sacramento Area Council of Governments.

"SCAQMD" means South Coast Air Quality Management District.

"SCEMD" means Sacramento County Environmental Management Department.

"SEL" means sound exposure levels.

"sf" means square feet.

"SGH" means Sutter General Hospital.

"SJVAPCD" means San Joaquin Valley Air Pollution Control District.

"SJVUAPCD" means San Joaquin Valley Unified Air Pollution Control District.

"SMAQMD" means the Sacramento Metropolitan Air Quality Management District.

"SMCS" means Sutter Medical Center, Sacramento.

"SMF" means Sutter Medical Foundation Building.

"SMH" means Sutter Memorial Hospital.

"SRWTP" means Sacramento Regional Wastewater Treatment Plant.

"Sutter Midtown Housing Project" means the 32 residential units to be developed as one component of the SMCS Project.

"TLOF" means touchdown and life-off.

"TMA" means the Transportation Management Association.

"Trinity Cathedral Project" means the Trinity Cathedral Project.

"TSM" means Transportation System Management.

"TSMP" means the Transportation System Management Plan.

"U.S. EPA" means U.S. Environmental Protection Agency.

"USACE" means U.S. Army Corps of Engineers.

"USFWS" means U.S. Fish and Wildlife Service.

"USTs" means Underground Storage Tanks.

"VdB" means Variation Decibels.

"WCC" means Women's and Children's Center.

"WFA" means Water Forum Agreement.

"WTP" means water treatment plant.

### PROJECT DESCRIPTION

#### **Overview**

Sutter Medical Center, Sacramento ("SMCS") ("Applicant") requests approval of development entitlements from the City of Sacramento ("City") for the development of the SMCS Project. The City of Sacramento, Planning and Building Department is the *lead agency* under CEQA for preparation of the Environmental Impact Report ("EIR") for the SMCS Project and the Trinity Cathedral Project. The project applicants, SMCS and Trinity Cathedral, and the City determined that evaluating both projects in one EIR provides the public and decisionmakers with the most accessible and comprehensive examination of the potential direct, indirect and cumulative environmental effects for the area. The SMCS Project includes development of a new Women's and Children's Hospital, medical office building(s), parking garage, and the 32 unit Sutter Midtown Housing Project.

The Trinity Cathedral Project, which is located within the SMCS Project area, includes construction of a new Cathedral building and a new multi-purpose space on the site of the exiting Trinity Cathedral. (DEIR, p. 1-1.) The Trinity Cathedral Project has a separate project

applicant and requests separate entitlements from the City. The Trinity Cathedral project will be subject to separate review and approval by the City of Sacramento Design Review and Preservation Board and the Planning and Building Department.

The Sutter Midtown Housing Project would be located on the same block as the Trinity Cathedral. (DEIR, p. 2-33.) This component would be developed by an entity other than SMCS or Trinity Cathedral (e.g., Loftworks) and will be the subject of separate CEQA findings and land use entitlements. (DEIR, p. 2-33.)

Implementation of the SMCS Project would result in the development of urban land for medical and community uses. (DEIR, p. 4-17.) The SMCS Project is located in Midtown Sacramento and includes a total of six components ("Project Components"): (1) Women's and Children's Center ("WCC"); (2) Sutter Medical Foundation Building ("SMF Building"), which includes the below-grade Energy Center and parking; (3) Community Parking Structure, including first floor commercial/retail; (4) 32 residential units with associated parking (Sutter Midtown Housing Project); (5) Future Medical Office Building ("Future MOB"); and (6) Associated utility, circulation and other existing building improvements. The Children's Theatre of California Project is analyzed in the EIR on a program level. (DEIR, pp. 1-1, 2-1, and 2-10.)

### **Project Background**

SMCS is an affiliate of the Sutter Health System, a not-for-profit community-based health care system that serves Northern California. The proposed new medical center renovations and expansions would consolidate all acute care facilities currently run by SMCS, adding new and expanded health and healing technologies, services and buildings. (DEIR, p. 2-1.)

