

STATE CLEARINGHOUSE NO.  
2008022012

# FINAL ENVIRONMENTAL IMPACT REPORT

## RESPONSE TO COMMENTS DOCUMENT

### SUTTER MEDICAL CENTER OF SANTA ROSA/LUTHER BURBANK MEMORIAL FOUNDATION JOINT MASTER PLAN



*Prepared for*

County of Sonoma  
Permit and Resource Management Department  
2550 Ventura Avenue  
Santa Rosa, CA 95403

**May 2010**

**URS**

URS Corporation  
1333 Broadway, Suite 800  
Oakland, CA 94612

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## Table of Contents

Section 1	Introduction.....	1-1
1.1	CEQA Process .....	1-1
1.2	Organization of this FEIR.....	1-1
Section 2	Agencies, Organizations, and Persons Commenting on the DEIR .....	2-1
2.1	Agencies, Organizations, and Persons Commenting in Writing.....	2-1
2.2	Persons Commenting at the Public Hearing .....	2-2
Section 3	Master Responses.....	3-1
3.1	Index of Master Responses .....	3-1
3.2	Master Response A: Helicopter Operations.....	3-2
3.2.1	Helistop Design and Operations .....	3-2
3.2.2	Helistop Safety.....	3-3
3.2.3	Helicopter Noise .....	3-4
3.2.4	Consideration by the Sonoma County Airport Land Use Commission .....	3-5
3.3	Master Resonse B: Wastewater Offset Program.....	3-5
3.3.1	Overview.....	3-5
3.3.2	Proposed Offset Program.....	3-5
3.3.3	Current Program Status.....	3-6
3.4	Master Response C: Site Selection and Alternatives.....	3-7
3.4.1	Process of Site Selection and Evaluation of Alternatives.....	3-7
3.4.2	Selecting the Alternatives for Detailed Evaluation in the DEIR .....	3-9
3.4.3	Proximity of Proposed Project and Alternative Sites to Patients and Staff .....	3-10
3.4.4	Proximity to SMART Rail.....	3-11
3.4.5	Suggested Jennings Avenue Site .....	3-11
3.5	Master Response D: Alternative Transportation and Public Transit .....	3-12
3.5.1	Promoting Transit and Alternative Transportation Access to the Proposed New Hospital Site .....	3-12
3.5.2	The Role of Transit Access in Siting a New Hospital .....	3-13
3.5.3	Available Transit to the Proposed Project Site .....	3-15
3.6	Master Response E: Greenhouse Gas Emissions.....	3-19
3.6.1	The DEIR's Analysis of GHG Emissions .....	3-19
3.6.2	Conservative Nature of the DEIR's GHG Analysis .....	3-20
3.6.3	GHG Emission Reducing Features of the New Hospital.....	3-20
3.6.4	The Project Will Help Foster Achievement of the State and County's GHG Reduction Goals .....	3-21
3.6.5	Consideration of GHG Reducing Measures and Additional Suggested Measures.....	3-22
3.7	Master Response F: Indirect Environmental Impacts.....	3-23

	3.7.1 CEQA Guidelines Provisions Governing Indirect Impacts and Economic and Social Impacts .....	3-24
	3.7.2 Analysis of Indirect Impacts in the EIR, and Relationship to the County’s Analysis of Health Care Issues.....	3-24
3.8	Master Response G: Existing and Proposed USES at the Wells Fargo Center.....	3-27
3.9	Master Response H: Traffic, Circulation, and Emergency Access.....	3-29
	3.9.1 Traffic Study Parameters .....	3-29
	3.9.2 Operational Conditions .....	3-30
	3.9.3 Mitigation Measures .....	3-30
	3.9.4 Emergency Access .....	3-32
<b>Section 4</b>	<b>Comments and Responses on the Draft EIR.....</b>	<b>4-1</b>
4.1	Comments from Agencies.....	4-3
	A.1 California Department of Fish and Game, Charles Armor .....	4-3
	Responses to Comment A.1 .....	4-5
	A.2 Sonoma County Airport Land Use Commission, Robert Gaiser .....	4-11
	Responses to Comment A.2.....	4-14
	A.3 California Regional Water Quality Control Board, North Coast Region, John Short.....	4-19
	Responses to Comment A.3.....	4-27
	A.4 California Department of Transportation, Division of Aeronautics, Sandy Hesnard.....	4-35
	Responses to Comment A.4.....	4-37
	A.5 County of Sonoma Permit and Resource Management Department, Reg Cullen.....	4-38
	Responses to Comment A.5.....	4-41
	A.6 County of Sonoma Department of Emergency Services, Robert MacIntyre .....	4-52
	Responses to Comment A.6.....	4-56
	3.13.1 Environmental Setting .....	4-56
	Fire and Emergency Medical Services (EMS) Responders.....	4-56
	A.7 Governor’s Office of Planning and Research, Scott Morgan ....	4-58
	Responses to Comment A.7 .....	4-64
	A.8 California Department of Transportation, Division of Aeronautics, Sandy Hesnard.....	4-65
	Responses to Comment A.8.....	4-66
	A.9 California Department of Transportation, Lisa Carboni (1 of 3).....	4-69
	Responses to Comment A.9.....	4-71
	A.10 California Department of Transportation, Lisa Carboni (2 of 3).....	4-72
	Responses to Comment A.10.....	4-73

## Table of Contents

	A.11	California Department of Transportation, Lisa Carboni (3 of 3).....	4-74
		Responses to Comment A.11 .....	4-75
4.2		Comments from Organizations .....	4-76
	O.1	Sonoma County Transportation & Land Use Coalition. Willard Richards .....	4-76
		Responses to Comment O.1 .....	4-78
	O.2	North Sonoma County Hospital District, Evan J. Rayner, and William Hawn .....	4-86
		Responses to Comment O.2.....	4-90
	O.3	BerryBrook Homeowners Associates, Dale Johnson .....	4-98
		Responses to Comment O.3.....	4-100
	O.4	Friends of SMART, Jack C. Swearngen .....	4-102
		Responses to Comment O.4.....	4-104
	O.5	Petaluma Health Care District, Robert Ostroff, MD and Daymon Doss, ED .....	4-107
		Responses to Comment O.5.....	4-110
	O.6	Northern California Healthcare Authority, Richard Kirk, MD .....	4-113
		Responses to Comment O.6.....	4-114
	O.7	Sonoma County Bicycle Coalition, Christine Culver .....	4-115
		Responses to Comment O.7.....	4-116
	O.8	Climate Protection Campaign, Ann Hancock.....	4-118
		Responses to Comment O.8.....	4-122
	O.9	Sierra Club, Steve Birdlebough .....	4-130
		Responses to Comment O.9.....	4-134
	O.10	Palm Drive Hospital, Palm Drive Health Care District, Neil Todhunter and Dan Smith.....	4-149
		Responses to Comment O.10.....	4-154
	O.11	Accountable Development Coalition, Jack Buckhorn and Dennis Rosatti.....	4-158
		Responses to Comment O.11 .....	4-161
	O.12	California Nurses Association, Joe Schuman and Benjamin Elliott.....	4-165
		Responses to Comment O.12.....	4-167
	O.13	Sonoma County Workers Benefit Council, Jerry Hankins .....	4-169
		Responses to Comment O.13.....	4-172
	O.14	Sutter Medical Center of Santa Rosa, Tom Minard.....	4-175
		Responses to Comment O.14.....	4-183
4.3		Comments from Individuals .....	4-205
	I.1	Becky Rowe .....	4-205
		Responses to Comment I.1 .....	4-206
	I.2	Willard Richards, Ph.D. ....	4-207
		Responses to Comment I.2 .....	4-208
	I.3	Dan Smith & Joan Marler .....	4-209

	Responses to Comment I.3 .....	4-211
	I.4 Carol Ternullo .....	4-217
	Responses to Comment I.4 .....	4-218
	I.5 Sami Donahue .....	4-219
	Responses to Comment I.5 .....	4-221
	I.6 Steve Gustafson .....	4-222
	Responses to Comment I.6 .....	4-223
	I.7 Individual BerryBrook Neighbors .....	4-224
	Responses to Comment I.7 .....	4-228
	I.8 Paula Cook .....	4-230
	Responses to Comment I.8 .....	4-231
4.4	Public Hearing Comments .....	4-233
4.4.1	Sonoma County Planning Commission Hearing – Thursday, December 10, 2010 .....	4-233
4.4.2	Sonoma County Planning Commission Hearing – Thursday, January 14, 2010 .....	4-262
Section 5	Changes to the Draft EIR .....	5-1

**Attachments**

Attachments to Master Response A: Helicopter Operations

Attachment A-1: Letter from Kenneth Brody

Attachment A-2: Land Use Compatibility Analysis of Proposed Helistop

Attachment A-3: Helipad Layout

Attachment A-4: Sonoma County Land Use Commission, Resolution 10-01

Attachment to Master Response B: Wastewater Offset Program

Attachment B-1: Memo from David Long

Attachments to Master Response C: Site Selection and Alternatives

Attachment C-1: Distribution of Discharged Patients 2008

Attachment C-2: Distribution of Medi-Cal and County Indigent Program Patients  
2008

Attachment C-3: Distribution of Staff Currently Employed

Attachment C-4: Driving Times from Main Urban Centers

Attachment C-5: Staff Driving Times

Attachment C-6: Suggested Jennings Avenue Site

Attachment to Master Response D: Alternative Transportation and Public Transit

Attachment D-1: Letter from Robin Hagenstad, RN

Attachment to Master Response F: Indirect Environmental Impacts

Attachment F-1: Letter from Michael Cohill

Attachment to Master Response G: Existing and Proposed Uses at the Wells Fargo Center  
Attachment G-1: Use Permit issued to LBMF (also referred to as the Wells Fargo  
Center)

## 1.1 CEQA PROCESS

On November 24, 2009, the County of Sonoma (the Lead Agency) released for public review a Draft Environmental Impact Report (DEIR) on the proposed Sutter Medical Center of Santa Rosa/Luther Burbank Memorial Foundation Joint Master Plan. A 51-day public review and comment period on the Draft EIR began on November 25, 2009, and closed on January 14, 2010. The Planning Commission conducted two public hearings on the adequacy of the DEIR. The first Public Hearing was held at 1:40 p.m. on December 10, 2009. The second public hearing was held at 1:05 p.m. on January 14, 2010. Both hearings were held in the Board of Supervisors Chambers at 575 Administration Drive Room 102A. The DEIR for the proposed Sutter Medical Center of Santa Rosa/Luther Burbank Memorial Foundation Joint Master Plan, together with this Response to Comments Document, constitute the Final EIR (FEIR) for the proposed project. The FEIR is an informational document prepared by the Lead Agency that must be considered by decision-makers before approving the proposed project (CEQA Guidelines, Section 15090). California Environmental Quality Act (CEQA) Guidelines (Section 15132) specify the following:

“The Final EIR shall consist of:

- (a) The Draft EIR or a revision of that draft.
- (b) Comments and recommendations received on the Draft EIR either verbatim or in a summary.
- (c) A list of persons, organizations, and public agencies commenting on the Draft EIR.
- (d) The responses of the Lead Agency to significant environmental points raised in review and consultation process.
- (e) Any other information added by the Lead Agency.”

This document has been prepared pursuant to CEQA and in conformance with the CEQA Guidelines. This Response to Comments Document incorporates comments from public agencies, organizations, and the general public, and contains appropriate responses by the Lead Agency to those comments.

## 1.2 ORGANIZATION OF THIS FEIR

This FEIR for the proposed Sutter Medical Center of Santa Rosa/Luther Burbank Memorial Foundation Joint Master Plan contains information in response to comments raised during the public comment period.

**Section 1.0** describes the CEQA process and the organization of this Response to Comments Document.

**Section 2.0** contains a list of all persons and organizations that submitted written comments and/or made spoken comments on the DEIR during the public review period.

**Section 3.0** contains master responses to comments. Numerous comments pertained to a number of similar issues. The master responses provide detailed information related to each

of these key issue areas in one place rather than dispersing this information throughout the document.

**Section 4.0** contains copies of the comment letters and public hearing minutes, and the responses to those comments. Within each letter and public hearing minutes, individual comments are labeled with a number in the margin. Immediately following the comment letter are responses to each of the numbered comments.

**Section 5.0** contains text changes made to the DEIR. Some changes were initiated by County staff and others were made in response to comments received on the DEIR.

**2.1 AGENCIES, ORGANIZATIONS, AND PERSONS COMMENTING IN WRITING**

The following agencies, organizations, and individuals submitted written comments on the DEIR during the public review period:

<b><u>Letter</u></b>	<b><u>Agency/Organization/Individual</u></b>
A.1	California Department of Fish and Game, Charles Armor
A.2	Sonoma County Airport Land Use Commission, Robert Gaiser
A.3	California Regional Water Quality Control Board, North Coast Region, John Short
A.4	California Department of Transportation, Division of Aeronautics, Sandy Hesnard
A.5	County of Sonoma Permit and Resource Management Department, Reg Cullen
A.6	County of Sonoma Department of Emergency Services, Robert MacIntyre
A.7	Governor's Office of Planning and Research, Scott Morgan
A.8	California Department of Transportation, Division of Aeronautics, Sandy Hesnard
A.9	California Department of Transportation, Lisa Carboni
A.10	California Department of Transportation, Lisa Carboni)
A.11	California Department of Transportation, Lisa Carboni
O.1	Sonoma County Transportation & Land Use Coalition. Willard Richards
O.2	North Sonoma County Hospital District, Evan J. Rayner and William Hawn
O.3	BerryBrook Homeowners Associates, Dale Johnson
O.4	Friends of SMART, Jack C. Swearngen
O.5	Petaluma Health Care District, Robert Ostroff, MD and Daymon Doss, ED

<u>Letter</u>	<u>Agency/Organization/Individual</u>
O.6	Northern California Healthcare Authority, Richard Kirk, MD
O.7	Sonoma County Bicycle Coalition, Christine Culver
O.8	Climate Protection Campaign, Ann Hancock
O.9	Sierra Club, Steve Birdlebough
O.10	Palm Drive Hospital, Palm Drive Health Care District, Neil Todhunter and Dan Smith
O.11	Accountable Development Coalition, Jack Buckhorn and Dennis Rosatti
O.12	California Nurses Association, Joe Schuman and Benjamin Elliott)
O.13	Sonoma County Workers Benefit Council, Jerry Hankins
O.14	Sutter Medical Center of Santa Rosa, Tom Minard
I.1	Becky Rowe
I.2	Willard Richards, Ph.D.
I.3	Dan Smith & Joan Marler
I.4	Carol Ternullo
I.5	Sami Donahue
I.6	Steve Gustafson
I.7	Individual BerryBrook Neighbors
I.8	Paula Cook

## 2.2 PERSONS COMMENTING AT THE PUBLIC HEARING

Two public hearings on the DEIR were held by the County on December 10, 2009 and January 14, 2010. The following individuals provided spoken comments on the DEIR:

- Jenny Bart
- Barbara Molton
- Steve Birdlebough
- Dale Johnson
- Gudruk Hommer
- Jerry Hankins

## **SECTION 2.0**

## **Agencies, Organizations and Persons Commenting on the DEIR**

---

- Sami Donahue
- Carol Ternullo
- Royce Piro
- Jose Luis Angeles
- Reyna Cortes
- Steve Gustafson
- Tracy Gorman Werckmann
- Melinda Lansdowns
- Hamilton Hess
- Phil Sitzman
- Carl Hansen
- Scot Stegeman
- Brent Arthur
- Bill Kortum
- Phil Sitzman
- Guenther Braun
- Commissioner Dennis Murphy
- Commissioner Don Bennett
- Commissioner Paula Cook
- Commissioner Tom Lynch

### 3.1 INDEX OF MASTER RESPONSES

Master Response A: Helicopter Operations – Several commenters raised questions concerning helicopter flights to the hospital, including questions about the approach and departure path, safety, and noise. In addition to the individual responses contained in this FEIR, this master response addresses these points. This master response also refers to and includes the findings made by the Sonoma County Airport Land Use Commission in its January 25, 2010 consideration of the helistop and its determination that the helistop is consistent with the County Airport Land Use Plan.

Master Response B: Wastewater Offset Program – Several commenters raised questions about the impact of the project on wastewater capacity, and in particular on the offset or “zero footprint” program proposed by Sutter to avoid any impact relating to wastewater. This master response addresses these issues and explains why the wastewater offset program is an acceptable form of mitigation under CEQA.

Master Response C: Site Selection and Alternatives – Several commenters raised questions regarding the criteria that were employed in selecting the proposed project site, as well as in selecting the alternatives considered in the DEIR. There were also a variety of comments regarding the suitability of the proposed project site when considered in terms of access to the hospital and other medical campus facilities by staff and patients. This master response provides an overview of the site selection process and the process of determining which alternatives should be evaluated in the DEIR. This master response also provides information regarding the location of the proposed project with respect to the patients and staff at Sutter, commuter rail access to the project site, and the suitability of the additional alternative site that was proposed during public comments.

Master Response D: Alternative Transportation and Public Transit – Several commenters on the DEIR raised concerns that the hospital portion of the project is not likely to be supported by or accessible to public transportation or alternative forms of transportation (buses, rail, bicycles and pedestrians). The following discussion clarifies the analysis in the DEIR and provides additional discussion of public transit options and the transportation needs of hospital and medical office building patients and employees.

Master Response E: Greenhouse Gas Emissions – A number of commenters have requested additional information with regard to greenhouse gas (GHG) emissions associated with project, and the analysis in the DEIR of effects associated with GHG emissions. This summary is presented in response to those comments in addition to the individual responses that follow.

Master Response F: Indirect Environmental Impacts – A number of commenters raised concerns about the indirect or secondary environmental impacts of the proposed project. Generally these comments raised concerns about the impact of the proposed hospital complex on the delivery of health care services in the County, or on the operations of other hospitals or medical office buildings. Some of the comments indicated that the EIR should evaluate whether the project would cause blight or environmental deterioration as a result of the economic impact on other hospitals and medical facilities. This FEIR contains individual responses to these comments, but also provides a broader overall response here in this master response. This master response summarizes the provisions of the CEQA Guidelines about indirect impacts and economic and

social impacts, summarizes the analysis in the DEIR, and responds to the overall issue of indirect or secondary environmental impacts such as blight. Many of these comments relate to health care issues that are being evaluated by the Sonoma County Department of Health Services and will be considered by the Board of Supervisors in connection with their decision on the merits of the project, and their evaluation of whether the hospital portion of the proposed project complies with Sutter's obligations under the Health Care Access Agreement between Sutter and the County.

Master Response G: Existing and Proposed Uses at the Wells Fargo Center – A number of commenters expressed concerns regarding the scope of existing and proposed uses at the Wells Fargo Center, noise impacts of events at the Wells Fargo Center, and possible future expansion of the Wells Fargo Center. This master response addresses these issues.

Master Response H: Traffic, Circulation and Emergency Access – Commenters raised several questions about the traffic analysis in the DEIR and related topics. Commenters asked how the traffic study was completed, the scope of the analysis, whether the analysis accounted for local uses such as schools, and whether the analysis still reflects current conditions. Several commenters expressed concern that the project's traffic will overwhelm local roads and intersections. Some commenters also expressed concern about emergency access to the hospital, specifically in conjunction with entertainment events at the Wells Fargo Center, and also during a major emergency such as a natural disaster. This master response responds to these various comments, and this FEIR includes individual responses to many of these comments as well.

### **3.2 MASTER RESPONSE A: HELICOPTER OPERATIONS**

Several commenters raised questions concerning helicopter flights to the hospital, including questions about the approach and departure path, safety and noise. This Master Response also refers to and includes the findings made by the Sonoma County Airport Land Use Commission in its January 25, 2010 consideration of the helistop and its determination that the helistop is consistent with the County Airport Land Use Plan.

#### **3.2.1 Helistop Design and Operations**

The design of the proposed Sutter Medical Center of Santa Rosa helistop and regulation of helicopter flights to and from it are largely dictated by federal and state laws and standards. Before the helistop can be opened for use, it must have a "Heliport Permit" from the California Department of Transportation Division of Aeronautics. Among the permit requirements is that the facility be built in accordance with the design standards issued by the Federal Aviation Administration. Although formal application for the permit cannot be submitted until after the EIR is approved by the County, Sutter consultants have had numerous discussions with Division of Aeronautics staff. Also, Aeronautics staff has visited the site and reviewed the plans for the helistop on an informal basis. Their response to the proposal has been positive. (See letter from Kenneth Brody, Mead & Hunt, to Nadin Sponamore dated April 15, 2010 included as Attachment A-1 at the end of this FEIR.)

The helistop design must identify the helicopter approach-departure paths that meet obstacle clearance and other design requirements. The direction of these paths will be indicated in the

Heliport Permit from the state. As depicted in the DEIR, the Sutter helistop will have two designated approach-departure paths: one southeasterly along US 101 and a second northwesterly, diagonally crossing the highway. Lead-in lights adjacent to the helistop will indicate the intended direction for approaches and departures (Appendix G6, page 3). Furthermore, all of the organizations expected to operate helicopters at the Sutter helistop will require prior approval from Sutter and pilots will be expected to be familiar with the prescribed approach-departure routes. Mitigation Measure NOI-5b requires Sutter to inform helicopter pilots of approved flight paths. Helicopter pilots that use the proposed Sutter helistop will also adhere to established best practices to reduce noise impacts, such as the Helicopter Association International (HAI) “Fly Neighborly Guide.” (See response to Comment PH2.13.)

When flying close to the helistop, helicopters are expected to use only the approved paths when conditions are favorable. Flight routes for final approach to, and initial departure from, the helistop are designed to avoid nearby residential areas. The hospital building will prevent takeoffs and landings directly to or from the north or east and other obstacles limit safe operations in other directions. However, while helicopters are still high enough on approach to be above the obstacles or have reached a safe altitude on takeoff, they likely will sometimes follow routes that differ from those shown. Because of the emergency nature of the helicopter operations at the Sutter helistop, helicopters can be expected to follow the most expeditious safe routes between the helistop and their point of origin or destination. Regulation of helicopter flights is under the purview of the Federal Aviation Administration and cannot be dictated by Sonoma County or Sutter.

With regard to the expected number of flights per year, the DEIR evaluates what is described as a worst-case projection of 240 flights (240 landings and 240 takeoffs) per year. This number is 20% above the average of 200 flights per year experienced in recent years at the current Chanate Road facility. The new Sutter Medical Center of Santa Rosa will not be a trauma center. Nothing in the proposed hospital capacity or services to be provided would trigger an increase in helicopter activity over the current usage. Nevertheless, it is important to recognize that state law (Public Utilities Code Section 21662.4(a)) prevents Sonoma County from restricting the number of emergency medical flights at the Sutter helistop.

### **3.2.2 Helistop Safety**

As noted above, the Sutter helistop and its approach-departure paths must be and are designed to meet the Federal Aviation Administration design standards. No issues or concerns have arisen with respect to the physical components of the helistop. However, obstacles along the approach-departure paths have been topics of discussion.

Close to the helistop are numerous light fixtures along the internal roadways and within the parking lot. Because the helistop will be elevated approximately 5 to 6 feet above the adjacent ground level, the significance of these obstacles is diminished. Nevertheless, obstruction lights will be installed on many of the fixtures as well as on the hospital building. Of greater concern have been the redwood trees and high-voltage power lines along US 101 and the northwesterly approach-departure path. The proposed alignment of the northwesterly path takes into account the locations and heights of these objects. The power lines and towers are well below the sloping surface of the approach-departure path and, according to the Division of Aeronautics, will not

require obstruction lights, thus DEIR Mitigation Measure HAZ-5 has been found to be unnecessary. See response to Comment A.8.1 for the text correction made to the DEIR. Several redwood trees have heights that could cause them to potentially be obstructions to the approach-departure surface, especially as they continue to grow. All of these trees are within the state highway right-of-way. The Caltrans Aeronautics and Highways divisions have the responsibility to determine whether trimming or obstruction lighting of any of these trees will be necessary (see Comment letter A.8 dated January 28, 2010).

The other safety concern that has arisen during the environmental review is the possibility that helicopter operations could disrupt traffic on US 101 or cause traffic accidents. Impact HAZ-5, as well as appendices G-5 and G-6 of the DEIR, examines this topic. Several other similar helicopter facilities elsewhere in California are situated close to highways. None have been known to cause significant problems to traffic and there are no records of traffic accidents caused by helicopter operations at a hospital helistop. The potential significance of this concern is diminished by the infrequency of the flights at the Sutter hospital—less than 5 per week on average—and by the fact that each takeoff and landing will be in view of traffic for under a minute.

### 3.2.3 Helicopter Noise

The locations of residential areas and other potentially noise sensitive land uses near the proposed hospital campus were a primary consideration in the design of the helistop approach-departure paths. The alignment of the proposed approach-departure paths is designed to minimize noise impacts to the maximum extent possible. The paths largely parallel US 101.

The DEIR examines both the average day/night noise levels and single-event noise levels associated with helicopter operations at the Sutter hospital. Because of the low projected activity level, the average day/night noise levels expected to result from helicopter flights do not exceed the 60 dB  $L_{dn}$  level of significance beyond the project site and the adjacent freeway, as shown in Figure 3.11-3 of the DEIR. Single-event impacts, measured in terms of Sound Exposure Level (SEL), were indicated to be potentially significant because the 90 dB SEL contours (associated with sleep disturbance from intermittent helicopter operations) just touch the residential area north of the project site, as shown in Figure 3.11-4 of the DEIR.

On the basis of a potential difference in impact on the residential area between north-to-south and south-to-north flow of helicopter flights, the DEIR includes a mitigation measure (NOI-5a) recommending that operations be from south to north whenever wind conditions permit. Further review of the data indicates that the difference in the impacts for each direction of operations is negligible. Also, the shielding effect provided by the hospital building when helicopters are low to the ground, which would further attenuate noise, was not taken into account in calculating noise contours. As noted in a letter from Division of Aeronautics staff, the direction of helicopter arrival and departure to/from the proposed helistop may not be restricted or mandated (see Comment Letter A-8).

As acknowledged in the DEIR, the use of the helistop will create some noise disturbance. Helicopters will be audible in neighboring areas as they approach and depart the helistop just as they are now audible as they overfly the area along the US 101 corridor or while approaching and departing nearby Sonoma County Airport. The greatest helicopter noise levels will be along

the highway where it will largely be masked by the highway noise during heavier vehicular travel periods. Helicopter noise will be more apparent outdoors than indoors. The levels have been analyzed and were determined not to be disruptive to nearby schools or performances at the Luther Burbank Memorial Foundation/Wells Fargo Center.

In sum, given the potential for some disturbance of nearby residential areas and to ensure a conservative impact analysis, the EIR conclusion remains that the impact from intermittent helicopter operations is “significant and unavoidable.”

### **3.2.4 Consideration by the Sonoma County Airport Land Use Commission**

The Sonoma County Airport Land Use Commission considered the consistency of the helistop with the County Airport land use plan. The Commission received a report in connection with that hearing entitled “Land Use Compatibility Analysis of Proposed Helistop” prepared by Mead & Hunt, Inc., and dated January 2010. The Commission determined that the helistop is consistent with the Comprehensive Airport Land Use Plan for Sonoma County, and also that the helistop is consistent with the policies and standards in the California Public Utilities Code and the California Airport Land Use Planning Handbook. This determination of consistency is a required step in the evaluation of a helistop. Copies of the Mead & Hunt analysis and the Commission resolution are attached at the end of this FEIR as follows.

Attachment A-2: “Land Use Compatibility Analysis of Proposed Helistop” Mead & Hunt, Inc., January 2010

Attachment A-3: Helipad Layout

Attachment A-4: Sonoma County Airport Land Use Commission, Resolution 10-01.

## **3.3 MASTER RESONSE B: WASTEWATER OFFSET PROGRAM**

### **3.3.1 Overview**

Several commenters raised questions about the impact of the project on wastewater capacity, and in particular about the offset or “zero footprint” program proposed by Sutter to avoid any impact relating to wastewater.

The offset program is described in Impact UT-4 of the EIR and included as a required mitigation in Mitigation Measure UT-4c. Offsets are a traditional form of mitigating for environmental impacts, and they are included within the definition of “mitigation” in the CEQA Guidelines. Guideline 15370 includes in the definition of mitigation actions that rectify an impact by restoring the impacted environment, and actions that compensate for an impact by providing substitute resources. Providing offsets fits within both of these definitions.

### **3.3.2 Proposed Offset Program**

The Offset Program described in the DEIR and Appendix L of the Draft EIR is being administered through the High Efficiency Direct Installation Program (HEDIP) that was approved by the Sonoma County Water Agency Board of Directors on August 18, 2009. This is

a recently initiated, existing program of the Water Agency, and Sutter proposes to participate in the existing program by funding the retrofit of residential and commercial buildings within the Airport Larkfield Wikiup (ALW) Sanitation Zone with ultra-low flow toilets and other water-conserving devices, at a level sufficient to fully offset the wastewater flows of the project.

The DEIR at pages 3.16-15 through 3.16-23 explains the basis for reaching the conclusion that the offset program will be effective in achieving the required number of offsets within the time frames required. The enforceability of the program is ensured by the provision of Mitigation Measure UT-4c, which requires that the final report on the program must demonstrate that the expected wastewater generated by the project has been fully offset before an occupancy permit is granted. Mitigation Measure UT-4c also requires regular monitoring and reporting throughout until full offset has been achieved. The DEIR sets forth the basis for the workability and effectiveness of this mitigation measure, noting that the offset program has been approved by the Sonoma County Water Agency board, and noting that a similar program in Rohnert Park was effective in providing offsets.

### 3.3.3 Current Program Status

As of April 21, 2010, the Water Agency's offset program has replaced 842 toilets in the ALW Sanitation Zone. (See April 21, 2010 memo from David Long, Brelje & Race Engineers to Nadin Sponamore included as Attachment B-1.) SCWA estimates that each toilet replacement reduces wastewater generation by an average of 22.7 gallons per day (gpd). Replacement toilets are the newest generation available (1.1 gallons per flush) and incorporate proven technologies that do not require the "flush twice" tendencies of older models.

Replacement of 842 toilets translates to approximately a 19,100 gpd reduction in wastewater being achieved during the first 5 months of the program. This reduction is well in excess of that required to allow connection of the Wells Fargo Center to ALW – the first step in beginning construction of the project – and represents approximately 88 percent of the offsets that would be required for the first two phases of the project to be connected to ALW. The combination of predominantly older construction in the service area, no-cost-to-the-owner replacement terms of the HEDIP and current rate of toilet replacements is strong indication that the necessary offsets are achievable. The progress of the program towards the offset goal will be periodically monitored as required in the DEIR. Should the pace of the program fall below expectations, steps such as a more aggressive advertising campaign can be undertaken.

The offset program is projected to have continued success as the number of toilets and other older fixtures that are available to replace is still quite high. The success of this program is further enhanced as the project will fully underwrite (reimburse the SCWA) its portion of the HEDIP Program.

The offset program has been utilized in other communities and by other water districts (including the East Bay Municipal Utilities District). The concept and its use as mitigation in EIRs can be documented as far back as 2000 (Camino Tassajara DEIR, Contra Costa County, August 2000 p. IV.1.6-11, EIR Certified 2002). This experience indicates that an offset program, administered by a County or other agency, is not only enforceable and measurable, but effective.

### 3.4 MASTER RESPONSE C: SITE SELECTION AND ALTERNATIVES

Several commenters raised questions regarding the criteria that were employed in selecting the proposed project site, as well as in selecting the alternatives considered in the DEIR. There were also a variety of comments regarding the suitability of the location of the proposed project site in terms of access to the hospital and other medical campus facilities by staff and patients. One commenter suggested a particular alternative site be considered as well. This Master Response provides an overview of the site selection process and the process of determining which alternatives should be evaluated in the DEIR. This Master Response also provides information regarding the location of the proposed project with respect to the patients and staff at Sutter, commuter rail access to the project site, and the suitability of the additional alternative site that was proposed during public comments.

#### 3.4.1 Process of Site Selection and Evaluation of Alternatives

The process of selection of alternative configurations and sites for examination in the DEIR was a lengthy one. The process began with Sutter, as the project proponent, identifying siting criteria and potential sites that met these criteria, and then selecting a proposed site for the new hospital. Following Sutter's submission of an application to the County for the approvals necessary for the hospital and medical campus project, the County then evaluated which project alternatives should be evaluated in the DEIR and identified additional sites for consideration.

*Sutter's Site Selection Process.* In 1999, Sutter prepared a Medical Center Master Plan which, as described on pages 6-4 and 6-5 of the DEIR, set forth a number of siting criteria for a replacement hospital, including:

- Location close to US 101 and a freeway exit in order to maximize quick and easy access to the hospital by emergency vehicles and patients;
- Good access from streets on at least two sides to allow for the separation of service and emergency vehicles from patient, visitor and staff traffic.
- A minimum of 18 acres to accommodate what was then described as a full program (174 beds and 360,000 SF), allow for expansion and avoid the initial need for parking structures;
- A regular lot shape, as an elongated, narrow shape could not be as efficiently developed, even with the required acreage.
- No extreme topography.

Sutter also convened a Siting Advisory Panel, a volunteer panel of local citizens that met in 2000 to 2001 to discuss possible sites based on a variety of criteria determined by the Panel. These criteria included the availability of the site for purchase, proximity to a freeway, ability to provide helicopter access, ability to serve the existing Sutter patient population, transit access, land use designations that allowed for hospital use, suitable infrastructure and cost. Sutter also undertook due diligence analyses of several sites. Based on all this review and input, Sutter selected the proposed Mark West Springs Road site as its preferred site for a new hospital, and Sutter purchased the property in 2006.

*County's Screening Analysis of Alternatives for the DEIR.* In 2009, when the County began preparation of the DEIR, it requested Sutter prepare a Screening Analysis describing the sites

considered in Sutter's previous site evaluation process. After completion of the first draft of the Screening Analysis, the County requested that Sutter add additional potential sites to the Screening Analysis, and these additional alternatives were evaluated as well. Ultimately, the Screening Analysis examined 22 potential alternative sites, as well as 7 potential alternative configurations of the proposed project. The Screening Analysis was then employed by the County to assist it in determining which of these 29 potential alternatives should be evaluated in detail in the DEIR. (See DEIR Appendix N-1.)

*Siting Criteria Used in the Screening Analysis.* As discussed in the Screening Analysis CEQA requires that an EIR compare the effects of a "reasonable range of alternatives" to the effects of the project. The alternatives selected for comparison should be those that would attain most of the basic objectives of the project and avoid or substantially lessen one or more significant effects of the project (CEQA Guidelines § 15126.6). CEQA also requires that the alternative be feasible, taking into account site suitability, availability of infrastructure, property control (ownership), and consistency with applicable plans and regulatory limitations. The range of alternatives to be compared is governed by a "rule of reason" which requires the EIR to set forth only those alternatives necessary to permit an informed and reasoned choice by the decision-making body and informed public participation (CEQA Guidelines § 15126.6(f)). Based on these principles, the screening analysis was prepared using the following siting criteria:

a. *Achievement of Project Objectives.* Consistent with CEQA, the extent to which a potential alternative met the Project Objectives was one of the screening criteria employed in the Screening Analysis. However, the Screening Analysis also considered a number of potential alternatives and alternate sites that provided a useful comparison to the proposed project even if they would not meet the Project Objectives (or would meet these objectives only to a limited extent).

b. *Avoidance of Environmental Impacts.* For the purposes of the Screening Analysis it was assumed that the proposed project would likely result in at least three significant and unavoidable impacts:

- Helistop operational noise impacts on the adjacent land uses
- Temporary regional air quality impacts associated with importing fill
- Cumulative traffic impacts

The County thus considered potential alternatives that could reduce these impacts, as well as alternatives that might reduce other significant environmental impacts, even though those impacts were not anticipated to be unavoidable. The County specifically evaluated sites that would locate the hospital in a more urbanized location, easily accessible to transit, such as Southwest Santa Rosa. (DEIR, p, 6-5.)

c. *Consideration of a No Project Alternative.* A key consideration for the selection of project alternatives in the Screening Analysis, as well as for the formulation of the no project alternative required by CEQA, was compliance with the Alquist Hospital Seismic Safety Act and SB 1953, which mandate the replacement or seismic retrofit of existing acute care hospital facilities that do not meet current earthquake-resistant standards for hospitals or, failing that, their closure. Under the CEQA Guidelines, if the failure to proceed with the proposed project would not preserve existing environmental conditions, then the no project alternative should identify the practical consequence of not approving the project. (CEQA Guidelines § 15126.6(e)(3)(B).)

Accordingly, under these provisions, the County determined that the No Project Alternative would consist of a decision not to proceed with the construction and development of the proposed Project, and the closure of the existing Sutter Medical Center at Chanate Road.

### 3.4.2 Selecting the Alternatives for Detailed Evaluation in the DEIR

Based on the potential alternative sites and configurations examined in the Screening Analysis, the County determined, as set forth in Table 6-2 of the DEIR, that many of the alternatives it had examined were infeasible or otherwise did not merit evaluation in the DEIR, and thus that these potential alternatives did not require further consideration in the DEIR. As required by CEQA, potential alternatives were determined to be infeasible based on their failure to meet basic objectives of the project, failure to avoid or substantially lessen one or more significant effects of the project, and based on the potential sites suitability, availability of infrastructure, property control (ownership), and consistency with applicable plans and regulatory limitations. (CEQA Guidelines § 15126.6).

The rationale for the County's rejection of these alternatives as infeasible fell generally into the following three categories, with many alternatives being found to be infeasible on more than one basis:

- a. *Development of the alternative would result in greater environmental impacts than the proposed project, or would not avoid or substantially reduce any identified significant or significant and unavoidable impact of the proposed project.* This conclusion applied to the Reconfigured Site Plan Alternative; Airport Business Center Alternative Site; Guerneville Road/Lance Drive Alternative Site; Ring Property Alternative Site; Southwest Corner 101 Shiloh (East) Alternative Site; Airway Drive Alternative Site; Two Bridges Property Alternative Site; Fountaingrove Winery Alternative Site; Fulton Road Alternative Site; Roseland Shopping Center Alternative Site; Warrack Hospital Alternative Site; West Third Street Properties Alternative Site; and the Air Center Alternative Site.
- b. *The alternative site would not meet the objectives for the project, such as being located near the freeway and being easily accessible by persons living within the primary service area of the Sutter Medical Center.* This conclusion applied to the Wick Property Alternative; Guerneville Road/Lance Drive Alternative Site; Ring Property Alternative Site [although this site as part of the hospital complex was included as part of Decentralized Alternative 4B]; North Point Corporate Center Alternative Site; Fountaingrove Executive Center/Old Redwood Highway Alternative Site; Airway Drive Alternative Site; Two Bridges Property Alternative Site; Fountaingrove Winery Alternative Site; Fulton Road Alternative Site; Roseland Shopping Center Alternative Site; and the Warrack Hospital Alternative Site.
- c. *The alternative site was no longer available for construction due to development.* This conclusion applied to the 101/Todd Road NW Alternative Site; North Point Corporate Center Alternative Site; Fountaingrove Executive Center/Old Redwood Highway Alternative Site; Westwind Business Park Alternative Site; Southwest Corner 101 Shiloh (West) Alternative Site; and the Sonoma County Center Alternative Site.

Finally, the County rejected from further consideration the alternative of retrofitting the existing Sutter Medical Center based on its conclusion that, even were the facilities retrofitted, OSHPD was unlikely to approve operation of an acute care facility at the site due to the likely presence of a fault rupture.

### 3.4.3 Proximity of Proposed Project and Alternative Sites to Patients and Staff

Commenters have expressed the opinion that one of the Alternative Sites considered in the DEIR (the Todd Road/Mooreland Avenue site), or another urban Santa Rosa site, might be better located to serve Medical Center's patients and staff, and that the location of the project at one of these alternative sites might reduce impacts of the project related to transportation, air quality, or greenhouse gas emissions.