Acute care facilities presently at Sutter Memorial Hospital (SMH) and Sutter General Hospital (SGH) will be consolidated and expanded into a single, fully integrated medical complex. A spanning structure will allow SGH and the new Anderson-Lucchetti WCC to function as one hospital building. Included in the project are two medical office buildings: the Sutter Medical Foundation Building and a new medical office building to replace St. Luke's medical office building. The new facility at the St. Luke's site will be approximately half the size of the current building (35,000 square feet (sf) versus 70,000 sf). The SMCS Project also includes a Community Parking Structure with connected neighborhood-serving retail and small-scale commercial office space, a community theatre (B Street Theatre/Children's Theatre of California), and a Sutter Midtown Housing Project with 32 residential units. (DEIR, pp. 2-1-2.2.) Following relocation of acute care services from SMH to the SMCS project, SMCS would continue existing levels of landscaping and exterior maintenance and security at the SMH campus pending implementation of future use of the site. There are at present no plans for such future use.

### **Project Location**

The project site ("SMCS Project area") includes elements on a total of seven blocks roughly bounded by 26<sup>th</sup> Street to the west, N Street to the south, K Street to the north, and 30<sup>th</sup> Street to the east. The entire SMCS Project area includes development on a total of 6 acres. The SMCS Project area, which includes all of the SMCS Project Components, as well as the Children's Theatre and Trinity Cathedral Projects, is located in the Midtown area of the City of Sacramento within the City's Central City District and the Winn Park-Capitol Avenue

Neighborhood. The Central City District includes the area bounded by the American River to the north, Broadway to the south, the Sacramento River to the west, and Alhambra Boulevard to the east. The Capital City Freeway, which runs parallel to and between 29<sup>th</sup> Street and 30<sup>th</sup> Street, is elevated above the parking lots located along the eastern boundary of the project area. (DEIR, p. 2-2.)

### **Project Objectives**

The vision of the SMCS Project seeks to inspire health and healing through the creation of an environment based on compassion, excellence and advanced technologies. The SMCS Project is planned as an accessible and innovative healing arts facility for the citizens of Sacramento, as well as the region, within an urban setting. (DEIR, p. 2-5.)

The SMCS Project recognizes that the region's growing population will require specialized and accessible health facilities and both of these objectives are addressed at the proposed Midtown location. Additionally, the SMCS Project is envisioned as the hub of an "urban village" in Midtown's Sutter District. It is designed to complement neighborhood features including places of worship, historic and cultural sites, a new live theater, residential development and commercial activity, including restaurants, retail and office uses. (DEIR, p. 2-5.)

The proposed new medical facilities and renovation of the existing buildings (Sutter General Hospital and the Buhler Building) will offer both acute and non-acute health care services, including out-patient care and hospital services at one innovative and fully integrated medical center. (DEIR, pp. 2-5 – 2-9.)

The following are the project objectives for the SMCS Project:

Consolidate all acute care facilities presently at Sutter Medical Hospital ("SMH") and Sutter General Hospital ("SGH") into one health care complex that will offer high quality care for patients; promote new, highly accessible and innovative care models; and provide efficient, cost-effective delivery of health care treatment for all its patients; (DEIR, pp. 2-5 and 2-9.)

Ensure that the hospital redevelopment is part of a master planned medical complex which complements cultural, business, residential, historic, and religious aspects of the surrounding neighborhood; (DEIR, pp. 2-5 and 2-9.)

Complement and add to existing SMCS employee, community and environmental programs including Transportation System Management ("TSM") (ride-share, public transit subsidies, etc.) environmentally-sensitive and energy-conservation design, and practices; (DEIR, p. 2-9.)

Promote community involvement and neighborhood-building by including community theatre, housing, neighborhood-serving retail, and other institutions that reflect and enhance the character of the neighborhood and by placing the most intense project uses away from residential portions of the neighborhood; (DEIR, pp. 2-5 and 2-9.)

Redesign SGH to offer the latest treatment for adult cardiovascular, orthopedic, spine, neuroscience, cancer, transplant, medical/surgical and outpatient surgery services; (DEIR, p. 2-9.)

Expand cardiovascular facilities at SGH to enhance a growing array of leading medical procedures and new treatment technologies on one floor of the hospital, thereby improving patient accessibility and physician deployment; (DEIR, p. 2-9.)

Build a new Anderson-Lucchetti WCC to deliver both high tech and "high touch" care in a unique environment. The WCC will feature the highest level of neonatal and pediatric intensive care services, pediatric cardiac care, pediatric neurosurgery services, pediatric cancer services, and high risk and conventional maternity services. A life-saving "helistop" atop the hospital building will serve critically sick patients from across Northern California and will be used only occasionally, principally in the treatment of high-risk pediatric patients; (DEIR, p. 2-9.)