As reflected in Figures 6-1 and 6-2 of the DEIR and Attachments C.1 through C.5 of this Master Response included at the end of this FEIR, the proposed project location is centrally located with respect to the population of patients, including low income and indigent patients currently using the Sutter Medical Center, as well as to Sutter Medical Center staff. As shown on these figures, the location of the proposed project at one of these alternative sites would not be expected to result in any significant decrease in the vehicle miles traveled by patients or staff via any mode of transit. This is because, while locating the project at one of the alternative sites might result in shorter vehicle miles traveled from one direction, these benefits would be off-set by longer vehicle miles that would have to be traveled from other directions. As a result, the location of the proposed project at one of these alternatives sites, when compared with the location of the proposed project site, would not be expected to substantially reduce project impacts related to transportation, air quality or greenhouse gases associated with vehicle emissions.

**Figures 6-1 and 6-2** in the DEIR show the location of Acute Discharges from the current Sutter Medical Center in 2007. The maps reflect the distribution of patients treated at Sutter's hospital, with each dot on the map representing 10 patients (based on patient discharge records). As reflected in these figures, the proposed project site is located approximately in the center of the distribution.

**Attachment C.1** to this Master Response reflects the distribution of all patients discharged from the current Sutter Medical Center in 2008, with each dot on the map representing 10 patients. Attachment C.1 demonstrates that the proposed project site continues to be located approximately in the center of the distribution.

**Attachment C.2** reflects the distribution of Medi-Cal and County indigent program patients discharged from the current Sutter Medical Center in 2008, with each dot on the map representing 10 staff members. Attachment C.2 demonstrates that the proposed project site continues to be located approximately in the center of the distribution.

**Attachment C.3** reflects the distribution, by zip code, of staff currently employed at the Sutter Medical Center, with each dot on the map representing 10 staff members. Attachment C.3 demonstrates that the proposed project site is located approximately in the center of the distribution.

**Attachment C.4** reflects the driving times from main urban centers in the County (Sebastopol, Petaluma, Healdsburg, Sonoma, and southwest Santa Rosa) to the current Chanate facility, the

proposed project site and the two off-site alternatives. Attachment C.4 reflects that the travel times from these urban centers to all of these sites are substantially similar, demonstrating that the location of the proposed project at alternative sites would not be expected to result in any significant decrease in the vehicle miles traveled by patients or staff.

**Attachment C.5** reflects staff driving times from the zip codes with the largest number of Sutter Medical Center employees to the current Chanate facility, the proposed project site and the two off-site alternatives. Again, Attachment C.5 reflects that the travel times from these zip codes to all of these sites are substantially similar, demonstrating that the location of the proposed project at alternative sites would not be expected to result in any significant decrease in the vehicle miles traveled by staff.

#### 3.4.4 Proximity to SMART Rail

Commenters have also inquired as to the possibility of locating the proposed project near a SMART train station. However, no suitable sites are available at or immediately adjacent to the proposed SMART stations. Further, locating the project next to a SMART station would not be expected to substantially reduce vehicle miles traveled by patients or staff, or to reduce associated greenhouse gas emissions due to such factors. This is because the way in which patients, staff and doctors typically travel to hospitals, namely at off-peak travel times, when compared with SMART's peak-hour focus of service, and the 24 hour-a-day operation of a hospital, when compared to the SMART train's limited hours of operation, would mean that even if such a site were available, the location of the proposed project near a SMART station would not be expected to substantially reduce any identified significant or significant and unavoidable impact of the proposed project. (See Master Response D: Alternative Transportation and Public Transit.)

#### 3.4.5 Suggested Jennings Avenue Site

One commenter at the December Planning Commission hearing advocated placing the project on a site near Jennings Avenue in Santa Rosa, so that the hospital could be located near the proposed SMART station. The commenter characterized the site as a vacant site of 22 acres with a willing seller. An analysis of this proposed site, prepared by Sutter in the same format as the other screening analyses that were prepared at the County's direction, is included at the end of this FEIR as Attachment C.6. That analysis notes that this alternative would not reduce significant environmental impacts associated with the project, and would increase helicopter noise impacts, as the project site would require helicopter flights directly over residential areas. In addition, the site is not visible from US 101 and is only indirectly accessible from the freeway via congested streets, thus likely resulting in greater cumulative traffic impacts. The analysis also notes that hospital use at this site is not consistent with the basic designation of the site for residential use in the Santa Rosa General Plan.

In addition, the location of the Jennings Avenue train station is currently being reconsidered, and the station may be moved to a location closer to Guerneville Road. (See SMART Real Estate and Project Development Committee minutes from January 7, 2010, at [http://www.sonomamarintrain.org/userfiles/file/Real%20Estate%20Committee%20Agenda%20Pkg\\_3\\_3\\_10.pdf](http://www.sonomamarintrain.org/userfiles/file/Real%20Estate%20Committee%20Agenda%20Pkg_3_3_10.pdf).) Also, at recent Board meetings, the SMART Board of Directors has heard from

staff regarding funding shortfalls and is considering options to address these shortfalls, including possibly implementing service in phases. (See SMART Executive Committee minutes from February 3, 2010, at <http://www.sonomamarintrain.org/userfiles/file/Executive%20Comm%20Pkt%20for%2003042010%20final.pdf>.)

In any event, as noted above, locating the proposed hospital near a commuter rail station will not substantially reduce vehicle travel or associated emissions due to the particular nature of travel to hospitals. See also Master Response D – Alternative Transportation and Public Transit, and Master Response E – Greenhouse Gas Emissions. For all these reasons, the County concludes that this suggested site is not a site that could feasibly attain project objectives and substantially reduce environmental impacts.

### 3.5 MASTER RESPONSE D: ALTERNATIVE TRANSPORTATION AND PUBLIC TRANSIT

Several commenters on the DEIR raised concerns that the hospital portion of the project is not likely to be supported by or accessible to public transit or alternative forms of transportation (buses, rail, bicycles and pedestrians). The following discussion clarifies the analysis in the DEIR and provides additional discussion of public transit options and the transportation needs of hospital and medical office building patients and employees.

#### 3.5.1 Promoting Transit and Alternative Transportation Access to the Proposed New Hospital Site

Transit access to the site was evaluated in the DEIR in Section 3.15, Impact TR-14. As noted in the DEIR, transit access to the proposed hospital is equal to or better than transit access to the existing Sutter hospital at Chanate (DEIR, p. 3.15-94). Also, Santa Rosa Transit and Sonoma County Transit have agreed to coordinate with the County and with Sutter if the project is approved (Personal communications to Tom Minard of Sutter Health in meetings with Sonoma County Public Works, Sonoma County Transit, and City of Santa Rosa representatives, including Steve Schmitz, Sonoma County Transit, February through May 2009, and Steve Roraus, Santa Rosa City Bus Operations Superintendent, 2010), so it can be expected that transit access will be further improved as a result of such coordination.

In response to the concerns raised about transit access, the County asked Sutter to consider what types of incentives could be offered to encourage the use of transit to access the hospital. In evaluating this issue, it is important to note that the degree to which transit use can be encouraged needs to be evaluated in light of the functional nature of a hospital and the types of trips that are taken to a hospital by patients, and staff, doctors and other medical personnel. Any transit incentives must be consistent with the primary mission of a hospital to provide prompt treatment when it is needed. Sutter's general experience is that few patients, staff or visitors take transit to the existing hospital. There is some evidence this is generally true of hospitals; for example, as noted below, AC Transit's experience with a hospital transit route in Oakland indicates that hospitals may generate low transit ridership, even in a substantially more urban area than Sonoma County with a more integrated regional transit system.

In consultation with the County, Sutter determined to include as part of the project a Transportation Demand Management (TDM) program (see Sections 4.3.2.5 and 4.4.1 and Appendix M of the DEIR). The TDM program will include the following provisions (some of which were already included in the project, as discussed in the DEIR):

- Providing on-site bicycle parking, and showers for bike riders
- Providing on and off-site pathways and bikeways, including the improved pedestrian pathway to link the project site to the Wikiup Mall (see Master Response I)
- Providing preferred incentive parking for vanpools and carpools
- Providing electric car recharge stations
- Providing convenient public transit access, including an upgraded bus stop next to the site
- Ongoing coordination with Sonoma County Transit and Santa Rosa Transit to coordinate bus schedules and facilitate access

In addition, the hospital will establish a transit and alternative transportation incentives program that will be managed by the hospital's Human Resources Department. (Personal Communication from Tom Minard, Sutter Medical Center dated May 12, 2010.) It is not certain at this time what incentives may be workable within the context of hospital services demands, and what incentives may be most effective in encouraging transit and alternative transportation, but programs that have been successful at other hospitals, and that could be part of this incentive program, include the following:

- Providing rewards for new carpools.
- Providing discounted bus tickets for regular bus riders.
- Providing certificates for bicycle tune-ups for new bike riders or regular bike riders.
- Employee recognition programs for those who reduce their commute footprint.
- Competitions among departments or work groups with rewards for those who collectively achieve a smaller commute footprint.

### 3.5.2 The Role of Transit Access in Siting a New Hospital

A number of commenters raised questions about the siting of the proposed hospital with respect to transit access. As noted in the following discussion, transit access was considered in selecting the alternatives to be evaluated in the DEIR.

In searching for an appropriate site for to propose for the new hospital, Sutter considered numerous potential sites. The County expanded on this consideration in its screening analysis of potential alternate sites to be considered in the DEIR. In selecting the alternatives to be evaluated in detail in the DEIR, the County selected several sites for detailed evaluation, based in part on concerns expressed at County workshops that the hospital be located in a more urbanized area, such as southwest Santa Rosa. (See Section 6.0 of the DEIR and Master Response C: Site Selection and Alternatives for additional discussion of the alternatives screening process and the criteria applied in screening the alternatives.) The availability of public transit and transportation

(bus, rail, bicycle and pedestrian) access was a substantial consideration in the County's screening analysis and selection of alternatives for analysis in the DEIR (DEIR, p. 6-5).

The likelihood that transit will be the principal mode of transportation for this hospital, or for any hospital in a suburban or semi-rural county such as Sonoma County, however, is substantially reduced, due to the functional nature and needs of a hospital operation. Carpooling and ride share have some potential to reduce vehicle trips, and the project includes preferential parking to incentivize carpooling and ridesharing. Widespread use of public transit to reach hospitals, however, is primarily achieved in dense urban areas. Even in urban areas, the nature of hospital operation is such that many staff, patients and visitors do not take public transportation. This is indicated by the recent experience of AC Transit with the portion of route 59A which runs by Summit Hospital in Oakland; that route was recently discontinued on the basis of low daily ridership specifically on the "Pill Hill" portion of that route where it passes by the hospital and related medical buildings. (Environmental Science Associates, *AC Transit Service Deployment Plan Initial Study*, p. 13; AC Transit Service Changes, March 28, 2010, at <http://www.actransit.org/riderinfo/march2010/march2010changes.htm>).

The lack of transit ridership at hospitals may be explained in part by the changing nature of services offered at hospitals. Previously, a number of ambulatory services such as diagnostic imaging and laboratory services were concentrated at hospitals. There is no longer such a substantial concentration, however, and many of these uses are now performed on an outpatient basis and located at centers throughout the community. Thus, the primary customers or patients that come to a hospital are scheduled for more serious medical work. Inpatients are usually driven to the hospital by others due to the anticipated length of stay (average is about 3 days with stays for obstetrics being less). Patients seldom drive themselves due to their condition (either going in or due to the anticipated condition coming out). Emergency patients do sometimes drive themselves and cannot be limited in their ability to access the facility; only rarely does a patient take rail transit, a bus, ride a bike, or walk to access emergency services. As a matter of hospital safety policy, many patients are required to have someone pick them up from the hospital, and are not allowed to drive themselves following a stay or procedure. Thus, most inpatients traveling to and from the hospital are being transported by someone else. (Letter dated March 23, 2010 from Robin Hagenstad, RN, Sutter Medical Center of Santa Rosa to Scott Briggs, PRMD, Sonoma County, included at the end of this FEIR as Attachment D-1.)

Also, many visitor trips to a hospital are multi-occupant vehicle trips, often occurring outside of regular commute hours, as, for example, when a family is visiting a family member staying the hospital. A predominate portion of these trips are taken by vehicle rather than by public transit, due both to the timing of the trip as well as the disbursed origin of the visiting families or guests.

In this respect, it is significant to note that the substantial majority of trips to and from the hospital, as well as a medical office building, are generated by customers and visitors, not by employees and staff. This is reflected by the URBEMIS 2007 model, which is the model used in calculating operational vehicle emissions, consistent with the guidance given by the Bay Area Air Quality Management District. That model assigns 89.5% of the vehicle trips to a medical office building to customers, and 62.5% of the vehicle trips to a hospital to customers. This indicates that the large majority of trips to and from a hospital are made by patients, persons transporting patients, and visitors. Thus, while its important to encourage transit use, and the project includes measures to do this, it is also important to recognize that the functional nature of

a hospital limits the amount of trips that will be taken by transit and public transportation, in comparison to uses such as a retail complex or an office building, where travel patterns are more predictable, and more likely occurring during commute hours.

Physicians, due to the demands on their time (e.g. visits to patients followed by office visits or often due to an emergency) generally do not use public transit or carpool. Some are contracted to work at the hospital and the work shifts reflect their contract; admitting physicians come and go as they are needed, often in connection with patient admittances.

Work schedules for staff, other than standard day shifts, generally do not support transit, and employee dispersion does not support extensive use of public transit or car pooling (see Attachment C-3). There are four clinical shifts per day, as noted below:

#### Clinical Staff

- 7:00 AM to 7:00 PM (12 hour shifts)
- 7:00 AM to 3:30 PM (classic day shift)
- 3:30 PM to 12:00 AM (PM shift)
- 11:30 PM to 7:30 AM (night shift)

#### Office Staff

- 8:00 AM to 4:00 PM – Monday through Friday
- 9:00 AM to 5:00 PM – Monday through Friday

### 3.5.3 Available Transit to the Proposed Project Site

The following discussions describe the five major forms of alternative transit in relation to the proposed hospital complex.

#### *3.5.3.1 Bus Transit*

Current public transit services that follow a fixed routing and fixed schedule were described in the DEIR (p. 3.15-24). In addition to the fixed route services, Sonoma County Transit (SCT) and other agencies provide “paratransit” services for those unable to use the conventional fixed-route services. These services can be used for medical appointments or other purposes (as described in Section 3.5.6 below).

As noted in Section 3.5.1, the Sutter consulting team has had ongoing conversations with representatives of both Sonoma County Transit (SCT) and Santa Rosa Transit (SRT) and continues to do so to solicit their opinions on bus stop location and design, bus routing rescheduling and other bus transit related issues. This information will be vital to the development of the hospitals/medical office building’s Transportation Demand Management (TDM) methods. The SCT staff has indicated they are already undertaking advanced planning to ensure increased bus service on both the 60 and 62 bus routes. (Personal communications to Tom Minard of Sutter Health in meetings with Sonoma County Public Works, Sonoma County Transit, and City of Santa Rosa representatives, including Steve Schmitz, Sonoma County Transit, February through May 2009, and Steve Roraus, Santa Rosa City Bus Operations

Superintendent, 2010.) Both SRT and SCT staff will be coordinating this planning and meeting with the County and with Sutter staff to develop ridership origin data upon which to base routing studies.

### *3.5.3.2 Rail*

The Sonoma-Marín Area Rail Transit District (SMART) plans to build a 70-mile passenger railroad and parallel bicycle-pedestrian path along the publicly owned Northwestern Pacific Railroad right of way from Cloverdale, at the north end of Sonoma County, to Larkspur, where the Golden Gate Ferry connects Marin County with San Francisco. Along the way SMART will have stations at the major population and job centers of the North Bay: San Rafael, Novato, Petaluma, Cotati, Rohnert Park, Santa Rosa, Windsor and Healdsburg. SMART's original plans call for service to begin in 2014.

SMART has not finalized or adopted a service plan; however, SMART is proposing to operate passenger rail service to serve commuters, with most trains anticipated to run during peak a.m. and p.m. commute hours. For SMART's environmental analysis (online at <http://www.sonomarintrain.org/index.php/docs/eir/>), it was assumed that only one midday train would operate (roundtrip). No nighttime trains are proposed. Four roundtrips per day on the weekend, spaced throughout the day, were evaluated.

At recent Board meetings, the SMART Board of Directors has heard from staff regarding funding shortfalls and discussed options for implementing service in phases. Full service along the rail corridor will likely not be available according to the originally anticipated timetable. See Master Response C.

Neither the existing Chanate campus nor the proposed site is very accessible to SMART rail (about 3.5 miles and 15 minutes travel time one-way during peak hours). SMART's schedules, although they will not be finalized for years, are intended to provide services during conventional work peaks, 6-10 AM and 4-7 PM and one mid day train around 2 PM, and so may not be amenable to hospital staff, given the round the clock operation of a hospital and the variable shift times. Based upon the ultimate schedule it may be possible that SMART service might be viable for daytime shifts, but not for any that either begin or end late at night.

Some commenters suggested locating the medical campus adjacent to a SMART station to facilitate rail transit use by employees and patients. However, given the nature of trips to a hospital, siting a hospital next to a major transit facility such as SMART may actually be contrary to the local jurisdiction's planning goals for transit-oriented development, as other land uses, such as higher-density residential and office uses, will generate greater transit use. (See, e.g., Master Response C, Attachment C.6, Lisa Kranz, personal communication, January, 2010.)

SMART is proposing to provide shuttle service at some station locations to serve employers and destinations in the vicinity of stations, but not at either of the Santa Rosa sites. Some major employers have indicated an interest in providing private shuttle service for their employees, and SMART has committed to working with them to coordinate service. Sutter is considering shuttle service to SMART sites, based upon input from Sonoma County Transit and SMART. Until the SMART services further develop, and the timing and location of the nearest Santa Rosa station

are determined, however, it is not possible to specify whether a shuttle operation will serve a significant number of hospital staff, visitors and others.

### *3.5.3.3 Bicycle*

Class II lanes are dedicated bicycle lanes. The Santa Rosa Bicycle Plan shows Chanate Road as a Class III bicycle lane, which is defined as a road where bicycle traffic is promoted but there is no separate lane or path.

Both Old Redwood Highway and Mark West Springs Road are designated Class II bikeways in the County's General Plan. The project is proposing to provide bike lanes on east bound direction of Mark West Springs Road as part of the project. See p 3.15-48 and Figure 3.15-15 in the Draft EIR for a discussion of proposed bikeway improvements at the site. Additionally, to encourage bicycle commuters, the project will install bike racks and provide shower facilities and lockers for staff, as noted in the Draft EIR (Mitigation Measure AIR-7, pp. 4-9) and also under the discussion of Alternative Transportation Methods (Draft EIR p 4-11). On Old Redwood Highway there are designated bike lanes in the City of Santa Rosa leading up to the Kaiser Office building, then wide shoulders (6'+/- with fog lines) through the County portion up to Cardinal Newman, and then a combination of wide shoulders with fog lines in unimproved frontages with formal bike lanes fronting more recent developments (e.g. BerryBrook). These official and unofficial bikeways provide a relatively safe and defined continuous bike route between the City of Santa Rosa and the proposed project.

With regard to the off-site alternatives considered in the Draft EIR, Shiloh Road at US 101 is listed on the Town of Windsor's Bicycle Plan as a "proposed Class II bicycle lane" and Todd Road at Moorland Avenue is listed on the Santa Rosa Bicycle Plan as a "proposed Class II bicycle lane." Stony Point Road, which runs to the Decentralized "Ring" site Alternative is also listed on the City of Santa Rosa's Bicycle Plan as a "proposed Class II bicycle lane." Currently no easy bike access is available to the Moorland site. The Ring site has intermittent bike access and busy streets (Sebastopol Road and Stony Point Road).

Bicyclists, especially bicycle commuters, ride at a wide range of speed, depending on age, physical condition and ability, traffic conditions (e.g., signals), topography, and many other factors. One of the disadvantages of the existing Chanate location is that it is located in a very hilly area of Santa Rosa with winding roads. According to Google Earth, the Chanate campus is located at an elevation of more than 270 feet above sea level, compared to much of central Santa Rosa (e.g., the intersection of Mendocino Avenue/Administration Drive), which is 162 feet above sea level. This elevation change of more than 100 feet requires a sustained average grade of 3.3% on Chanate Road, which is a significant deterrent to many bicyclists. However, the bikeways between downtown Santa Rosa and the site are relatively flat, straight, and easily traversed and could be considered to have potentially lower safety risks than those associated with urban areas with a greater amount of cross traffic, parking lot entrances/exits, and multiple driveways.

### *3.5.3.4 Pedestrian*

The project proposes construction of Class II bike paths and sidewalks along the frontage of the site (Mark West Springs Road/East Fulton Road) that will connect to the existing sidewalk in front of the BerryBrook neighborhood along Old Redwood Highway (DEIR p 3.15-48) as detailed on the tentative map.

The proposed project site design has been refined to improve pedestrian accessibility and connectivity between existing, off-site commercial services and the hospital and its adjacent medical facilities. In addition, following circulation of the DEIR, Mitigation Measure TR-12 has been revised, to clarify that the pedestrian connection to be provided on the east side of Old Redwood Highway north of Mark West Springs Road, will be a pedestrian pathway, so as to both provide safe pedestrian access and preserve bicycle lanes on that portion of Old Redwood Highway. (See response to Comment O.14.36 and Master Response I.)

The parking area to the north of the proposed Medical Office Building has been modified to create a larger landscape buffer between Mark West Springs Road and the north edge of the parking area. (See revised Figure 2-4 in Section 5.0 of this FEIR.) This landscaped area includes a pedestrian walkway that provides a convenient route between the intersection of Old Redwood Highway and Mark West Springs Road and the hospital. This walkway is connected to additional pedestrian walks that accommodate movement between the intersection and the Medical Office Building. The distance between the front entrance of the three Sutter buildings and the closest communal area (the shopping center that contains coffee shops and other services located at Mark West Springs Road and Old Redwood Highway) varies between 600-1,200 feet, or 1 ½ - 3 city blocks. The comparison of energy, air quality and greenhouse gas impacts between the proposed project and one that would be located closer to Mark West Springs Road is not measurable as the savings would be approximately one block.

The hospital is situated in its proposed location on the site to promote ease of access, wayfinding for patients and visitors, and desirable separation between patient-related activities and necessary hospital service areas. This location situates the hospital's front door within walking distance of the shopping district and the medical office building. Alternatives which located the hospital closer to Mark West Springs Road were judged to be inferior due to the need to shift the hospital entry to the south side of the building. This entry location was determined to be less convenient in relation to the shopping district and created confusion relative to patient wayfinding.

The layout of the hospital and its associated buildings also respects the synergistic relationship with LBMF/Wells Fargo Center, providing a series of trails that connect the two uses.

### *3.5.3.5 Paratransit*

The Americans with Disabilities Act (ADA) requires all public transit operators to provide a paratransit (door-to-door) service to persons whose disabilities prevent them from using accessible fixed route public transit. Individuals interested in using Sonoma County Paratransit service must be registered and certified as ADA eligible before using the service. Paratransit operators are required by the ADA to service areas within ¾ of a mile of their respective, public fixed-route service. This includes service within the incorporated areas of Sonoma County, the Greater Santa Rosa Area, and between the County's nine incorporated cities. In addition, service

is provided within the following communities: Windsor, Sebastopol, Sonoma, Sonoma Valley (including Agua Caliente and Boyes Hot Springs), Cotati, Rohnert Park, Rio Nido, Guerneville, Monte Rio, Duncans Mills, and Occidental.

Both SCT and Santa Rosa CityBus provide curb-to-curb paratransit services within 3/4 mile of their regular, fixed-route service. In the case of SCT, this is true even for a pick up or drop off in Santa Rosa. SCT will take paratransit users from locations with an origin and/or destination in the incorporated area, as long as one end of the trip is within the unincorporated areas. Service is available to users on Monday through Friday from 5:00 AM to 11:00 PM, and weekends from 7:00 AM to 9:00 PM.

Sonoma County Paratransit provides service to ADA-eligible persons who are visiting from outside the Sonoma County Transit service area. Visitors are required to provide proof of eligibility to schedule service. In addition, there are other transit service providers in Sonoma County:

- Cloverdale Transit
- Healdsburg Senior Center
- Petaluma People Service
- Rohnert Park Sunshine Bus

### **3.6 MASTER RESPONSE E: GREENHOUSE GAS EMISSIONS**

A number of commenters have requested additional information with regard to greenhouse gas (GHG) emissions associated with project, and the analysis in the DEIR of effects associated with GHG emissions. This summary is presented in response to those comments in addition to the individual responses that follow.

#### **3.6.1 The DEIR's Analysis of GHG Emissions**

As detailed in the DEIR, to date, the Air Resources Board and the Bay Area Air Quality Management District have not adopted significance criteria to be applied by lead agencies in evaluating GHG emissions. In the absence of such adopted criteria, the County evaluated GHG emissions based on state and county goals for reducing GHG emissions.

Pursuant to Senate Bill 97, on July 3, 2009, the California Natural Resources Agency began the formal rulemaking process for the adoption of CEQA Guidelines governing the evaluation of GHG emissions. These Guidelines were adopted by the Secretary of the Resources Agency in December 2009 and are now included in the Code of California Regulations.

Generally, the guidelines apply CEQA's existing rules for impact analysis to the topic of greenhouse gas emissions, specifying in several instances, for example, that determinations on GHG emissions must be supported by substantial evidence, as with other CEQA determinations. The guidelines do not identify a particular threshold of significance to be applied in determining whether a project's contribution to global climate change is significant. Rather, they provide guidance on determining the significance of impacts resulting from a project's greenhouse gas emissions as well as appropriate mitigation measures (Guidelines 15064.4 and 15126.4). The

guidelines indicate that lead agencies have discretion to determine which type of methodology to use to evaluate greenhouse gas emissions, given that such methodologies are evolving (proposed Guideline 15064.4).

Accordingly, the County appropriately considered whether the proposed project may result in a cumulatively considerable impact to the environment with regard to GHG emissions that cannot be mitigated to a less than significant level. In assessing the potential significance of such cumulative impacts from GHG emissions from the proposed project, the County considered the extent to which the project would increase or reduce greenhouse gas emissions, and the extent to which the project will help or hinder the attainment of State and County GHG emissions reduction goals, including Objective OSRC-14.4 of the Sonoma County General Plan, and the State's goal of reducing greenhouse gas emissions to 1990 levels by the year 2020, as stated in AB 32.

Further, though no guidelines concerning GHG emissions have yet been adopted by the Bay Area Air Quality Management District (BAAQMD) (BAAQMD has deferred a decision on whether to adopt this threshold until June 2010), the DEIR also considered the proposed BAAQMD CEQA guidelines concerning GHG emissions. As explained in the DEIR at pages 3.4-47 through 3.4-51, the GHG emissions related to the proposed project are considered an unavoidable cumulative impact because the quantified estimate of greenhouse gas emissions associated with the project exceeds the proposed threshold currently being considered by BAAQMD.

### **3.6.2 Conservative Nature of the DEIR's GHG Analysis**

The DEIR's analysis of GHG emissions related to the proposed project was quite conservative and likely overstates the project's actual contribution to the cumulative impact of global climate change in several important respects. First, the proposed project consists in substantial part of a new hospital that will be replacing an older existing hospital at Chanate. The DEIR treats the GHG emissions associated with the proposed project as new emissions, even though there are existing emissions associated with the operation of the facilities at Chanate and there are substantial emissions associated with mobile emissions to and from the existing hospital. Thus, many of the GHG emissions assigned to the proposed project in the DEIR are already occurring, and those emissions may be reduced by the new project in comparison to the operation of the existing hospital.

Second, the new project will be constructed to meet current energy standards, and will incorporate additional emissions-reducing features, as discussed below, and will replace a complex of older, much less efficient complex of buildings. Also, the analysis does not account for the substantial reductions in future emissions that will occur as more efficient fuels and engines are introduced.

### **3.6.3 GHG Emission Reducing Features of the New Hospital**

As discussed in the DEIR at page 3.4-51, the proposed project will incorporate a significant number of energy efficiency measures. In addition to meeting, and often exceeding, the Title 24 building standards, the project will be the only Leadership in Energy and Environmental Design

(LEED) certified hospital in the County, featuring passive energy conservation designs, green roof designs, low flow and waterless fixtures, and low impact development practices.

The on-site operational emissions of the current facility at Chanate would be greater than the proposed project, if the hospital were to continue operating in the existing buildings. Unlike the proposed project, the Chanate facility's structures were constructed in 1936, 1956, 1972, 1991, 2002, and 2004 and were not constructed to current energy efficiency standards, and therefore generate greater GHG emissions related to electricity and natural gas usage than the proposed project. Thus the proposed project reduces GHG emissions when compared to the existing Sutter Hospital at Chanate.

Based on a review of the overall distribution of Sutter patients, it also appears likely that the new Sutter hospital complex will also reduce vehicle emissions associated with trips to the hospital. First, for the patient population to north, it will shorten travel times to the hospital. (See Master Response C: Site Selection and Alternatives) This accounts for approximately half of the current patient population, as shown by the patient distribution maps attached to Master Response C. Second, for patients traveling from the south, instead of exiting off US 101 and then traveling through congested two-lane streets to access Chanate, they will have direct access to the hospital from US 101. At most times of the day, this is likely to be a shorter trip in terms of both time and emissions even if the distance traveled is roughly equivalent.

Some patients will have a longer trip to the new hospital; this will certainly be true of patients located in the residential areas around the Chanate campus, for example, and patients in some other areas of Santa Rosa. Based on the overall distribution of patients, however, there is not likely to be an increase in vehicle miles traveled and in associated emissions. Given that the existing campus and the proposed hospital site are both relatively central in comparison to the overall population (see Master Response C: Site Selection and Alternatives), the combination of the patient distribution and the easier access from US 101 at the new site are not likely to increase, and may in fact reduce, vehicle miles and associated emissions. See also Section 3.6.4, below, regarding required measures that will help further reduce the project's transportation-related emissions.

### 3.6.4 The Project Will Help Foster Achievement of the State and County's GHG Reduction Goals

The DEIR, at pages 3.4.50 – 3.4.51, discusses the extent to which the project would increase or reduce greenhouse gas emissions, and the extent to which the project will help or hinder the attainment of State and County greenhouse gas emissions reduction goals and the State's goal of reducing greenhouse gas emissions to 1990 levels by the year 2020. It provides an estimate of the Project's emissions of CO<sub>2</sub>e (8,153 metric tons per year – the majority of which derive from mobile sources). The DEIR references the analysis prepared by Sutter (Appendix C-3 of the DEIR), which concludes that these emissions are approximately 11% less than would be expected without the Project's incorporation of specific design features and emissions reduction measures. The DEIR also notes that Sutter has provided a qualitative evaluation of the project's consistency with measures included in ARB's Scoping Plan. (DEIR Appendix C-5.) Based on this information the DEIR concludes:

Although actual emissions reductions achieved by the project may be higher or lower than those calculated by the applicant, the replacement of the existing hospital complex with a new energy-efficient, LEED-certified hospital completed is like to achieve some reductions in GHG emissions and in doing so, would likely help rather than hinder the state's and County's GHG reduction goals.

Accordingly, it is expected that the Project will assist, rather than hinder, the County in meeting its General Plan objective to reduce greenhouse gas emissions by 25 percent below 1990 levels by 2015

The proposed project would also be expected to help, rather than hinder the goals of the Sonoma County Transit Authority's Comprehensive Transportation Plan, including its goal of reducing vehicle miles traveled. Specifically due to Mitigation Measure AIR-7, which requires that the project must be developed with the project design features and emissions reduction measures set forth in Appendix C-5 to the DEIR. (DEIR at p. 3.4-51.) These measures include required coordination with Sonoma County Transit, the provision of bus stops adjacent to the project, the provision of priority parking for vanpools and carpools, and the provision of recharge stations or similar facilities for electric vehicles. (*Id.*)

### 3.6.5 Consideration of GHG Reducing Measures and Additional Suggested Measures

As described in the DEIR, the project includes a number of design features and emissions reduction measures. These include having a hospital vehicle fleet that uses low carbon fueled vehicles, providing electric vehicle charging stations to visitors and employees, implementing a construction recycling program with a 75% diversion goal, and integrating on-site renewable energy production through the installation of photovoltaic cells. (DEIR Appendix C-5, Table 10, pages 45-38.) In addition, the DEIR includes a series of measures, including in Mitigation Measures AIR-7, which will reduce GHG emissions related to the project. As described on page 3.4-51, these mitigation measures include constructing the project to LEED or equivalent standards, providing priority parking for vanpools and carpools, reducing water usage and associated energy demands by maximizing the use on on-site water (rainwater or greywater) and utilizing high performance water fixtures and equipment.

A number of commenters suggested consideration of additional mitigation measures, particularly those aimed at reducing GHG emissions associated with vehicle trips, such as charging for parking and providing a smaller parking lot. Specific responses to each proposed mitigation measure are included in the responses to the individual comments, but the County provides the following general information as well.

To determine the efficacy of potential mitigation measure at reducing an impact, such as the efficacy of measures aimed at reducing vehicle trips, it is critical to view those measures in the context of the use that is under consideration. Here, the proposed project is a hospital, a use that is fundamentally different in its operations from uses such as an office building, a retail store, or a residence.

First, a hospital operates 24 hours a day, which means that a substantial portion of staff and patients traveling to and from the hospital will be undertaking their trips outside peak periods, when public transit is offered and when commuter rail, if it is offered, would be available. A

hospital has shifts running round the clock, such that many employees must, of necessity, arrive at off-peak times when other transportation options are not available. These travel patterns are substantially different from those associated with an office building, or other use where the predominant source of vehicle trips are employees who commute during the same time frame at peak hours. (See also Master Response D: Alternative Transportation and Public Transit.)

Second, doctors, as well as many other hospital staff, often travel between a hospital and their offices multiple times in a day or at unscheduled hours, and require the flexibility of traveling by car in order to do so in a timely manner. Admitting physicians, for example, come and go primarily based on patient admittance schedules. Third, many patients traveling to the hospital by car are transported by someone else, and are then picked up from the hospital by someone else. Given this, many patient trips are not single occupancy trips. In fact, it is standard practice for hospitals, including Sutter-operated facilities, to require that a patient have someone to drive them home or make other transportation arrangements before they will be discharged. (See Master Response D: Alternative Transportation and Public Transit.)

Given the operational parameters of a hospital, while traditional "transit first" mitigation measures may be effective for projects whose uses generate standardized travel patterns that are focused during peak travel times, many of the additional measures proposed by commenters will not appreciably reduce vehicle miles or associated emissions for a region serving hospital in an area such as Sonoma County. The proposed project does include substantial mitigation measures aimed at reducing GHG emissions associated with the Project, including many that focus on reducing GHG emissions associated with vehicle trips. DEIR Mitigation Measure AIR-7 includes mitigation measures that will require the project to coordinate with Sonoma County Transit to provide bus stops adjacent to the hospital, to provide priority parking for vanpools and carpools, and recharge stations or similar facilities for electric vehicles or other alternate fuel vehicles. The project also includes bicycle parking and showers for bicycle riders.

### **3.7 MASTER RESPONSE F: INDIRECT ENVIRONMENTAL IMPACTS**

A number of commenters raised concerns about the indirect or secondary environmental impacts of the proposed project. Generally these comments raised concerns about the impact of the proposed hospital complex on the delivery of health care services in the County, or on the operations of other hospitals or medical office buildings. Some of the comments indicated that the EIR should provide additional analysis of whether the project would cause blight or environmental deterioration as a result of the economic impact on other hospitals and medical facilities. This Final EIR contains individual responses to these comments, but also provides a broader overall response in this master response. This master response summarizes the provisions of the CEQA Guidelines about indirect impacts and economic and social impacts, summarizes the analysis in the DEIR, and responds to the overall issue of indirect or secondary environmental impacts such as blight. Many of these comments relate to health care issues that will be considered by the Board of Supervisors in connection with their decision on the merits of the project, and their evaluation of whether the hospital portion of the proposed project complies with Sutter's obligations under the Health Care Access Agreement between Sutter and the County.

### 3.7.1 CEQA Guidelines Provisions Governing Indirect Impacts and Economic and Social Impacts

The CEQA Guidelines contain a number of provisions relating to the analysis of indirect effects and the extent to which economic and social impacts need to be identified and analyzed in an EIR. These provisions are set forth or summarized here because they provide the framework for considering many of the comments that were received regarding indirect environmental effects of the project.

First, in evaluating the environmental impacts of a project, an EIR must evaluate indirect effects in addition to the direct effects of a project. CEQA Guideline 15126.6(a). Direct effects are effects that are caused by a project and occur in the same time and place. CEQA Guideline 15358(a)(2). An indirect environmental effect is a change in the physical environment that is not immediately related to a project but that is caused indirectly by a project. CEQA Guideline 15064(d)(2). Indirect effects may be later in time or further removed in distance, but must still be reasonably foreseeable impacts of the project. CEQA Guideline 15358(a)(2).

With respect to economic effects, Guideline 15131 provides the following fundamental guidance. “Economic or social effects of a project shall not be treated as significant effects on the environment. An EIR may trace a chain of cause and effect from a proposed decision on a project through anticipated economic or social changes resulting from a project to physical changes caused in turn by the economic or social changes.”

### 3.7.2 Analysis of Indirect Impacts in the EIR, and Relationship to the County's Analysis of Health Care Issues

Pursuant to the above Guideline provisions, the DEIR discussed potential secondary effects in Section 5.3. This analysis was based in part on an analysis prepared by the County Department of Health Services and entitled *Preliminary Analysis of Sutter's Revised 2008 Business Plan*. Additional analysis supporting the EIR's conclusions was provided by Sutter, which analysis was included in the DEIR in Appendix O and entitled “Analysis of Potential Indirect Environmental Effects of the Proposed Sutter Medical Center of Santa Rosa on Other Area Hospitals”. The DEIR concluded at page 5-4 that there are no reasonably foreseeable adverse environmental impacts of the proposed project that will result from the economic effect of the proposed project on other medical facilities. Having reviewed all the comments on this issue, County staff affirms the conclusion that there is no reasonably foreseeable adverse significant environmental impact that will result from the impact of the project on other medical facilities.

This analysis and this conclusion is based on consideration of the overall Sutter project, including the potential redistribution of patients. Some commenters questioned whether this analysis evaluated only the potential redistribution of patients. The analysis in the EIR focused on the redistribution of patients because that issue had been the focus of comments on the proposed project at some of workshops that the County held on Sutter's business plan. The analysis in the EIR, however, is based on evaluation of the overall project.

Several of the other issues relating to indirect impacts are summarized below, and detailed responses to these comments are also presented following the particular comments in this Final EIR. Based on all the comments presented and the evidence that it has reviewed, the County

concludes that there is not a significant environmental impact that is linked to the potential economic or health care impacts of the proposed project.

*Potential blight impacts.* Several comments stated that the EIR must evaluate the potential for urban blight resulting from closure of one or more hospitals. The County did evaluate whether the new hospital would result in any adverse significant environmental effects such as blight, and concluded that no such significant effects are expected to occur (DEIR, pp. 5-3 to 5-4). The County's recent experience with a hospital closure confirms this. Sutter closed its Warrack hospital campus in Santa Rosa in 2008, and that building is currently largely vacant. This closure has resulted in some recent vacancies, for example, in some of the medical office buildings surrounding the Warrack hospital site. Those vacancies have not resulted in any significant blight, urban decay, or other environmental impacts, however. Sutter manages some of those medical office buildings. The absence of any blight is confirmed by Sutter's Regional Director in charge of these buildings. (See letter from Michael Cohill to Scott Briggs dated March 29, 2010 included at the end of this FEIR as Attachment F-1.) Also, a number of medical offices have moved to the northern end of Mendocino Avenue and Fountaingrove over the past two decades, vacating other spaces in the Santa Rosa area. Those vacated offices throughout Santa Rosa have subsequently transitioned into other uses or been backfilled and no significant blight or urban decay has occurred as a result of the transition. Finally, even in the unexpected event that a district hospital were to close, the district hospitals are located in urban environments surrounded by substantial mixed uses, in areas that would be desirable for other businesses to relocate.

*Impacts on medical office buildings.* Some commenters stated that the EIR should evaluate the existing medical office space in the County, and the potential for adverse impacts upon existing medical office complexes. The impact of the medical office building that is part of Sutter's proposed project on other medical office buildings is an economic and social impact. This EIR has evaluated whether potential impacts on health care services will give rise to any potentially significant environmental impacts, and concludes that no significant secondary environmental effects are expected to occur.

If the new medical office building does have some economic impact on other medical office buildings, experience in the County demonstrates there is no foreseeable significant environmental impact associated with that economic impact. There is periodic turnover in the occupancy of medical office buildings. There have been recent vacancies, for example, in some of the medical office buildings surrounding the Warrack hospital site, which was closed in 2008. There have also been periodic vacancies in the medical office buildings behind the Chanate campus. Those vacancies have not resulted in any significant blight, urban decay, or other environmental impacts, however.

*Impact on emergency services and emergency response times.* Some comments stated that, to the extent the project may undercut or weaken emergency room services at existing facilities, the EIR must examine health impacts associated with longer flight times for emergency helicopter flights. The project includes 12 emergency department (ED) treatment bays, together with 16 universal care units (a short stay unit that is used in lieu of a licensed bed or ED bay for a patient that requires observation), that are anticipated to provide a comparable level of emergency care. The universal care units are used in tandem with both the med/surg functions at the hospital and with the ED, effectively increasing the capacity of the other beds by allowing activity such as patient observation and recovery to take place in the universal care unit, rather than in the

emergency bay. These facilities will replace the existing 15 emergency treatment bays at Sutter's existing hospital.

In addition, according to Sonoma County Public Health Officer Dr. Mary Maddux-Gonzalez, the implementation of Managed Medi-Cal in October 2009 is expected to reduce emergency department utilization by Medi-Cal patients by linking every member with a primary care provider. Currently approximately 50,000 Medi-Cal members participate in Partnership Health Plan of California's (PHC) Medi-Cal Managed Care Program. With implementation of national health care reform, it is anticipated that an additional 15,000 currently uninsured residents of Sonoma County will be covered under Medi-Cal and participate in the program. Sutter has historically had a larger proportion of ED patients of low-to-moderate acuity relative to other local hospitals. PHC is projecting a 50% reduction in Medi-Cal ED visits, which translates to an approximate 20% reduction or 4,300 fewer patient visits to the Sutter ED. Given the likely reduction in Medi-Cal ED visits and the greater ED efficiency associated with the proposed use of universal care stations, the proposed new facility is not expected to undercut or weaken emergency room services at existing facilities or create longer flight times for emergency helicopter flights. (Personal communication from Dr. Mary Maddux-Gonzalez, April 20, 2010.)

*Critical care beds.* Some comments asserted that the EIR should evaluate whether the concentration of critical care beds will adversely affect other medical services and providers in the County. As noted above, the potential effect of Sutter's proposed project on various aspects of health care delivery, including a possible impact on other medical services and providers, is an economic and social impact, not an environmental impact. In its Preliminary Analysis of Sutter's Revised 2008 Business Plan, the County Department of Health Services evaluated the proposed project, including intensive care and neonatal intensive care service levels, both from the perspective of Sutter's compliance with the Health Care Access Agreement and in terms of overall hospital capacity and community health needs. This analysis was presented to the public at several workshops. The Department of Health Services is continuing to carefully evaluate Sutter's Business Plan and will provide a report to the County Board of Supervisors for its consideration at the time it decides whether or not to approve the project.

*County Documents on Health Impacts.* Some commenters asserted that various documents relating to the impacts of the project on health care delivery should be included in the EIR or in appendices to the EIR. Documents such as the County's Preliminary Analysis of Sutter's 2008 Revised Business Plan, Sutter's business plan, and the Health Care Access Agreement have been and continue to be available on the County's website at <http://www.sonoma-county.org/health/admin/sutter.htm>. They are not included in the EIR because they are not studies of *environmental* impacts or necessary for the evaluation of environmental impacts. Consistent with the CEQA Guidelines, they are not included as part of the project description, the analysis of environmental effects, or as appendices to the EIR, but are cited when appropriate. The information necessary to evaluate the environmental impacts of the project was set forth in the project description, where the various components of the proposed project are described. The details of the Health Care Access Agreement and the business plan relate to economic and social issues, not environmental impacts. Also, CEQA Guideline 15124 setting forth the contents of an EIR project description states that the project description should include a "general description" of the project, and does not require that underlying project documents be included in the EIR. Also, EIR appendices are technical studies relating to environmental

impacts of a project, pursuant to the direction in CEQA Guideline 15147 that an EIR analysis of environmental impacts should include summarized technical data, with placement of technical and specialized analysis in appendices. CEQA Guideline 15148 also provides that source documents generally should be cited but not included in the EIR. Consistent with this Guideline, the County's Preliminary Analysis and similar documents were cited but not included in the EIR.

### 3.8 MASTER RESPONSE G: EXISTING AND PROPOSED USES AT THE WELLS FARGO CENTER

A number of commenters expressed concerns regarding the scope of existing and proposed uses at the Wells Fargo Center, noise impacts of events at the Wells Fargo Center, and possible future expansion of the Wells Fargo Center.

As noted in the Project Description (p. 2-11) although expansion of the LBMF facilities (also referred to as the Wells Fargo Center, or WFC) was part of Sutter's original use permit application, the expansion is no longer proposed. Instead, subject to a new use permit, all current uses at LBMF will continue. These uses currently operate subject to a use permit that was issued to LBMF in 1985 (See Attachment G.1 included at the end of this FEIR), and separate Cultural Event permits for major outdoor uses which have been obtained annually for many years. These existing uses are also described at pages 2-4 through 2-9 of the DEIR. The uses includes indoor performances at the WFC's Ruth Finley Person Theater, which seats 1,612 people, and the Center's two other stages, the Carston Cabaret (capacity 100-300 people) and the Harry Merlo Theater (capacity of 400 people). These existing uses also include periodic outdoor events, which are described in Table 2-3 (p. 2-19) of the DEIR (which also sets forth the proposed new use permit limitations that would apply to these existing outdoor event uses). Most of the comments about the Wells Fargo Center uses related to concerns about the outdoor events.

Consistent with CEQA, these ongoing existing uses are considered part of the environmental baseline conditions that currently exist. They are accordingly described as such in the DEIR project description (pages 2-4 to 2-9) and, where appropriate, in the impact analysis chapters of the DEIR (see, e.g., DEIR, pp. 3.2-4: existing site conditions; aesthetics, 3.11-6: existing setting for noise; and 3.15-1 and 2: existing setting and existing uses in traffic analysis).

The proposed use permit for LBMF will supersede the old use permit and Cultural Event permits, and will impose limitations on existing uses and events as set forth in Table 2-3 of the DEIR (see below). The maintenance building will be relocated from the old barn to a new structure in the eastern portion of the project site (as noted on Figure 2-4 of the DEIR Master Plan). The uses in the maintenance facility will remain the same. The maintenance building is used during daytime hours and will not result in noise levels that exceed County noise level limits as noted on p. 3.11-29. However, in response to neighbors' concerns related to noise from the LBMF uses, this maintenance building will be turned 90° so that the openings face north and south, further reducing noise from the facility.

As noted on pages 2-11 and 2-12 of the DEIR, a 12' high earthen berm is proposed for the area to the east of the easternmost driveway (west of the maintenance building and east of the relocated playground and east lawn). This berm has been designed by an acoustical engineer

(Illingworth & Rodkin, Inc.) to reduce noise impacts from uses historically allowed in the east lawn area.

The soccer fields, currently located near the main entrance of the LBMF complex will be relocated to the south-eastern corner of the property.

Other than relocation of the playfields, soccer fields and maintenance building, the LBMF does not propose any changes to their facilities or their currently permitted uses (except no outdoor concerts on the east lawn area). The purpose of rewriting LBMF's use permit is to:

- place all uses allowed under the existing Use Permit and Cultural Event permits under one Use Permit and prohibit outdoor concerts on the east lawn area;
- ensure that these uses are conducted in conformance with the General Plan;
- connect the facility to public sewer;
- enhance traffic flow;
- improve parking; and
- reduce noise impacts to neighbors and provide for better monitoring of events by the County.

LBMF's existing use permit allows for a full array of cultural and performing arts functions throughout the "developed" portion of the site. Outdoor concerts are specifically allowed on eight occasions per year with limits only on hours and noise levels, but with no maximum on attendees allowed. The proposed use permit would prohibit outdoor concerts in the east lawn area, and limit uses in all of the outdoor areas by area of the site, size (attendance), type, hours, and limit the number of these events. The proposed use permit is, therefore, more restrictive than the existing permit.

Under the new use permit, LBMF has agreed that outdoor amplified music: (1) will only be allowed if it is not the central focus of the event (e.g., a wedding); and (2) will not be allowed until construction of the 12' tall berm is completed. Noise limitations, as identified in the County's General Plan (2020), will be imposed upon all uses.

LBMF uses will be further constrained by the County's Conditions of Approval that will be imposed on the new use permit. Currently LBMF has 903 parking spaces. These 903 spaces will increase by an additional 462+/- spaces through the shared parking agreement with the Sutter project. These 462 shared parking spaces replace the off pavement parking currently utilized by LBMF. The area around the MOB and the area south of the hospital will be available for LBMF to use during evening and night time hours.

The analysis of the workability of this shared parking concept was tested using the "design day" concept which is described in the traffic section of the DEIR at pages 3.15-85 – 3.15-87 in the discussion of impact TR-11 (Parking Impacts).

Because available parking and noise limitations present the two most limiting constraints, any multiple onsite uses will need to conform to these parameters. Any combination of the permitted uses, as set forth on Table 2-3 of the DEIR, is allowable provided there is sufficient parking and noise is maintained to within the County's prescribed limits.

Some commenters raised concerns about whether there would be a future expansion of the LBMF complex. While in the past LBMF contemplated a major expansion, those plans have been abandoned. Should LBMF desire at some point in the future to expand their allowed uses, they will need to apply to the County and the application would be subject to the CEQA process.

One of the objectives of the proposed project cited by Sutter and LBMF is to promote the interaction of the medical campus and the Wells Fargo Center in a synergistic manner that incorporates the fine arts as part of the healing process. This is an aspect of the project intended to help attract physicians and other medical professionals, as well as patients. (See DEIR, page 2-1). Consistent with this objective, LBMF and Sutter plan to utilize their mutual facilities to mutual benefit. Examples of the integrated relationship between the uses include Sutter's use of the LBMF conference facilities and classrooms. LBMF will utilize the Sutter parking in the evenings and on weekends as discussed above (and in the DEIR). Landscape and meditative paths will join the two uses. Both Sutter and LBMF view the synergistic relationship between these fixed uses as a vital aspect to their long term success.

### **3.9 MASTER RESPONSE H: TRAFFIC, CIRCULATION, AND EMERGENCY ACCESS**

Commenters raised several questions about the traffic analysis in the DEIR and related topics. Commenters asked how the traffic study was completed, the scope of the analysis, whether the analysis accounted for local uses such as schools, and whether the analysis still reflects current conditions. Several commenters expressed concern that the project's traffic will overwhelm local roads and intersections. Some commenters also expressed concern about emergency access to the hospital, specifically in conjunction with entertainment events at the Wells Fargo Center, and also during a major emergency such as a natural disaster. These topics are addressed in the DEIR traffic analysis in Section 3.15, in the supporting traffic study in EIR Appendix K, and in the discussion of emergency medical response in the DEIR hazards chapter at page 3.8-7. This Master Response responds to these various comments, and this Final EIR includes individual responses to many of these comments as well.

#### **3.9.1 Traffic Study Parameters**

The traffic conditions along Old Redwood Highway and Mark West Springs Road are described in the DEIR (Section 3.15.1:2 Roadways). In terms of whether the analysis remains current, no signal changes or significant new developments have occurred during the past two years that would appreciably affect either the traffic counts of 2008-2009 or the description and analysis of roadway conditions. The DEIR traffic analysis included all baseline traffic from local land uses in the area, including traffic associated with the schools (Cardinal Newman High School, Ursuline High School, Mark West Elementary, Saint Rose Elementary, Redwood Adventist Academy, and the Santa Rosa Christian School that is located on the Wells Fargo Center site), as well as traffic associated with other nearby land uses such as the Schopflin Park and Kaiser's medical office buildings.

The traffic study was prepared several times over several years (2004 – 2009). With each update or evolution of the project, the traffic study was updated and new traffic counts were taken.

Therefore, the analysis in the DEIR reflects the latest conditions and the most current information available at the time of DEIR publication.

Intersection level of service (LOS) is the measure generally used in traffic studies as it analyzes the most impacted area – intersections. Generally, if intersections operate freely then so will the intervening roadway segments. Thus the analysis covers both intersections and roadway segments. Per the County’s traffic impact study guidelines, both individual intersections and road segments (including several intersections together) have been analyzed in the EIR.

The analysis conservatively assumes a worst case condition in which the entire hospital complex (the 70 bed hospital, the 28 bed PMC, a possible 29 bed expansion, and the medical office building) are all constructed and operating by 2014.

### 3.9.2 Operational Conditions

Commenters expressed concern about existing traffic on Old Redwood Highway, and whether the addition of more traffic can be mitigated.

The traffic report demonstrates that Old Redwood Highway is not at or over its traffic capacity. Table 3.15-5 of the DEIR shows that the existing level of service is B in the northbound direction and D in the southbound direction, during peak hours. The DEIR also notes that in the future, the General Plan calls for Old Redwood Highway to be widened to four travel lanes between Mendocino Avenue (Santa Rosa) and Windsor.

The project proposes to make improvements to mitigate many of the impacts mentioned by commenters, including an additional lane in each direction on Mark West Springs Road, a right-turn lane and an added left turn lane into the project site, additional turning lanes from the project main driveway into Mark West Springs Road, and improvements to the intersection of Mark West Springs Road and Old Redwood Highway. However, traffic demands will be high enough at times that the County’s goal for traffic level of service cannot be maintained. As the analysis of alternatives to the project indicates, this situation is not unique to the proposed project site, as several of the off-site and partial off-site alternatives evaluated in the DEIR would have similar or increased traffic impacts.

Project impacts to the Mark West Springs Road/Old Redwood Highway intersection are shown in Table 3.15-8 of the DEIR. The 2014 base case level of service at this intersection is LOS D in the AM peak hour, and LOS C in the PM peak hour. With development of the project and its mitigation measures, LOS at the intersection remains at LOS D in the AM peak hour and LOS C in the PM peak hour. As noted below, the project will also provide some mitigation of existing cumulative traffic conditions, as some of the new or lengthened turning lanes to be provided will mitigate traffic impacts to which the project does not make any contribution.

### 3.9.3 Mitigation Measures

*General Response on Traffic Mitigation Measures.* Numerous mitigation measures are included in the DEIR which will reduce many of the identified traffic impacts to a less than significant level. However, some impacts will remain significant and unavoidable due to the projected cumulative growth within the area or due to the current deficiencies within the roadway system.

In some cases (see, e.g., Mitigation Measures TR-1B, TR-2, TR-3B, TR-6B, TR-8B, etc.), mitigation measures that would reduce an impact to less than significant have been identified, but the improvements are currently infeasible. For example, improvement of the River Road/Fulton Road and River Road/Barnes Road intersections would relieve traffic congestion and delay that is expected to occur by Year 2014 even without the project; however, these improvements are currently infeasible due to lack of funding, lack of sufficient right-of-way, and the need to relocate existing structures. The mitigation measures require the applicant to pay its fair share to construct these improvements when and if they are programmed by the County and funded for construction.

The project will generally improve the traffic flow situation at the intersection of Old Redwood Highway/Mark West Springs Road in excess of the proportional impacts associated with the project. The segment of road and the northbound off ramp between US 101 at the Old Redwood Highway/Mark West Springs Road intersection will also be improved in excess of the proportional impacts associated with the project. These improvements will substantially improve traffic flow along Mark West Springs Road and Old Redwood Highway. These improvements will all occur prior to the project's contribution of additional traffic to these roadways and intersections (e.g., prior to occupancy of the hospital). The mitigation measures are designed to be constructed within the existing rights of way or on property within control of the project sponsors, thereby not resulting in additional impacts (to either existing residences or businesses).

*Modification of Mitigation Measure TR-3:* In evaluating comments on pedestrian and bicycle access, the County, in consultation with Sutter's consultants, conducted an additional field investigation of the proposed improvements and determined that a modification of Mitigation Measure TR-3 (and the corresponding Mitigation Measure TR6, for the Year 2035) with respect to traffic movements on Old Redwood Highway in the vicinity of Mark West Springs Road, is appropriate. (See Response to Comment O.14.27 for the text of these revisions.) These modifications are proposed as they would accomplish the objectives of the mitigations with less disturbance to existing businesses, while preserving existing bicycle paths and adding a new pedestrian pathway (see Modification of Mitigation Measure TR-12 below), thus ensuring bicycle and pedestrian access consistent with Sonoma County General Plan requirements. This alternative mitigation is an improvement to TR-3 as it:

1. Provides the pedestrian pathway that links the project site to the Larkfield Shopping Center;
2. Provides 5' class II bike lanes on both the northbound and southbound directions of Old Redwood Highway;
3. Does not disturb the private property frontages of existing businesses; and
4. Can be completed within the existing right of way.

The components of this revised mitigation are as follows:

1. A 4' wide pathway will be included on the east side of Old Redwood Highway north of Mark Springs Road, connecting to existing sidewalks. The path will be separated from the travel lanes by an 11" wide segmented asphalt dike;

2. 5' class II bike lanes will be provided on both sides of Old Redwood Highway north of Mark West Springs Rd to the north limits of the pedestrian path improvements;
3. Two Northbound and two southbound travel lanes will continue to be provided;
4. The center, 2-way left turn lane will be retained;
5. The south bound left turn lane will be lengthened to from 210 ft to approximately 255 feet (the lengthening of the southbound left turn provides some mitigation of cumulative impacts to which the project does not make any contribution – as project traffic does not turn from Old Redwood Highway onto eastbound Mark Springs Road) and
6. The southbound right turn lane will be lengthened from 100 to approximately 180 feet, which more than mitigates the project's 59 ft impact on required right turn lane length.

While the County will forego the second left turn lane on southbound Old Redwood Highway in favor of lengthening the existing left and right turn lanes, the center 2-way left turn lane north of the intersection will provide some additional refuge for vehicles waiting to make the southbound left turn. With the benefits noted above (pedestrian path and dedicated bike lanes), this revised mitigation is considered superior to Mitigation TR-3 in the DEIR.

*Modification of Measure TR-8:* With respect to Mitigation Measure TR-8, the following modification of the mitigation measure provides an equal level of traffic relief and does not require condemnation of residential property. The project proponents will add a second northbound left turn lane, which will increase the northbound left turn lane length to approximately 230 feet, more than adequate to offset the effects of the project, which are calculated to be 60 feet. See Response to Comment 0.14.27 for the text revisions to Mitigation Measure TR-8.

The proposed modification of TR-8 allows the project applicant to also provide a sidewalk from within the project site to the sidewalk at BerryBrook (including a pathway along an off site property, within existing right of way). The need for the northbound right turn lane is not a result of the project, and adequate right of way is not available to mitigate this existing condition. Therefore, due to the proposed pedestrian access and the improvements of the Mark West Springs Road/Old Redwood Highway intersection and improved flow of traffic on Mark West Springs Road/Old Redwood Highway that will result from the improvements that are proposed and feasible, this mitigation as modified is considered equal to TR-8.

*Modification of Measure TR-12:* As described above and shown in response to Comment O.14.36, TR-12 has been revised to clarify that a 4 foot wide pathway shall be constructed along the east side of Old Redwood Highway within the existing right of way to connect to the existing sidewalk to the north. Preliminary engineering indicates there is sufficient right of way to construct the pathway. If final engineering demonstrates that additional right of way is needed, the applicant must acquire it or provide the funding to the County to acquire it.

### 3.9.4 Emergency Access

Some commenters expressed concerns regarding emergency access to the hospital, either during a Wells Fargo Center event, or during an emergency or natural disaster.

With respect to emergency access during a major Wells Fargo Center event, the project includes improved access for emergency vehicles including an expanded off-ramp from US 101 northbound. The DEIR notes at page 3.15-66 that proposed improvements will avoid backups onto 101 during major evening events at the Wells Fargo Center. This will allow ambulances to access the improved emergency access. A shoulder area will be added to the ambulance route so that vehicles can pull out of the travel lane to allow the ambulance to pass, or will allow the ambulance to pass using the shoulder. An ambulance only entrance driveway is also being provided directly from Mark West Springs Rd just east of the northbound off ramp, which further mitigates any delays that might otherwise be associated with emergency access to the hospital during a major event at the WFC.

With respect to emergency access during a major natural disaster, the basic project objectives of the project include effective emergency access and seismic safety (see DEIR, pages 2-1 and 2-2). The current Sutter facility is located within the Alquist-Priolo zone and on a major fault (and accessible only by city streets). The new facility is located 0.7 miles away from the nearest fault, next to a freeway, and near other emergency services (fire station, airport, etc.). The design includes a dedicated emergency access, widening and improvements to the US 101 northbound freeway off-ramp to allow for free flow of ambulances to the site in the event of off-ramp congestion, improved off-ramp signalization and emergency (fire) lanes throughout the site (see DEIR page 2-11). All of the new buildings would be sprinklered and meet the latest code requirements of the County. The County Fire Marshall has been involved in ongoing review of preliminary plans for the new buildings and the site design, as has the State, OSHPD, and Fire Marshall (see DEIR pages 3.13-5 through 3.13-7).

With respect to the hospital facility itself, the fundamental overall purpose of the project (as stated at page 2-1 of the DEIR) is to provide a new hospital and medical campus that complies with the California seismic safety laws. The purpose of these laws is to ensure that hospitals remain functional and standing after an earthquake, both for the safety of the patients and to provide medical assistance to the community. *California's Hospital Seismic Safety Law: Its History, Implementation and Progress* (Office of Statewide Health Planning & Development, 2005) at 10. Based on engineering studies, OSHPD has concluded that hospitals designed to withstand major earthquakes are also more likely to remain standing after other manmade and natural disasters, such as a terrorist attack. *Ibid* at 17.

The CEQA checklist of environmental impacts to be considered includes whether a project would interfere with emergency response plans. CEQA Guidelines, Appendix G, §VII(g). The DEIR evaluated whether the project would interfere with emergency response plans at page 3.8-7, and concluded that it would not. The DEIR noted that the City of Santa Rosa Draft Emergency Operations Plan does not address the project site or adjacent roadways as being of any particular importance to emergency plans. The DEIR also notes that locating the hospital next to the freeway enhances emergency medical response by providing improved access for emergency vehicles.

The project site has multiple access points (via Old Redwood Highway, Mark West Springs Road, and US 101) which provide redundancy in the event that one of the access points is disrupted during a disaster. Overall, with multiple access points, improved emergency access, and most importantly, compliance with hospital seismic safety standards, the proposed project

improves Sonoma County's ability to deal with a large influx of patients following a natural disaster such as an earthquake.

This section contains copies of the comment letters during the public review period on the DEIR, and the individual responses to those comments. Each written comment letter is designated with a letter and number in the upper right-hand corner of the letter. Spoken comments on the DEIR are also included in the Planning Commission minutes.

Within each written comment letter, individual comments are labeled with a number in the margin. Immediately following each comment letter is an individual response to each numbered comment. Where responses have resulted in changes to the DEIR, these changes also appear in Section 5.0 of this document.

## 4.1 COMMENTS FROM AGENCIES

## A.1 California Department of Fish and Game, Charles Armor

	<p>State of California - The Natural Resources Agency          DEPARTMENT OF FISH AND GAME          Bay Delta Region          Post Office Box 47          Yountville, California 94599          (707) 944-5500  <a href="http://www.dfg.ca.gov">www.dfg.ca.gov</a></p>	<p>ARNOLD SCHWARZENEGGER, Governor          JOHN MCCAMMAN, Acting Director</p>	
		<p>RECEIVED          JAN 04 2010          PERMIT AND RESOURCE          MANAGEMENT DEPARTMENT          COUNTY OF SONOMA</p>	A.1
	December 22, 2009	<p>RECEIVED          JAN 06 2010          COUNTY OF SONOMA          PRMD          Environmental Review Division</p>	
	<p>Mr. Steve Dee          County of Sonoma          Permit and Resource Management Department          2550 Ventura Avenue          Santa Rosa, CA 95403</p>		
	Dear Mr. Dee:		
	<p>Subject: Sutter Medical Center of Santa Rosa/Luther Burbank Memorial Foundation          Joint Master Plan, Draft Environmental Impact Report, SCH #2008022012,          City of Santa Rosa, Sonoma County</p>		
	<p>The Department of Fish and Game (DFG) has reviewed the draft Environmental Impact Report (EIR) for the Sutter Medical Center of Santa Rosa/Luther Burbank Memorial Foundation Joint Master Plan (Project). The Project proposes to build the Sutter Medical Center of Santa Rosa on a 53-acre site located at 50 Mark West Springs Road.</p>		
A.1.1	<p>The Project proposes to permanently fill 0.39 acres of seasonal wetland. Wetland habitats are critical for migratory bird breeding and wintering habitat and provide habitat for over half of California's listed endangered and threatened species. The California Wetlands Conservation Policy goal is to ensure no overall net loss of wetlands and to achieve a long-term net gain in the quantity, quality, and permanence of wetlands acreage. It is the policy of the California Fish and Game Commission (FGC) to seek to provide for the protection, preservation, restoration, enhancement, and expansion of wetland habitat in California. The FGC's Wetland Policy stresses the need to compensate for the loss of wetland habitat on an acre-for-acre basis. For every acre of wetland loss, no less than an acre of wetland must be created from non-wetland habitat. This amount may increase based on the quality of the impacted wetlands. DFG recommends that the Project avoid the proposed fill of wetlands. If complete avoidance is not possible, fill of wetlands should be minimized and mitigated.</p>		
A.1.2	<p>The Project site has been identified in Enclosure 1 of the <i>Programmatic Biological Opinion for U.S. Army Corps of Engineers Permitted Projects that May Affect California Tiger Salamander and Three Endangered Plant Species on the Santa Rosa Plain</i> (Programmatic Biological Opinion) as an area where impacts may adversely affect listed plants and/or California tiger salamander. The Project site contains seasonal wetlands and is within the range of Burke's goldfields and Sonoma sunshine. Habitat located within the range of these plants are considered suitable habitat for the listed plants. If surveys have been conducted according to the U.S. Fish and Wildlife Service's (USFWS) protocols and no listed plants</p>		
	<p><i>Conserving California's Wildlife Since 1870</i></p>		

Mr. Steve Dee  
December 22, 2009  
Page 2

- A.1.2 have been found, the seasonal wetlands on-site will be treated as suitable habitat. DFG recommends that the Project mitigate for these impacts following the Programmatic Biological Opinion.
- A.1.3 The draft EIR states that the USFWS protocol level California tiger salamander (CTS) surveys were conducted over a two year period, that no CTS were recorded at the site, and that USFWS issued a finding of "no effect." The draft EIR does not contain written documentation of this finding. DFG recommends that the draft EIR include a copy of the written "no effect" determination.
- A.1.4 Mitigation measure BIO-1 states that a nesting survey for raptors and other special-status bird species shall be conducted prior to commencing with tree removal, grading, or other construction work if this work occurs between February 1 and August 31. Fish and Game Code § 3503.5 states it is unlawful to take, possess, or destroy any birds in the orders of Falconiformes or Strigiformes (birds-of-prey or raptors) or take, possess, or destroy the nest or eggs of any such bird. In order to avoid the destruction of raptor nests, surveys for nesting raptors should be conducted within 14 days prior to tree removal, grading, or other construction work at the Project site. If nesting raptors are found, the Project applicant should consult and obtain approval for buffers with DFG prior to tree removal and/or ground-breaking activities. The established buffers should remain in effect until the young have fledged.
- A.1.5 This mitigation measure also states that if a nest is discovered, a buffer zone will be established and no construction activities will take place within the zone until a qualified biologist has determined that the young have fledged. If a qualified biologist is not on site to make observations, the buffers shall be maintained in place through the month of August and work within the buffer can commence on September 1. As stated, this may allow nests with young birds after September 1 to be damaged by construction activities. DFG recommends that no tree removal, grading, or other construction work occur within the buffer until the young have fledged as determined by a qualified biologist.

If you have any questions, please contact Ms. Stephanie Buss, Environmental Scientist, at (707) 944-5502; or Mr. Richard Fitzgerald, Coastal Habitat Conservation Supervisor, at (707) 944-5568.

Sincerely,



Charles Armor  
Regional Manager  
Bay Delta Region

cc: State Clearinghouse

*Responses to Comment A.1***Response to Comment A.1.1**

*Commenter raises concerns regarding loss of wetlands.*

The proposed project would result in impacts to 0.39-acre of other waters or wetlands that fall under the regulatory authority of the U.S. Army Corps of Engineers' (Corps) and/or the Regional Water Quality Control Board's (RWQCB). Based on the Corps-verified jurisdictional map for the project site, areas that would be impacted include 0.026-acre of a linear roadside ditch, which is under the regulatory authority of both the Corps and RWQCB pursuant to Sections 404 and 401 of the Clean Water Act, respectively. In addition, a 0.364-acre "isolated" seasonal pond/borrow pit wetland, while not under the regulatory authority of the Corps pursuant to the Clean Water Act, nonetheless would be regulated by the RWQCB pursuant to the Porter-Cologne Water Quality Control Act.

Every effort has been made to minimize impacts to waters of the U.S. and State, and the proposed site plan shows the result of those efforts. The applicant proposes to mitigate unavoidable impacts to other waters and wetlands as follows. Impacts to 0.026-acre of linear roadside ditch will be mitigated through the construction of a 0.067-acre linear drainage ditch on the west side of the project site. The drainage ditch shall be constructed immediately east of US 101 and shall be set aside in a permanent drainage easement. Accordingly, impacts to the linear roadside ditch would be replaced at 2.5:1 mitigation compensation ratio (for each acre of impact, 2.5 acres of wetlands would be created). The applicant also is proposing to mitigate impacts to 0.364-acre of RWQCB jurisdictional isolated wetlands at a 2:1 mitigation ratio (creation acreage to impacted acreage). To accomplish this, the applicant is proposing to purchase 0.8-acre of creation credits at a RWQCB-approved mitigation bank. Mitigation credits would be purchased prior to breaking ground on the project site. Thus, the California Fish and Game Commission's Wetland Policy that stresses the need to compensate for the loss of wetland habitat on an acre-for-acre basis would be exceeded by the proposed project. See response to Comment A.3.4 for additional information regarding the mitigation of impacts to wetlands.

**Response to Comments A.1.2 – A.1.3**

*Commenter recommends that the project mitigate for impacts to seasonal wetlands following the Programmatic Biological Opinion. Commenter also points out that although the DEIR states that protocol level surveys for California tiger salamander were conducted and none were found, and USFWS issued a finding of "no effect", the DEIR does not contain written documentation of this finding.*

A copy of the "no effect" determination regarding impacts to CTS was made by Mr. Vincent Griego of the USFWS, dated December 20, 2006, and is included here following this response.

In the spring of 2009, Monk & Associates completed focused surveys for special-status (that is, rare, threatened, or endangered) plants for the proposed project site, following USFWS<sup>1</sup>, CDFG<sup>2</sup>

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<sup>1</sup> USFWS (U.S. Fish & Wildlife Service) et. al. 2005. Santa Rosa Plain Conservation Strategy. Appendix D – Guidelines for conducting and reporting botanical inventories for federally listed plants on the Santa Rosa Plain (modified from the September 23, 1996 Service guidelines for conducting and reporting botanical inventories for

and CNPS<sup>3</sup> published survey guidelines. These focused surveys supplemented rare plant surveys conducted by Mr. Charlie Patterson in 1993, 1998, 1999, and 2004. No special-status plants were identified during either Monk & Associates' surveys or Mr. Patterson's surveys conducted on this project site. The project site is designated by the USFWS Santa Rosa Plain Conservation Strategy as having "Potential for presence of CTS and Listed Plants." In accordance with the *Programmatic Biological Opinion of U.S. Army Corps of Engineers Permitted Projects that May Affect California Tiger Salamander and Three Endangered Plant Species on the Santa Rosa Plain*, if surveys have been conducted following USFWS protocols and no listed plants are found, seasonal wetlands on the project site are nevertheless considered to be suitable habitat for the listed plant species Sonoma sunshine (*Blennosperma bakeri*), and Burke's goldfields (*Lasthenia burkei*). Impacts to suitable habitat for these listed plants are required to be mitigated with 1:1 occupied or established habitat (any combination) with success criteria met and 0.5:1 of established habitat prior to groundbreaking. The mitigation land will be preserved and managed in perpetuity.

The proposed project would result in impacts to 0.026-acre of linear roadside ditch south of Mark West Springs Road, which includes 0.023-acre of "other waters of the U.S./State and 0.003-acre (150 square feet) of linear seasonal wetland (OW1 and LW5 respectively in Figure 3.5-1 of the DEIR). Monk & Associates have concluded that the 0.003-acre of linear seasonal wetland in the roadside ditch does not constitute suitable vernal pool species habitat. The source of water in this ditch is drain inlets on Mark West Springs Road immediately adjacent to the project site. There is no upstream connectivity with any natural area. Similarly, the ditch, after exiting a drain pipe onto the project site along Mark West Springs Road, reenters a storm drain pipe on the west end of the project site that is routed under US 101. The only reason it is designated as seasonal wetlands is owing to a sparse cover of common rush (*Juncus patens*). As this feature was designated by the Corps as a linear wetland however, per the Programmatic Biological Opinion it would be considered "suitable habitat" for listed vernal pool plant species.

The 0.364-acre borrow pit/pond on the project site is not a seasonal wetland and does not constitute suitable habitat for listed rare plant species. This feature supports an assemblage of riparian tree species commonly associated with ponds and drainages, including red willow (*Salix laevigata*), and narrow-leaved willow (*Salix exigua*), and Fremont cottonwood. Olive trees (*Olea europaea*), likely a remnant of the project site's orchard days, are also growing in this area. The willow and cottonwood canopy is completely closed over this borrow pit. The pond is so shaded that virtually no herbaceous plants grow in the understory. Understory species include coyote brush (*Baccharis pilularis*), cotoneaster (*Cotoneaster pannosa*), and fennel (*Foeniculum vulgare*).

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federally listed, proposed and candidate plants.) INTERNET ([http://www.fws.gov/sacramento/es/santa\\_rosa\\_conservation.html](http://www.fws.gov/sacramento/es/santa_rosa_conservation.html)).

<sup>2</sup> California Department of Fish and Game. 2000. Guidelines for assessing the effects of proposed developments on rare and endangered plants and plant communities. May 4, 1984; revised May 8, 2000. 2 pps.

<sup>3</sup> CNPS (California Native Plant Society). 2001. Inventory of rare and endangered plants of California (sixth edition). Rare plant scientific advisory committee, David P. Tibor, convening editor. California Native Plant Society. Sacramento, CA. x+338 pps.

Monk & Associates is preparing an application for the Corps for impacts to waters of the U.S. on the project site. The Corps will initiate consultation with the U.S. Fish and Wildlife Service regarding the effects of the project on federal listed species. If the USFWS determines that the roadside ditch constitutes suitable habitat for federal listed vernal pool plant species the following mitigation would be implemented. In accordance with the Programmatic Biological Opinion, the applicant would mitigate impacts to 0.003-acre of roadside ditch wetland by purchasing the minimum credit size available from a USFWS-approved mitigation bank. If possible, 0.003-acre of credit would be purchased for occupied or established habitat in addition to 0.0015-acre of credit for established habitat for Sonoma sunshine. It is likely that mitigation credits will not be available in less than 0.10-acre increments. Mitigation credits would be purchased prior to breaking ground on the project site, thus meeting success criteria.

From: Vincent\_Griego@fws.gov [mailto:Vincent\_Griego@fws.gov]  
Sent: Wednesday, December 20, 2006 9:45 AM  
To: Geoff Thomas; Geoff Monk  
Cc: CRegalia@ci.santa-rosa.ca.us; KMacNab@ci.santa-rosa.ca.us;  
SJEmerison@ci.santa-rosa.ca.us; sbrady@ci.santa-rosa.ca.us;  
LDavis@dfg.ca.gov; SWilson@dfg.ca.gov; TLove@dfg.ca.gov;  
Ryan\_Olah@fws.gov; Cay\_Goude@fws.gov

Subject: The U.S. Fish and Wildlife Service (Service) received information with respect to the Sutter Hospital Relocation Project, Santa Rosa, California.

The project site is the proposed relocation site for the Sutter Medical Center of Santa Rosa. Existing single family homes, parking stalls, vineyard, and two water treatment ponds would be redeveloped as part of the project. The proposed Sutter Medical Center would include two independent structures; Sutter Hospital and an adjacent medical office building. The remainder of the parcel would be utilized as parking, landscaping, and mitigation for impacts to wetlands. This response is provided in accordance with the Endangered Species Act of 1973, as amended (16 U.S.C 1531 et seq.) (ESA).

Upon review of the material provided by Monk & Associates Inc and other information in our files, the Service concludes that development of this project site will not likely result in "take" of the endangered Sonoma County Distinct Population Segment of the California tiger salamander (*Ambystoma californiense*). The Service has not received survey information with regards to federally listed endangered plants including the many-flowered navarretia (*Navarretia leucocephala* ssp. *plinththa*), Burke's goldfields (*Lasthenia burkei*), Sonoma sunshine (*Blennosperma bakeri*), and Sebastopol meadowfoam (*Limnanthes vincularis*). The projectsite may support habitat for these species. If the project isobtaining funding or a permit from a federal agency, impacts to these specieswill need to be evaluated and consultation with the Service may berequired under the ESA.

We base these determinations on the following:

- 1-- the 2--season tiger salamander surveys report demonstrates that the surveys were performed consistent with the Interim Guidance on Site Assessment and Field Surveys for Determining Presence or a Negative Finding of the California Tiger Salamander October 2003, and therefore demonstrate that tiger salamanders are not present on the project site;
- 2-- the project site is located in within the range of federally listed plant species, the Santa Rosa Plain Conservation Strategy map in Figure 3 identify the site as potential for 4 federally listed species to be present if suitable habitat exists.
- 3-- the Service has not received information demonstrating that surveys for federally listed plants species have been performed following the Guidelines for Conducting and Reporting Botanical Inventories for Federally Listed Plants on the Santa Rosa Plain.

No critical habitat has been proposed or designated for these species in the Santa Rosa Plain, therefore none will be affected. Our determinations are consistent with the Interim Santa Rosa Plain Conservation Strategy and are confined to this project site.

Our determinations also do not preclude the need for the project proponent to contact the U.S. Army Corps of Engineers to determine if wetlands or other waters of the U.S. under their jurisdiction would be affected by the proposed project. Unless new information reveals effects of the proposed project that may affect a listed species in a

manner or to an extent not considered, or a new species is proposed or listed or critical habitat is designated that may be affected by the proposed action, no further action pursuant to the Endangered Species Act of 1973, as amended, is necessary with regards to the California tiger salamander.