Bridge the WCC with SGH via a unique, three-story spanning structure that will enable the two buildings to function as a single unified hospital building; (DEIR, p. 2-9.)

Provide additional capacity for quality specialized care at both SGH and the WCC to increase capacity and complement SMCS' twice recognized status as one of America's "Top 100 Hospitals"; (DEIR, p. 2-9.)

Plan, stage and construct the project in a manner that provides minimal disruption of the surrounding neighborhood and which is compatible with the preservation of the historic character of the area and cultural attractions, including the Old Tavern Building, Pioneer Church and Sutter's Fort; (DEIR, p. 2-9.)

Complement the existing neighborhood and environment by providing clear way-finding to reduce traffic in the surrounding neighborhood and enhance pedestrian safety alongside new housing, retail and cultural amenities to the extent feasible; (DEIR, p. 2-10.)

Provide a Community Parking Structure that will provide parking for staff and patients of the new medical center complex and offer parking for neighborhood churches, businesses and cultural attractions; (DEIR, p. 2-10.) and

Comply with the requirements set forth in California law (Senate Bill 1953) that seeks to ensure the highest level of structural safety for hospital buildings. (DEIR, p. 2-10.)

#### **Discretionary Actions**

Construction of new facilities that require specific planning or building entitlements from the City of Sacramento require Design Review/Presentation Board review and approval, Planning Commission review and approval, and City Council review and approval. (DEIR, p. 2-55.)

It is anticipated that the following project approvals are required by the City of Sacramento for the SMCS Project: (DEIR, pp. 2-55 – 2-56.)

Certification of the Environmental Impact Report;

Mitigation Monitoring Plan;

General Plan Amendment;

Community Plan Amendment;

Rezone parcels zoned R-3-A to C-2 and parcels zoned RO to C-2;

Amendment or rescission of Ordinance No. 83-142 (1983);  
Special Permit (Height variance - Alhambra Corridor; Setback variances);  
Lot Line Adjustment/Partial Mergers or Tentative Subdivision map;  
Public Right-of-Way Abandonment/Vacations;  
Alley and Utility Abandonments/Vacations;  
Special Permit - Major Project;  
Special Permit – Helistop;  
Special Permit – Tandem parking;  
Ministerial level City permits, including building permits.

(DEIR, pp. 2-55 – 2-56.)

In addition to the above City approvals and entitlements, implementation of the SMCS Project could require approval from the following State and local agencies prior to construction, including but not limited to:

County of Sacramento, Environmental Health Department - permits for kitchen facilities.

State Department of Health Services (DHS) - license to operate New Hospital.

Office of Statewide Health Planning and Development (OSHPD) - building permits for the New WCC, SMF Building and Energy Center and SGH renovations.

Federal Aviation Administration (FAA) - review flight path and prepare an Airspace Determination for helicopter.

Caltrans Division of Aeronautics (DOA) - review flight path and helistop location and issue a heliport permit.

Sacramento Area Council of Governments (SACOG) - Airport Land Use Commission will review helistop to ensure consistency with regional airport plans.

Sacramento Metropolitan Air Quality Management District (SMAQMD) - issues permits to construct and permits to operate for any commercial and office uses.

State Water Resources Control Board - issues a Construction Storm Water Discharge permit, WDRs etc.

(DEIR, p. 2-56.)

The City and SMCS have not at this time proposed to enter into a Development Agreement (DA) for the SMCS Project. However, in the future a DA may be proposed, and if so, it is anticipated that this EIR would be sufficient for the purposes of that approval of such a DA.

## Project Description

The SMCS Project includes specific development initiatives for which SMCS seeks City approval. The following is a detailed description of the six SMCS Project components at the project-specific level in the EIR, followed by a program level description of the Children's Theatre Project: (DEIR, p. 2-10.)

### Women's and Children's Center ("WCC")

The proposed WCC would be located on the eastern half of the block located immediately south of SGH, which currently accommodates the valet parking site for the Buhler Building, along with the Energy Center, the Old Tavern parking garage and Radiological Associates of Sacramento ("RAS") former medical office. (DEIR, p. 2-16.)