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**Response to Comment A.1.4 – A.1.5**

*Commenter raises concerns regarding nesting surveys for raptors, suggesting if nesting raptors are found, the Project applicant should consult and obtain approval for buffers with DFG prior to tree removal and/or ground-breaking activities. The Commenter also indicates that established buffers should remain in effect until the young have fledged and suggests alternative mitigation.*

Mitigation Measure BIO-1 on page 3.5-13 has been revised to include DFG's recommendation as follows (all changes to the DEIR are compiled in Section 5.0):

A nesting survey for raptors and other special-status bird species shall be conducted prior to commencing with tree removal, grading, or other construction work if this work would occur between February 1 and August 31. Nesting surveys shall include examination of all trees within 300 feet of the project site, regardless of whether they are slated for removal. If a nest is discovered, a buffer zone around the nest tree must be staked with bright orange lath or other suitable staking. If the tree is located off the project site, then the buffer shall be demarcated per above where the buffer occurs on the project site. The size of the buffer will be established by a qualified biologist to reflect the identified raptor or special-status bird species. No tree removal, grading, or other construction work~~construction or earth moving activity~~ shall occur within the established buffer until it is determined by the qualified biologist that the young have fledged (that is, left the nest) and have attained sufficient flight skills to avoid project construction zones. This typically occurs by July 15 for raptors. This date may be earlier or later, and ~~shall~~will be determined by a qualified biologist. ~~If a qualified biologist is not on site to make observations, the buffers shall be maintained in place through the month of August and work within the buffer can commence September 1.~~

## A.2 Sonoma County Airport Land Use Commission, Robert Gaiser

A.2

**SONOMA COUNTY**

**AIRPORT LAND USE COMMISSION**

2550 Ventura Avenue, Santa Rosa, California 95403  
Telephone (707) 565-1900 Fax (707) 565-1103

January 13, 2010

Sonoma County Permit and Resource Management Department  
2550 Ventura Avenue  
Santa Rosa, CA 95403-2829

Att: Steve Dee,  
Environmental Review Division

Re: Sutter Medical Center DEIR

RECEIVED

JAN 13 2010

COUNTY OF SONOMA  
PRMD  
Environmental Review Division

On behalf of the Sonoma County Airport Land Use Commission, I am pleased to submit comments regarding the Draft Environmental Impact Report (DEIR) for the Sutter Medical Center of Santa Rosa (SMCSR). These comments address the information presented in the DEIR analysis of the noise and safety impacts of the proposed helistop. These subjects are pertinent to the Commission's review of the helistop pursuant to State law that requires that, before an application is submitted for a Heliport Permit from the California Department of Transportation Division of Aeronautics, the plan of the proposed facility first be "submitted to ... and acted upon" by the county airport land use commission (Public Utilities Code Section 21661.5). The Commission is scheduled to review the proposed facility and consider such action on January 25, 2010.

**3.8 Hazards and Hazardous Materials**

A.2.1 • Since helicopter operations and impacts are addressed in this chapter of the DEIR, the Section 3.8.2 review of the Regulatory Setting should describe the Federal, State and local requirements related to helicopter operations, including the State requirements for review of heliports by county airport land use commissions.

A.2.2 • The DEIR analysis of potential safety hazards related to helicopter operations should clarify the significance criteria used. A brief description or reference for such thresholds should be stated in Section 3.8.3.2 and expanded upon in the discussion of Impact HAZ-5: Helicopter Operations. This discussion addresses the number and paths for helicopter operations, accident statistics, effects on Highway 101 traffic, and lighting of obstructions, thus indicating what concerns guided the helistop analysis and design, but it is not clear what level of risk or hazard is considered significant or acceptable for each concern.

A.2.3 • The discussion of Impact HAZ-5: Helicopter Operations should include information regarding the expected origins and destinations of helicopter flights and how this would or would not affect their paths over surrounding uses.

**3.11 Noise:**

A.2.4 • The DEIR should state if all expected helicopter operations would be "emergency aircraft flights" pursuant to the definitions and limitations in Public Utilities Code Section 21662.4. This is implied in the DEIR Section 3.11 references to "emergency helistop" and the legal limits on local control of emergency aircraft operations, but neither this section, the project description or the Section 3.8 Hazards analysis clearly indicate if all helicopter operations would be "emergency" in

nature.

- A.2.5**
- The Section 3.11.2.1 analysis of Federally-recommended criteria for determining sleep disturbance and measuring sleep awakening states that the project has been "evaluated against" these criteria and concludes on page 3.11-8 that the 90-decibel single-event level (SEL) exterior noise contour should be used in the DEIR analysis to predict areas exposed to a heightened degree of potential sleep disturbance. Since this standard is used in all of the subsequent analysis of helicopter noise impacts, explanation is needed for the sentence on page 3.11-33 in the second paragraph that: "There are no established criteria setting forth at what point sleep disturbance would occur or what is considered acceptable."
- A.2.6**
- DEIR statements regarding the direction of helicopter departures and arrivals appear to need clarification. In the second paragraph on page 3.11-13, the statements are made that helicopters "would approach the helipad from the south" and "will depart toward the northwest" and are followed with the explanation that "This alignment coincides with the prevailing winds..." These statements appear to be inconsistent with the following statements in the third paragraph on that page: "With regard to direction, 75 percent of the flights were modeled approaching from the north and departing to the south..." and "This assumption is based on prevailing wind direction..." Are these statements inconsistent with each other and are they consistent with the statement at the end of the third paragraph on page 3.11-33 that the prevailing winds are generally out of the northwest?
- A.2.7**
- The preferred direction for both departures and arrivals of helicopters is stated to be into the wind on both page 3.11-13 and 3.11-33. However, the explanations given on both pages for this preference focus on the better control and increased lift for takeoffs into the wind, creating a question about the preferability of landing into the wind. Are helicopter arrivals less affected by wind direction than departures?
- A.2.8**
- In the description of Mitigation NOI-5a on page 3-11.34, explanation is needed for the statement that: "According to the analysis, the SEL levels will be greater when the helicopters are approaching from the north and departing to the south." Greater than what? Does this mean that individual operations generate more noise in this direction? Or is the statement a reference to the 90 dbA contours shown on Figure 3.11-4, which are single-event levels modeled from a particular helicopter? Do those contours extend further from the heliport for the north-to-south approach-departure and, if so, why? Or, since it is stated that the recommended mitigation of approaching from the south and departing to the north is intended to reduce sleep disturbance in the residences north of the project site, does the sentence quoted above refer only to the relative level of impact on those residences from north-to-south operations as compared to south-to-north operations?
- A.2.9**
- The discussion of on-site noise impacts on page 3.11-35 states that the Santa Rosa Christian School is not considered impacted by "excessive noise exposure from helicopter operations" because the school is outside the 60 dbA Ldn contour due to helicopter operations. Since the 90 dbA SEL standard is applied both to other on-site uses and to off-site residences in the analysis of noise impacts, why is it not applied to a large noise-sensitive on-site use such as a school? Using the SEL standard in this case appears to be indicated by the DEIR text in the middle of page 3.11-11 and in the first paragraph on page 3.11-12.

If you have any questions, please feel free to contact me.

Sincerely,



Robert Gaiser  
Planner III

Copies: Airport Land Use Commission

S:\COMP\Airport Land Use Commission\DOCUMENTS\Sutter Hospital\2010-01-07 ALUC's DEIR comments.wpd

*Responses to Comment A.2***Response to Comment A.2.1**

*The commenter requests that the Regulatory Setting in Section 3.8.2 of the DEIR describe the Federal, State and local requirements related to helicopter operations, including the State requirements for review of heliports by county airport land use commissions.*

The Regulatory Setting section under Section 3.8.2.2 State on page 3.8-4 of the DEIR has been revised to add the following:

**Helicopter Operations.** Within California, operation of a heliport other than one strictly for personal use requires that a Heliport Permit be obtained from the California Department of Transportation (Caltrans) Division of Aeronautics. This requirement is spelled out in Public Utilities Code Section 21661.5. Prior to applying for this permit, the project applicant must first submit information on the proposal to the Federal Aviation Administration (FAA) so that the agency can conduct an aeronautical study of the proposal in accordance with FAA Regulations Part 77. This aeronautical study will examine whether the airspace required for the heliport is free of obstructions that could be hazards and does not interfere with the airspace of nearby airports. Aeronautical studies do not examine other types of compatibility factors such as noise.

Information about the proposed helistop will be submitted to the FAA if and when this project is approved by the Board of Supervisors. (Personal communication from Nadin Sponamore, May 5, 2010.) The helistop is designed in accordance with FAA standards.

The Regulatory Setting section under Section 3.8.2.3 Local on page 3.8-6 of the DEIR has been revised to add the following:

**Helicopter Operations**

Before an application is submitted for a Heliport Permit from the California Department of Transportation Division of Aeronautics, the proposed heliport plan must be submitted to and acted upon by the Sonoma County Airport Land Use Commission (ALUC) for evaluation against land use compatibility criteria adopted by that agency.

The ALUC met on January 25, 2010, to address the helistop and determined that the project is consistent with the ALUC's adopted compatibility criteria and policies (See Master Response A: Helicopter Operations, Attachment A-3).

**Response to Comment A.2.2**

*Commenter states the DEIR analysis of potential safety hazards related to helicopter operations should clarify the significance criteria used and that it is not clear what level of risk or hazard is considered significant or acceptable for each concern.*

To obtain a Heliport Permit from the Caltrans Division of Aeronautics (see response to Comment A.2.1), a heliport must be designed to comply with the safety and design standards set forth by the FAA in Advisory Circular 150/5390-2B, Heliport Design. The proposed Sutter helistop will meet this requirement. Furthermore, operators of helicopters using the Sutter helistop must fly their aircraft in conformance with applicable FAA Regulations.

Beyond these requirements, there are no specific, widely accepted thresholds of significance for determining the risks posed by the operation of a hospital heliport. The EIR analysis of hazards thus generally applied the CEQA checklist questions from the CEQA Guidelines, Appendix G,

in setting forth the thresholds used for evaluating impacts. Those checklist questions refer to whether a proposed project would result in a safety hazard. The DEIR thus evaluated whether the operation of the helistop would pose a safety hazard to people living, working, and traveling in the area (DEIR p. 3.8-12). The primary concerns that have been identified in this regard are the proximity of the helistop to US 101 and to the high-voltage transmission lines that cross the highway northwest of the site. These topics are addressed at pages 3.8-12 through 3.8-13 of the DEIR, and in Appendices G-5 and G-6 to the DEIR (Mead & Hunt memoranda summarizing interviews with the FAA and helicopter operations, and discussing helicopter safety issues). The DEIR concludes that, given the low number of helicopter flights, the low accident rate at established helistops, safety lighting that is included in the project, and obstruction lighting on power line towers as recommended by the DEIR, (subsequent conversations with Caltrans Division of Aeronautics has concluded that the power pole obstruction lighting is not required; see response to Comment A.8.1 and discussion below) that risks of helicopter operations are less than significant. The DEIR also concludes, based on information including interviews with staff at the Caltrans Division of Aeronautics and the California Highway Patrol, that the risk of traffic accidents on US 101 in proximity to approaching and departing helicopters is less than significant.

As mentioned above, the issue of the need for obstruction lighting of the power line towers adjacent to US 101 north of the site has been further discussed with Caltrans Division of Aeronautics subsequent to circulation of the DEIR. Based upon the FAA standards required to be used for the helistop design, lighting of these towers is not necessary given their location approximately 2,000 feet from the helistop and below any obstruction surfaces. In a revised letter dated January 28, 2010, Caltrans Division of Aeronautics (Comment letter A.8) agrees that this lighting is not necessary. The Sonoma County Sheriff has indicated the Sheriff's Department will abide by the Caltrans Division of Aeronautics decision regarding the lack of a need to light the utility poles near the proposed Sutter helistop (Personal Communication with Sheriff Bill Cogbill, April 21, 2010).

### **Response to Comment A.2.3**

*Commenter states the discussion of Impact HAZ-5: Helicopter Operations should include information regarding the expected origins and destinations of helicopter flights and how this would or would not affect their paths over surrounding uses.*

The final approach-departure paths for the helistop will be subject to approval by Caltrans Division of Aeronautics as part of the Heliport Permit process. While en route, helicopters must fly at an altitude of at least 1,000 feet over populated areas. When transitioning between en route and the approach-departure paths, various routes may be flown including over populated areas and at lower altitudes. For safety reasons, helicopters will be expected to follow at least the inner portion of the defined paths, but may take other routes when they are high enough to be clear of nearby obstacles. As for direction of flight, most in-bound helicopter flights to the proposed Sutter helistop are expected to arrive from the north or from the Sonoma County Airport. Departing helicopters would mostly head south from Sutter toward hospitals in the central Bay Area or back to the airport. See also response to Comment A.2.6.

**Response to Comment A.2.4**

*Commenter requests that the Draft EIR state -whether all expected helicopter operations would be “emergency aircraft flights” pursuant to the definitions and limitations in Public Utilities Code Section 21662.4.*

All helicopter use of the proposed Sutter helistop is expected to consist of emergency flights consistent with Public Utilities Code Section 21662.4. Paragraph (b) of this section provides this definition:

“As used in this section, ‘emergency aircraft flights for medical purposes’ are those flights in which undue delay would threaten a patient's life. “Emergency aircraft flights for medical purposes” include, but are not limited to, flights for the transportation of all of the following:

1. Patients accompanied by licensed or certificated medical attendants such as paramedics, nurses, physicians, and respiratory therapists.
2. Surgical transplant teams for the purpose of procuring human organs for reimplantation in recipients.
3. Organ procurement agency coordinators responding to a potential donor.
4. Temporarily viable human organs such as a heart, liver, lungs, kidneys, and pancreas, and human tissue, blood, or blood components.
5. Human tissue and blood samples for clinical testing to determine compatibility between a donor and a recipient.
6. Mechanical adjuncts or biological replacements for human organs.
7. Medical equipment and supplies.”

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

Section 21662.4(a) states that “Emergency aircraft flights for medical purposes by law enforcement, fire fighting, military, or other persons who provide emergency flights for medical purposes are exempt from local ordinances adopted by a city, county, or city and county, whether general law or chartered, that restrict flight departures and arrivals to particular hours of the day or night, that restrict the departure or arrival of aircraft based upon the aircraft's noise level, or that restrict the operation of certain types of aircraft.”

**Response to Comment A.2.5**

*The commenter notes that Section 3.11.2.1 of the DEIR states that the project has been evaluated against federally-recommended criteria for determining sleep disturbance for noise impacts from helicopter operations. In light of the use of these criteria, the commenter asks for an explanation of the statement on page 3.11-33 of the DEIR that "there are no established criteria setting forth at what point sleep disturbance would occur or what is considered acceptable."*

The statement referenced by the commenter appears on page 3.11-30 of the DEIR, in the discussion of Impact NOI-5. The two statements are consistent, and can be reconciled as follows. The DEIR lists in Section 3.11.2.1 the thresholds of significance that are used in evaluating noise impacts of the proposed project. One threshold of significance, 90 dBA SEL, is referenced in Section 3.11.21 and on page 3.11-21, as one of the thresholds of significance for evaluating helicopter noise impacts. This 90 dBA sound exposure level was set as the threshold based on federal guidelines for establishing sleep disturbance criteria and a reasonable probability of awakening. This criterion provides a method by which the probability of sleep disturbance may be quantified, but it does not establish what is considered acceptable, and it does not establish at what point sleep disturbance would occur. Also, the criteria is not a regulatory standard with which the project must comply. See Master Response A, Section 3.2.3 for further discussion.

### **Response to Comment A.2.6**

*Commenter states that DEIR statements regarding the direction of helicopter departures and arrivals appear to need clarification.*

Both a north-to-south and south-to-north direction of flight will be used at the helistop. According to wind data for the nearby Sonoma County Airport as reflected on the Airport Layout Plan, prevailing winds at the airport are mostly from the southeast and secondarily from the northwest. On this basis, helicopters would mostly approach from the northwest and depart toward the southeast. However, for most of the year, the winds are sufficiently mild to enable helicopter pilots that will use the proposed Sutter helistop to select either of the defined approach-departure paths depending upon which of the two is the most expeditious route from their point of origin or to their destination. Overall, given the prevailing southerly wind direction and that the majority of flights are expected to either be inbound from the north or shuttling to and from Sonoma County Airport which is to the northwest, the northwesterly flight path is expected to be the more heavily used of the two paths. See Master Response A, Section 3.2.1.

### **Response to Comment A.2.7**

*Commenter notes that the preferred direction for both departures and arrivals of helicopters is stated to be into the wind on both pages 3.11-13 and 3.11-33 but the explanations given on both pages for this preference focus on the better control and increased lift for takeoffs into the wind, creating a question about the preferability of landing into the wind.*

As with airplanes, helicopters operate most efficiently and safely when landing and taking off into the wind. However, when winds are mild—generally below about 10 knots, but higher under some circumstances—taking off or landing with a tailwind or crosswind is acceptable.

### **Response to Comment A.2.8**

*Commenter states that in the description of Mitigation NOI-5a on page 3-11.34, explanation is needed for the statement that: “According to the analysis, the SEL levels will be greater when the helicopters are approaching from the north and departing to the south.”*

The SEL levels will be greater when the helicopters are approaching from the north and departing to the south compared to flights in the opposite direction; however, the difference between the SELs for north-to-south versus south-to-north operations with regard to impacts on

nearby residences would be negligible. The size of the two 90 dBA contours depicted in Figure 3.11-4<sup>4</sup> of the DEIR are the same because each represents a single arrival and single departure. The areas impacted under each scenario differ, but primarily along the flight paths, not in the adjacent residential area. Moreover, in discussion of this topic with Caltrans Aeronautics, they confirm that the direction of operations within the designated approach-departure paths should not be restricted or mandated. See Caltrans Division of Aeronautics letter dated January 28, 2010 (Comment letter A.8).

### **Response to Comment A.2.9**

*Commenter notes that the discussion of on-site noise impacts on page 3.11-35 states that the Santa Rosa Christian School is not considered impacted by “excessive noise exposure from helicopter operations” because the school is outside the 60 dBA Ldn contour due to helicopter operations and asks why the 90 dBA SEL standard was not applied to a large noise-sensitive on-site use such as a school.*

The 90 dBA SEL was used in the DEIR as the threshold of significance with respect to sleep disturbance, and was thus not applied to the Santa Rosa Christian School since it is a daytime only use, where sleep disturbance would not be an issue. In any case, neither the 60 dBA Ldn, nor the 90 dBA SEL contours from helicopter operations encompass the location of the school as shown on Figure 3.11-4 of the DEIR. While the overflights may cause a minor distraction, there are no significant noise-related impacts associated with the overflights, and the distraction will be minimal especially as they occur at an average of 5 times per week and not all during school hours.

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<sup>4</sup> Note that Figure 3.11-4 has been slightly revised. See response to Comment O.14.13.



Mr. Dee

-2-

January 14, 2010

evapotranspire runoff from small storms that would not have left the undeveloped site. A planting plan will be proposed for bioretention areas to reduce the irrigation needed during dry weather and maximize treatment and infiltration.

A.3.2

Project coordinators have agreed to amend soils to a greater depth in order to improve storage, and to raise drains to allow a portion of volume to infiltrate below the drains while allowing for high flow bypass.

A.3.3

In addition, a General Construction Activity Storm Water Permit will be needed, as the project will result in land disturbance exceeding one acre. The permit requires a Storm Water Pollution Prevention Plan (SWPPP) that identifies BMPs to minimize pollutant discharges from the construction site. The permit also requires inspections of construction sites before and after storm events, and every 24 hours during extended storm events. The purpose of the inspections is to identify maintenance requirements for the BMPs and to determine the effectiveness of the implemented BMPs.

#### Surface waters

A.3.4

Various surface waters are present on the project site. In accordance with the Army Corps of Engineers' prioritization of mitigation, credits will be purchased from a wetland bank where applicable. In the instance of the linear swales, the project will mitigate in-kind at a ratio of 3:1. The creation of new swales will be in addition to the creation of storm water treatment swales.

#### Wastewater

A.3.5

1. The DEIR identifies the fact that the Airport-Larkfield-Wikiup Sanitation Zone (Airport Sanitation Zone) wastewater treatment facility is already operating at capacity. Regional Water Board staff will be requiring the Sonoma County Water Agency/Airport Sanitation Zone to submit a Report of Waste Discharge from Sonoma County Water Agency/Airport Sanitation Zone evaluating current and anticipated future flow and water quality characteristics, existing and future commitments to provide service to new sewer hookups and a plan to ensure that the wastewater treatment facility capacity and design will ensure reliable wastewater treatment and disposal.

A.3.6

2. The "Zero Footprint Offset Credits" (ZFOC) plan identified in the DEIR is a good start toward reducing current flows to the WWTF in order to make room for flows from the proposed project and we believe that the requirement to demonstrate that the flows have been sufficiently reduced as a condition for Sutter obtaining an occupancy permit is a crucial component of the ZFOC. However, we have several concerns.

a. The ZFOC plan includes plans to reduce flows from the existing users of the WWTF and the Wells Fargo Center by replacing existing fixtures with low-flow fixtures, but the DEIR admits that it is difficult to predict how many people will participate in the program. The results presented for Rohnert Park indicate that

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Mr. Dee

-3-

January 14, 2010

A.3.6

participation in the program was slow (eight years to achieve 37% participation). Mitigation UT-4a states that if there are insufficient participants in the program to offset the wastewater generated by the project, Sutter will be required to propose a program to increase participation. This general requirement doesn't ensure that the offset reductions will be achieved. What will be done if the offsets are not achieved? Has the proposed conservation program been advertised and promoted to users in the Sanitation Zone? Perhaps a survey to assess level of interest and commitment would be a useful and would provide positive promotion of the program up front.

A.3.7

- b. Since the WWTF is already at capacity and experiencing operational difficulties during the winter months, it is imperative that the flow reductions from the ZFOC more than offset the anticipated flows from the proposed project.

A.3.8

3. The use of water conserving fixtures will concentrate the wastewater. The DEIR acknowledges that BOD and TSS concentrations would be higher. The DEIR does not address other potential pollutants that are characteristic of hospital wastewater such as total dissolved solids, fluoride, metals (e.g., barium, lead, silver), and pharmaceuticals. The DEIR should evaluate the potential impacts of these additional constituents and demonstrate that the wastewater from the proposed project does not contain (1) conventional pollutants at levels that exceed plant design; and (2) non-conventional pollutants, including toxic pollutants, at levels that could cause exceedance of water quality objectives and identify mitigation measures to ensure compliance.

A.3.9

4. Page 3.16-14 identifies pretreatment and source control measures that will be implemented including grease interceptors in areas where food waste is present, disallowance of garbage disposals, and preventing hazardous, bio-waste and bio-hazardous wastes from entering the wastewater (or solid waste) stream. Realistically, some additional pollutants such as toxic wastes will enter the waste stream through careless handling practices by employees or patients and through excretion of unmetabolized portions of pharmaceuticals. The DEIR should identify some of the specific internal protocols that will be implemented to ensure that pharmaceuticals and other hazardous substances are not discharged to the sewer or solid waste stream. This may include measures such as protocol for hospital staff to properly dispose of spilled or unused medications, a program for the hospital pharmacy to accept unused prescriptions from patients and other measures that will be implemented to ensure the proper disposal of these substances.

A.3.10

5. The DEIR should identify the quality of the water that may be discharged to the sanitary sewer from the water treatment plant (backwash) and HVAC system.

A.3.11

6. The DEIR should justify assumptions used in projecting wastewater generation from the proposed project. Table 3.16-2 on page 3.16-9 and the discussions about wastewater quality (pages 3.16-14 through 3.16-15) include several broad assumptions that should be clarified, including:

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Mr. Dee

-4-

January 14, 2010

- A.3.11 a. The 80 percent average day occupancy factor for the hospital. The evaluations of impacts on the existing WWTF and the need to offset project flows should be based on the maximum average flow rate. How often is 100 percent occupancy likely to occur? Is peak occupancy likely to occur in the winter months when the WWTF is experiencing operational difficulties due to excessive inflow and infiltration?
- A.3.12 b. The medical building occupancy of 2.5 persons per 1000 square feet per day. This occupancy rate seems low.
- A.3.13 c. Five day use of medical building. Many medical buildings are open on weekends for some level of use.
- A.3.14 d. Is it realistic to base flow calculations on the flow ratings for the low flow fixtures? Do the calculations have a safety factor to account for the fact that people often flush twice when low flow toilets aren't working efficiently.
- A.3.15 e. Are the projected flow reductions for the Wells Fargo Center realistic? The Wells Fargo Center includes church and school facilities in addition to the theater use. There have been changes in recent years. The DEIR bases the WFC flow calculations on historical flow figures from October 2007 through October 2008 and should evaluate whether the use of the WFC has increased in the period since October 2008.
- A.3.16 f. The use of a 1.25 multiplication factor to estimate potential BOD and total suspended solids concentration increases due to the use of water conservation measures in the new facilities. (See Appendix L, Table 2, Footnote 1)
- A.3.17 7. Page 3.16-12 identifies the fact that local collector sewers in the upstream end of the collection system may be impacted by additional flows, but it appears that this analysis is not complete. The DEIR states that modeling and design studies are still needed to select the preferred alternative for connection to the collection system. Will existing sewer lines need to be replaced with larger pipes? Will new sewer pipes need to be installed? The construction impacts of these projects should be identified.

#### **Domestic Water Well Construction and Development Water**

- A.3.18 The DEIR states that two domestic water supply wells will be constructed as part of this project. The DEIR should identify a plan to dispose of the water generated during the construction and development of the two domestic water wells proposed onsite. The plan should include land disposal or discharge to the local sewer, if feasible. If it is anticipated that this water will need to be discharged to surface waters or a storm drain that leads to surface waters, the plan must demonstrate the infeasibility of using a non-surface water discharge alternative (e.g., land or sewer) and demonstrate that the

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Mr. Dee

-5-

January 14, 2010

A.3.18

quality of any water proposed for discharge to surface waters meets all water quality objectives. In order to demonstrate this, the project would need to enroll for coverage under the Regional Water Board's low threat discharge permit and/or work with the County, the owner of the municipal storm drain system.

If you have any questions, please contact me at (707) 576-2065 or [jshort@waterboards.ca.gov](mailto:jshort@waterboards.ca.gov).

Sincerely,

Original signed by

John Short  
Senior Water Resources Engineer

011410\_CMT\_SutterMedicalCenter\_DEIR

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-6-

January 14, 2010

**Low Impact Development Resources**

State Water Board Low Impact Development and Sustainable Storm Water Management:  
[http://www.waterboards.ca.gov/water\\_issues/programs/low\\_impact\\_development/index.shtml](http://www.waterboards.ca.gov/water_issues/programs/low_impact_development/index.shtml)

State Water Board Resolution on LID and Sustainable Water Resources Management:  
[http://www.waterboards.ca.gov/board\\_decisions/adopted\\_orders/resolutions/2008/rs2008\\_0030.pdf](http://www.waterboards.ca.gov/board_decisions/adopted_orders/resolutions/2008/rs2008_0030.pdf)

Resolution of the California Ocean Protection Council Regarding Low Impact Development:  
[http://www.resources.ca.gov/copc/05-15-08\\_meeting/05\\_LID/0805COPC05\\_%20LID%20Res%20amended.pdf](http://www.resources.ca.gov/copc/05-15-08_meeting/05_LID/0805COPC05_%20LID%20Res%20amended.pdf)

Puget Sound LID manual:  
[http://www.psp.wa.gov/downloads/LID/LID\\_manual2005.pdf](http://www.psp.wa.gov/downloads/LID/LID_manual2005.pdf)

Low Impact Development Center:  
<http://www.lowimpactdevelopment.org/>

Green Infrastructure Municipal Handbooks:  
<http://cfpub2.epa.gov/npdes/greeninfrastructure/munichandbook.cfm>

Marin County's LID manual:  
[http://www.mcstoppp.org/acrobat/GuidanceforApplicantsv\\_2-5-08.pdf](http://www.mcstoppp.org/acrobat/GuidanceforApplicantsv_2-5-08.pdf)

San Diego County's LID manual – has a section on LID for roads:  
<http://www.sdcounty.ca.gov/dplu/docs/LID-Handbook.pdf>

Low Impact Development – Sustainable Storm Water Management:  
[http://www.waterboards.ca.gov/water\\_issues/programs/low\\_impact\\_development/](http://www.waterboards.ca.gov/water_issues/programs/low_impact_development/)

EPA Green Infrastructure Basic Information:  
<http://cfpub.epa.gov/npdes/greeninfrastructure/information.cfm>

Managing Wet Weather with Green Infrastructure:  
[http://cfpub.epa.gov/npdes/home.cfm?program\\_id=298](http://cfpub.epa.gov/npdes/home.cfm?program_id=298)

Contra Costa Manual and Guidance to Municipalities:  
<http://www.cccleanwater.org/new-developmentc3/stormwater-c3-guidebook/>

Contra Costa approach powerpoint to implement LID:  
<http://www.cccleanwater.org/Publications/StormCon-5-06/5-ContraCostaApproach-I-Dalziel-Cloak.ppt>

State Water Board Funded Projects That Include Low Impact Development:  
[http://www.waterboards.ca.gov/water\\_issues/programs/grants\\_loans/low\\_impact\\_development/](http://www.waterboards.ca.gov/water_issues/programs/grants_loans/low_impact_development/)

City of Portland's Sustainable Storm Water Management Program – LID for streets:  
<http://www.portlandonline.com/bes/index.cfm?c=34598>

**California Environmental Protection Agency**

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Mr. Dee

-7-

January 14, 2010

Low Impact Development Center – Green Highways and Green Infrastructure:  
[http://www.lowimpactdevelopment.org/green\\_highways.htm](http://www.lowimpactdevelopment.org/green_highways.htm)

Streetscape improvements and water quality design:  
<http://www.lowimpactdevelopment.org/nhb/lid.htm>

Low Impact Development for Roads - Washington State Green Building for Transportation Infrastructure webpage: <http://www.metrokc.gov/kcdot/roads/eng/lid/militarys272/index.cfm>

LID Urban Design tools – has design software for different BMPs:  
<http://www.lid-stormwater.net/homedesign.htm>

LID design fact sheet:  
<http://www.coastal.ca.gov/nps/lid-factsheet.pdf>

Storm Water Runoff Calculator:  
<http://www.stormulator.com>

LID Training Program for Linear Transportation Projects:  
[http://www.lowimpactdevelopment.org/epa03\\_transportation.htm](http://www.lowimpactdevelopment.org/epa03_transportation.htm)

Storm Water Management and LID at EPA headquarters – BMP choice and design:  
[http://www.epa.gov/owow/nps/lid/stormwater\\_hq/](http://www.epa.gov/owow/nps/lid/stormwater_hq/)

<http://sustainablesites.org/>

A Review of Low Impact Development Policies: Removing Institutional Barriers to Adoption:  
[http://www.waterboards.ca.gov/lid/docs/ca\\_lid\\_policy\\_review.pdf](http://www.waterboards.ca.gov/lid/docs/ca_lid_policy_review.pdf)

Storm Water Resources:

The CASQA Construction BMP manual:  
<http://www.cabmphandbooks.com/Construction.asp>

North Coast Regional Water Board Municipal Storm Water:  
[http://www.waterboards.ca.gov/northcoast/water\\_issues/hot\\_topics/santa\\_rosa\\_ms4\\_npdes\\_stormwater\\_permit/](http://www.waterboards.ca.gov/northcoast/water_issues/hot_topics/santa_rosa_ms4_npdes_stormwater_permit/)

State Water Board Storm Water Program:  
[http://www.waterboards.ca.gov/water\\_issues/programs/stormwater/](http://www.waterboards.ca.gov/water_issues/programs/stormwater/)

Erase the Waste Campaign – California Storm Water Toolbox:  
[http://www.waterboards.ca.gov/water\\_issues/programs/outreach/erase\\_waste/](http://www.waterboards.ca.gov/water_issues/programs/outreach/erase_waste/)

State Water Board Storm Water Grant Program:  
[http://www.waterboards.ca.gov/water\\_issues/programs/grants\\_loans/prop84/index.shtml](http://www.waterboards.ca.gov/water_issues/programs/grants_loans/prop84/index.shtml)

The San Francisco Regional Water Board storm water website:  
[http://www.waterboards.ca.gov/sanfranciscobay/water\\_issues/programs/stormwater/avail\\_docs.shtml](http://www.waterboards.ca.gov/sanfranciscobay/water_issues/programs/stormwater/avail_docs.shtml)

**California Environmental Protection Agency**

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Mr. Dee

-8-

January 14, 2010

EPA Storm Water Program:

[http://cfpub.epa.gov/npdes/home.cfm?program\\_id=6](http://cfpub.epa.gov/npdes/home.cfm?program_id=6)

Federal Funding Sources for Watershed Protection:

<http://cfpub.epa.gov/fedfund/>

California Stormwater Quality Association:

<http://www.casqa.org/>

Stormwater Manager's Resource Center:

<http://www.stormwatercenter.net/>

Post Construction BMPs:

<http://www.stormwaterauthority.org/library/library.aspx?id=190>

For more information, please contact Mona Dougherty at [mdougherty@waterboards.ca.gov](mailto:mdougherty@waterboards.ca.gov) or John Short at [jshort@waterboards.ca.gov](mailto:jshort@waterboards.ca.gov)

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*Responses to Comment A.3***Response to Comment A.3.1**

*Commenter notes that Sutter's project coordinator has met with Regional Water Board staff, and refers to mitigation measures set forth in this comment as sufficiently addressing water quality impacts. The commenter notes that a storm water treatment plan will be prepared to treat runoff from all impervious surfaces, and states that the plan will need to analyze the feasibility of capturing the volume of runoff from small storms. The commenter also states that a planting plan will be prepared for bioretention areas.*

The comment correctly notes that a stormwater treatment plan and a planting plan will be prepared. The project will be required to be in compliance with the new Santa Rosa Standard Urban Stormwater Mitigation Plan as noted in the Draft EIR on p. 3.9-11 (2<sup>nd</sup> paragraph under Impact HY-2). The project will employ capture, evapotranspiration, and water quality treatment Best Management Practices which include bioretention areas, landscape soil amendments, vegetated infiltration swales, and tree evapotranspiration to achieve this goal.

The referenced planting plan will apply SUSMP Best Management Practices to provide treatment of on-site stormwater runoff from impervious surfaces as well as volume reduction of stormwater runoff through interception, capture, and evapotranspiration of rainfall. Planting plans will be fully developed as a required part of the Stormwater Mitigation Plan submittal. Draft plans were submitted in August 2009, and these plans have been and will continue to be reviewed with Regional Water Quality Control Board staff.

**Response to Comment A.3.2**

*Commenter states project coordinators have agreed to amend soils to a greater depth in order to improve storage and to raise drains to allow a portion of volume to infiltrate below the drains while allowing for high flow bypass.*

The project will be required under the new Santa Rosa Standard Urban Stormwater Mitigation Plan to capture the difference between the runoff volume generated by the post-construction 85th percentile rainfall event and the existing condition, to the maximum extent practicable. The 85th percentile storm event for the Santa Rosa area is a rainfall event with a depth of approximately 1-inch. The project intends to comply with this requirement in part by amending or replacing on-site clay soils with soil material of a higher retention capacity under post-construction stormwater best-management practices in order to capture on-site rainfall runoff volume differences created by proposed increases in impervious surfaces

**Response to Comment A.3.3**

*Commenter notes that a General Construction Activity Storm Water Permit will be needed which requires a Storm Water Pollution Prevention Plan (SWPPP).*

A project Stormwater Pollution Prevention Plan (SWPPP) will be prepared in accordance with the State-required General Permit for the project prior to grading on the site. The SWPPP will include monitoring requirements for pre-storm, post-storm, and extended storm event

monitoring. Project Conditions of Approval will require that the applicant obtain the State permit and follow the requirements of that permit.

#### **Response to Comment A.3.4**

*Commenter notes that various surface waters are present on the project site. In accordance with the Army Corps of Engineers' prioritization of mitigation, credits will be purchased from a wetland bank where applicable. In the instance of the linear swales, the project will mitigate in-kind at a ratio of 3:1. The creation of new swales will be in addition to the creation of storm water treatment swales.*

The proposed project would result in impacts to 0.39-acre of other waters or wetlands that fall under the regulatory authority of the U.S. Army Corps of Engineers (Corps) and/or the Regional Water Quality Control Board (RWQCB). Based on the Corps-verified jurisdictional map for the project site, areas that would be impacted include 0.026-acre of a linear roadside ditch, which is under the regulatory authority of both the Corps and RWQCB pursuant to Sections 404 and 401 of the Clean Water Act, respectively. In addition, a 0.364-acre "isolated" seasonal pond/borrow pit wetland, while not under the regulatory authority of the Corps pursuant to the Clean Water Act, nonetheless would be regulated by the RWQCB pursuant to the Porter-Cologne Water Quality Control Act.

Impacts to 0.026-acre of linear roadside ditch include 0.023-acre of "other waters of the U.S./State" and 0.003-acre of seasonal wetland. Proposed wetland impacts and mitigation measures were discussed in meetings with the RWQCB on November 5 and December 14, 2009. In addition, after the receipt of the RWQCB's comments, Mr. Geoff Monk spoke with Mr. John Short of the RWQCB on January 28, 2009 to further discuss mitigation ratios allowable to the RWQCB for impacts to the roadside ditch. Per these meetings and conversations, the applicant will be required by the RWQCB to mitigate unavoidable impacts to waters of the State in kind through the construction of 0.067-acre of linear drainage ditch on the project site, which will include 0.058-acre of "other waters of the U.S./State" and 0.009-acre of seasonal "ditch" wetlands. Accordingly, impacts to waters of the U.S. and State in the linear roadside ditch would be replaced at 2.5:1 mitigation compensation ratio (for each acre of impact or fraction thereof, 2.5 times that acreage of waters of the U.S. and State would be created). As required by the RWQCB, the mitigation ditch will be constructed in the first phase of project construction. The new ditch will have an average 0.5% slope (i.e., nearly flat); thus runoff from the ditch will be sufficiently slow to provide the hydrology necessary to support seasonal wetland ditch habitat. To facilitate development of the hydrophytic plant community, a native herbaceous wetland seed mix will be applied to the bottom of the drainage.

Similarly, as discussed with the RWQCB, the applicant is required to mitigate impacts to 0.364-acre of RWQCB jurisdictional isolated wetlands at a 2:1 mitigation ratio (creation acreage to impacted acreage). To accomplish this, the applicant will purchase 0.8-acre of creation credits at a RWQCB-approved mitigation bank. Mitigation credits would be purchased prior to breaking ground on the project site.

Mitigation Measure BIO-2b: Compensatory Mitigation, on pages 3.5-14 and 3.5-15 of the DEIR has been revised as follows:

Impacts to wetlands or other waters under the regulatory authority of the Corps and RWQCB shall be compensated for at a 2.5:1 ratio (i.e., impacts to 0.026 acre of wetlands or other waters). This shall be accomplished by construction of a 0.067-acre linear drainage ditch on the project site as part of the first phase of project construction. Impacts to isolated wetlands under regulatory authority of the RWQCB (0.364 acre) shall be compensated for at a 2:1 ratio. This shall be accomplished by purchasing 0.8 acre of creation credits at a RWQCB-approved mitigation bank. Mitigation credits shall be purchased prior to breaking ground on the project site.

For those wetland areas that are impacted as part of the proposed project, appropriate permits shall be acquired from the Corps and RWQCB prior to any impacts occurring to regulated waters of the U.S. and/or State. Impacted wetland areas shall be compensated for at a 2:1 ratio (i.e., for each square foot of impact, compensation shall consist of 2 square feet of replacement/preservation compensation) via purchase of mitigation credits from a Corps and RWQCB approved wetland conservation bank. As the project will impact 0.39 acre of seasonal wetland, 0.78 acre of mitigation credits shall be purchased from a qualified wetlands conservation bank. Prior to purchasing mitigation credits from a qualified conservation bank, approval from the Corps and RWQCB shall be required. Mitigation credits shall be purchased prior to breaking ground on the project site. Copies of applicable permits from the Corps and RWQCB shall be provided to Sonoma County prior to grading, and any conditions in these permits shall become a condition of project approval. Any other conditions that are stipulated for wetland impacts by the Corps and/or RWQCB shall also become conditions of project approval. If mitigation compensation is not required by the Corps and/or RWQCB for the proposed project, then this condition of project approval shall be deemed unnecessary. In the event that mitigation credits cannot be secured from a Corps and RWQCB approved wetland conservation bank, compensation wetlands shall be created/enhanced on-site and will resemble those wetlands affected by the project (known as in-kind replacement). If wetlands cannot be created in-kind and on-site, wetland creation/enhancement shall be implemented offsite. Any wetland creation/enhancement plan shall be approved by the Corps and the RWQCB via permit issuance from these agencies for the appropriate jurisdictional features within the purview of these agencies. Mitigation requirements shall include that all impacted wetlands are replaced at a minimum 2:1 ratio (for each square foot of impact, one square foot of wetland would be enhanced/created) or as otherwise specified in permitting conditions imposed by the Corps and/or RWQCB. Thus, since 0.39 acre of seasonal wetland would be impacted, 0.78 acre of created/enhanced wetland would be required to be constructed. Implementation of this mitigation measure shall require that any site where wetlands are created/enhanced would have to be preserved in perpetuity via recordation of a perpetual restrictive deed recorded on the Title of the property. In addition, a five-year monitoring plan shall be implemented by a qualified biologist. At the end of the five-year monitoring period, the Corps and RWQCB shall render a conclusion that the created/enhanced wetlands are successful.

### Response to Comment A.3.5

*Commenter notes that the Airport-Larkfield-Wikiup Sanitation Zone (Airport Sanitation Zone) wastewater treatment facility is already operating at capacity.*

Comment noted. Although the Airport-Larkfield-Wikiup Sanitation Zone (ALW) Wastewater Treatment Plant (Plant) has, in years past, operated at nearly its current rated capacity, recent trends in water conservation have reduced average dry weather flows to well below its current rated capacity. Further, as described in response to Comment A.3.6 below, an offset program required by Mitigation Measure UT-4c will ensure that the proposed project will not increase wastewater treatment demand on the ALW Plant above pre-project conditions.

### Response to Comment A.3.6

*The commenter expressed several concerns regarding the “Zero Footprint Offset Credits” (ZFOC) plan.*

The Offset Program described in the DEIR and Appendix L of the DEIR will be administered through the High Efficiency Direct Installation Program (HEDIP) that was approved by the SCWA Board of Directors on August 18, 2009. As of April 21, 2010, the program has replaced 842 toilets in the ALW service area. (See Attachment B-1: 4/21/10 memo from David Long, Brelje & Race Engineers to Nadin Sponamore, attached to Master Response B: Wastewater Offset Program.) SCWA estimates that each toilet replacement reduces wastewater generation by an average of 22.7 gallons per day (gpd). Replacement toilets are the newest generation available (1.1 gallons per flush) and incorporate proven technologies that do not require the “flush twice” tendencies of older models. In 2004 members of the plumbing industry and water utilities combined several previous low-flow toilet performance standards to create the Uniform North American Requirements (UNAR) for Toilet Fixtures. This solved the problem of many manufacturers claiming to achieve a somewhat arbitrary level of flushing performance by conforming to only one of many different testing criteria. In 2007 the EPA created the WaterSense program by adopting the UNAR framework while making several significant efficiency and performance criteria changes in an effort to combat the poor performance and user dissatisfaction (“flush twice” being a common one) with many of the earlier (1990’s) 1.6 gallons per flush (GPF) Ultra Low Flush toilets. The new WaterSense performance standards require efficiencies that do not exceed 1.28 gpf for single flush toilets and for 1.6/1.1 gpf for dual flush toilets, and require solid waste removal rate of 350 grams per flush. Approximately 80% of the 122 toilets on the SCWA High Efficiency Fixture Direct Install Program’s List of Qualifying Toilet Models have been approved by the WaterSense program. The remaining 20% all meet or exceed WaterSense standards through other testing programs but have not yet received WaterSense certification.

Replacement of 842 toilets translates to approximately a 19,100 gpd reduction in wastewater being achieved during the first eight months of the program. This reduction is well in excess of that required to allow connection of the Wells Fargo Center for the Arts (WFC) to ALW – the first step in beginning construction of the project – and represents approximately 88 percent of the offsets that would be required for the first two phases of the project to be connected to ALW. The combination of predominantly older construction in the service area, substantial number of toilets that can still be replaced, no-cost-to-the-owner replacement terms of the HEDIP and current rate of toilet replacements is strong indication that the necessary offsets are achievable. The progress of the program towards the offset goal will be periodically monitored as required elsewhere in the DEIR. Should the pace of the program fall below expectations, steps such as a more aggressive advertising campaign will be undertaken.

See also Master Response B: Wastewater Offset Program.

### **Response to Comment A.3.7**

*Commenter states that it is imperative that the flow reductions from the ZFOC more than offset the anticipated flows from the proposed project.*

As described in response to Comment A.3.6 above, the Offset Program will relieve the intermittent operational difficulties currently being experienced at the wastewater treatment plant during the winter months. The requirement to fully offset the flows from the project will be met,

ensuring that there will be no significant impact to the wastewater treatment plant from the project, and therefore no need for additional mitigation by the project.

### **Response to Comment A.3.8**

*Commenter suggests the DEIR should evaluate the potential impacts of total dissolved solids, fluoride, metals (e.g., barium, lead, silver), and pharmaceuticals and demonstrate that the wastewater from the proposed project does not contain (1) conventional pollutants at levels that exceed plant design; and (2) non-conventional pollutants, including toxic pollutants, at levels that could cause exceedance of water quality objectives and identify mitigation measures to ensure compliance.*

These topics are addressed in Sections 3.8 (pp 3.8-6) and 3.16 of the DEIR. Conventional pollutant levels are discussed beginning on page 3.16-14 of the DEIR and in Appendix L. Regulatory requirements discussed in both sections would prevent non-conventional pollutants from having a significant impact on water quality objectives. The existing hospital, as is the case with all hospitals, is required to test their wastewater for the presence of toxics and pharmaceuticals. Additionally, with the construction of a modern hospital, both toxics and pharmaceuticals will be intercepted. To the extent the comment addresses pharmaceuticals in wastewater that is generated by patients, that is an existing condition that is not created by the construction of a new hospital. Water quality concerns relating to pharmaceuticals (among many other pollutants) are noted in the Sonoma County General Plan (p. WR-9), which specifies as a mitigation plan policy for such impacts compliance with pretreatment requirements for industrial discharges (p. WR-12). As noted in the DEIR at page 3.16-14, wastewater from the hospital will be regulated and monitored by the Sonoma County Water Agency in accordance with conditions established by the Industrial Wastewater Discharge Permit, and SCWA regulations applicable to the hospital require pretreatment measures. Wastewater from Sutter's existing facilities is subject to the same type of conditions and monitoring. The construction of a new hospital facilitates more effective and improved monitoring and compliance given that a new wastewater disposal system is constructed. See also response to Comment A.3.9 below.

### **Response to Comment A.3.9**

*Commenter requests that the DEIR identify specific internal protocols that will be implemented to ensure that pharmaceuticals and other hazardous substances are not discharged to the sewer or solid waste stream.*

These topics are addressed in Section 3.8 of the DEIR. Additionally, the existing hospital periodically takes water samples from its wastewater and reports the results to the City of Santa Rosa. To date, no issues related to toxics have been identified. This periodic testing is required of all hospitals. The commenter's suggestions are all included in standard hospital protocols or by other oversight-required protocols.

### **Response to Comment A.3.10**

*The commenter notes that the DEIR should identify the quality of the water that may be discharged to the sanitary sewer from the water treatment plant (backwash) and HVAC system.*

Wastes from water treatment backwash water, from the HVAC systems and from other waste streams at the hospital will be subject to the review and permitting process that occurs for all commercial and industrial sewer service applicants in Sonoma County. A “Survey for Industrial User Requirements” must be completed and submitted to County PRMD along with the application for sewer service. The Survey will then be evaluated by Environmental Compliance Inspectors at the Sonoma County Water Agency (the entity which is responsible for the operation of the Airport-Larkfield-Wikiup Sanitation Zone wastewater treatment plant), who will subsequently make recommendations regarding disposal or pretreatment options that may be required to be implemented prior to being allowed to connect to the sewer system. There are no wastewater constituents anticipated that would require non-standard pretreatment, handling or disposal methods.

For further information on anticipated wastes generated by the project, refer to DEIR Section 3.8.

### **Response to Comment A.3.11**

*Regarding wastewater generation and quality assumptions used in the DEIR, the commenter requests that the 80 percent average day occupancy factor for the hospital be justified.*

The average occupancy factor was determined by examining the occupancy levels experienced by the existing Sutter Hospital on Chanate Road. The hospital occasionally reaches 100% occupancy during the winter influenza season.

Peak occupancy at the hospital will not significantly impact the wastewater treatment plant as the plant has the ability to accommodate minor short-term inflow fluctuations. Regardless of the amount of wastewater estimated to be generated by the proposed project in the DEIR, as stated on page 3.16-15 of the DEIR Sutter plans to take a multi-prong approach to water conservation with the expectation of realizing a “zero footprint” for the project in terms of wastewater treatment needs. This will be achieved in part by project design and by implementing Mitigation Measures UT-4a through UT 4c and verified through the Mitigation Monitoring Program conducted for the project.

### **Response to Comment A.3.12**

*Commenter states that the medical building occupancy rate of 2.5 persons per 1,000 square feet per day seems low.*

A typical physician’s office suite in a medical office building occupies about 2,000 square feet. Including the physician, each office typically employs 4.5 full-time equivalent staff, which translates to 2.25 persons per 1,000 square feet. This figure was increased to 2.5 persons per 1,000 square feet to remain conservative in the assumption that the wastewater generation rate used in the analysis accounted for minor amounts generated by short duration visitors. The typical physician’s office suite numbers are taken from an article published by a firm that specializes in medical office building planning and development (<http://www.naiop.org/developmentmag/specialsections/200501indexb.cfm>).

**Response to Comment A.3.13**

*Commenter questions the assumption of five day use of medical building stating many medical buildings are open on weekends for some level of use.*

Significant occupancy of medical office buildings on weekends is rare. For the purpose of establishing average WWTF loading contribution, assuming that the building will be 100% occupied for 5 days of the week and unoccupied for the 2 weekend days is reasonable. Medical office buildings are highly specialized and these numbers have been corroborated with Sutter's experience at other campuses, where the physician mix is such that weekend visits are not common practice. It should also be noted that the medical office building would be the smallest contributor to wastewater flows of the project as a whole (see Table 3.16-2 on p. 3.16-9 of the DEIR). Therefore, the small contribution by a few users over the occasional weekend will add an immeasurable increase in wastewater flows.

**Response to Comment A.3.14**

*Commenter questions basing flow calculations on flow ratings for the low flow fixtures and inquires if the calculations have a factor to account for the fact that people often flush twice when low flow toilets aren't working efficiently.*

Refer to the response to Comment A.3.6 above for a detailed discussion of the low flow toilets.

**Response to Comment A.3.15**

*Commenter questions if the projected flow reductions for the Wells Fargo Center are realistic.*

Water use data used in the evaluation was the most recent available when preparation began on the Water and Wastewater Services Report contained in Appendix L of the DEIR. The data is from water meter records and includes all domestic water uses at the Wells Fargo Center (WFC), which in turn represent wastewater generation. The projections are realistic having been based on the water meter records and an examination of the existing plumbing fixtures to determine opportunities for retrofit with water conserving fixtures. We are not aware of any significant change to the use patterns at the WFC since October 2008.

**Response to Comment A.3.16**

*Commenter questions the use of a 1.25 multiplication factor to estimate potential BOD and total suspended solids concentration increases due to the use of water conservation measures in the new facilities.*

This factor is based on the premise that 50% of wastewater that will be generated in the proposed project hospitals will be attributed to fixtures that use 40% less water than similar fixtures in the current Chanate Road hospital while other water uses will be unchanged. Table 6 in Appendix L of the DEIR shows that about 50% of the wastewater projected to be generated by the hospital facilities will be from fixtures that can most readily be more water efficient (use 40% less water) than those in the existing Chanate Road hospital. The data on BOD and TSS is from the existing Chanate campus wastewater test results. Application of the calculations is supported by footnote 2 to Table 2 in Appendix L. This note shows that use of the 1.25 factor results in concentrations that are higher (i.e., more conservative) than the SCWA sewer ESD billing unit basis established

by County ordinance (that will be used to calculate sewer connection and use fees for the project). This is a conservative and reasonable assumption and there are no more certain methods of assigning a factor to the analysis.

**Response to Comment A.3.17**

*Commenter notes that page 3.16-12 of the DEIR identifies the fact that local collector sewers in the upstream end of the collection system may be impacted by additional flows, but it appears that this analysis is not complete.*

As stated on page 3.16-15 of the DEIR, Sutter plans to take a multi-prong approach to water conservation with the expectation of realizing a “zero footprint” for the project in terms of wastewater treatment needs. This will be achieved in part by project design and by implementing Mitigation Measures UT-4a through UT 4c, including the offset program (SCWA’s High Efficiency Fixture Direct Installation Program). This offset program is currently under way and has shown positive results, having already achieved wastewater reduction exceeding 19,000 gallons per day (see Memo from Brelje & Race Engineers, April 21, 2010). Thus overall flow will not be increased.

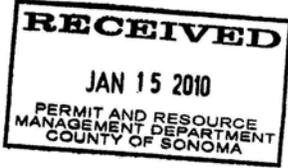
With respect to local flow, Sutter has initiated the process of hydraulic modeling and consultation with SCWA to carry out Mitigation Measure UT-4e. To the extent installation of any new local connection facilities is required, the water quality impacts of constructing any new sewer facilities were included in the analysis of Impact UT-5 regarding new construction. That analysis concluded that compliance with regulations, including those requirements set forth in Mitigation Measure HY-1, would avoid significant impacts.

**Response to Comment A.3.18**

*Commenter notes that the DEIR should identify a plan to dispose of the water generated during the construction and development of the two domestic water wells proposed onsite.*

One of the proposed wells was constructed, developed, and tested in August through October of 2009. During the development and pump testing of this well water was discharged to the existing grass covered field at the Sutter Property located north of the water well. The second well is not scheduled for construction for at least a year. It is anticipated that during the development and testing of the second well that the water produced can be discharged to land and not to surface waters or storm drains in a way similar to that used for the first well. However, if site conditions change due to construction activities and discharge to land is not an option, the applicant must apply for any necessary permits for discharge through the County and the Regional Water Quality Control Board.

## A.4 California Department of Transportation, Division of Aeronautics, Sandy Hesnard

<p>STATE OF CALIFORNIA—BUSINESS, TRANSPORTATION AND HOUSING AGENCY</p> <p><b>DEPARTMENT OF TRANSPORTATION</b>          DIVISION OF AERONAUTICS – M.S.#40          1120 N STREET          P. O. BOX 942874          SACRAMENTO, CA 94274-0001          PHONE (916) 654-4959          FAX (916) 653-9531          TTY 711</p>	<p>ARNOLD SCHWARZENEGGER, Governor</p>  <p><i>Flex your power! Be energy efficient!</i></p>
	
	<p><b>A.4</b></p>

December 29, 2009

Mr. Steve Dee  
County of Sonoma  
2550 Ventura Avenue  
Santa Rosa, CA 95403

Dear Mr. Dee:

Re: Sonoma County's Draft Environmental Impact Report for the Sutter Medical Center of Santa Rosa/Luther Burbank Memorial Foundation Joint Master Plan (Heliport); SCH# 2008022012

The California Department of Transportation (Caltrans), Division of Aeronautics (Division), reviewed the above-referenced document with respect to airport-related noise and safety impacts and regional aviation land use planning issues pursuant to the California Environmental Quality Act (CEQA). The Division has technical expertise in the areas of airport operations safety and airport land use compatibility. We are a funding agency for airport projects and we have permit authority for public-use and special-use airports and heliports.

The proposal is for the replacement of the existing Sutter Medical Center hospital currently located on Chanate Road in Santa Rosa. The new hospital will be located at 50 Mark West Springs Road, immediately east of Highway 101. The new hospital will include a heliport on the west side of the property.

The Division is working with the applicant's consultant regarding the need for a new State heliport permit. The required items include approval of the heliport plan of construction by the Sonoma County Board of Supervisors in accordance with California Public Utilities Code (PUC) Section 21661.5. The Division's Aviation Safety Officer for Sonoma County, Mike Smith, at (916) 654-4380, can provide assistance with the State permit requirements. Information regarding the State heliport permit process is also available on-line at <http://www.dot.ca.gov/hq/planning/aeronaut/heliportpermit.html>.

Prior to issuing a State heliport permit, the Division must be assured that the proposal is in full compliance with CEQA. The issues of primary concern, heliport-related noise and safety impacts on the surrounding community, appear to be adequately addressed. We concur with the heliport-related mitigation measures HAZ-5, NOI-5, and NOI-6 discussed in the Draft Environmental Impact Report (EIR). We also need copies of the Final EIR and the Notice of Determination when the project has been approved.

We understand that the Sonoma County Airport Land Use Commission (ALUC) will be considering the proposal at their January 11, 2010 meeting. Before the Division can issue the State heliport permit, we require written verification from the ALUC.

*"Caltrans improves mobility across California"*

Mr. Steve Dee  
December 29, 2009  
Page 2

A.4.1

The Federal Aviation Administration (FAA) will require the filing of a Notice of Landing Area Proposal (Form 7480-1). A copy of the form is available on the FAA website at <http://forms.faa.gov/forms/faa7480-1.pdf>.

Section 21659 of the PUC prohibits structural hazards near airports and heliports. Structures should not be at a height that will result in penetration of the imaginary surfaces. If the heliport is planned for operation prior to completion of the later phases of construction activities, impacts to the heliport imaginary surfaces from temporary construction-related impacts, e.g. construction cranes, etc. should be identified. FAA Advisory Circular 150/5370-2E "Operational Safety on Airports during Construction," available at <http://faa.gov>, can be incorporated into the project design in order to identify any permanent or temporary construction-related impacts or hazards. The FAA may also require the filing of a Notice of Proposed Construction or Alteration (Form 7460-1) for certain project-specific activities in accordance with Federal Aviation Regulations Part 77 "Objects Affecting Navigable Airspace." Form 7460-1 is available at <https://oeaaa.faa.gov/oeaaa/external/portal.jsp>.

These comments reflect the areas of concern to the Division of Aeronautics with respect to airport-related noise, safety, and regional land use planning issues. We advise you to contact our District 4 office concerning surface transportation issues.

Thank you for the opportunity to review and comment on this proposal. If you have any questions, please call me at (916) 654-5314 or by email at [sandy.hesnard@dot.ca.gov](mailto:sandy.hesnard@dot.ca.gov).

Sincerely,



SANDY HESNARD  
Aviation Environmental Specialist

c: State Clearinghouse, Sonoma County ALUC

*"Caltrans improves mobility across California"*

*Responses to Comment A.4***Response to Comment A.4.1**

*Commenter states that it concurs with the helistop-related mitigation measures in the DEIR, HAZ-5, NOI-5, and NOI-6, and notes additional actions required by other agencies (ALUC, FAA).*

Comment noted. See response to Comment A.2.1 regarding the ALUC's 1/25/10 determination that the project would be consistent with the ALUC's adopted compatibility criteria and policies. Subsequent to commenter's letter, it was determined by the commenter that the hazards lighting on the PG&E poles is not necessary. See Comment Letter A.8.

## A.5 County of Sonoma Permit and Resource Management Department, Reg Cullen

A.5



**COUNTY OF SONOMA**  
**PERMIT AND RESOURCE MANAGEMENT DEPARTMENT**  
 2550 Ventura Avenue, Santa Rosa, CA 95403  
 Phone: (707) 565-1900 Fax: (707) 565-1399

To: Steve Dee/Ken Ellison, PRMD Date: 14 Jan 2010

From: Reg Cullen, PRMD

Subject: **Sutter Hospital DEIR, drainage review at 50 Mark West Springs Road**

Upon reviewing the draft environmental impact report (DEIR) by URS dated Nov 2009 I have the following comments about mitigations for environmental impacts:

A.5.1 **HY-1: temporary water quality effects.** This project will import approx. 100,000-CY of fill (pg. 2-15) as surcharge prior to actual grading. The depth of fill will be approx. 12.5-ft (pg. 3.9-10). This material must be adequately contained by storm water best-management practices (BMPs) during construction. Please clarify that one of the project goals is not to have any sediment leave the project site nor cross property lines.

A.5.2 **HY-2: permanent water quality effects.** This project will alter the landscape of this 53-AC site by converting pasture land into 18-AC of impervious surface for a hospital, other buildings, parking, etc. (pg. 3.9-11). Both the post-development water quality and water quantity must be addressed through post-construction BMPs such as those describes in the County SUSMP Guidelines and incorporate LID BMPs into the overall design to protect water quality and minimize storm water runoff from the site.

A.5.3 Please add a statement added to the last bullet on pg. 3.9-12 stating something like: "Approval shall be received from SCWA's Airport/Larkfield/Wikiup Sanitation Zone before any connection is made from dumpster and food waste areas to the sanitary system."

A.5.4 There is need to be consistent about the storm return interval to which post-development peak discharges would not exceed pre-development peak discharges from the project site. Pg. 3.9-12 states peak discharges will not be exceeded for the 2-yr event (which is true) while the mitigation measure on pg. S-21 for HY-5 states flows will not be exceeded for the 10-yr event. Please clarify the design storm is the 10-yr event at which peak flows leaving the site shall not be exceeded.

A.5.5 **HY-3: permanent effects on groundwater supplies.** This section the confuses the SUSMP (2005) requirements (that there be no increase in runoff from the 2-yr 24-hr storm) to the interim hydromodification control requirements in the new storm water permit to "ensure that pre-construction storm water runoff volume is the same as the post-construction storm water runoff volume for flows up to the 85<sup>th</sup> percentile 24-hour storm and larger storms where adverse impacts to receiving waters are possible" (adopted by the state as Order NO R1-2009-0050, pgs. 44 and 45). This should be clarified in the Final EIR.

A.5.6 It would be valuable to quantify the loss of recharge to groundwater from paving 18-AC in a "recharge area" but not with high infiltration rates; and compare that result to the offset in recharge from the detention basins and other BMPs that will be installed as part of the project.

Sutter DEIR comments to KE SDec 14 Jan 2010 RC.doc 1

A.5.6 Figure 3.9-10 shows a groundwater cone of depression down to less than 60-ft around a well with text too small for me to identify (Larkfield 3A?). It looks to me like this well has depressed the groundwater table greater than 60-ft (from 120-ft to less than 60-ft). It was uncertain if the magnitude of pumping at this existing cone of depression was adequately discussed in the DEIR with respect to the magnitude of any groundwater pumping from the Sutter site. I have not been able to read in detail the greater than 1,000 pages in the technical appendices on groundwater.

A.5.7 **HY-4: permanent alteration of drainage patterns and potential increase in siltation or erosion.** Properly sized and designed detention basins can prevent increases in peak runoff for the 2-year storm (pg. S-21) when compared to the pre-peak runoff from the site. This project is subject to the County SUSMP Guidelines that requires the post-construction peak-runoff be less than or equal to the pre-construction peak runoff for the 2-yr 24-hr storm event and eventually the interim hydrograph modification requirements from the storm water permit issued by the state that a project "ensure that pre-construction storm water runoff volume is the same as the post-construction storm water runoff volume for flows up to the 85<sup>th</sup> percentile 24-hour storm and larger storms where adverse impacts to receiving waters are possible" (adopted by the state as Order NO R1-2009-0050, pgs. 44 and 45). Please clarify that silt fences or sediment control basins are appropriate BMPs during construction (pg. S-21 and 3.9-43) but should not be considered as post-construction BMPs.

A.5.8 Please clarify if the text needs to be reconciled on pg. 3.9-43 where the alteration of drainage is listed as potentially significant yet text in the discussion states alterations to the existing drainage patterns are "minor" with respect to causing substantial erosion or siltation.

A.5.9 Again, there is reference to limiting the peak discharge from the 2-year event. This should be reconciled with earlier mention of limiting the peak discharge from the 10-yr event (pg. S-21).

A.5.10 **HY-5: permanent alteration of drainage patterns and potential increase in flooding.** Tributary Area A will be reduced in size such that the "the peak 10-year storm water runoff will approximate existing pre-construction conditions" (pg 3.9-44). Tributary Area B will have outlet structures installed in the detention basins to "limit discharge to pre-construction conditions during the 10-year storm event." No changes are proposed for Tributary Area C. The drainage area for Trib. Area D shall be reduced such that peak 10-year storm water runoff will "approximate" existing pre-construction conditions and have "minor increases" (pg. 3.9-45) It would be valuable to quantify those minor increases in peak runoff. However, following paragraphs in the DEIR describe the storm water BMPs installed as part of the project design will "limit post-project runoff to pre-project levels for the 10-year, 24-hour rainfall event to avoid significantly contributing to flooding off-site."

A.5.11 Please clarify that the design engineers and authors of the DEIR are trying to have the 10-yr post-construction peak flow at or below the pre-construction 10-yr peak flow. This is made clear in the mitigation for HY-5: "The proposed project shall modify drainage patterns or detention of runoff such that post-development peak flows in a 10-year storm will not exceed the pre-development 10-year peak flows at the point where runoff leaves the project site" (pg. 3.9-45). This concept and the wording in the Final EIR should be consistent throughout the document.

A.5.12 **HY-6: cumulative impacts to hydrology and water quality.** This project will import approx. 100,000-CY of fill to a depth of approx. 12.5-ft as building pad and surcharge as part of

A.5.12 construction; and BMPs are necessary to prevent impacts to water quality during construction. Also, post-construction BMPs are required to protect post-construction impacts to both water quality and water quantity.

**Other comments from review of Section 3.9: Hydrology and Water Quality from the DEIR**

A.5.13 1. The DEIR references a January 2009 document entitled "Preliminary Stormwater Mitigation Plan and Preliminary Hydrology and Storm Water Plan" (Brelje & Race 2009). The final EIR should globally reference the latest SUSMP and hydrology analysis which is currently entitled "Preliminary Stormwater Mitigation Plan and Preliminary Hydrology and Storm Water Detention Plan" (Brelje & Race, 11 Jan 2010); or the most recent version of that document.

A.5.14 2. The DEIR states annual precipitation ranges from 30 to "about 40 inches in the north." However, the SCWA precipitation map (plate No. B-3) shows a high of 80-inches per year in the Cazadero area. Mean seasonal precipitation from that SCWA maps indicates about 40-inches per year in the project area.

A.5.15 3. Figure 3.9-2 shows existing site drainage. This text is small and hard to read. Please make larger the outlet diameters of the five culverts. Also, remove an arrowhead that obliterates the diameter of the southern-most culvert.

A.5.16 4. The state General Construction Permit (GCP) is incorrectly included in Sec. 3.9.2.3 on the "Local" regulatory setting and should be included in the "State" Sec. 3.9.22. Suggest simply moving the first two paragraphs of the local section into the state section.

**Comments on the SUSMP, hydrology, and storm water detention plan:**

A.5.17 From personal communication with Brelje & Race engineer John Thompson the state has met twice to discuss post-construction storm water BMPs for the project. Some of the changes from the document referenced in the DEIR are to get the BMPs into compliance with the new storm water permit (MS4 permit). In particular, the preliminary plan now calls for more non-structural BMPs leading to more vegetated swales and bioretention units.

A. A. The worksheet indicates wetland areas will be reduced from 0.45-AC to 0.06-AC. Please clarify what the mitigation measures are for the reduction in wetlands.

A.5.18 B. Section 2 describes limiting peak discharge for the 2-yr event. This should be reconciled with the URS Final EIR and my comments that there be consistency to HY-5 that calls for a pre- and post- peak discharge analysis for the 10-yr event.

A.5.19 C. Section 3 refers to limiting the 2-yr event. Same comment as B above.

A.5.20 D. Post-construction hydrology for the 2-year event. The pre-construction peak discharge for Trib. Area A is 5.0-cfs and the post-construction discharge is 4.9-cfs. The respective discharge from the ponds for Trib. Area B is 13.1-cfs pre- and 10.7-cfs post-construction. It is estimated the respective discharge for Trib. Area D is 6.5-cfs pre- and less than that for post-construction. No development is proposed for Trib. Area C. These pre- and post-construction discharges abide by the SUSMP requirements but do not reconcile with limiting the 10-year pre- and post-construction peak discharge.

A.5.21 E. Source control measures (pg. 12). All connections to the sanitary sewer for trash enclosures, recycling areas, and all other waste areas must have the approval of the SCWA's Airport/Larkfield/Wikiup Sanitation Zone.

A.5.22 F. Runoff Volume Retention (pg. 13). Seem like this section should be referencing tables or calculations; and the Final EIR should do so.

**Technical Appendices H: Hydrology, water quality, and technical reports**

Over 1,000-pages of this appendix deal mostly with groundwater quality and not substantially reviewed by me. Subappendix H3 does deal with surface water hydrology but that report by Brejle and Race was superseded by the updated report dated 11 Jan 2010. Therefore, I did not review the hydrology report in H3 dated 22 October 2009.

Should you have any questions or comments, please contact me by phone at 707/565-2502.

*Responses to Comment A.5*

Before responding to the individual comments some general discussion of the issues raised by this commenter are warranted. The commenter refers to several of the hydrology related

mitigation measures. The project is required to comply with local and state regulations that pertain to runoff from the site, whether or not these regulations are referred to in the mitigation measures. Three related regulations that are referred to in the mitigation measures are described below. The requirements in the SUSMP and Regional Water Quality Control Board order are similar in regard to hydromodification.

1. *Guidelines for the Standard Urban Storm Water Mitigation Plan (SUSMP), Storm Water Best Management Practices for New Development and Redevelopment* (EOA and BKF, Engineers, 2005). This regulation is primarily concerned with minimizing impacts to water quality of new development. It requires that a Storm Water Mitigation Plan be prepared and submitted with the building permit application. One aspect of the plan is to develop mitigation measures that limit the 2-year 24-hour storm runoff volume and velocities post project to pre-project values. This is considered the channel forming flow for purposes of planning for low impact development. It also requires that water quality BMPs be designed to treat all runoff volume from all the small storm events. For flow based BMPs, such as vegetated swales, the BMPs will be designed for the 85<sup>th</sup> percentile 1-hour rainfall. For volume based BMPs, such as detention basins, there are three choices for determining the design volume:
  - using the historic rainfall record (0.92 inches in Santa Rosa) to determine the 85<sup>th</sup> percentile 24-hour storm event;
  - using the formula recommended in *Urban Runoff Quality Management, WEF Manual of Practice No. 23/ASCE Manual of Practice No. 87, pp. 170-178 (1998)* to determine the 85<sup>th</sup> percentile 24-hour storm event;
  - using the method recommended in *California Storm Water Best Management Practices Handbook – Industrial/Commercial (1993)* to determine the water quality volume to treat 80 percent or more of the runoff volume.

These guidelines will be followed in the design of storm water BMPs.

2. The Regional Water Quality Control Board Order No. R1-2009-0050 (Order), Storm Water and Non-Storm Water Discharges from Municipal Separate Storm Sewer Systems. This order puts in place regulations related to hydromodification. Many of the requirements are similar to requirements already in the SUSMP. However, implementation of the requirements may result in an update of the existing SUSMP to bring it into compliance with the Order. The Order requires the County to develop a Hydromodification Control Plan by July 2010. In the meantime interim controls are specified in the Order. These interim controls include: BMPs shall be sized so that the 2-year 24-hour storm event post-construction peak discharge, peak velocity, and peak duration at or below those respective pre-construction levels; the permittee shall also ensure that pre-construction storm water runoff volume is the same as the post-construction storm water runoff volume for flows up to the 85<sup>th</sup> percentile 24-hour storm and larger storms where adverse impacts to receiving waters are possible. A new paragraph has been added to Section 3.9.2.2 of the DEIR on page 3.9-7 as follows:

In October 2009 the California Regional Water Quality Control Board, North Coast Region issued Waste Discharge Requirements for the City of Santa Rosa, the County of Sonoma, and the

Sonoma County Water Agency for Storm Water and Non-Storm Water Discharges from Municipal Separate Storm Sewer Systems (Order No. R1-2009-0050). The Order requires that the permitted agencies prepare a new development integrated water quality and water resource plan which includes a Low Impact Development (LID) manual, post-construction treatment BMP choice criteria, and a hydromodification control and mitigation plan. The integrated water quality/resource plan shall be included in an updated Standard Urban Storm Water Mitigation Plan (SUSMP) manual. Until a hydromodification control plan is prepared for new development, interim controls shall apply. These interim controls include a requirement that BMPs be sized for the 2-year 24-hour storm event that keeps post-construction peak discharge, peak velocity, and peak duration at or below those respective pre-construction levels. The permitted agencies shall also ensure that pre-construction storm water runoff volume is the same as the post-construction storm water runoff volume for flows up to the 85<sup>th</sup> percentile 24-hour storm and larger storms where adverse impacts to receiving waters are possible.

3. The Sonoma County Flood Control Design Criteria (SCWA, 1983) require that minor waterways (drainage areas of one square mile or less) be designed for a 10-year storm event. Under the Design Criteria, the drainages constructed for the project could be designed for the post-construction 10-year event. Mitigation Measure HY-5 requires that the 10-year peak flows from the site be equal to the pre-construction 10-year peak flows to minimize impacts to downstream flooding. This requirement will be met in addition to the requirements in numbers 1 and 2 above. For example, both the 2-year and 10-year peak flows from the site will be controlled to pre-construction levels.

#### **Response to Comment A.5.1**

*The commenter requests clarification that one of the project goals is not to have any sediment associated with the imported fill leave the project site nor cross property lines.*

The project is required to comply with NPDES General Construction Permit and the County Grading Ordinance (please refer to the first paragraph of the DEIR on the top of page 3.9-11) Both of these require that a Storm Water Pollution Prevention Plan (SWPPP), which has the goal of preventing sediment discharge from the site, be prepared before grading operations can commence. As part of the SWPPP, an erosion and sediment control plan will be developed then implemented with County approval.

#### **Response to Comment A.5.2**

*Commenter notes that the post-construction water quality and water quantity must be addressed through post-construction BMPs such as those described in the County SUSMP Guidelines, and that Low Impact Development BMPs should be incorporated into the overall design to protect water quality and minimize storm water runoff from the site.*

As stated in the introduction to these responses, the project must comply with requirements contained in the County SUSMP and Regional Water Quality Control Board (RWQCB) Order R1-2009-0050 whether or not they are expressly mentioned in the mitigation measures. In response to these requirements the project will implement water quality Best Management Practices which include bioretention areas, landscape soil amendments, vegetated infiltration swales, and tree plantings. Implementation of these BMPs is designed to satisfy the requirements of the SUSMP and RWQCB order.

**Response to Comment A.5.3**

*Commenter requests adding the following text to the last bullet on DEIR page 3.9-12: “Approval shall be received from SCWA’s Airport/Larkfield/Wikiup Sanitation Zone before any connection is made from dumpster and food waste areas to the sanitary system.”*

In accordance with this comment the last sentence on the bottom of DEIR page 3.9-11 and the bulleted text at the top of DEIR page 3.9-12 are hereby modified as follows:

Pollution prevention measures will include, but not be limited to:

- Vegetated swales;
- Bioretention facilities;
- Roof drain downspout filters;
- Subsurface treatment structures;
- Storm drain stenciling;
- Irrigation systems designed to minimize overspray;
- Landscaping using plants with minimal water requirements;
- Designing and maintaining landscaping to prevent runoff from contacting bare earth;
- Covered trash areas; and
- Connecting drains in trash areas to the sanitary sewers, and in the case where food waste is present, having regularly maintained grease interceptors. Approval shall be received from SCWA’s Airport/Larkfield/Wikiup Sanitation Zone before any connection is made from dumpster and food waste areas to the sanitary system.

**Response to Comment A.5.4**

*Commenter notes the need to be consistent about the storm return interval to which post-construction peak discharges would not exceed pre-construction peak discharges from the project site. The commenter requests clarification that the design storm is the 10-year event at which peak flows leaving the site shall not be exceeded.*

Impact HY-5: Permanent Alteration of Drainage Patterns and Potential Increase in Flooding (DEIR pp. S-21, 3.9-44, and 3.9-45) refers to reduction of the 10-year storm event peak discharge to pre-construction levels for flood control purposes, as required by the County Permit and Resource Management Department Drainage Review during early review of the project. Impact HY-2: Permanent Water Quality Effects (DEIR p. 3.9-11) refers to compliance with the Standard Urban Storm Water Mitigation Plan (SUSMP) requirements to reduce peak discharge rate for the 2-year storm event. These are two separate sets of criteria not related to each other. Both the peak flow for the 2-year and 10-year storm events will be reduced to pre-construction levels.

**Response to Comment A.5.5**

*Commenter states that there is confusion in the DEIR discussion under Impact HY-3: Permanent Effects on Groundwater Supplies between the SUSMP (2005) requirements and the interim*

*hydromodification control requirements in the new storm water permit (Order No. R1-2009-0050).*

The text referred to by the commenter in the DEIR should have referenced the new RWQQCB Waste Discharge Requirements. The second paragraph on page 3.9-15 of the DEIR has been revised to read:

The proposed project will be required under the new ~~Santa Rosa Standard Urban Stormwater Management Plan (SUSMP)~~ Regional Water Quality Control Board Waste Discharge Requirements (Order No. R1-2009-0050) to capture the difference in runoff between the runoff volume generated by the post-construction 85th percentile rainfall event and the pre-project condition, to the maximum extent practicable. The 85th percentile storm event for the Santa Rosa area is a rainfall event with a depth of approximately 1 inch. Best Management Practices (BMPs), which may include cisterns, landscape soil amendments, and vegetated infiltration swales, will be used to achieve this goal. In addition, the project includes detention basins (see **Figure 3.9-3**) that would help infiltrate storm water.

### **Response to Comment A.5.6**

*Commenter requests quantification of the loss of recharge to groundwater from paving 18 acres and comparing that result to the offset in recharge from the detention basins and other BMPs that will be installed as part of the project. Additionally, commenter has concerns about a well that has depressed the groundwater table greater than 60 feet.*

Because of the predominantly clay soils on the project site, it is expected that during large storm events the majority of rainfall is transformed into runoff, so the difference in runoff from paved and unpaved areas will be small. The majority of recharge likely occurs during smaller storms. The project will attempt to mimic pre-construction groundwater recharge conditions to the maximum extent practicable with the use of capture and infiltrate hydromodification BMP's. These BMPs are intended to infiltrate rainwater during smaller storm events such that the recharge to groundwater is equal to pre-construction recharge. As part of the proposed project on-site clay soils will be amended or replaced with soil material of a higher retention capacity under post-construction stormwater best-management practices in order to capture on-site rainfall runoff volume differences created by proposed increases in impervious surfaces.

Four water supply wells owned and operated by Cal-American Water Company are located in the cone of depression shown on Figure 3.9-10 in the DEIR. Well Larkfield 3A is the one closest to the middle of the cone of depression. The groundwater study prepared by ENGEO (November 2009) and included as Appendix H-2 to the EIR discusses groundwater usage and pumping in the study area including the contribution by Sutter. As discussed in the groundwater study and the DEIR, the decreased groundwater levels indicate that a pumping depression has developed in this area; however it should be noted that review of available groundwater pumping data and hydrographs suggests that this pumping depression is relatively stable.