The WCC would be an 8-story above-grade structure plus one level below-grade. The building would be approximately 167-feet (167'- 6" to the highest point of the building) high to the top of the mechanical penthouse and would contain approximately 398,400 square feet (sf) of hospital and medical-related uses, as shown in Figure 2-7. To accommodate the size of the building, the elevators would encroach into the south side of the L Street right-of-way a maximum of approximately 28 feet. To accommodate this, L Street would be narrowed by eliminating the on-street parking between 28<sup>th</sup> and 29<sup>th</sup> Streets but the existing bike lanes would remain. The minimum roadway width would be 36-feet, which would allow for two 12-foot wide lanes for vehicles and two 6-foot wide bike lanes. A 7-foot wide sidewalk would be provided along the south side. There would be no changes made to the existing sidewalk along the north side of L Street. (DEIR, p. 2-16.)

The WCC would be designed as an articulated structure with a multi-planed facade. The variation in planes is intended to minimize the overall scale of the building's mass. The design of the WCC reflects the horizontal proportions of SGH to create one unified medical campus. The 'skin' or exterior of the WCC would be composed of bands of off-white metal panels, combined with transparent and patterned or etched glass, creating an overall sense of scale and detail. The building's base would be sheathed in copper and contains planters to integrate the building mass into the landscape. Air handling units, exhaust fans, and miscellaneous mechanical equipment would all be located on the roof of the new building. Illuminated signage would be included on the east and west sides of the building. (DEIR, p. 2-16.)

### Helistop

A helistop is a designated area where helicopters can land to drop-off critically ill patients. A rooftop, non-emergency helistop would be located at the southern section of the roof of the WCC approximately 167 feet above ground. The helistop would be used for periodic scheduled transfers of seriously ill infants, children, and adults from 27 counties in northern California and from western Nevada. The general service area would encompass an area within an approximately 60 to 90 mile radius from downtown Sacramento. SMCS does not operate a life flight emergency operation, and the WCC is not a trauma center, so emergency or unscheduled stops would not occur. Helicopters would not be housed, parked, or fueled at this site, but would only drop off patients and return to a remote base, following a flight path directly above the freeway to reduce noise impacts to the adjacent neighborhoods. It is estimated that the number of annual helicopter patient deliveries would be in the range of 200 trips per year, which averages to between 15 to 20 flights per month. (DEIR, p. 2-20.)

### **Spanning Structure**

To meet the clinical needs of the medical complex, the WCC would be connected to the existing SGH on levels 2, 3, and 4 by a three-level spanning structure (crossing L Street) integral to the medical functionality of both SGH and the WCC, as shown in Figure 2-9, Spanning Structure across L Street. In effect, the spanning structure allows the two separate buildings to function as a single integrated hospital. The second floor level of the proposed spanning structure would provide both public and staff circulation separated by a translucent glass partition. The third floor level would contain pre-and post-operative pediatric facilities. The fourth floor level would contain family waiting areas and staff/patient circulation. The spanning structure would be designed to accommodate the 17-foot above street-level minimum height requirement in keeping with the requirements set forth by the City of Sacramento. (DEIR, p. 2-20.)

The existing pedestrian bridge across L Street connecting the Buhler Building and SGH would be removed as part of the project and replaced by the spanning structure. (DEIR, p. 2-20.)

### **Pedestrian Connections/Vehicle Access**

Access to the proposed WCC would be through a private drive and entryway running north/south, located mid-block, east of the Buhler Building, and west of the proposed WCC, as shown on Figure 2-6. This entryway would have one-way traffic to the north with primary vehicle access from Capitol Avenue (to the south) exiting onto L Street. The proposed WCC would include a main lobby, which would serve as the main entrance for visitors and patients to the entire SMCS medical complex. (DEIR, p. 2-20.)

A valet parking system for patient drop-off and pick-up at the main entrance would be provided. Patients could be dropped off at the main entrance and their vehicles valet parked in the public parking lot (south lot) under the freeway. However, ambulatory or walk-in patients for emergency room services could also be dropped off at SGH at the modified existing entrance along L Street across from the WCC. (DEIR, p. 2-20.)

Pedestrian access and access to the WCC are achieved through the use of both spanning structures and pedestrian bridges. Examples include the spanning structure across L Street connecting the WCC to SGH and an enclosed pedestrian bridge spanning 29<sup>th</sup> Street, south of the intersection of L Street and 29<sup>th</sup> Street, which connects the WCC with the existing parking structure under the freeway (shown on Figure 2-6). Also, a short pedestrian bridge would connect the existing Buhler Building with the WCC by crossing the new private entryway and a pedestrian bridge would connect the Buhler Building and the SMF Building across 28<sup>th</sup> Street. These pedestrian bridges would also be designed to accommodate the 17-foot minimum height requirements of the City of Sacramento. (DEIR, p. 2-22.)