### **Response to Comment A.5.7**

*Commenter requests clarification that silt fences or sediment control basins are appropriate BMPs during construction (DEIR pp. S-21 and 3.9-43) but should not be considered as post-construction BMPs.*

Impact HY-4 discussed on page 3.9-43 of the DEIR refers to Permanent Alteration of Drainage Patterns. The second bullet under Mitigation Measure HY-4 mistakenly listed silt fences and sediment control basins. The second bullet of Mitigation Measure HY-4 has been revised to read:

- Landscaping shall be designed and maintained to prevent runoff from contacting bare soil, ~~and silt fences, berms, or sediment control basins shall be installed.~~

### Response to Comment A.5.8

*Commenter inquires about the need for the text on DEIR page 3.9-43, where the alteration of drainage is listed as potentially significant, to be reconciled with text in the discussion that alterations to the existing drainage patterns are “minor” with respect to causing substantial erosion or siltation.*

Changes to the drainage patterns would be minor, but any project the size of the proposed project could potentially result in increased erosion and siltation even when changes to drainage patterns are minor. Therefore, Impact HY-4 identifies the potential increase in siltation or erosion as potentially significant. However, as discussed on DEIR page 3.9-43, implementation of Mitigation Measure HY-4 would reduce the potential impacts to less than significant.

### Response to Comment A.5.9

*Commenter questions limiting the peak discharge from the 2-year event and the need to reconcile with the earlier mention of limiting the peak discharge from the 10-year event (DEIR p. S-21).*

See response to Comment A.5.4.

### Response to Comment A.5.10

*The commenter states that it would be valuable to quantify the minor increases in peak runoff for Tributary D mentioned on page 3.9-45 of the DEIR.*

The reference to “minor increases” in Tributary D (DEIR p. 3.9-45) goes on to say “minor increases in runoff due to the small addition of impervious surface in Tributary D will be offset by directing some of the pre-construction tributary area to drain into adjacent tributary areas”. The first paragraph under the Tributary D discussion on page 3.9-45 of the DEIR has been revised to read:

The post-construction tributary drainage area to the existing culverts located along the freeway off-ramp shall be reduced in size such that the peak 10-year storm water runoff will approximate existing pre-construction conditions. The potential minor increases in runoff due to the small addition of impervious surface in Tributary Area D will be offset by directing some of the pre-construction tributary area to drain into adjacent tributary areas (compare Figures 3.9-2 and 3.9-3).

### Response to Comment A.5.11

*Commenter requests clarification that the project is intending the 10-year post-construction peak flow to be at or below the pre-construction 10-year peak flow.*

See response to Comment A.5.4.

**Response to Comment A.5.12**

*Commenter states that BMPs are necessary to prevent impacts to water quality during construction and post-construction BMPs are required to protect post-construction impacts to both water quality and water quantity.*

Post construction BMPs are covered in Mitigation Measure HY-2. See responses to Comments A.5.1 and A.5.2.

**Response to Comment A.5.13**

*Commenter notes the DEIR should reference the most recent version of the SUSMP and the applicant's "Preliminary Stormwater Mitigation Plan and Preliminary Hydrology and Storm Water Detention Plan" prepared by Brelje and Race.*

The DEIR cited a January 2009 version of the Brelje and Race document, although an October 2009 version was used and included in Appendix H. The reference for the Brelje and Race document on page 9-1 in Section 9.0 of the EIR has been corrected as shown in response to Comment O.14.43.

The SUSMP cited in the DEIR is *Guidelines for the Standard Urban Storm Water Mitigation Plan, Storm Water Best Management Practices for New Development and Redevelopment for the Santa Rosa Area and Unincorporated Areas around Petaluma and Sonoma*, prepared by EOA Inc. and BKF Engineers for Sonoma County, City of Santa Rosa, and Russian River Watershed Association, June 3, 2005. Another SUSMP for storm water discharges from the Santa Rosa area was prepared for Sonoma County Water Agency in November 2007, which requires SUSMP applicable projects to conform to the requirements of the 2005 SUSMP Guidelines. In response to the North Coast Regional Water Quality Control Board's adoption on October 1, 2009 of the NPDES storm water permit (Order No. R1-2009-0050) revisions to the existing SUSMP manual will begin in January 2010 and are anticipated to be released by April 1, 2011 (Memorandum from Reg Cullen and Nathan Quarles, County of Sonoma Permit and Resource Management Department to Design engineers, planners, developers, and others interested in applications to PRMD dated December 23, 2009).

**Response to Comment A.5.14**

*Commenter notes that the DEIR states annual precipitation ranges from 30 to "about 40 inches in the north", however mean seasonal precipitation from SCWA maps indicates about 40-inches per year in the project area.*

The description of the rainfall has been revised to more accurately reflect rainfall in the vicinity of the project. The first paragraph of Section 3.9.1 on page 3.9-1 of the DEIR has been revised to read:

The project site is located in the Santa Rosa Valley, which is bounded by the Mendocino Range to the west and the Mayacmas and Sonoma mountains to the east. The site is part of the larger Russian River watershed. Water supply in the region is provided by a combination of groundwater and surface water primarily from the Russian River and Dry Creek (a tributary of the Russian River). The region has a Mediterranean climate, with cool, wet winters and hot, dry summers. Annual precipitation is about 35 inches at the site and ranges from approximately 30 inches to in the south in Santa Rosa to about 5540

inches in the mountains to the east~~north~~, with the majority of the rain occurring from October through April.

### Response to Comment A.5.15

*The commenter states that the text on Figure 3.9-2 of the DEIR is small and hard to read and an arrowhead obliterates the diameter of the southern-most culvert.*

The diameter of the culverts is also shown on Figure 3.9-3. The diameter of the southern-most culvert is 24 inches.

### Response to Comment A.5.16

*Commenter suggests the state General Construction Permit (GCP) is incorrectly included in Sec. 3.9.2.3 on the "Local" regulatory setting and should be included in the "State" Sec. 3.9.2.2. Sections 3.9.2.2 and 3.9.2.3 on pages 3.9-7 and 3.9-8 of the DEIR have been revised as follows:*

#### *3.9.2.2 State*

The Porter-Cologne Water Quality Control Act (Porter-Cologne Act) of 1969, which became Division 7 of the California Water Code, authorized the State Water Resources Control Board (SWRCB) to provide comprehensive protection for California's waters through water allocation and water quality protection. The SWRCB implements the requirements of CWA Section 303 that water quality standards be set for certain waters by adopting water quality control plans through the Porter-Cologne Act. The Porter-Cologne Act also established the responsibilities and authorities of the nine Regional Water Quality Control Boards (RWQCBs). These responsibilities and authorities include preparing water quality plans for areas within the region (Basin Plans), identifying water quality objectives (WQOs), and issuing NPDES permits pursuant to the Clean Water Act. WQOs are defined as limits or levels of water quality constituents and characteristics established for reasonable protection of beneficial uses or prevention of nuisance. Under the Porter-Cologne Act, discharges of storm water from the project area would require NPDES permits due to the size of the project.

In addition to implementing the NPDES permitting program, the Porter-Cologne Act authorizes the RWQCBs to issue Waste Discharge Requirements (WDRs). Generally, WDRs are issued for discharges that are exempt from the CWA NPDES permitting program, discharges that may affect groundwater quality, and/or wastes that may be discharged in a diffused manner. WDRs are established and implemented to achieve the WQOs for receiving waters as established in the Basin Plans.

Under the NPDES program, the North Coast RWQCB has established permit requirements for storm water runoff for the project area. Project applicants with construction activities on 1 acre or more are subject to the permitting requirements of the NPDES General Permit for Discharges of Stormwater Runoff Associated with Construction Activity (General Construction Permit). The General Construction Permit requires the preparation and implementation of a Storm Water Pollution Prevention Plan (SWPPP) for construction activities. The SWPPP must include specifications for Best Management Practices (BMPs) that would be implemented during site preparation (including demolition) and construction. BMPs are measures taken to control degradation of surface water by preventing soil erosion or the discharge of pollutants from the construction area. The SWPPP must describe measures to prevent or control runoff after construction is complete and identify procedures for inspecting and maintaining facilities. Examples of typical construction BMPs include scheduling or limiting activities to certain times of year, installing sediment barriers such as silt fence and fiber rolls, maintaining equipment and vehicles used for construction, stabilizing entrances to the construction site, and developing and implementing a spill prevention and cleanup plan. The SWRCB has identified BMPs to effectively reduce degradation of surface waters to an acceptable level.

Beneficial uses, WQOs, and the implementation program for achieving the WQOs for the water bodies in the project area are stipulated in the Water Quality Control Plan for the North Coast Region (2007 Basin Plan) (North Coast RWQCB 2007). The Russian River watershed has been listed under Section 303(d) of the CWA as an impaired water body for sediment and temperature. The Santa Rosa Creek watershed and segments of the Russian River have also been listed as impaired for pathogens. Work has begun on the development of a TMDL for pathogens, and the development of sediment and temperature TMDLs for the Russian River watershed is set to begin in 2010 (SWRCB 2009).

In October 2009 the California Regional Water Quality Control Board, North Coast Region issued Waste Discharge Requirements for the City of Santa Rosa, the County of Sonoma, and the Sonoma County Water Agency for Storm Water and Non-Storm Water Discharges from Municipal Separate Storm Sewer Systems (Order No. R1-2009-0050). The Order requires that the permitted agencies prepare a new development integrated water quality and water resource plan which includes a Low Impact Development (LID) manual, post-construction treatment BMP choice criteria, and a hydromodification control and mitigation plan. The integrated water quality/resource plan shall be included in an updated Standard Urban Storm Water Mitigation Plan (SUSMP) manual. Until a hydromodification control plan is prepared for new development, interim controls shall apply. These interim controls include a requirement that BMPs be sized for the 2-year 24-hour rain event that keeps post-construction peak discharge, peak velocity, and peak duration at or below those respective pre-construction levels. The permitted agencies shall also ensure that pre-construction storm water runoff volume is the same as the post-construction storm water runoff volume for flows up to the 85<sup>th</sup> percentile 24-hour storm and larger storms where adverse impacts to receiving waters are possible.

### **3.9.2.3 Local**

Under the NPDES program, the North Coast RWQCB has established permit requirements for storm water runoff for the project area. Project applicants with construction activities on 1 acre or more are subject to the permitting requirements of the NPDES General Permit for Discharges of Stormwater Runoff Associated with Construction Activity (General Construction Permit). The General Construction Permit requires the preparation and implementation of a Storm Water Pollution Prevention Plan (SWPPP) for construction activities. The SWPPP must include specifications for Best Management Practices (BMPs) that would be implemented during site preparation (including demolition) and construction. BMPs are measures taken to control degradation of surface water by preventing soil erosion or the discharge of pollutants from the construction area. The SWPPP must describe measures to prevent or control runoff after construction is complete and identify procedures for inspecting and maintaining facilities. Examples of typical construction BMPs include scheduling or limiting activities to certain times of year, installing sediment barriers such as silt fence and fiber rolls, maintaining equipment and vehicles used for construction, stabilizing entrances to the construction site, and developing and implementing a spill prevention and cleanup plan. The SWRCB has identified BMPs to effectively reduce degradation of surface waters to an acceptable level.

Beneficial uses, WQOs, and the implementation program for achieving the WQOs for the water bodies in the project area are stipulated in the Water Quality Control Plan for the North Coast Region (2007 Basin Plan) (North Coast RWQCB 2007). The Russian River watershed has been listed under Section 303(d) of the CWA as an impaired water body for sediment and temperature. The Santa Rosa Creek watershed and segments of the Russian River have also been listed as impaired for pathogens. Work has begun on the development of a TMDL for pathogens, and the development of sediment and temperature TMDLs for the Russian River watershed is set to begin in 2010 (SWRCB 2009).

Discharges to the storm sewer system in the Santa Rosa area are regulated by the Storm Water Management Plan (SWMP) for the City of Santa Rosa, the County of Sonoma, and the Sonoma County Water Agency (SCWA). The SWMP is required as part of the NPDES permit for the Santa Rosa area. The main purpose of the SWMP is to identify pollutant sources potentially affecting the quality and quantity of storm water discharges and to implement measures to reduce the discharge of pollutants to the maximum extent practicable, as defined by the U.S. Environmental Protection Agency. The SWMP also provides

guidelines for the implementation of the post-construction/development Standard Urban Storm Water Mitigation Plan (SUSMP). The SUSMP applies to projects that would add over 1 acre of impervious surface. Implementation of the SUSMP involves source control and treatment control BMPs and promotes the use of low-impact development in the project design process.

PRMD reviews projects for drainage design consistent with SCWA flood control requirements. The SCWA guidelines specify different criteria for hydrologic design depending on the size of the watershed draining to the area of interest. For major waterways with a drainage area of at least 4 square miles, constructed drainage systems must be designed for the 100-year event. For secondary waterways with drainage areas of between 1 and 4 square miles, drainage systems must be designed for at least the 25-year event. For minor waterways with drainage areas of less than 1 square mile, the 10-year event is used for the minimum design event. The tributary area draining to the project site is much less than 1 square mile, which indicates that designing for the 10-year storm event would be consistent with the SCWA design criteria for flood control.

The Sonoma County Grading, Drainage, and Vineyard and Orchard Site Development Ordinance (County Grading Ordinance) was adopted on December 9, 2008. The provisions for regulating stormwater quality are consistent with the NPDES program and the CWA. The provisions for regulating grading, drainage, and site development are designed to prevent soil loss and erosion, protect water quality, protect watercourses from obstruction, and prevent flooding. The County Grading Ordinance relies on BMPs as well as specific criteria relating to grading and drainage to meet the provisions.

#### **Response to Comment A.5.17**

*Commenter notes the worksheet for the applicant's stormwater detention plan indicates wetland areas will be reduced from 0.45-AC to 0.06-AC and requests clarification as to what the mitigation measures are for the reduction in wetlands.*

Please see response to Comment A.3.4 regarding mitigation of wetlands impacts.

#### **Response to Comment A.5.18**

*Commenter states that Section 2 describes limiting peak discharge for the 2-year event and this should be reconciled with the EIR that calls for a pre-construction and post-construction peak discharge analysis for the 10-year event.*

See response to Comment A.5.4.

#### **Response to Comment A.5.19**

*Commenter states that Section 3 refers to limiting the 2-year event.*

See response to Comment A.5.4.

#### **Response to Comment A.5.20**

*Commenter states that the pre- and post-construction discharges for the various tributary areas abide by the SUSMP requirements but do not reconcile with limiting the 10-year pre- and post-construction peak discharge.*

See response to Comment A.5.4. Figure 3.9-2 shows the peak discharges for both the 2-year and 10-year events for both pre-and post-construction. The drainage design will meet requirements for both discharges.

**Response to Comment A.5.21**

*Commenter states that all connections to the sanitary sewer for trash enclosures, recycling areas, and all other waste areas must have the approval of the SCWA's Airport/Larkfield/Wikiup Sanitation Zone.*

See response to Comment A.5.3.

**Response to Comment A.5.22**

*Commenter states that Runoff Volume Retention (DEIR Appendix H-3 page 13) should reference tables or calculations.*

The "Preliminary Stormwater Mitigation Plan" is preliminary in nature in accordance with the current County *Guidelines for the Standard Urban Stormwater Mitigation Plan* (SUSMP). Tables and calculations will be provided in the "Final Stormwater Mitigation Plan" to be provided later in the process in accordance with the same reference document. Tables and calculations for volume retention will be covered in compliance with the Santa Rosa Standard Urban Stormwater Mitigation Plan (SUSMP).

## A.6 County of Sonoma Department of Emergency Services, Robert MacIntyre



**COUNTY OF SONOMA**  
**DEPARTMENT OF EMERGENCY SERVICES**  
FIRE SERVICES • EMERGENCY MANAGEMENT • HAZARDOUS MATERIALS

**A.6**



Mark Aston, DIRECTOR/FIRE CHIEF

January 24, 2010

Steve Dee  
County of Sonoma  
Permit Resource Management Department  
2550 Ventura Avenue  
Santa Rosa, CA 95403

**RE: SUTTER HOSPITAL DRAFT ENVIROMENTAL IMPACT REPORT**

I have reviewed the submitted Environmental Impact Report for the Sutter Hospital Project proposed at 50 Mark West Springs Road, Sonoma County, California. The document states that the project will comply with the codes and regulations adopted by the County of Sonoma, and goes into some detail regarding general issues related to the project. However I offer the following comments for consideration:

**GENERAL COMMENTS**

**Regarding Section 2.4 – Required Permits and Approvals**

The EIR states: *“OSHPD enforces building standards related to construction of health facilities. Under OSHPD requirements, the construction of new hospitals must comply with the 2007 California Building Code, as amended for hospitals. Group I Occupancy structures (as defined in Chapter 3 of the California Building Code to include hospitals with non-ambulatory patients) are subject to stringent requirements for life-safety (fire, health, seismic). Non-OSHPD structures (i.e., structures that do not house OSHPD-regulated hospital functions) are not subject to the same building requirements, but are subject to currently applicable building codes.”*

The following should also be considered:

Provide information relative to specific code applications for each building. For example it should be noted that other occupancy types (other than the I-Occupancy noted) will be part of this project. And that the Sonoma County Permit and Resource Department in cooperation with the Sonoma County Department of Emergency Services – Fire Prevention Division, enforces building standards related to those structures. These include the California Building Code as well as specific sections of the California Fire Code as adopted and amended by Sonoma County Code.

A matrix should be included that indicates the following:

- Building address (proposed) and building title.
- Building occupancy type (use)

---

2300 County Center Drive, #221-A, Santa Rosa, CA 95403 \* Phone (707) 565-1152 \* Fax (707) 565-1172 \* [www.sonoma-county.org/des](http://www.sonoma-county.org/des)

A.6.1

- Building construction type
- Building area and height
- Building fire protection features i.e. fire sprinkler system, fire alarm system, smoke management system, etc.

By including such information, those viewing this report would get a better idea of the scope of the built environment and construction features beyond the ascetics and traffic patterns.

#### **PUBLIC SERVICES**

##### **Regarding Section 3.13.1- Fire and Emergency Medical Services (EMS) Responders**

A.6.2

The first paragraph states; *"The project site is in unincorporated Sonoma County to the north of the City of Santa Rosa. This area is under the jurisdiction of the Sonoma County Department of Emergency Services, Fire Services Division, County Service Area #40. Fifteen volunteer fire companies comprise CSA #40 and are funded primarily through donations, with equipment and administrative support provided by the county. In addition, 17 Fire Protection Districts are funded through county taxes and operated by the Fire Division of the Department of Emergency Services. Additional fire protection in the unincorporated areas of the county is provided by the California Department of Forestry and Fire Protection."*

The following should be considered relative to public services:

In terms of the authority having jurisdiction over fire code enforcement for new development, the project area is under the jurisdiction of the Sonoma county Department of Emergency Services. However, the Rincon Valley Fire Protection District is the authority having jurisdiction for maintenance of fire code regulations after the project receives a final certificate of occupancy.

A.6.3

##### **Regarding Section 3.13.3.3 Impacts Not Analyzed Further**

Under Impacts and Mitigation Impact PS-4 - Cumulative Impacts from additional Public Service Demands; the discussion section states: *"Any impacts to fire services are being mitigated by installing sprinklers and following the Sonoma County Fire Safety Ordinance. Financial assistance will be provided to the fire department to offset any incurred fees and costs in response to the need for more training."*

The following should also be considered relative to public services:

Take into consideration fire services response to incidents other than fires such as hazardous materials incidents, fire alarm system problems, traffic collisions, vehicle lock-outs etc. and include a statement that financial assistance will be provided to the fire department to offset any incurred fees and costs in response to any reasonable call

A.6.3 service, including but not limited to, hazardous materials response, fire alarm system problems (alarm re-sets), etc.

#### ACCESS/CIRCULATION

##### **Regarding Section 3.15.1.1 Project Location**

A section of text states: "Access to the proposed Sutter project would be primarily via the existing main WFC driveway, which connects to Mark West Springs Road about 800 feet east of the Mark West Springs-River Road interchange with the US 101 freeway. Secondary Sutter access would also be possible via the existing WFC driveway connection to East Fulton Road, near the East Fulton Road connection to Old Redwood Highway. A new emergency vehicle (ambulance) access would connect to Mark West Springs Road about 250 feet east of the Mark West Springs Road-River Road interchange with the US 101 freeway."

A.6.4

The following should also be considered relative to emergency vehicle access:  
Language should be included that states that the emergency access, fire lanes, street naming and building addressing shall be consistent with Sonoma County Fire Safe Standards and the 2007 California Fire Code, as adopted by Sonoma County Code.

#### WATER SUPPLY

##### **Regarding Section 3.13.3.3 Impacts Not Analyzed Further**

Under the sub-section *Impacts and Mitigation – Discussion*, a section of text states: "With an automatic sprinkler system, the fire marshal may reduce the fire flow requirement by up to 75 percent. Typically, a 50 percent reduction is assumed, which would mean that a fire flow capacity of approximately 1,875 gpm would need to be available (see Appendix J)."

A.6.5

The following should be considered relative to fire suppression water supply:  
Sonoma County Amendment #38 amends the California Fire Code Appendix B Section B105.2 with an Exception that states "A reduction in required fire-flow of up to 50%, as approved, is allowed when the building is provided with an approved automatic fire sprinkler system installed in accordance with Section 903.3.1.1 or 903.3.1.2."

Therefore, a reduction of up to 75% in the required fire flow is *not* permitted by Sonoma County Code. Furthermore, it *must not* be assumed that a 50% reduction is automatic but is only permitted when an approved alternate to the required fire flow is submitted and approved - as in this case.

#### HAZARDOUS MATERIALS

##### **Regarding the Section HAZARDS AND HAZARDOUS MATERIALS**

A.6.6

A section of text states: "This section evaluates the potential for impacts related to the presence and use of hazardous materials during construction and operation of the proposed project."

A.6.6

The following should be considered relative to the storage and use of hazardous materials:

The hospital is required to comply with California Certified Unified Program Administrator (CUPA) requirements. The Sonoma County Department of Emergency Services – Hazardous Materials Division is the Cal CUPA for the area in which the project is proposed. The hospital is required to comply with all CUPA regulation and the hospital management or responsible managing employee is required to submit a Hazardous Materials Management Plan (HMMP) to the Sonoma County Department of Emergency Services – Hazardous Materials Division once the hospital begins to store and use hazardous materials.

Respectfully Submitted,



Robert MacIntyre, Fire Marshal  
Sonoma County Department of Emergency Services

*Responses to Comment A.6***Response to Comment A.6.1**

*Commenter requests a matrix discussing proposed buildings and their aspects related to application of fire code.*

The matrix requested by the County Fire Marshall will be prepared and submitted for review by the Department.

**Response to Comment A.6.2**

*Commenter suggests two clarifications to Section 3.13.1 of the DEIR.*

Section 3.13.1 on page 3.13-1 of the DEIR has been revised as follows:

**3.13.1 Environmental Setting*****Fire and Emergency Medical Services (EMS) Responders***

The project site is in unincorporated Sonoma County to the north of the City of Santa Rosa. This area is under the jurisdiction of the Sonoma County Department of Emergency Services, Fire Services Division, County Service Area #40. The Sonoma County Department of Emergency Services would have jurisdiction over fire code enforcement for new development in the project area. Fifteen volunteer fire companies comprise CSA #40 and are funded primarily through donations, with equipment and administrative support provided by the county. In addition, 17 Fire Protection Districts are funded through county taxes and operated by the Fire Division of the Department of Emergency Services. Additional fire protection in the unincorporated areas of the county is provided by the California Department of Forestry and Fire Protection.

Fire protection service for the project site would be provided by the Rincon Valley Fire Protection District. The Rincon Valley Fire Protection District would have jurisdiction for maintenance of fire code regulations after the project receives a final certificate of occupancy. The nearest station is located 0.5 mile away in Larkfield. The station is manned by a captain, two firefighting engineers, and approximately 50 volunteers. Equipment includes a Type 1 Engine, a Type 3 Engine, a water tender/engine combination, and a SQUAD (support unit). Response time to the project site varies but is approximately 4 minutes.

**Response to Comment A.6.3**

*Commenter identifies other related functions of the local fire district beyond fire related protection.*

Comment noted. The comment will be included in the record before the Planning Commission and the Board of Supervisors when they consider the project on the merits.

**Response to Comment A.6.4**

*Commenter suggests language for the County's Conditions of Approval related to improving emergency access (addresses, fire lanes, etc.), as required by County Code.*

The first paragraph at the top of page 3.15-2 in Section 3.15.1.1 of the DEIR has been revised as follows:

Access to the proposed Sutter project would be primarily via the existing main WFC driveway, which connects to Mark West Springs Road about 800 feet east of the Mark West Springs-River Road interchange with the US 101 freeway. Secondary Sutter access would also be possible via the existing WFC driveway

connection to East Fulton Road, near the East Fulton Road connection to Old Redwood Highway. A new emergency vehicle (ambulance) access would connect to Mark West Springs Road about 250 feet east of the Mark West Springs Road-River Road interchange with the US 101 freeway. The emergency access, fire lanes, street naming and building addressing shall be consistent with Sonoma County Fire Safe Standards and the 2007 California Fire Code, as adopted by Sonoma County Code.

### Response to Comment A.6.5

*Commenter requests clarification related to the application of Fire Code Appendix B Section 105.2.*

Commenter's comments clarify the code section and confirm the 50% reduction is appropriate for the project. The text in Section 3.13.3.3 at the bottom of page 3.13-5 of the DEIR has been revised as follows:

For the SMCSR, PMC, and MOB (with a total floor area of approximately 306,000 square feet) with Type 1 construction, the Uniform Fire Code requires 3,750 gallons per minute (gpm) of fire flow capacity with a 20 pounds per square inch (psi) residual pressure in the water main. ~~With an automatic sprinkler system, the fire marshal may reduce the fire flow requirement by up to 75 percent. Typically, a 50 percent reduction is assumed, which would mean that a fire flow capacity of approximately 1,875 gpm would need to be available (see Appendix J).~~ Sonoma County Amendment #38 amends the California Fire Code Appendix B Section B105.2 with an Exception that states "A reduction in required fire-flow of up to 50%, as approved, is allowed when the building is provided with an approved automatic sprinkler system installed in accordance with Section 903.3.1.1 or 903.3.1.2." If this exception were approved for the proposed project a fire flow capacity of approximately 1,875 gpm would need to be available.

### Response to Comment A.6.6

*Commenter clarifies the requirement that the project comply with the stated hazardous waste impact requirements.*

Commenter's comments are addressed on DEIR page 3.8-10, 3<sup>rd</sup> paragraph, which requires the Certified Unified Program Agencies (CUPA) to regulate and enforce hazardous materials laws and regulations. The Sonoma County Emergency Services Agency serves as the local CUPA and will require the project to provide, and will review, the Hazardous Waste Management Plan.

## A.7 Governor's Office of Planning and Research, Scott Morgan



ARNOLD SCHWARZENEGGER  
GOVERNOR

A.7

STATE OF CALIFORNIA  
GOVERNOR'S OFFICE of PLANNING AND RESEARCH  
STATE CLEARINGHOUSE AND PLANNING UNIT



CYNTHIA BRYANT  
DIRECTOR

January 19, 2010

Steve Dee  
Sonoma County Permit and Resource Management Department  
2550 Ventura Avenue  
Santa Rosa, CA 95403-2829

Subject: Sutter Medical Center of Santa Rosa/Luther Burbank Memorial Foundation Joint Master Plan  
SCH#: 2008022012

Dear Steve Dee:

The State Clearinghouse submitted the above named Draft EIR to selected state agencies for review. On the enclosed Document Details Report please note that the Clearinghouse has listed the state agencies that reviewed your document. The review period closed on January 14, 2010, and the comments from the responding agency (ies) is (are) enclosed. If this comment package is not in order, please notify the State Clearinghouse immediately. Please refer to the project's ten-digit State Clearinghouse number in future correspondence so that we may respond promptly.

Please note that Section 21104(c) of the California Public Resources Code states that:

"A responsible or other public agency shall only make substantive comments regarding those activities involved in a project which are within an area of expertise of the agency or which are required to be carried out or approved by the agency. Those comments shall be supported by specific documentation."

These comments are forwarded for use in preparing your final environmental document. Should you need more information or clarification of the enclosed comments, we recommend that you contact the commenting agency directly.

This letter acknowledges that you have complied with the State Clearinghouse review requirements for draft environmental documents, pursuant to the California Environmental Quality Act. Please contact the State Clearinghouse at (916) 445-0613 if you have any questions regarding the environmental review process.

Sincerely,



Scott Morgan  
Acting Director, State Clearinghouse

Enclosures  
cc: Resources Agency

**RECEIVED**

JAN 22 2010

PERMIT AND RESOURCE  
MANAGEMENT DEPARTMENT  
COUNTY OF SONOMA

1400 10th Street P.O. Box 3044 Sacramento, California 95812-3044  
(916) 445-0613 FAX (916) 323-3018 www.opr.ca.gov

Document Details Report State Clearinghouse Data Base			
<b>SCH#</b>	2008022012		
<b>Project Title</b>	Sutter Medical Center of Santa Rosa/Luther Burbank Memorial Foundation Joint Master Plan		
<b>Lead Agency</b>	Sonoma County		
<b>Type</b>	EIR Draft EIR		
<b>Description</b>	NOTE: Review Per Lead		
	Request for a new Sutter hospital and Luther Burbank Memorial Foundation Master Plan on an ~53 acre site located at 50 Mark West Springs Road, Santa Rosa, CA.		
<b>Lead Agency Contact</b>			
<b>Name</b>	Steve Dee		
<b>Agency</b>	Sonoma County Permit and Resource Management Department		
<b>Phone</b>	(707) 565-8350	<b>Fax</b>	
<b>email</b>			
<b>Address</b>	2550 Ventura Avenue		
<b>City</b>	Santa Rosa	<b>State</b>	CA <b>Zip</b> 95403-2829
<b>Project Location</b>			
<b>County</b>	Sonoma		
<b>City</b>	Santa Rosa		
<b>Region</b>			
<b>Lat / Long</b>			
<b>Cross Streets</b>	US 101/Mark West Springs Road		
<b>Parcel No.</b>	058-040-058, 059, 060, 061, 036		
<b>Township</b>	BN	<b>Range</b>	53+/- <b>Section</b> 33 <b>Base</b> MDM
<b>Proximity to:</b>			
<b>Highways</b>	101		
<b>Airports</b>	Sonoma County		
<b>Railways</b>	NWP		
<b>Waterways</b>	Mark West Creek		
<b>Schools</b>	Ursuline, Cardinal Newman, Redwood Adventist, Mark West, Riebli		
<b>Land Use</b>	GP: Public/Quasi-Public, and Rural Residential Z: Public Facilities, Scenic Resource, Scenic Design, Valley Oak Habitat and Rural Residential, B6-1 acre density, Valley Oak Habitat		
<b>Project Issues</b>	Agricultural Land; Air Quality; Archaeologic-Historic; Drainage/Absorption; Geologic/Seismic; Noise; Population/Housing Balance; Public Services; Recreation/Parks; Sewer Capacity; Soil Erosion/Compaction/Grading; Solid Waste; Traffic/Circulation; Toxic/Hazardous; Vegetation; Water Quality; Water Supply; Wetland/Riparian; Wildlife; Growth Inducing; Landuse; Cumulative Effects; Aesthetic/Visual; Biological Resources; Economics/Jobs; Septic System		
<b>Reviewing Agencies</b>	Resources Agency; Department of Fish and Game, Region 3; Department of Parks and Recreation; Department of Water Resources; Caltrans, Division of Aeronautics; California Highway Patrol; Caltrans, District 4; Regional Water Quality Control Board, Region 2; Department of Toxic Substances Control; Native American Heritage Commission; Statewide Health Planning		
<b>Date Received</b>	11/25/2009	<b>Start of Review</b>	11/25/2009 <b>End of Review</b> 01/14/2010
Note: Blanks in data fields result from insufficient information provided by lead agency.			



State of California - The Natural Resources Agency  
 DEPARTMENT OF FISH AND GAME  
 Bay Delta Region  
 Post Office Box 47  
 Yountville, California 94599  
 (707) 944-5500  
[www.dfg.ca.gov](http://www.dfg.ca.gov)

ARNOLD SCHWARZENEGGER, Governor  
 JOHN MCCAMMAN, Acting Director



December 22, 2009

Clear  
 1-14-10  
 e



Mr. Steve Dee  
 County of Sonoma  
 Permit and Resource Management Department  
 2550 Ventura Avenue  
 Santa Rosa, CA 95403

Dear Mr. Dee:

Subject: Sutter Medical Center of Santa Rosa/Luther Burbank Memorial Foundation  
 Joint Master Plan, Draft Environmental Impact Report, SCH #2008022012,  
 City of Santa Rosa, Sonoma County

The Department of Fish and Game (DFG) has reviewed the draft Environmental Impact Report (EIR) for the Sutter Medical Center of Santa Rosa/Luther Burbank Memorial Foundation Joint Master Plan (Project). The Project proposes to build the Sutter Medical Center of Santa Rosa on a 53-acre site located at 50 Mark West Springs Road.

The Project proposes to permanently fill 0.39 acres of seasonal wetland. Wetland habitats are critical for migratory bird breeding and wintering habitat and provide habitat for over half of California's listed endangered and threatened species. The California Wetlands Conservation Policy goal is to ensure no overall net loss of wetlands and to achieve a long-term net gain in the quantity, quality, and permanence of wetlands acreage. It is the policy of the California Fish and Game Commission (FGC) to seek to provide for the protection, preservation, restoration, enhancement, and expansion of wetland habitat in California. The FGC's Wetland Policy stresses the need to compensate for the loss of wetland habitat on an acre-for-acre basis. For every acre of wetland loss, no less than an acre of wetland must be created from non-wetland habitat. This amount may increase based on the quality of the impacted wetlands. DFG recommends that the Project avoid the proposed fill of wetlands. If complete avoidance is not possible, fill of wetlands should be minimized and mitigated.

The Project site has been identified in Enclosure 1 of the *Programmatic Biological Opinion for U.S. Army Corps of Engineers Permitted Projects that May Affect California Tiger Salamander and Three Endangered Plant Species on the Santa Rosa Plain* (Programmatic Biological Opinion) as an area where impacts may adversely affect listed plants and/or California tiger salamander. The Project site contains seasonal wetlands and is within the range of Burke's goldfields and Sonoma sunshine. Habitat located within the range of these plants are considered suitable habitat for the listed plants. If surveys have been conducted according to the U.S. Fish and Wildlife Service's (USFWS) protocols and no listed plants

*Conserving California's Wildlife Since 1870*

Mr. Steve Dee  
December 22, 2009  
Page 2

have been found, the seasonal wetlands on-site will be treated as suitable habitat. DFG recommends that the Project mitigate for these impacts following the Programmatic Biological Opinion.

The draft EIR states that the USFWS protocol level California tiger salamander (CTS) surveys were conducted over a two year period, that no CTS were recorded at the site, and that USFWS issued a finding of "no effect." The draft EIR does not contain written documentation of this finding. DFG recommends that the draft EIR include a copy of the written "no effect" determination.

Mitigation measure BIO-1 states that a nesting survey for raptors and other special-status bird species shall be conducted prior to commencing with tree removal, grading, or other construction work if this work occurs between February 1 and August 31. Fish and Game Code § 3503.5 states it is unlawful to take, possess, or destroy any birds in the orders of Falconiformes or Strigiformes (birds-of-prey or raptors) or take, possess, or destroy the nest or eggs of any such bird. In order to avoid the destruction of raptor nests, surveys for nesting raptors should be conducted within 14 days prior to tree removal, grading, or other construction work at the Project site. If nesting raptors are found, the Project applicant should consult and obtain approval for buffers with DFG prior to tree removal and/or ground-breaking activities. The established buffers should remain in effect until the young have fledged.

This mitigation measure also states that if a nest is discovered, a buffer zone will be established and no construction activities will take place within the zone until a qualified biologist has determined that the young have fledged. If a qualified biologist is not on site to make observations, the buffers shall be maintained in place through the month of August and work within the buffer can commence on September 1. As stated, this may allow nests with young birds after September 1 to be damaged by construction activities. DFG recommends that no tree removal, grading, or other construction work occur within the buffer until the young have fledged as determined by a qualified biologist.

If you have any questions, please contact Ms. Stephanie Buss, Environmental Scientist, at (707) 944-5502; or Mr. Richard Fitzgerald, Coastal Habitat Conservation Supervisor, at (707) 944-5568.

Sincerely,



Charles Armor  
Regional Manager  
Bay Delta Region

cc: State Clearinghouse

STATE OF CALIFORNIA—BUSINESS, TRANSPORTATION AND HOUSING AGENCY

ARNOLD SCHWARZENBERGER, Governor

**DEPARTMENT OF TRANSPORTATION**  
 DIVISION OF AERONAUTICS – M.S.#40  
 1120 N STREET  
 P. O. BOX 942874  
 SACRAMENTO, CA 94274-0001  
 PHONE (916) 654-4959  
 FAX (916) 653-9531  
 TTY 711

December 29, 2009

Mr. Steve Dec  
 County of Sonoma  
 2550 Ventura Avenue  
 Santa Rosa, CA 95403

Dear Mr. Dec:

Re: Sonoma County's Draft Environmental Impact Report for the Sutter Medical Center of Santa Rosa/Luther Burbank Memorial Foundation Joint Master Plan (Heliport); SCH# 2008022012

The California Department of Transportation (Caltrans), Division of Aeronautics (Division), reviewed the above-referenced document with respect to airport-related noise and safety impacts and regional aviation land use planning issues pursuant to the California Environmental Quality Act (CEQA). The Division has technical expertise in the areas of airport operations safety and airport land use compatibility. We are a funding agency for airport projects and we have permit authority for public-use and special-use airports and heliports.

The proposal is for the replacement of the existing Sutter Medical Center hospital currently located on Chanate Road in Santa Rosa. The new hospital will be located at 50 Mark West Springs Road, immediately east of Highway 101. The new hospital will include a heliport on the west side of the property.

The Division is working with the applicant's consultant regarding the need for a new State heliport permit. The required items include approval of the heliport plan of construction by the Sonoma County Board of Supervisors in accordance with California Public Utilities Code (PUC) Section 21661.5. The Division's Aviation Safety Officer for Sonoma County, Mike Smith, at (916) 654-4380, can provide assistance with the State permit requirements. Information regarding the State heliport permit process is also available on-line at <http://www.dot.ca.gov/hq/planning/aeronaut/heliportpermit.html>.

Prior to issuing a State heliport permit, the Division must be assured that the proposal is in full compliance with CEQA. The issues of primary concern, heliport-related noise and safety impacts on the surrounding community, appear to be adequately addressed. We concur with the heliport-related mitigation measures HAZ-5, NOI-5, and NOI-6 discussed in the Draft Environmental Impact Report (EIR). We also need copies of the Final EIR and the Notice of Determination when the project has been approved.

We understand that the Sonoma County Airport Land Use Commission (ALUC) will be considering the proposal at their January 11, 2010 meeting. Before the Division can issue the State heliport permit, we require written verification from the ALUC.

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Mr. Steve Dec  
December 29, 2009  
Page 2

The Federal Aviation Administration (FAA) will require the filing of a Notice of Landing Area Proposal (Form 7480-1). A copy of the form is available on the FAA website at <http://forms.faa.gov/forms/faa7480-1.pdf>.