### **Building Demolition**

To accommodate construction of the WCC, the existing Energy Center, the Old Tavern parking structure, the former RAS medical office located on Capitol Avenue, and the surface parking spaces that serve the Buhler Building would be demolished, as described in Table 2-1 and shown in Figure 2-10. A new energy center is proposed under the SMF Building to provide heating and cooling to all the buildings within the SMCS medical complex. To accommodate the loss of the Old Tavern parking structure and the surface parking spaces, parking is proposed in the new Community Parking Structure. The RAS Medical Office has already relocated to a facility on L Street. (DEIR, p. 2-22.)

### **Sutter Medical Foundation Building (“SMF”)**

The proposed SMF Building would be located on the eastern half of the block south of Sutter's Fort and west of the Buhler Building, which currently includes office buildings, parking lots, the House of Furs building, and a single-story structure currently used as a private medical office. (DEIR, p. 2-22.)

The SMF Building would be a four-story above-grade building with two levels of parking and the Energy Center below grade for a building total of approximately 203,382 sf. A total of 131,737 sf of medical office space would be provided, as well as a total of 90 below grade parking spaces. The building would be clad in a combination of copper and horizontal siding, as shown in Figure 2-12 and Figure 2-13. The building would be stepped back from L Street and Sutter's Fort. The building would have an average 33,000 sf floor plate, and would be approximately 82 feet to the top of the mechanical screen and roof and 86 feet to the top of the roof mounted cooling towers. The SMF Building would house medical offices and outpatient services, and would contain outpatient surgery suites, recovery beds, diagnostic imaging, cardiac rehabilitation and a small retail area (approximately 2,600 sf) on L Street. In addition, showers and lockers would be provided for staff and employees of the facility. (DEIR, p. 2-25.)

The existing 18,490 sf Energy Center, located at the northwest corner of Capitol Avenue and 29<sup>th</sup> Street would be removed and replaced by the new Energy Center below the SMF Building. (see Figure 2-10). The existing Energy Center currently provides all primary and emergency systems, including all heating and cooling, to SGH, the Buhler Building, and the Radiation, Oncology Center (ROC). The Energy Center includes boilers, emergency generators, liquid oxygen, chillers, and electrical transformers for the buildings listed above. (DEIR, p. 2-25.)

The new Energy Center would be located beneath the SMF Building adjacent to the below grade parking. The new 24,644 sf Energy Center would provide power and house emergency generators, chillers, boilers, pumps and associated building systems components for the medical complex, which includes SGH, WCC, SMF and Buhler Building. (DEIR, p. 2-25.)

Air intakes for combustion air for the boilers and generators would be through grated openings located in the ramp leading to the SMF Building below grade parking garage and flush with the driving surface and through grated areaways located at the southwest and southeast corners of the SMF Building. These areaways extend above grade and are protected by concrete curbs. An additional air intake is located south of the transformer yard, liquid oxygen and parking garage stairwell and forms the protrusion mid-block adjacent to the private driveway connecting Capitol Avenue and L Street.

The cooling towers for the new Energy Center are designed to minimize the release of steam vapor and would be situated on the western/middle portion of the SMF Building roof. (FEIR, p. 2-3.)

A 20-foot tall painted, architectural, louvered metal panel system is designed to conceal the entire length of the cooling towers from the western views below and complement the design elevations that include the glass storefronts, copper and wood composite siding systems, and stucco base.

The five cooling tower units, each approximately 27-feet tall (including the elevated structural frame and supports) are located approximately 12-feet behind the metal panel screen to minimize their visibility. Depending on the actual cooling tower that is installed, it is anticipated

that approximately 2 to 5-feet of the uppermost portion of the cooling tower would extend above the metal panel screen and could be visible below from the west.

The cooling towers would not be significantly visible from the northwest or southwest due to a continual metal panel screen wall and deep setback location of the equipment from the north and south roof edges. The cooling towers would not be visible at all along the eastern side from below due to the deep setback location of the equipment and the same continual metal panel screen.

The existing Energy Center includes a two-story freestanding structure with a basement located at the corner of Capitol Avenue and 29<sup>th</sup> Street. Chillers, boilers, and emergency generators are located on first (1<sup>st</sup>) floor. Pumps and a natural gas fired incinerator are located in the basement. Cooling towers are located on the roof. The cooling system includes:

Chillers: Three (3) electric drive water-cooled centrifugal chillers with a total chilled water plant capacity of 1,600 tons of cooling. Space reserved for a fourth (4<sup>th</sup>) chiller.