Section 21659 of the PUC prohibits structural hazards near airports and heliports. Structures should not be at a height that will result in penetration of the imaginary surfaces. If the heliport is planned for operation prior to completion of the later phases of construction activities, impacts to the heliport imaginary surfaces from temporary construction-related impacts, e.g. construction cranes, etc. should be identified. FAA Advisory Circular 150/5370-2E "Operational Safety on Airports during Construction," available at <http://faa.gov>, can be incorporated into the project design in order to identify any permanent or temporary construction-related impacts or hazards. The FAA may also require the filing of a Notice of Proposed Construction or Alteration (Form 7460-1) for certain project-specific activities in accordance with Federal Aviation Regulations Part 77 "Objects Affecting Navigable Airspace." Form 7460-1 is available at <https://oeaaa.faa.gov/oeaaa/external/portal.jsp>.

These comments reflect the areas of concern to the Division of Aeronautics with respect to airport-related noise, safety, and regional land use planning issues. We advise you to contact our District 4 office concerning surface transportation issues.

Thank you for the opportunity to review and comment on this proposal. If you have any questions, please call me at (916) 654-5314 or by email at [sandy.hesnard@dot.ca.gov](mailto:sandy.hesnard@dot.ca.gov).

Sincerely,

*Original Signed by*

SANDY HESNARD  
Aviation Environmental Specialist

c: State Clearinghouse, Sonoma County ALUC

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*Responses to Comment A.7***Response to Comment A.7.1**

*The State Clearinghouse forwards Comments A.1 (DFG) and A.4 (Cal Aeronautics)*

Commenter's comment is noted. See response to Comments A.1 and A.4.

## A.8 California Department of Transportation, Division of Aeronautics, Sandy Hesnard

STATE OF CALIFORNIA—BUSINESS, TRANSPORTATION AND HOUSING AGENCY

ARNOLD SCHWARZENEGGER, Governor

**DEPARTMENT OF TRANSPORTATION**

DIVISION OF AERONAUTICS – M.S.#40  
 1120 N STREET  
 P. O. BOX 942874  
 SACRAMENTO, CA 94274-0001  
 PHONE (916) 654-4959  
 FAX (916) 653-9531  
 TTY 711



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**A.8**

January 28, 2010

Mr. Steve Dee  
 County of Sonoma  
 2550 Ventura Avenue  
 Santa Rosa, CA 95403

Dear Mr. Dee:

Re: Revised Response to the Sonoma County Draft Environmental Impact Report for the Sutter Medical Center of Santa Rosa/Luther Burbank Memorial Foundation Joint Master Plan (Heliport); SCH# 2008022012

The California Department of Transportation (Caltrans), Division of Aeronautics (Division), reviewed the above-referenced document with respect to airport-related noise and safety impacts and regional aviation land use planning issues pursuant to the California Environmental Quality Act (CEQA). The Division has technical expertise in the areas of airport operations safety and airport land use compatibility. We are a funding agency for airport projects and we have permit authority for public-use and special-use airports and heliports.

The proposal is for the replacement of the existing Sutter Medical Center hospital currently located on Chanate Road in Santa Rosa. The new hospital will be located at 50 Mark West Springs Road, immediately east of Highway 101. The new hospital will include a heliport on the west side of the property.

**A.8.1**

The Division is working with the applicant's consultant regarding the need for a new State heliport permit. The required items include approval of the heliport plan of construction by the Sonoma County Board of Supervisors in accordance with California Public Utilities Code (PUC) Section 21661.5. The Division's Aviation Safety Officer for Sonoma County, Mike Smith, at (916) 654-4380, can provide assistance with the State permit requirements. Information regarding the State heliport permit process is also available on-line at <http://www.dot.ca.gov/hq/planning/aeronaut/heliportpermit.html>.

Prior to issuing a State heliport permit, the Division must be assured that the proposal is in full compliance with CEQA. The issues of primary concern, heliport-related noise and safety impacts on the surrounding community, appear to be adequately addressed. In our December 29, 2009 letter, we stated that we concur with the heliport-related mitigation measures HAZ-5, NOI-5, and NOI-6 discussed in the Draft Environmental Impact Report (EIR). Upon further review by our Aviation Safety Officer, Mike Smith, we believe that lighting the power poles crossing US 101 approximately 1,500 feet northwest of the heliport site will not be necessary or required. The power poles will not interfere with the Federal Aviation Administration (FAA) Heliport Design or penetrate Federal Aviation Regulation (FAR) Part 77 imaginary surfaces. Additionally, the flow of helicopter approach and departure flight paths should not be restricted or mandated. The heliport permit issued by Caltrans specifies approved approach and departure paths, however, we recognize that it is safer for helicopters to land into the wind and it is up to the pilot in command to make this determination, within the parameters of the approved and permitted flight paths.

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Mr. Steve Dee  
January 28, 2010  
Page 2

Before the Division can issue the State heliport permit, we require written verification from the ALUC that they have considered the proposal.

The FAA will require the filing of a Notice of Landing Area Proposal (Form 7480-1). A copy of the form is available on the FAA website at <http://forms.faa.gov/forms/7480-1.pdf>.

**A.8.1**

Section 21659 of the PUC prohibits structural hazards near airports and heliports. If the heliport is planned for operation prior to completion of the later phases of construction activities, impacts to the heliport imaginary surfaces from temporary construction-related impacts, e.g. construction cranes, etc. should be identified. FAA Advisory Circular 150/5370-2E "Operational Safety on Airports during Construction," available at <http://faa.gov>, can be incorporated into the project design in order to identify any permanent or temporary construction-related impacts or hazards. The FAA may also require the filing of a Notice of Proposed Construction or Alteration (Form 7460-1) for certain project-specific activities in accordance with FAR Part 77 "Objects Affecting Navigable Airspace." Form 7460-1 is available at <https://oeaaa.faa.gov/oeaaa/external/portal.jsp>.

These comments reflect the areas of concern to the Division of Aeronautics with respect to airport-related noise, safety, and regional land use planning issues. We advise you to contact our District 4 office concerning surface transportation issues.

Thank you for the opportunity to review and comment on this proposal. We look forward to reviewing the Final EIR and receiving the Notice of Determination when the project has been approved. If you have any questions, please call me at (916) 654-5314 or by email at [sandy.hesnard@dot.ca.gov](mailto:sandy.hesnard@dot.ca.gov).

Sincerely,

*Original Signed by*

SANDY HESNARD  
Aviation Environmental Specialist

c: State Clearinghouse, Sonoma County ALUC

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### *Responses to Comment A.8*

#### **Response to Comment A.8.1**

*Commenter updates its December 29, 2009 letter (Comment A.4), noting that the Mitigation Measure HAZ-5 (lighting of utility poles on US 101 in the vicinity of the project) is not necessary.*

The comment states that “Upon further review by our Aviation Safety Officer, Mike Smith, we believe that lighting the power poles crossing US 101 approximately 1,500 feet northwest of the heliport site will not be necessary or required. The power poles will not interfere with the Federal Aviation Administration (FAA) Heliport Design or penetrate Federal Aviation Regulation (FAR) Part 77 imaginary surfaces.”

The text for Impact HAZ-5 in Section 3.8.3.4 of the EIR has been revised as follows:

**Impact HAZ-5: Helicopter Operations**

The proposed project includes development and operation of a helistop, the operation of which could pose a safety hazard to people living, working, and traveling in the area.

**Significance:** ~~Potentially~~ Less than significant

**Discussion:** The proposed project would include a helistop for helicopter ambulances to be able to pick up and drop off patients. The helistop would be located on the west side of the project site close to US 101. An average of 17 helicopter flights per month (or approximately 200 flights per year) have occurred at Sutter’s Chanate Road campus during the past 4 years. It is assumed that up to 20 flights per month (or 240 flights per year) may occur with full buildout of the proposed project due to growth in the future.

For the proposed project, the optimum alignment for the approach/departure paths for the helistop are from the south-southeast and north-northwest. This alignment coincides not only with the prevailing winds at the site, but also provides the opportunity for helicopters to approach and depart the helistop by flying over US 101. As such, the paths are aligned so as to ensure that helicopters do not fly directly over Wells Fargo Center buildings or the residential area north of Mark West Springs Road. This path also helps ensure that redwood trees near the site will not be obstructions, although the height and proximity of light poles and redwood trees near the site do limit other options for approach/departure path alignments.

The accident rate of helicopter emergency medical services (HEMS) operations has been steadily decreasing, but experienced a marked increase in 2008. From 1998 through 2007, an average of 10.8 HEM accidents occurred annually in the U.S (HAI 2008). Whether the 2008 increase is an anomaly is uncertain, but the National Transportation Safety Bureau has investigated and offered recommendations pertaining to flight procedures (Appendix G). The rate of accidents for all types of helicopter operations has trended downward over the last decade. The increased numbers of twin-engine turbined-powered helicopters in the helicopter fleet (the type that will be used by REACH, the operator for the project) has been an apparent contributing factor in this positive trend, due to greater engine reliability and the multiple engines (NTSB 2009) (Appendix G).

The vast majority of helicopter accidents, particularly HEMS accidents, take place either en route or at a remote landing site, rather than at an established heliport/helistop or airport. Weather was a significant factor in 19% of all HEMS accidents. The tendency of HEMS pilots to attempt to accomplish their life-saving missions despite adverse weather conditions is considered a factor in this regard. With a majority of the accidents occurring at a remote landing site or en route decreases the chances of impacts to third party individuals in the nearby vicinity.

In conversations with the Sonoma County Sheriff Helicopter Unit, the Sheriff identified the power lines that cross US 101 at the project site represented a potential hazard to helicopter operations and recommended that lighting be placed on the power poles (Appendix G-5). Subsequent to these conversations, the California Department of Transportation Division of Aeronautics in a letter dated January 28, 2010, indicated that upon further review they believe that lighting the power poles crossing US 101 approximately 1,500 feet northwest of the heliport site will not be necessary or required. Further, they state that the power poles will not interfere with the Federal Aviation Administration (FAA) Heliport

Design or penetrate Federal Aviation Regulation (FAR) Part 77 imaginary surfaces. The Sonoma County Sheriff has indicated the Sheriff's Department will abide by the Caltrans Division of Aeronautics decision regarding the lack of a need to light the utility poles near the proposed Sutter helistop (Personal Communication with Sheriff Bill Cogbill, April 21, 2010).

~~Further p~~Pursuant to Federal Aviation Administration Advisory Circular No. 150/5390-2B, *Heliport Design*, the helistop will have lights that will help safely guide a pilot in and out of the site.

Given the low number of helicopter flights ~~and~~ the low accident rate at established helistops, appropriate lighting to safely guide in pilots, ~~as well as lights being placed on nearby power poles,~~ risks to third parties from helicopter operations can be considered less than significant.

Helicopters could have a potentially disruptive effect on highway traffic, but the time required for a helicopter to pass by and land would be brief. At the project site, the proposed approach and departure routes would put the helicopter in view of motorists along US 101 for less than a minute, with only approximately 5 flights a week occurring at full buildout. The pad's visibility from the highway could also be a factor. Lights associated with the helistop would be mostly blocked from view of the motorists by vegetation that would be planted between the helipad and US 101. In both cases the effects are likely to diminish over time as helicopter activity becomes more familiar to motorists who regularly use the route. Also, planned landscaping will largely shield the view of the pad from the highway.

Elsewhere in California, there are several existing helicopter facilities situated close to (within approximately 500 feet) a freeway. These include: Calstar (Auburn), Children's Hospital (Oakland), Good Samaritan Hospital (San Jose), Maguire Heliport (Los Angeles), San Joaquin General Hospital (Stockton), and St. Elizabeth Community Hospital (Red Bluff).

Based on the County's review of information provided by Sutter, there is no data available on the topic of traffic accidents related to helicopter overflights (see Appendix G). The Statewide Integrated Traffic Records System (SWITRS) stated that there are no records available that would determine if automobile accidents were caused by nearby aircraft activity. (One reason is the fault is placed on the driver of automobile(s), not outside influences such as aircraft activity.) Research was also conducted in the National Highway Safety Administration's online database, but no records of accidents involving aircraft or helicopters were found. Staff at the California Department of Transportation Division of Aeronautics and Helicopter Operations indicated that they are not aware of any general conditions or specific incidents in which helicopter operations have been cited as a vehicle traffic hazard. A similar response was received from the Air Operations Commander of the California Highway Patrol Team, Keith Dittimus.

Lights associated with the helistop are also likely to be unobtrusive as seen from the highway. The perimeter lights will be green and lead-in lights yellow; both are intended to be seen from the air and will be largely unnoticeable from the highway among parking lot and other lights on the property. The flood light or lights required to allow helicopter and ground crews to work around the helistop at night would normally be on only when a helicopter is present and will be off during helicopter takeoffs and landings so as not to interfere with the vision of pilots.

Therefore, the risk of traffic accidents on US 101 caused by proposed helicopter operations are also considered less than significant.

#### **Mitigation-HAZ-5: ~~Install lighting on Power Poles Crossing US 101 at the Project Sites~~**

~~Lighting shall be placed on the power poles crossing US 101 at the project site in a manner that will make the poles readily visible from the air by helicopter pilots at night and in such a manner as to not distract drivers on US 101.~~No mitigation required.

## A.9 California Department of Transportation, Lisa Carboni (1 of 3)

Sent By: CALTRANS TRANSPORTATIO PLANNING; 510 286 5560; Feb-18-10 9:30AM; Page 1/2

**A.9**

STATE OF CALIFORNIA—BUSINESS, TRANSPORTATION AND HOUSING AGENCY ARNOLD SCHWARZENEGGER, Governor

**DEPARTMENT OF TRANSPORTATION**  
 111 GRAND AVENUE  
 P. O. BOX 23660  
 OAKLAND, CA 94623-0660  
 PHONE (510) 622-5491  
 FAX (510) 286-5559  
 TTY 711

  
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February 17, 2010

SON-101-24.86  
 SON101919  
 SCH 2008022012

Mr. Steve Dee  
 Sonoma County PRMD  
 2550 Ventura Avenue  
 Santa Rosa, CA 95403

Dear Mr. Dee:

**Sutter Medical Center of Santa Rosa/Luther Bank Memorial Foundation Joint Master Plan – Draft Environmental Impact Report (DEIR)**

Thank you for continuing to include the California Department of Transportation (Department) in the environmental review process for the proposed project. The following comments are based on our review of the DEIR.

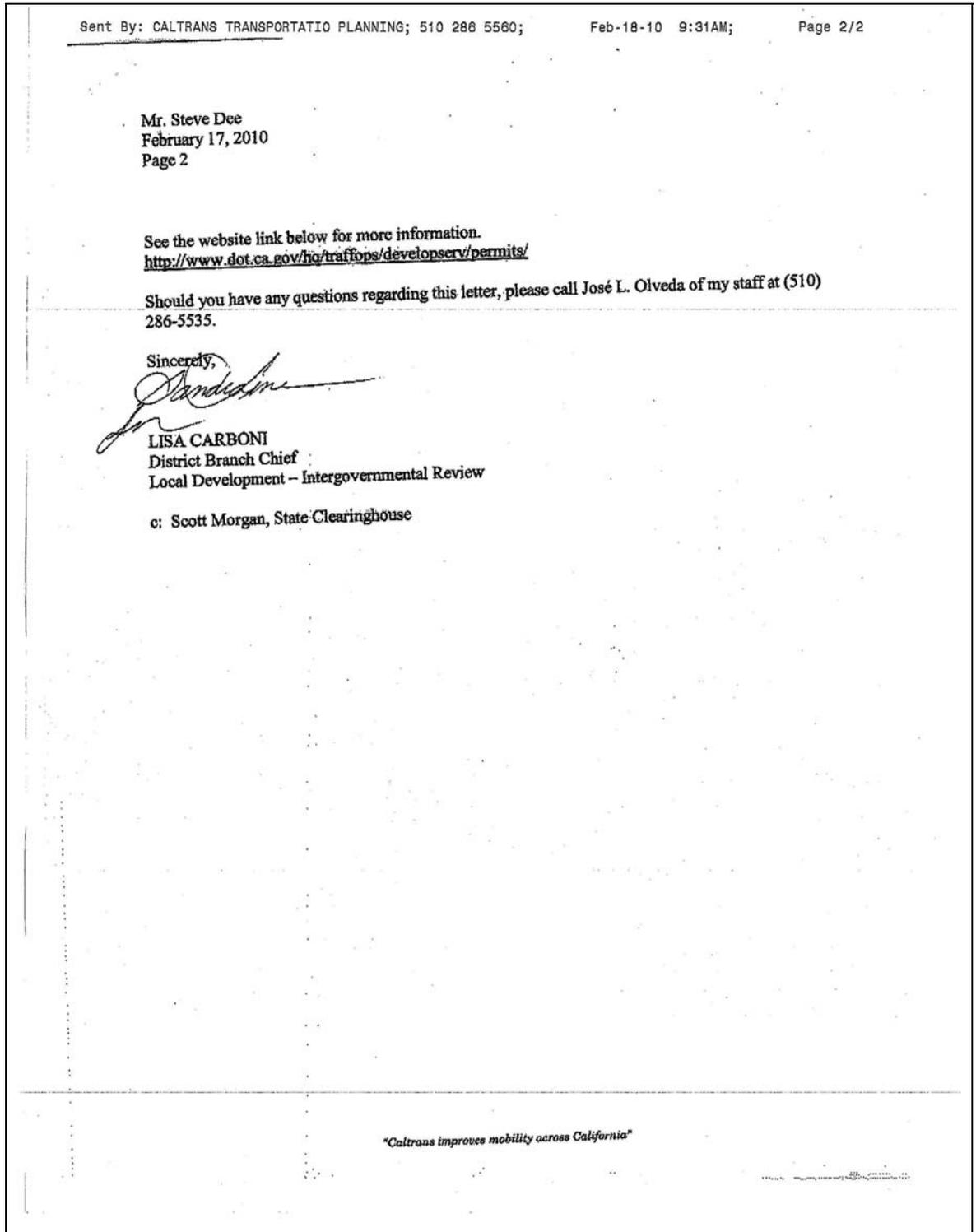
A.9.1 **Design**  
 Detailed drawings shall be provided for any work within State-right-of-way (ROW) during the design phase. The drawing shows addition of a lane to the northbound off-ramp from US-101 but the mitigation table does not discuss nor include this. Please revise.

A.9.2  
 Appendix K, Traffic Technical Study, Executive Summary, Page ii, first bullet: We are unaware of the widening of the River Road-Mark West Springs over-crossing to four lanes. Please clarify.

A.9.3 **Encroachment Permit.**  
 Work that encroaches onto the State ROW requires an encroachment permit that is issued by the Department. To apply, a completed encroachment permit application, environmental documentation, and five (5) sets of plans clearly indicating State ROW must be submitted to the address below. Traffic-related mitigation measures should be incorporated into the construction plans during the encroachment permit process.

Office of Permits  
 California DOT, District 4  
 P.O. Box 23660  
 Oakland, CA 94623-0660

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*Responses to Comment A.9***Response to Comment A.9.1**

*Commenter requests drawings of work within the State-right-of-way (ROW) and questions why the mitigation table does not include the addition of a northbound off-ramp.*

Detailed drawings will be provided as part of the applicant's request for encroachment permit. The request for an encroachment permit is a standard county condition of project approval. The additional lane to the off-ramp is not a mitigation measure, but a component of the proposed project. The off-ramp is discussed in the project description in page 2-11, mapped in Figure 3.15-14 and the required permitting is noted on page 2-23.

**Response to Comment A.9.2**

*Commenter questions the widening of River Road/Mark West Springs over-crossing to 4 lanes.*

Widening of the overpass has been included in the Sonoma County's General Plan 2020 and the Sonoma County Transportation Authority's Countywide Transportation Plan.

A.10 California Department of Transportation, Lisa Carboni (2 of 3)

Sent By: CALTRANS TRANSPORTATIO PLANNING; 510 286 5560; Feb-18-10 2:29PM; Page 1/1

A.10

STATE OF CALIFORNIA—BUSINESS, TRANSPORTATION AND HOUSING AGENCY

ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF TRANSPORTATION
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February 18, 2010

SON-101-24.86
SON101919
SCH 2008022012

Mr. Steve Dee
Sonoma County PRMD
2550 Ventura Avenue
Santa Rosa, CA 95403

Dear Mr. Dee:

Sutter Medical Center of Santa Rosa/Luther Bank Memorial Foundation Joint Master Plan - Draft Environmental Impact Report (DEIR)

Thank you for continuing to include the California Department of Transportation (Department) in the environmental review process for the proposed project. The following additional comments are based on our review of the DEIR.

A.10.1

Highway Operations

Proposed mitigation for TR-3 and TR-8 at Southbound US-101 ramps and River Rd. indicates changes to signal timing. Any changes to signal cycles or lane configuration at this location should be coordinated with the Department to ensure that off-ramp traffic will not spillback onto the freeway.

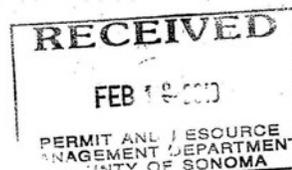
Should you have any questions regarding this letter, please call José L. Olveda of my staff at (510) 286-5535.

Sincerely,

[Handwritten signature of Lisa Carboni]

LISA CARBONI
District Branch Chief
Local Development - Intergovernmental Review

c: Scott Morgan, State Clearinghouse



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*Responses to Comment A.10***Response to Comment A.10.1**

*Commenter notes that any changes to signal timing at the southbound off-ramps to US 101 will require coordination with Caltrans.*

The comment is noted. Please see response to Comment O.14.25.

A.11 California Department of Transportation, Lisa Carboni (3 of 3)

Sent By: CALTRANS TRANSPORTATIO PLANNING; 510 286 5560; Mar-1-10 3:04PM; Page 1/1

A.11

STATE OF CALIFORNIA—BUSINESS, TRANSPORTATION AND HOUSING AGENCY

ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF TRANSPORTATION

111 GRAND AVENUE  
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March 1, 2010

SON-101-24.86  
SON101919  
SCH 2008022012

Mr. Steve Dee  
Sonoma County PRMD  
2550 Ventura Avenue  
Santa Rosa, CA 95403

Dear Mr. Dee:

**Sutter Medical Center of Santa Rosa/Luther Bank Memorial Foundation Joint Master Plan – Draft Environmental Impact Report (DEIR)**

A.11.1

Thank you for continuing to include the California Department of Transportation (Department) in the environmental review process for the proposed project. The following additional comments are based on our review of the DEIR.

**Signal Operations**

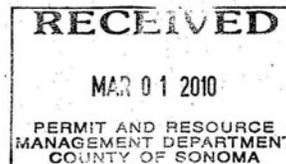
Please submit Synchro files for our review.

Should you have any questions regarding this letter, please call José L. Olveda of my staff at (510) 286-5535.

Sincerely,

LISA CARBONI  
District Branch Chief  
Local Development – Intergovernmental Review

c: Scott Morgan, State Clearinghouse



*"Caltrans improves mobility across California"*

*Responses to Comment A.11***Response to Comment A.11.1**

*Commenter requests Synchro files for their review.*

The County prepared the project traffic analysis using TRAFFIX. The rationale for using TRAFFIX can be found on page 5 of Caltrans' latest "Guide for the Preparation of Traffic Impact Studies," (December 2002), which states that TRAFFIX, Synchro, and Highway Capacity Software (HCS) are three computerized methods accepted for LOS analysis at signalized intersections. Note this is a statewide document used by all Caltrans districts. The document is available on the web:

<http://www.dot.ca.gov/hq/traffops/developserv/operationalsystems/reports/tisguide.pdf>

The advantages to TRAFFIX include that it:

- calculates green times; in the technical appendix, these are shown as "Green/Cycle" on the intersection calculation sheets. For example, if the green/cycle is shown as 0.15, and the cycle length is 100 seconds, the green time is 15 seconds (.15 times 100).
- calculates queue lengths using the *Highway Capacity Manual* (HCM) methods; in theory, if all inputs are the same, Synchro and TRAFFIX should give effectively the same result (queue length estimate)

Sutter's transportation planner, Steve Colman (Dowling and Associates, Inc.) believes it is more appropriate, if required, to reserve any Synchro analysis until a project is in its final design stage and more detailed planning parameters are set. It is the opinion of County staff and the EIR consultant that the TRAFFIX-based analysis provides an adequate assessment of potential traffic impacts associated with the proposed project.

The TRAFFIX files were submitted to Mr. Jose Olveda at Caltrans on March 3, 2010.

## 4.2 COMMENTS FROM ORGANIZATIONS

O.1 *Sonoma County Transportation & Land Use Coalition. Willard Richards*


SONOMA COUNTY TRANSPORTATION &amp; LAND USE COALITION

O.1

January 13, 2010

Steve Dee [sdee@sonoma-county.org](mailto:sdee@sonoma-county.org)  
 Environmental Review Division  
 Sonoma County PRMD  
 2550 Ventura Ave.  
 Santa Rosa, CA 95403

Re: Comment on Sutter Hospital DEIR

Dear Mr. Dee:

On behalf of the Sonoma County Transportation & Land Use Coalition we provide the below comments on the Sutter Hospital Draft Environmental Impact Report. We urge serious consideration of other locations for this hospital, because the distance of the Mark West Springs Road site is environmentally unsound. The distance that hospital users will travel to the site will generate unnecessary tailpipe emissions and greenhouse gases. The hospital will be located outside the Santa Rosa Urban Growth Boundary and will inevitably induce other medical facilities to locate nearby, overwhelming the Community Separator between Santa Rosa and Windsor and further adding to greenhouse gas emissions.

We request that the following items be addressed:

- O.1.1** 1. Greenhouse gas production in the short term relates directly to distances traveled to reach the hospital site by staff, patients, clients, visitors, and suppliers. In addition to the specific greenhouse gas tonnage attributable to vehicular travel for the proposed hospital (6,494 tons-per-year), please compute the tonnages for the existing hospital (Chanate), and for each alternative site within an urban growth boundary.
- O.1.2** 2. In the longer term, greenhouse gas reduction depends strongly on shifting travel from single-occupant vehicles to walkable and transit oriented developments. Policy-makers are entitled to have sufficient facts to make independent assessments of the relative attractiveness of the various feasible hospital sites for automobile users as compared with those who choose to walk or to use transit, paratransit, or ride bicycles.
- O.1.3** 2a. Please describe the specific geographic distribution, travel distances, and driving times for a representative sample of staff, patients, clients, visitors, and suppliers for the existing hospital (Chanate), and projected for the proposed hospital (at Mark West Springs Rd.), and for each alternative site within an urban growth boundary.
- 2b. Please describe the specific geographic distribution, travel distances, and travel times for a representative sample of transit-using staff, patients, clients, and visitors for the existing hospital (Chanate), and projected for the proposed hospital (at Mark West Springs Rd.), and for each alternative site within an urban growth boundary.

SCTLC, 55 Ridgway Ave., Suite A, Santa Rosa, CA 95401-4777

SCTLC re Sutter Hospital DEIR  
February 13, 2010 p. 2

- O.1.4** 2c. Please describe the specific geographic distribution, travel distances, and travel times for a representative sample of paratransit-using patients and visitors for the existing hospital (Chanate), and projected for the proposed hospital (at Mark West Springs Rd.), and for each alternative site within an urban growth boundary.
- O.1.5** 2d. Please describe the specific geographic distribution, travel distances, and travel times for a representative sample of bicycle-riding staff, patients, clients, and visitors for the existing hospital (Chanate), and projected for the proposed hospital (at Mark West Springs Rd.), and for each alternative site within an urban growth boundary.
- O.1.6** 3. Strong mitigation measures will be needed to reduce operational greenhouse gas emissions if the Mark West Springs site is approved. Please compute the extent to which operational greenhouse gas emissions can be reduced if all of the following measures could be adopted:
- 3a. Charge at least a dollar per hour for parking at the site.
  - 3b. Provide cash-out payments to staff members that do not drive single-occupant vehicles to the site.
  - 3c. Fund 15-minute public bus service serving the hospital, Santa Rosa and Windsor.
  - 3d. Reposition the entrances of hospital and other public buildings close to bus stops on Mark West Springs Road.
  - 3e. Provide an attractive and safe pedestrian route from the hospital site to the Wikiup Mall.
  - 3f. Substantially reduce the size of the parking area.
- O.1.7** 4. If any of the mitigation measures suggested by Comment #3 above are deemed infeasible or impractical, please state the reasons, and compute the extent to which operational greenhouse gas emissions can be reduced by all of the measures that are deemed feasible and practical.
- O.1.8** 5. Please describe the most practical and feasible combination of mitigation measures suggested in Comment #3 above, and compute the extent to which operational greenhouse gas emissions can be reduced by such measures.

We appreciate this opportunity to comment on the Draft EIR, and look forward to the information in the final Draft.

Sincerely,



Willard Richards, Chair

SCTLC, 55 Ridgway Ave., Suite A, Santa Rosa, CA 95401-4777

*Responses to Comment O.1***Response to Comment O.1.1**

*The commenter asks that the County compute the GHG “tonnages for the existing hospital (Chanate) and for each alternative site within an urban growth boundary.”*

The DEIR evaluated two off-site alternatives (Alternative 2: Shiloh Road/US 101 and Alternative 3: Todd Road/Moorland) and two partial off-site alternatives (Alternative 4A: Decentralized Alternative at Mark West and Todd Road/Moorland) and Alternative 4B: Decentralized Alternative at Mark West and Ring Site) (DEIR, pp. 6-20 to 6-71.) All of these off-site and partial off-site alternatives are within applicable urban growth boundaries. (As noted below, the proposed project site at Mark West Springs Road also is not outside any applicable urban growth boundaries).

The amount of greenhouse gas emissions associated with the proposed hospital at the Wells Fargo Center site, and the amount of emissions that would be expected at the full off-site and partial off-site alternative locations evaluated in the EIR, are expected to be substantially similar, for several reasons. First, the operational greenhouse gas emissions of the hospital building and the other buildings would be substantially similar at any of the locations, because each alternative includes the same level of development as the proposed project and will have to be constructed according to the same building standards. Accordingly, the on-site operational GHG emissions of each of the off-site alternatives are expected to be substantially similar to that of the proposed project. Second, as stated in the DEIR, the geologic conditions at each of the sites are substantially similar such that similar design measures would be required at each site. Thus each alternative would require soil surcharging and the greenhouse gas emissions associated with construction activity under alternative would be substantially similar.

Third, both the proposed project site and all of the full off-site and partial off-site alternatives evaluated in the DEIR are centrally located with respect to the overall patient population served by Sutter, and are also centrally located with respect to staff traveling to the hospital. Patient or customer trips are the predominant source of vehicle trips associated with a hospital and a medical office building, and thus are the predominant source of vehicle-related greenhouse gas emissions generated by the project. (This is reflected in the URBEMIS 2007 model, the model used to calculate operational vehicle emissions consistent with Bay Area Air Quality Management District guidance, as that model assigns 89.5 per cent of the vehicle trips to a medical office building to customers, and assigns 62.5 per cent of the vehicle trips to a hospital to customers. Staff or employee trips are a secondary but important source of vehicle trips and emissions. As reflected in Figures 6-1 and 6-2 of the DEIR, and in Attachments C.1 through C.3 of Master Response C: Site Selection and Alternatives in this FEIR, which show the geographic distribution of all patients treated at the current Sutter Medical Center, and the home zip codes of Medical Center staff, locating the proposed project at the alternative sites would not result in any significant decrease in the vehicle miles traveled by patients or staff. As Figure 6-1 demonstrates, there is a substantial regional component to Sutter’s patient base, with a substantial number of patients coming to the hospital from surrounding counties, and in particular a substantial number of patients from Mendocino and Lake Counties to the north.

Locating the project at one of the alternative sites (such as Shiloh Road/US 101, for example) would result in shorter vehicle miles traveled from one direction (from patients and staff traveling from north of Santa Rosa), but these reduced vehicle miles would be off-set by longer vehicle miles traveled from other directions (such as patients and staff traveling from south of Santa Rosa). Thus, for both the construction and operational components of greenhouse gas emissions associated with the proposed project, the emissions that would be associated with the proposed project at the Mark West site and the emissions that would be associated with the project under either of the full off-site alternatives or either of the partial off-site alternatives evaluated in the DEIR would be substantially similar. The conclusion regarding impact significance would also be the same for all alternatives – although the project will replace an old and inefficient medical complex and will incorporate numerous features that will reduce GHG emissions, the project emissions would exceed some of the potential thresholds that are currently being considered for adoption by the BAAQMD, and the impact is potentially cumulatively considerable and significant and unavoidable (DEIR, p. 3.4-51.)

For this reason, when the DEIR compared the air quality impacts of the two alternate locations and the two partial off-site alternatives, it concluded that the air quality impacts would be similar to proposed project, with the exception that the decentralized alternatives would be expected to have somewhat increased air quality impacts due to the need for vehicle travel between the two sites that would contain the project components (DEIR, pp. 6-22, 6-31 and 6-61.)

With respect to the existing Sutter facility at Chanate Road, comparing the greenhouse gas emissions associated with the proposed project at that location is not relevant because that location is not a feasible or potentially feasible alternative for the proposed project, for the reasons set forth in the DEIR at page 6-100 (as part of table 6-2 summarizing the County's reasons for not including various alternatives in the detailed analysis of alternatives in the EIR). Accordingly, the continued operation of the Chanate hospital does not form a baseline or "no project" alternative for this project, and is not further considered in the DEIR. Also, the existing conditions at the Chanate site were not used by the County as part of the existing conditions that form the environmental baseline for the impact analysis (in other words, to be sure that the EIR provides a cautions and conservative analysis, the analysis does not "take credit" for the existing emissions associated with Chanate and instead treats all emissions as new). Thus, calculating the air quality impacts associated with operations at the Chanate site is not relevant to evaluating the environmental impacts of the proposed new hospital. With these qualifications, on-site operational emissions of the proposed project at the Chanate would be greater than the proposed project, if the hospital were to continue operating in the existing buildings. Unlike the proposed project, which will be LEED-certified and will incorporate a variety of energy-efficiency features, the Chanate facility's structures were constructed in 1936, 1956, 1972, 1991, 2002 and 2004 and were not constructed to current energy efficiency standards and therefore generate greater GHG emissions related to electricity and natural gas usage than the proposed project. Operational emissions associated with vehicle travel to the site would be substantially similar to the proposed project, for the same reasons as stated above (central location with respect to patient and staff populations).

Finally, the County notes that the comment implies that the proposed new hospital is being moved outside an urban area in a manner that would substantially increase greenhouse gas emissions. The project does include moving the Larkfield-Wikiup Urban Service Boundary to

include the project site, but the implication of this comment is incorrect for several reasons. First, as noted above, the proposed project site and the off-site alternatives are all relatively centrally located with respect to the overall patient population served by Sutter as well as with respect to hospital staff. Patient and staff trips are the predominant source of vehicle trips associated with a hospital and its greenhouse gas emissions. Second, the project is not outside any applicable urban growth boundary. The project is not a City of Santa Rosa project (or a project serving only Santa Rosa) to which Santa Rosa's urban growth boundary would be relevant. Instead, the project is proposed to serve the entire County and is located in an area designated in the County General Plan as Public Quasi Public (DEIR, p. 3.10-5.) The purpose of this designation is to "provide sites that serve the community or public need and are owned or operated by government agencies, non profit entities, or public utilities." Hospitals are included among the land use permitting within area designated at Public Quasi Public. In other words, the project site has already been designated for urban development in the County General Plan. The proposed project site is also located adjacent to roads designated in the County General Plan as urban arterials, and adjacent to existing institutional, residential, and commercial development.

### **Response to Comment O.1.2**

*The commenter asks that the County describe the specific geographic distribution, travel distances, and driving times for a representative sample of staff, patients, clients, visitors, and suppliers for Chanate, the proposed project, and "each alternative site within an urban growth boundary."*

See response to Comment O.1.1, above. The geographic distribution of patients and staff are reflected in Figures 6-1 and 6-2 of the DEIR, and Attachments C.1 through C.3 of Master Response C: Site Selection and Alternatives, which show the geographic distribution of all patients treated at the current Sutter Medical Center, and the home zip codes of Medical Center staff. The County does not have information on the distribution of suppliers for the Chanate facility, and the URBEMIS model used to evaluate vehicle trips generated by hospitals and medical building indicates the vast majority of trips are from customers and staff. Representative travel times to the proposed project site and the alternative sites are set forth in Master Response C: Site Selection and Alternatives.

The DEIR evaluates the transportation and traffic impacts of development of the two full off-site alternatives, Shiloh Road/US 101 and Todd Road/Mooreland Avenue and the two decentralized alternatives, at pages 6-29 – 6-30 and 6-38 – 41, and 6-61 – 6-69. The DEIR concludes that the Shiloh Road/US 101 transportation/traffic impacts would be less than those of the proposed project, specifically with regard to congestion, while the impacts of the Todd Road/Mooreland Avenue were determined to be similar to those of the proposed project. The DEIR also concludes that the transportation/traffic impacts associated with development of Decentralized Alternatives 4A and 4B would be potentially greater than those of the proposed project due to the need for hospital users to travel between the Mark West Springs site and either the Todd Road/Moorland Avenue site (4A) or the Ring site (4B) to obtain services offered at the other site, as well as due to increase ambulance trips between the two sites.

As reflected in DEIR Figures 6-1 and 6-2, and in Attachment C.1 through C.3 of Master Response C: Site Selection and Alternatives, the distribution of Sutter Medical Center patients

and staff is quite dispersed. Accordingly, the location of the proposed project at these alternative sites would not be expected to result in any significant decrease in the vehicle miles traveled by patients or staff. This is because, while locating the project at one of the alternative sites might result in shorter vehicle miles traveled from one direction, these benefits would be off-set by longer vehicle miles that would have to be traveled from other directions.

See also Master Response D: Alternative Transportation and Public Transit regarding transportation options and needs of hospital and medical office building patients and employees.

### **Response to Comment O.1.3**

*The commenter asks that the County describe the specific geographic distribution, travel distances, and travel times for a representative sample of transit-using staff, patients, clients, visitors, and suppliers for Chanate, the proposed project, and “each alternative site within an urban growth boundary.”*

With respect to information about the geographic distribution of patients and staff, see responses to Comment O.1.1 and O.1.2.

As noted in the County’s Preliminary Analysis of Sutter’s Proposed Business Plan, July 2009, from an access perspective “the current location at Chanate is far from ideal; low-income patients are not particularly concentrated around the current facility which is located in a residential neighborhood several miles off the freeway. . . . the bus stop at the hospital is located across a busy road with fast moving traffic which make access for people with disabilities and/or small children more difficult” (Preliminary Analysis at p.16). Chanate is currently served only by a single bus route (City Bus Route 1) that takes approximately 27 minutes to travel from downtown to Chanate (DEIR, p. 3.15-94). As also noted in the County’s Preliminary Analysis of Sutter’s Proposed Business Plan, bus service from the Roseland area (a low income neighborhood of Santa Rosa) to the Chanate campus takes 45 minutes, compared with a 34 minute trip to the proposed project site (Preliminary Analysis at p. 17).

In contrast, as discussed in the DEIR at pages 3.15-94 through 3.15-95, three Sonoma County transit routes currently serve the project site, either along Mark West Springs Road or Old Redwood Highway (DEIR, p. 3.15-93). The project will include bus stops and shelter on both sides of Mark West Springs Road at the signalized main access intersection, and a sidewalk would be provided from the intersection to all project buildings (DEIR, p. 3.15-93). The travel time from the downtown Santa Rosa transit center to the project site or from the site back to downtown is approximately 13 minutes on Route 60 (DEIR, p. 3.15-94). Route 60 provides 16 – 17 weekday runs in each direction between 6:00 AM and 9:00 PM, and 8 runs a day each direction on weekends between 8:00 AM and 9:00 PM. (*Id.*) Additionally, Route 62 provides weekday services from downtown Santa Rosa to the project (7 runs each direction) between 7:30 AM and 5:30 PM (DEIR, p. 3.15-94). Also, since the DEIR was released, Sutter has met with both Santa Rosa Transit and Sonoma County Transit, and both agencies have indicated they will work with the County and Sutter to coordinate bus service before the hospital opens, if the proposed project is approved. (Personal communications to Tom Minard of Sutter Health in meetings with Sonoma County Public Works, Sonoma County Transit, and City of Santa Rosa representatives, including Steve Schmitz, Sonoma County Transit, February through May 2009, and Steve Roraus, Santa Rosa City Bus Operations Superintendent, 2010.)