- Cooling Towers:
  - a) Six (6) cooling towers, 1800 tons of heat rejection.
  - b) 52,000 gallons per day (gpd) bleed-off rate (maximum), dumped to sanitary sewer system on peak design cooling day.
  - c) 52,000 gpd drift rate during peak design cooling day

The heating system includes:

- Steam Boilers: Three (3) dual-fuel nominal 400 Boiler Horsepower (bhp) output high-pressure steam generators. 41,400 pounds per hour steam at 125 psig.
- Natural gas is primary fuel source. 50,214 cubic feet per hour (cfh) natural gas input at full load.
- Diesel fuel is back-up fuel source. 360 gallons per hour (gph) fuel oil input at full load.
- Maximum 15 parts per million (ppm) Nitrous Oxide (NO<sub>x</sub>) emissions each boiler.
- Boiler feed water (domestic water) make-up; 125 gpm maximum at full load.

The diesel fuel storage includes two 13,000 gallon (each) underground tanks. The bulk liquid oxygen includes a 5,000 gallon vertical main tank and a 500 gallon vertical reserve tank located on grade at the north end of the Energy Center (adjacent to the Alley) The main tank is approximately 26 feet tall.

The new Energy Center is designed to occupy two levels below grade area located in the southern portion of the SMF Building. Chillers, boilers, pumps and emergency generators would be located at lowest level (B-2 Level). The cooling towers would be located on the roof of the SMF Building. The cooling system includes the following:

- Chillers: five (5) electric drive water cooled centrifugal chillers with an initial total chilled water plant capacity of 4,450 tons of cooling with a peak calculated demand of approximately 3,175 tons of cooling. Future total plant capacity of 5,250 tons of cooling with an expected peak demand of approximately 4,200 tons of cooling.
- Cooling Towers:

- a) Five (5) cooling towers, 5,250 Tons of heat rejection.
- b) 101,000 gpd bleed-off rate (maximum), dumped to sanitary sewer system on peak design cooling day.
- c) 101,000 gpd drift rate during peak design cooling day.

The heating system includes the following components:

- Steam Boilers: Four (4) dual-fuel nominal 500 bhp output high-pressure steam generators. 69,000 pounds per hour steam at 125 psig. Calculated peak demand of approximately 49,000 pounds per hour (one unit is totally redundant and the other three will likely never be all on simultaneously at 100% each).
- Natural gas is primary fuel source. 83,700 cfh natural gas input. The secondary, backup fuel source is fuel oil fed by a remote underground storage tank shared with the emergency generators.
- The boilers are equipped with burners and controls to limit the NOx emission levels to 9 parts per million (PPM) corrected to 3% oxygen.
- The boilers are also equipped with the requisite feed water and condensate removal and transfer systems.

The underground fuel storage includes:

The new fuel storage tank is specified to be 25,000 gallons capacity and shall be a dual wall construction with continuous vacuum monitoring. The sumps and piping are also monitored and the installation shall meet all required regulations for this application. The fuel is transferred on demand to a series of day-tanks installed in the boiler and generator rooms in the interior of the building, which in turn supply locally to the boilers and generators.

Liquid oxygen tanks are located adjacent to the alley/driveway on the west side of the SMF Building. There is a 11,000 gallon liquid capacity main tank and a 3,000 gallon liquid capacity reserve tank with the associated vaporizers to convert the liquid to gas. The bulk supply shall be in accordance with NFPA 50.

In compliance with current code requirements, a concrete wall approximately 22-feet tall would be constructed along the north, south and west sides of the oxygen tanks. A 22-foot tall metal, louvered wall would be constructed along the east side of the oxygen tanks while a 10-foot tall concrete wall would be constructed around the transformer yard adjacent to the playground area. (DEIR, p. 2-25.)

### **Pedestrian Connection/Vehicle Access**

Pedestrian and vehicular access to the SMF Building would be similar to that provided in the WCC, through a private drive and entryway running north/south between Capitol Avenue and L Street. The driveway would be located mid-block immediately to the west of the SMF Building with primary one-way vehicle access heading north off Capitol Avenue. (DEIR, p. 2-25.) Pedestrian access would be at the building's main entrance, located along the private drive or via entrances on 28<sup>th</sup> Street. A small retail space is proposed at the L Street entrance that could also provide access to the building. There would be an underground service tunnel underneath 28<sup>th</sup> Street that would connect the SMF Building with the Buhler Building and the WCC. In

addition, an overhead pedestrian bridge at the second level of the SMF Building would span across 28<sup>th</sup> Street connecting the SMF Building with the Buhler Building. The western half of this block is not included within the SMCS Project area. (DEIR, p. 2-29.)

Vehicular access to the SMF Building would be similar to the WCC. However, instead of parking under the freeway, visitors/patients would either be directed south on 28<sup>th</sup> Street to self-park in the new Community Parking Structure, described below, or be dropped off at the main entrance to the SMF Building where vehicles would be valet parked in the Community Parking Structure. A total of 90 parking spaces would be provided in the basement level of the SMF Building. (DEIR, p. 2-29.)

### **Building Demolition or Relocation**

To accommodate construction of the SMF Building, the MTI office buildings located along 28<sup>th</sup> Street would be demolished. The House of Furs building would also be demolished if it is not relocated. The adjacent single-story office building currently used as a medical office, may be relocated by the tenant. If the structure is not relocated, it would be demolished to accommodate the SMF Building. (DEIR, p. 2-29.)

### **Community Parking Structure and Commercial/Retail Space**

The Community Parking Structure would be located on the block south of the proposed SMF Building that currently contains two restaurants (Café Bernardo's and the Monkey Bar), Capitol Physical Therapy, the EAP Building, surface parking lots, and the Trinity Apartments. (DEIR, p. 2-29.)

The Community Parking Structure would be a total of 7 stories above-grade plus one level below-grade. The total height of the structure would be approximately 73 to 83 feet high. The height of the structure includes a six-story above-grade parking structure, as well as an additional floor for a total of seven stories above grade. The structure would include a maximum of 1,100 parking spaces. The Community Parking Structure would provide parking for multiple uses including: patients and staff, restaurant patrons, retail customers and future patrons of the theatre facilities, as well as other businesses in the neighborhood and persons attending Trinity Cathedral. The Community Parking Structure is intended to replace surface parking currently provided on the site of the SMF Building, WCC, and the Community Parking Structure. In addition, the Community Parking Structure would be sized to accommodate the loss of parking currently located in the Old Tavern Parking Structure and the St. Luke's Parking Structure.

Access into the Parking Structure would be off 28<sup>th</sup> Street and along 27<sup>th</sup> Street. (DEIR, p. 2-29.) In addition, approximately 9,000 sf of ground floor commercial and/or neighborhood serving retail space is proposed along N Street. (DEIR, p. 2-33.)

### **Building Demolition**

To accommodate development of the Community Parking Structure and other development proposed within this block, the existing Trinity Apartments (includes a total of 5 units) and EAP Building located along Capitol Avenue and 27<sup>th</sup> Street would be demolished and the surface parking areas removed. The restaurants and the physical therapy business would remain onsite. (DEIR, p. 2-33.)

### **Sutter Midtown Housing Project**

The proposed Sutter Midtown Housing Project would be located on the southern half of the block west of the proposed Community Parking Structure and on the same block as Trinity Cathedral. A total of 32 residential units approximately 1,250 sf in size are proposed. The building would be stepped back to a height of two to three stories. Approximately 40 parking spaces would be provided. Ingress and egress into the units would be provided via the alley and N Street. (DEIR, p. 2-33.)

#### ***Building Demolition***

To accommodate development of the residential units, the existing St. Luke's parking structure would be removed. The existing apartment buildings located to the east and west of the site would remain. (DEIR, p. 2-33.)

### **St. Luke's Medical Office Building ("Future MOB")**

SMCS plans to demolish the existing 70,000 sf building and rebuild a smaller structure of approximately 35,000 sf of medical office space. The proposed Future MOB would be developed by an entity other than SMCS. The total square footage of the Future MOB would not increase the overall area from the existing building. A total of approximately 35 parking spaces would be provided below grade depending upon the size of the structure. The 35,000 sf is not inclusive of the proposed below-grade parking. Any remaining parking spaces needed for the Future MOB would be provided in the adjacent Community Parking Structure. It is anticipated an additional 89 spaces would be required in the Community Parking Structure to accommodate the parking needs of the building. The building would accommodate physicians who want to locate near the medical complex, but who do not require space immediately adjacent to SGH or the WCC. Figures 2-20 and 2-21 show the proposed site plan and conceptual building massing. (DEIR, p. 2-33.)

#### ***Building Demolition***

The existing St. Luke's Medical Office Building would need to be demolished to allow for construction of the new facility. The two apartment buildings located on either side of the parking garage would remain. (DEIR, p. 2-37.)

#### **Utility Improvements and Alley Utility Relocations or Alley Abandonment**

##### **New Water, Sewer, Electrical and Utility Relocation**

A number of utility improvements associated with the SMCS Project components within the SMCS Project area would be required to bring existing sewer, storm drainage, and water infrastructure up to current City code. In addition, upgrades would be made to existing electrical infrastructure. (DEIR, p. 2-37.)

The following is a discussion of proposed utility improvements or relocations to be completed by SMCS as part of the SMCS Project. (DEIR, p. 2-37.)

***Alley Utility Relocations or Abandonment on 28<sup>th</sup>/29<sup>th</sup>/L Street***

To accommodate construction of the WCC, the eastern half of the alley that adjoins the Buhler Building surface parking lot is proposed for physical abandonment. The western half of the alley that adjoins the Buhler Building is proposed for a utility abandonment. (DEIR, p. 2-38.)

The western half of the alley would remain as a service corridor for delivery services to adjacent buildings. All existing public utilities located within the alley would be relocated to adjacent streets. New water mains would be installed beneath 28<sup>th</sup> Street and 29<sup>th</sup> Street to replace the water main in the alley. The combined sewer system (CSS) would be relocated to 28<sup>th</sup> Street and Capitol Avenue and would connect to the 78-inch combined sewer proposed by the City in 29<sup>th</sup> Street. Electrical services would be relocated to Capitol Avenue and 28<sup>th</sup> Street. Once utility relocations are complete, existing pipes and conduits would be removed or changed to private service laterals, where required, to service existing or proposed development. (DEIR, p. 2-38.)

***27<sup>th</sup>/28<sup>th</sup>/Capitol Avenue/N Street Alley***

The alley in the Community Block that connects 27<sup>th</sup> and 28<sup>th</sup> Streets between Capitol Avenue and N Street is proposed for a utility abandonment. The alley would remain as a service corridor for delivery services to adjacent buildings and to allow parking for Capitol Physical Therapy. All existing public utilities located within the alley would be relocated to adjacent streets. The existing CSS in the alley would be removed. The two buildings to remain along 28<sup>th</sup> Street (Monkey Bar, and Capitol Physical Therapy) would be connected to the proposed CSS in 28<sup>th</sup> Street. Electrical services would be relocated to Capitol Avenue and 28<sup>th</sup> Street. New water mains would be installed in Capitol Avenue, N Street and 27<sup>th</sup> Street to replace the water main in the alley. Once utility relocations are complete, existing pipes and conduits would be removed or changed to private service laterals, where required, for existing or proposed development. (DIER, p. 2-38 – 2-39.)

***27<sup>th</sup>/28<sup>th</sup>/Capitol Avenue/L Street Alley***

The eastern portion of the alley between 27<sup>th</sup> and 28<sup>th</sup> Street north of Capitol Avenue is proposed for physical abandonment, to accommodate construction of the new SMF Building. The western half of the alley, behind Pioneer Church, would remain. The remaining alley would connect to a new private drive running north-south along the west side of the new SMF Building. All existing public utilities located within the eastern portion of the alley would be relocated to adjacent streets. The City's CSS would be removed where in conflict with the new building. New water mains would be installed in 27<sup>th</sup> Street, 28<sup>th</sup> Street and Capitol Avenue to replace the water main in the alley. Electrical services would be relocated to Capitol Avenue. Once utility relocations are complete, existing pipes and conduits would be removed or changed to private service laterals where required for existing or proposed development. (DEIR, p. 2-39.)

***Water***

There are existing city water mains in all three alleys proposed for either physical abandonment or a utility abandonment. The SMCS Project would include construction of a new 8-inch water main in 27<sup>th</sup> Street (from L Street to N Street), in 28<sup>th</sup> Street (from L Street to Capitol Avenue), and in 29<sup>th</sup> Street (from L Street to the alley between N Street and Capitol Avenue). The SMCS Project would also include construction of new 12-inch water mains in Capitol Avenue and N Street from 27<sup>th</sup> to