The Shiloh Road/US 101 alternative is served by Sonoma County Transit at Shiloh Road at Old Redwood Highway, the Todd Road/Mooreland Avenue alternative is served by Sonoma County Transit at Todd Road at Mooreland Avenue, and Decentralized Alternative 4B, the Ring site is served by Santa Rosa Transit at Stony Point Road at Highway 12, and by Sonoma County Transit at Sebastopol Road at Hampton Way (*See* DEIR Appendix N2). The Shiloh Road site would also be served by Sonoma County Transit's Route 60 but it would take approximately 22 minutes to reach the site from the downtown Santa Rosa transit center (10 minutes longer than to the project site). The Todd Road/ Mooreland Avenue site would be served by Route 42 which would take approximately 16 minutes to reach the site from the downtown Santa Road transit center (3 minutes longer than to the project site). The Ring site would be served by Santa Rosa City Transit's Route 9 which would take approximately 5 minutes to reach the site from the downtown Santa Road transit center (less time than to the proposed project site).

The comment appears to be requesting more detailed information than is required to compare the environmental impacts of the alternatives. CEQA requires an EIR to "include sufficient information about each alternative to allow meaningful evaluation, analysis, and comparison with the proposed project" (CEQA Guidelines §15126.6(d)). The DEIR contains sufficient information to allow for this analysis. CEQA does not require a lead agency to conduct every recommended test and perform all recommended research to evaluate the impacts of a proposed project (CEQA Guidelines, § 15204(a)).

#### **Response to Comment O.1.4**

*The commenter asks that the County describe the specific geographic distribution, travel distances, and travel times for a representative sample of paratransit-using staff, patients, clients, visitors, and suppliers for Chanate, the proposed project, and "each alternative site within an urban growth boundary."*

Sonoma County Transit provides door-to-door, reservation-based, paratransit services in specially-modified passenger vehicles. Accordingly, the discussion of the relative vehicle miles traveled to Chanate, to the project site, or to alternative sites in responses to Comment O.1.1 and O.1.2 and in Master Response C: Site Selection and Alternatives is also reflective of vehicle miles traveled by paratransit users.

#### **Response to Comment O.1.5**

*The commenter asks that the County describe the specific geographic distribution, travel distances, and travel times for a representative sample of bicycle-riding staff, patients, clients, visitors, and suppliers for Chanate, the proposed project, and "each alternative site within an urban growth boundary."*

As discussed in the DEIR, the proposed project would include County-required bike racks and lockers (DEIR, p. 3.15-93). A Class II bicycle lane would also be provided in the eastbound direction along the project's Mark West Springs frontage road. (*Id.*) Class II lanes are dedicated bicycle lanes. In contrast, the Santa Rosa Bicycle Plan shows Chanate Road as a Class III bicycle lane. Class III lanes are defined as roads where bicycle traffic is promoted but there is no separate lane or path.

With regard to the off-site alternatives considered in the DEIR, Shiloh Road at US 101 is listed on the Town of Windsor's Bicycle Plan as a "proposed Class II bicycle lane" and Todd Road at Moorland Avenue is listed on the Santa Rosa Bicycle Plan as a "proposed Class II bicycle lane." Stony Point Road, which runs to the Decentralized "Ring" site alternative is also listed on the City of Santa Rosa's Bicycle Plan as a "proposed Class II bicycle lane."

Also, as reflected in DEIR Figures 6-1 and 6-2, and in Attachments C.1 through C.3 of Master Response C: Site Selection and Alternatives, the distribution of Sutter Medical Center patients and staff is quite dispersed. Accordingly, the location of the proposed project at either of these other two sites would not be expected to result in any significant decrease in the miles traveled by bicycle users. This is because, while locating the project at one of the alternative sites might result in shorter vehicle miles traveled from one direction, these benefits would be off-set by longer vehicle miles that would have to be traveled from other directions.

The comment appears to be requesting more detailed information than is required to compare the environmental impacts of the alternatives. CEQA requires an EIR to "include sufficient information about each alternative to allow meaningful evaluation, analysis, and comparison with the proposed project" (CEQA Guidelines §15126.6(d)). The DEIR contains sufficient information to allow for this analysis. CEQA does not require a lead agency to conduct every recommended test and perform all recommended research to evaluate the impacts of a proposed project (CEQA Guidelines, § 15204(a)).

#### **Response to Comment O.1.6**

*The commenter asks that the County compute the reduction in GHG emissions that would be achieved by implementing certain proposed mitigation measures. The commenter asks for an explanation as to why any of the measures are "deemed infeasible or impractical" and asks for a computation of the reduction in GHG emissions that could be achieved from implementing whichever of the proposed mitigation measures are "deemed feasible and practical."*

- (a) *Charge for parking at the Project site.* Mitigation Measure AIR-7 requires the project to include priority parking for carpools and vanpools to help reduce the number of single occupant vehicle trips. Charging for parking at the project site, or providing cash payments to employees who do not drive, is not a practical way to reduce vehicle trips or associated emissions, given the unique travel patterns associated with a hospital complex. As explained in Master Response D: Alternative Transportation and Public Transit, these travel patterns are substantially different than those associated with an office building or other use where the predominant source of vehicle trips are employees who commute during the same time frame at peak hours. Many employees at a hospital must of necessity arrive at off-peak times when other transportation options are not available (the hospital has round the clock shifts). Also, many inpatients traveling to the hospital by car are being transported by someone else, and then picked up by someone else, thus those trips are not single occupancy trips. Doctors and many staff also travel between the hospital and other offices, and require the flexibility of a car to do so. Admitting physicians, for example, come and go as they need, based on their schedules and patient admittance schedules. Fees or cash-out payments thus would not substantially reduce greenhouse gas emissions associated with vehicle travel to the project.

Also, charging for parking would be inconsistent with the ongoing operation of the Wells Fargo Center, which does not charge for parking. Such charges levied on Wells Fargo Center patrons would discourage the use of the Wells Fargo Center as an entertainment venue, or if charges were levied only on cars traveling to the medical complex, would create confusion given the shared parking arrangement that is part of the project. Such charges also would not help to shift trips out of cars, as transit service is not frequently available on weekends or late in the evening when entertainment events conclude. Also, a substantial majority of the customers traveling to most events at the Wells Fargo center are traveling together, so the majority of Wells Fargo Center event trips are not single occupancy vehicle trips (Personal Communication from Marc Hagenlocher, Wells Fargo Center Director of Operations, dated March 25, 2010).

- (b) *Substantially reduce the parking area.* Reducing the parking area provided for the project would not be expected to reduce GHG emissions associated with the project because it would not be expected to reduce the number of drivers coming to the project site. The likely result of a reduced parking area would be to interfere with parking for the Wells Fargo Center. Also, as discussed in the DEIR, the project is not over-parked. In fact, “based upon proposed and code-required parking, the Sutter project would be providing 361 fewer spaces than required by code for Phase II (of the proposed project) and 559 fewer spaces than required by code for Phase III” (DEIR, p. 3.15-85).
- (c) *Provide payments to staff who do not drive single-occupant vehicles.* As stated above in response to Comment O.1.6(a), cash payment programs generally are not an effective way to reduce vehicle trips or associated emissions at a hospital complex, given the unique travel patterns associated with a hospital complex. The patterns of travel by most staff to hospitals are substantially different than those associated with an office building or other use where the predominant source of vehicle trips are groups of employees who commute during the same time frame at peak hours. Many employees and staff at a hospital must necessarily arrive or depart at off-peak times when other transportation options are not available, given that the hospital has round the clock shifts and that the timing of the presence of many employees dictated by the needs for providing care. For this same reason, the time at which hospital staff must be present is dictated by the needs of the patients being served at the hospital, and cannot be so easily adjusted to accommodate transit and carpooling as is the case with staff and employee positions outside of an acute care context. Generally, research on parking cash-out programs at office complexes has shown that such programs can reduce vehicle miles traveled to work sites in urban areas by approximately twelve per cent (California Air Resources Board, *Evaluating the Effects of Parking Cash Out: Eight Case Studies*, 1997, at iii) but the anticipated amount of vehicle mile and emission reduction from a cash out program at the hospital complex would be expected to be substantially less due to the substantial amount of off-peak travel. Also, as indicated on the map showing the distribution of Sutter employees (Attachment C.3 to Master Response C), Sutter's employees are substantially dispersed throughout the County, making it difficult to carpool or use transit as an alternative to driving to the hospital complex. In sum, providing payments to staff who do not drive single occupant vehicles would not be an effective means of substantially minimizing the emissions associated with the project.

- (d) *Reposition entrances to Project close to Mark West Springs bus stop.* As proposed, the project is already easily accessible to users of public transit. The project will include bus stops and shelter on both sides of Mark West Springs Road at the signalized main access intersection and sidewalks will be provided from the intersection to all project buildings (DEIR, p. 3.15-93). Thus the project includes crossing protection for pedestrians. It should be noted that the proposed hospital will be closer to the bus stop on the south side of Mark West Springs Road than the existing Chanate facility is to the bus stop on Chanate (710 feet compared to 728 feet). (Personal communication from Tracy Clark, Sutter Facilities Coordinator, and Brelje & Race Engineers, dated April 28, 2010.)
- (e) *Fund 15 minute public bus service to the site.* The DEIR evaluated the adequacy of transit service to the site, and found that there was no significant impact relating to transit access (DEIR, p. 3.15-93-94). Providing more frequent transit service to the Project site could reduce passenger vehicle trips to the Project site by some amount, but it is not possible to estimate the amount of such reduction. Given the dispersed location of patients served by the hospital, the fact that most vehicle trips are generated by customers, and the fact that many patients are driven to the hospital by someone else (see response to (a) above), it is likely that most persons traveling to the Medical Center will continue to do so by passenger vehicle. Also, County transit elsewhere generally is not provided at fifteen minute intervals, so funding more frequent service to the hospital than is provided elsewhere would result in the funding of bus routes that do not connect to other bus routes on the County system. Also, as stated above, both Santa Rosa Transit and Sonoma County Transit have indicated they will work with the County and Sutter to coordinate bus service before the hospital opens, if the proposed project is approved.
- (f) *Provide a pedestrian route from the Project site to “Wikiup” Mall.* The project includes a pedestrian path to the Larkfield Shopping Complex. A complete renovation of the Old Redwood Highway/Mark West Springs Road intersection is being proposed by the project. This redesign improves traffic flow, adds capacity, and focuses on pedestrian safety and way finding. Improved pedestrian movement is provided for those coming to or from the north on Old Redwood Highway as a pedestrian path will be provided along with Class I bike lanes on both sides of Old Redwood Highway. The project will close the pedestrian path “gap” that currently exists between E. Fulton and the north end of the BerryBrook sidewalk. In the process of renovating the intersection Public Works is recommending that the eastbound left movement out of E. Fulton Road be eliminated and a pedestrian refuge island added (to significantly improve pedestrian safety at this crossing). See response to Comment O.14.35 for text revisions to Mitigation Measure TR-12.

In sum, the measures proposed by the commenter, either individually or collectively, are not considered likely to substantially lessen the project’s significant and unavoidable GHG emissions. For additional discussion, please see Master Response E: Greenhouse Gas Emissions.

## O.2 North Sonoma County Hospital District, Evan J. Rayner, and William Hawn



NORTH SONOMA COUNTY  
HOSPITAL DISTRICT

*Quality, Compassionate Care*

January 11, 2010

O.2

**VIA FACSIMILE and U.S. MAIL**  
**707.565.1103**

Steve Dee, Environmental Review Division  
Sonoma County PRMD  
2550 Ventura Avenue  
Santa Rosa, CA 95403-2829

*Re: Comments on Adequacy of DEIR*

Dear Mr. Dee:

On behalf of the North Sonoma County Healthcare District, which owns and operates Healdsburg District Hospital, we offer the following comments regarding the Draft Environmental Impact Report ("DEIR") for the proposed Sutter Hospital facility ("Project"). The DEIR has significant deficiencies and omissions that defeat the purpose of a complete and accurate disclosure of potential impacts resulting from the Project. The immediate concerns are regarding the following issues:

O.2.1

1) The DEIR provides an incomplete discussion of secondary environmental impacts resulting from economic impacts resulting from the Project. The DEIR itself devotes little more than a page to discussing potential market impacts, and is limited to impacts upon bed occupancy, with no discussion of the impacts of the combined medical functions.

O.2.2

1-a The only issue discussed is the possible impact of additional patient load should the Chanate facility be closed without a replacement. The DEIR refers to a County analysis of the preliminary business plan that projects limited impacts, but the County study does not appear to be included in either the body of the DEIR nor in the listed Appendices. This document should be provided with the DEIR.

O.2.3

1-b The 2008 revised Business Plan should also be included within the DEIR documentation, since it will provide further information as to the relationship of the proposed new facilities to existing operations.

O.2.4

1-c The section needs to evaluate whether the concentration of critical care beds will adversely affect other medical services and providers in the County.

1-d The section needs to evaluate the existing medical office space in the County, the vacancy rate, the scale of increase proposed by the Project, and the potential for adverse impacts upon existing medical office complexes.

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Steve Dee  
 Environmental Review Division  
 Sonoma County PRMD  
 Page 2 of 4  
 January 11, 2010

- O.2.5** [ 1-e The section needs to evaluate the degree to which the Medical Office Building as proposed may adversely impact existing facilities due to loss of resident physicians to the new Project complex.
- O.2.6** [ 1-f The ownership and control of the Medical Office Building needs to be described to determine the degree of connection to or autonomy from the Sutter operations.
- O.2.7** [ 1-g To the extent that the Project may undercut or weaken emergency room services at existing facilities, the DEIR must examine any health impacts associated with longer flight times for emergency helicopter flights.
- O.2.8** [ 1-h An analysis of the potential for urban blight resulting from the closure of one or more District or other local Hospitals should be included. The potential for such a closure arises from the concentration of resident physicians at the Project complex, the resulting elimination of referral sources for District or other local Hospitals, and the redirection of patient flows.
- O.2.9** [ 1-i Since the Project may undercut the continuing operation of community health facilities, the DEIR must review the implications of facility closure, including facility financing, ease of facility conversion to other uses, the potential secondary impacts of that facility conversion, etc.
- O.2.10** [ 2) The DEIR provides an incomplete description of the proposed Project and Project setting. The DEIR provides what is identified as the Project Description in Section 2.0 of the document, to include the current land uses, the “existing Sutter Medical facilities”, a project description, project phasing, and other issues.

2-a The description of the existing Wells Fargo Center (WFC) is incomplete and omits information that is essential for understanding the Project Setting and assessing potential Project impacts. The DEIR identifies three performance venues by available seating, but provides no description of the size or location of the three venues, nor is there any description of the frequency of use, the frequency of multiple events, and so on. Without that information, the magnitude and frequency of event impacts cannot be known.
- O.2.11** [ 2-b The WFC website lists additional enclosed venues beyond the three noted above. The size, use capacity, type of use, frequency of use and frequency of overlapping events must be discussed.

Steve Dee  
 Environmental Review Division  
 Sonoma County PRMD  
 Page 3 of 4  
 January 11, 2010

- O.2.12** 2-c The DEIR also notes that additional interior uses include the Santa Rosa Christian School and the Education Through the Arts program. Both programs must be described in terms of their location, the frequency and intensity of use, staffing, members/attendees, and so on (DEIR pg 2-4,9).
- O.2.13** 2-d The DEIR also references various outside uses, including special events on two different lawn areas, described as the South Field and East Lawn. The size, nature, frequency and duration of these events must be described to be able to account for all uses and demands upon the WFC facilities. This should include, but not be limited to, size of event, parking demand, start and stop times relative to impacts upon neighbors, traffic impacts, competing parking demands, current noise levels, convergence of impacts from multiple events, etc.
- O.2.14** 2-e Previous applications to expand activities and uses of the WFC site have been submitted to the County, including the "25-year Master Plan" of 1999. That application listed additional uses of structures not identified in the DEIR, including meeting rooms, adult education functions, and a museum. The status of these proposed uses must be specified relative to size, staffing, hours of operation, frequency and intensity of use, and other variables as noted above.
- O.2.15** 2-f Section 2.2.2 is titled "Existing Sutter Medical Facilities" but provides almost no information relevant to the DEIR and its assessment of impacts. The only quantitative data provided is that Sutter currently employs about 1,200 people. There is no information on the size of buildings, uses by structure and area (administrative office, hospital rooms, clinics, diagnostic facilities, and so on). To understand the impacts of relocating the facility, it is obviously essential to know what is currently the operation.
- O.2.16** There must also be a discussion of any spaces being used by affiliated doctors, agency offices or services, the provisions of parking spaces and public transportation support facilities.
- O.2.17** There must be a discussion of the volume of patient/client activity at the current facility, including discussion of high demand periods, length of stay. Similarly, a discussion of the hours in which different categories of employees, contract service providers, tenants, etc are on site is essential.
- O.2.18** 2-g Since there is no discussion of what services are currently present on the Sutter site, it is impossible to know what activities and functions are being relocated, in contrast to uses that might be able to remain at the Chanate facility. While the hospital function is being relocated to address state regulatory requirement, it is unclear what corollary uses can and would continue. This needs to be explored in greater detail relative to continuing uses, associated traffic and noise, etc.

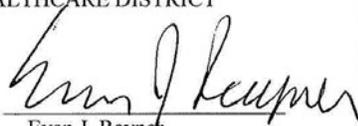
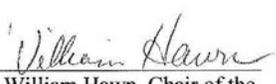
Steve Dee  
 Environmental Review Division  
 Sonoma County PRMD  
 Page 4 of 4  
 January 11, 2010

**O.2.19** 2-h The discussion of the Sutter portion of the proposed Project identifies new structures by general size and/or use (such as hospital beds). The discussion of the scope of activities in all three buildings is too abbreviated to properly analyze impacts. The breadth of uses in the “Medical Office Building” is unclear, and cites both affiliated and independent doctor’s offices. The function of the Physicians Medical Center is also unclear as owner/operator, the time and intensity of uses, and so on.

**O.2.20** 2-i Both the “Sutter Medical Center Hospital” and the Physicians Medical Center are proposed to provide acute care in-patient and out-patient services. The distinction between these uses needs to be fully explained as to service population, clients, staffing, visitor services, etc. The relative allocation of space for both buildings must be provided, including hospital rooms, offices, service functions, diagnostic services, visitor services, staff/administrative areas, and so on.

**O.2.21** 2-j The description of the proposed revisions to the WFC activities is unacceptably vague. The DEIR describes the Phase 1 activities as including retaining the East Lawn and South Field functions, but only makes the nebulous statement that “the proposed outdoor events would be substantially consistent with the activities that have historically been undertaken” (DEIR pg. 2-18). The word “substantially” suggests some changes are planned. It is unclear if the size, frequency, duration, and facility demands will actually be significantly increasing. The proposed Use Permit parameters included as Table 2-3 suggest that almost continuous events are intended with a total of 8 “large” events, 65 “medium” events, and 130 “small” events per year.

**O.2.22** 2-k The scope of uses proposed for the two lawn areas needs to be compared to current uses relative to number of attendees, limits on hours of operation, days of week, noise sources, parking, public transportation, traffic generation, staffing levels, number of attendees, and all other variables proposed to be governed through a revised Use Permit.

NORTH SONOMA COUNTY HEALTHCARE DISTRICT  By:  Evan J. Rayner Chief Executive Officer	NORTH SONOMA COUNTY HEALTHCARE DISTRICT  By:  William Hawn, Chair of the Board of Directors
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*Responses to Comment O.2***Response to Comment O.2.1**

*The commenter states that the EIR discussion of secondary impacts is incomplete and limited to impacts on bed occupancy with no discussion of impacts of combined medical functions. The commenter also states that the County's analysis of Sutter's business plan should be included in the EIR.*

The EIR discusses potential secondary effects on pages 5-3 and 5-4, concluding that no significant secondary environmental effects are expected to occur. This analysis was based on consideration of “the Sutter project, including the potential redistribution of patients.” The analysis in the EIR focused on the redistribution of patients because that issue had been the focus of comments at some of the workshops that the County held on Sutter’s 2009 Revised Business Plan. The analysis in the EIR, however, is based on evaluation of the project as a whole, and not only the potential redistribution of patients. See Master Response F: Indirect Environmental Impacts.

The County study (“Preliminary Analysis of Sutter’s 2008 Revised Business Plan, dated July 14, 2009) was referenced in the EIR’s discussion of secondary impacts and was, and continues to be, available on the County’s website at [http://www.sonoma-county.org/health/admin/pdf/preliminary\\_analysis\\_of\\_sutter\\_2008\\_revised\\_bus\\_plan\\_07\\_14\\_09.pdf](http://www.sonoma-county.org/health/admin/pdf/preliminary_analysis_of_sutter_2008_revised_bus_plan_07_14_09.pdf). It is not included as an Appendix, however, because the study primarily relates to health care issues. EIR appendices are technical studies relating to environmental impacts of a project, pursuant to the direction in CEQA Guideline 15147 that an EIR analysis of environmental impacts should include summarized technical data, with placement of technical and specialized analysis in appendices. CEQA Guideline 15148 governs citation of documents in an EIR, and states that preparation of an EIR is dependent on “documents from many sources, including engineering project reports and many scientific documents relating to environmental features. These documents should be cited but not included in the EIR.” Consistent with this Guideline, the County’s Preliminary Analysis and similar documents were cited but not included in the EIR.

**Response to Comment O.2.2**

*The commenter states that the 2008 Revised Business Plan should be included in the EIR as it provides further information as to the relationship of the proposed new facilities to existing operations.*

The Business Plan was not included in the EIR because it does not provide information about the environmental impacts of the project. The information necessary to evaluate the environmental impacts of the project was set forth in the project description, where the various components of the proposed project are described. The details of the 2008 Revised Business Plan relate to economic and social issues in the context of Sutter’s plan for complying with the Health Care Access Agreement. Also, CEQA Guideline 15124 setting forth the contents of an EIR project description states that the project description should include a “general description” of the project, and does not require that underlying project documents be included in the EIR. As noted above, CEQA Guideline 15148 also provides that source documents generally should be cited

but not included in the EIR.” Consistent with this Guideline, the 2008 Revised Business Plan and similar documents were cited but not included in the EIR.

### **Response to Comment O.2.3**

*The commenter states that the EIR analysis of secondary impacts should evaluate whether the concentration of critical care beds will adversely affect other medical services and providers in the County.*

The potential effect of Sutter’s proposed project on various aspects of health care delivery, including a possible impact on other medical services and providers, is an economic and social issue, not an environmental one. This EIR has evaluated whether potential impacts on health care services will give rise to any potentially significant environmental impacts, and concludes that no significant secondary environmental effects are expected to occur. See Master Response F: Indirect Environmental Impacts.

### **Response to Comment O.2.4**

*The commenter states that the EIR analysis of secondary impacts should evaluate the existing medical office space in the County, including vacancy rates, the increase in office space proposed by the project, and the potential for adverse impacts upon existing medical office complexes.*

The potential effect of the medical office building that is part of Sutter’s proposed project on other medical office buildings is an economic and social issue. Consistent with CEQA, this EIR has evaluated whether potential impacts on health care services will give rise to any potentially significant environmental impacts, and concludes that no significant secondary environmental effects are expected to occur.

If the new medical office building does have some economic impact on other medical office buildings, experience in the County demonstrates there is no foreseeable significant environmental impact associated with that economic impact. There is periodic turnover in the occupancy of medical office buildings. There have been recent vacancies, for example, in some of the medical office buildings surrounding the Warrack hospital site, which was closed in 2008. Sutter manages some of those medical office buildings. The absence of any blight is confirmed by Sutter’s Regional Director in charge of these buildings (letter from Michael Cohill to Scott Briggs, dated March 29, 2010). There have also been periodic vacancies in the medical office buildings behind the Chanate campus. Those vacancies have not resulted in any significant blight, urban decay, or other environmental impacts, however.

### **Response to Comment O.2.5**

*The commenter states that the EIR should evaluate the degree to which the medical office building may adversely impact existing facilities due to the loss of resident physicians.*

The impact of Sutter’s proposed project on various aspects of health care delivery, including a possible impact on other medical services and providers, is an economic and social impact. This EIR evaluated whether potential impacts on health care services will give rise to any potentially

significant environmental impacts, and concludes that no significant secondary environmental effects are expected to occur.

### **Response to Comment O.2.6**

*The commenter states that the ownership and control of the medical office building should be described to determine the degree of connection to the Sutter operations.*

This is an economic issue rather than an environmental impact issue. It is the County's understanding that Sutter currently anticipates that the medical office building will be controlled by the Sutter Medical Foundation, and that Sutter hopes that a majority of the offices in the building will be occupied by practitioners associated with the Foundation. The building may be owned by a developer, however, and the building is anticipated to include some independent physician offices in addition to practitioners associated with the Foundation (letter from Michael Cohill to Scott Briggs, dated March 29, 2010). The specific occupancy of the building cannot be known at this time, however.

### **Response to Comment O.2.7**

*The commenter states that, to the extent the project may undercut or weaken emergency room services at existing facilities, the EIR must examine health impacts associated with longer flight times for emergency helicopter flights.*

Please see Master Response F: Indirect Environmental Impacts, Section 3.7.2.

### **Response to Comment O.2.8**

*The commenter states that the EIR must evaluate the potential for urban blight resulting from closure of one or more hospitals.*

The County did evaluate whether the new hospital would result in any adverse significant environmental effects such as blight, and concluded that no such significant effects are expected to occur (DEIR, pp. 5-3 to 5-4). The County's recent experience with a hospital closure confirms this. Sutter closed its Warrack hospital campus in Santa Rosa in 2008, and that building is currently largely vacant. This closure has resulted in some recent vacancies, for example, in some of the medical office buildings surrounding the Warrack hospital site. Those vacancies have not resulted in any significant blight, urban decay, or other environmental impacts, however. Also, a number of medical offices have moved to the northern end of Mendocino Avenue and Fountaingrove over the past two decades, vacating other spaces in the Santa Rosa area. Those vacated offices throughout Santa Rosa have subsequently transitioned into other uses or been occupied by other medical offices and no significant blight or urban decay has occurred as a result of the transition (see response to Comment O.2.4). Finally, even in the unexpected event that a district hospital were to close due to various economic pressures, the district hospitals are located in urban environments surrounded by substantial mixed uses, in areas that would be desirable for other businesses to relocate.

**Response to Comment O.2.9**

*The commenter states that the project may undercut continuing operation of other health facilities, so the EIR must review the implications of facility closure.*

The DEIR concludes at page 5.3-4 that there is no foreseeable adverse environmental impact on other hospitals, and there may be some positive impacts. As stated above in response to Comment O.2-8, even in the unexpected event that a district hospital were to close, that closure will not result in reasonably foreseeable significant adverse environmental impacts.

**Response to Comment O.2.10**

*The commenter states that the project description is incomplete.*

The project description in the EIR includes all of the information required by CEQA Guideline 15124, which sets forth the requirements for a project description. These required elements of a project description, and the corollary discussion in the DEIR, are set forth below:

- Location and boundaries of the proposed project, on a detailed map and a regional map – Figure 2-1 and 2-2
- Statement of the objectives of the proposed project – pages 2-1 to 2-3
- General description of the proposed project – pages 2-10 to 2-21
- Statement describing the intended uses of the EIR and related project approvals – pages 2-22 to 2-24

The second part of the comment questions the adequacy of the project description with respect to existing Wells Fargo Center activities and venues. The commenters' concerns are addressed in Master Response G: Existing and Proposed Uses at the Wells Fargo Center, which clarifies the type of existing events at the Center and describes how the proposed use permit will not result in any new or expanded uses there.

**Response to Comment O.2.11**

*The commenter requests that the size, use capacity, type of use and frequency of overlapping events at the Wells Fargo Center be discussed.*

The new use permit is described in the Project Description on pp. 2-15–2-16 of the DEIR. The comment is addressed in G: Existing and Proposed Uses at the Wells Fargo Center/Luther Burbank Memorial Foundation (LBMF).

**Response to Comment O.2.12**

*The commenter request a description of the Santa Rosa Christian School and Education Through the Arts program in terms of their location, frequency and intensity of use, staffing, and members/attendees.*

See Master Response G: Existing and Proposed Uses at the Wells Fargo Center.

**Response to Comment O.2.13**

*The commenter requests that outside events at the Wells Fargo Center be described.*

See Master Response G: Existing and Proposed Uses at the Wells Fargo Center.

**Response to Comment O.2.14**

*The commenter requests that status of previously proposed expanded activities and uses at the Wells Fargo Center be provided.*

See Master Response G: Existing and Proposed Uses at the Wells Fargo Center.

**Response to Comment O.2.15**

*The commenter requests information on the size of Sutter's existing facility at Chanate, and quantitative information on the uses at the existing facility by size and area, stating that information about the current operation is essential to understanding the impacts of the proposed project.*

With the exception of information regarding the number of existing hospital helicopter flights, information about Sutter's existing facility, including specific information about the size and area of various uses, is not necessary to understanding the environmental impacts of the proposed project. The design and layout of the proposed hospital and other facilities are not based upon the existing and outdated layout and design at Chanate. The new hospital is being designed to modern standards, and places various departments in proximity to each other in a manner that reduces the overall square footage needed.

Sutter's existing facility is, however, briefly described in the DEIR at page 2-9. As described in the DEIR, the Sutter Santa Rosa Medical Center at Chanate is a community-based, not-for-profit hospital serving Sonoma County and neighboring communities. It currently employs up to 1,200 people. (*Id.*) It has two specialty units, including Adult and Neonatal Intensive Care in addition to the Heart Center for advanced cardiology services and a helistop. (*Id.*)

The CEQA Guidelines specify that an EIR project description is to set forth a "general description" of the proposed project. The proposed project is discussed in detail in the DEIR at pages 2-10 through 2-21. As stated in the DEIR at page S-1, Sutter is proposing to build a "new hospital" not simply to relocate the uses and buildings from the Chanate campus. Thus, the relevant information for the purpose of assessing the project's environmental impacts is that information set forth in the project description, not the existing facilities at Chanate.

**Response to Comment O.2.16**

*The commenter requests information on the parking spaces being used by "affiliated doctors, agency offices, or services" and parking and public transportation support facilities. This comment appears to refer to the use of the existing parking spaces at the Chanate campus.*

The proposed parking for the new hospital is described in the EIR project description, including the number of spaces, and is shown on the graphics included in the project description (DEIR, figures 2-3, 2-4, and p. 2-21). As explained above in response to Comment O.2.15, Sutter is

building a new hospital and not simply relocating existing facilities to a new site, so the project description appropriately includes a description of the proposed new facility.

Also, a description of the parking at Chanate is not relevant to describing the environmental baseline or “no project” conditions. As stated at page S-1 and elsewhere in the EIR, pursuant to the Hospital Facilities Seismic Safety Act and SB 1953, the Chanate campus must close by 2013. Retrofitting to allow for continued operation of the Chanate facility is not feasible because OSHPD likely would not approve the retrofit of Chanate based on the existence of a seismic fault line on the site (DEIR, Table 6-2, p. 6-101). Thus, the current uses and configurations at the Chanate campus, including parking and public transportation support facilities, are not relevant to evaluating the environmental impacts of the proposed project.

### **Response to Comment O.2.17**

*The commenter asks for information regarding the volume of “patient/client activity” at Chanate, including a discussion of “high demand periods, length of stay, and hours of categories of employees, contract services providers, tenants etc.”*

As noted in response to Comment O.2.16, the EIR project description is appropriately based on the new proposed hospital, not the existing facilities. Also, Chanate does not form a baseline or “no project” alternative for this project, so the current uses of Chanate are not relevant to evaluating the environmental impact of the proposed project. Some information regarding Sutter’s existing operations, such as the typical hours of employees, helped inform estimates of the peak hours for employee-related traffic at the proposed project site; that information was incorporated into the DEIR’s Transportation and Traffic Analysis. For instance, Tables 3.15-16 and 3.15-17 present Project Trip General Analysis based on estimates of traffic generated by all components of hospital and medical office operations including employees, patients, visitors and deliveries (DEIR pp. 3.15-44 – 3.15-45). Similarly, the number of helicopter flights likely to occur at the proposed project site were estimated based on historical data of helicopter flights to the Chanate facility.

### **Response to Comment O.2.18**

*The commenter asked what activities and functions will be relocated from Chanate to the Project site and what “corollary uses can and would continue” at the Chanate site.*

Under the state seismic safety laws, the existing Sutter Medical Center of Santa Rosa at 3325 Chanate Road would no longer be eligible for licensure as a hospital as of January 1, 2013 (DEIR p. S-2). The DEIR concludes that “it is too speculative at this time to predict what would happen to the existing buildings at 3325 Chanate Road, other than they would not be occupied by a hospital and would likely require, at a minimum extensive upgrading prior to any new occupancy” (DEIR p. 6-15). Sutter will be ceasing its occupancy of the Chanate campus, so none of the existing Sutter hospital uses will remain at Chanate. The uses that will be at the new hospital are fully described in the project description at pages 2-10 through 2-21. There are other non-hospital uses on the County land at Chanate, including the administrative offices of the County Department of Health Services, the County morgue, a bird sanctuary, and a homeless shelter. (Comprehensive County Facilities Plan, Request for Statement of Qualifications, February 2, 2009).

Any decision regarding reuse of the Chanate site will be made by the County, which owns the site. In February 2009, the County began the process of preparing a comprehensive plan for County facilities and real estate, including the Chanate site. As stated in the Request for Statement of Qualifications dated February 2009, that facilities planning process is anticipated to be completed in 2011. This target date was confirmed in a report to the Board of Supervisors in August 2009. The County has not developed any specific proposals for reuse of the Chanate campus at this time. The charter for this Comprehensive County Facilities Plan stated that “all or parts of the Chanate Complex may or may not be retained by the County for the long term.” (Project Charter, Strategic Plan Project #37: Comprehensive County Facilities Plan, available on the County website at [http://www.sonoma-county.org/strategic/pdf/20080708\\_county\\_facilities.pdf](http://www.sonoma-county.org/strategic/pdf/20080708_county_facilities.pdf)).

### **Response to Comment O.2.19**

*The commenter asks what uses are proposed for the Medical Office Building and states that the “function of the Physicians Medical Center is also unclear as to owner/operator, the time and intensity of uses, and so on.”*

As described in the DEIR, the Medical Office Building will house “medical center administrative activities and operations” (DEIR, p. 2-20). Further, Project Objective 10(D) states that it is the project sponsor’s objective to develop a Medical Office Building “that can accommodate physicians affiliated with Sutter Medical Foundation North Bay, as well as independent physicians, and provide supplemental hospital services to support the Sutter Medical Center and Physicians Medical Center” (DEIR p. 2-3). See also response to Comment O.2.6.

As described in the DEIR, the Physicians Medical Center will house “an acute care inpatient and outpatient facility providing for inpatient and outpatient surgery and also providing a full range of outpatient hospital services” (DEIR, p. 2-20). The Physicians Medical Center will include 28 licensed beds and will contain approximately 100,000 square feet of floor area. (*Id.*) Further, Project Objective 10(C) states that it is the project sponsor’s objective to develop a Physicians Medical Center that “will comply with the Hospital Facilities Seismic Safety Act and provide 24-hour inpatient care, including medical, nursing, surgical, intensive care, anesthesia, laboratory, radiology, and pharmacy services” (DEIR, p. 2-2). See also response to Comment I.3.8.

### **Response to Comment O.2.20**

*The commenter asks for information about the distinction between the uses of the Sutter Medical Center Hospital and the Physicians Medical Center with regard to service population, clients, staffing and visitor services. The commenter also asks about the relative allocation of space for each function in the two buildings.*

As described in the EIR, the Sutter Medical Center Hospital will provide a “full range of inpatient and outpatient treatment and diagnostic services, including all ancillary and support services required” (DEIR, p. 2-20). The hospital will include 70 licensed inpatient beds and will have a floor area of approximately 126,000 square feet. (*Id.*) Further, Project Objective 10(A) states that it is the project sponsor’s objective to develop a Hospital that will comply with the Hospital Facilities Seismic Safety Act, and the existing Health Care Access Agreement with the County and will provide “inpatient services included obstetrics, a Level III neonatal intensive

care unit, intensive care, emergency services, medical/surgical and diagnostic services, supporting ancillary services and a full range of women's reproductive health services" (DEIR, p. 2-2). Please see response to Comment O.2.19 for information regarding the uses and allocation of space for the Physicians Medical Center.

The DEIR analyzes the environmental impacts of the development of the proposed project, including the Sutter Medical Center Hospital and Physicians Medical Center, as a whole. This is appropriate as EIRs are not required to consider alternatives to individual components of a project, but rather must evaluate the potential impacts of an entire project and propose feasible mitigation measures to address the project's impacts and analyze a reasonable range of alternatives to address those impacts. Accordingly, the DEIR does not separately analyze the expected service population for the two structures. Information about the service population expected for the proposed project can be found in the County's Preliminary Analysis of Sutter's Proposed Business Plan, July 2009.

**Response to Comment O.2.21**

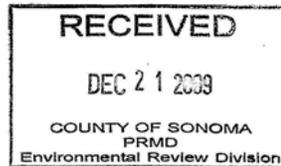
*The commenter request that the proposed revisions to Wells Fargo Center activities be further described.*

The commenters' concerns are addressed in Master Response G: Existing and Proposed Uses at the Wells Fargo Center, which clarifies the type of existing events at the Center and describes how the proposed use permit will not result in any new uses there. The new use permit is described in the Project Description on pp. 2.15-16 of the DEIR. See Master Response G for additional discussion.

**Response to Comment O.2.22**

*The commenter request that the proposed uses for the two Wells Fargo Center lawn areas be compared the current uses.*

See Master Response G: Existing and Proposed Uses at the Wells Fargo Center.

O.3 *BerryBrook Homeowners Associates, Dale Johnson*

O.3

December 10, 2009

Statement to The Sonoma County Permit and Resource Management  
Department: Re: PLP05-0002

Submitted by: Dale Johnson, President of BerryBrook Homeowners  
Association

Statement

My name is Dale Johnson. I live at 185 Willowgreen Place in Larkfield, and serve as President of the BerryBrook Homeowners Association. Our residential community of 43 homes is adjacent to the 53 acre site being considered for the Sutter Medical Center development.

Our Homeowners Association is not here to protest this project. We recognize that the "principle of the common good" overrides any special interests which might accrue to our homeowners. However, our immediate proximity to the project means that we will be affected in a major way, and we appreciate the opportunity to voice those concerns.

- O.3.1 1) As the project is now envisioned, it is clear it will evolve over many years, in numerous stages of site preparation and construction, which means BerryBrook residents are going to be living in a construction zone for an extended time. We therefore ask for a reasonable timetable before the project is approved, with a delineation of efforts to reduce construction noise, effect dust control, and eliminate the necessity of construction lighting and activity in evening hours.
- O.3.2 2) We are concerned about the congestion on Old Redwood Highway which already limits access and egress from our two streets. Traffic will be greatly increased. We would appreciate a study to determine how Old Redwood Highway can be improved with additional lanes, traffic lights, and reduced speed limits.
- O.3.3 3) We are also concerned about the uncertainty of future development, with reference to the Wells Fargo Center. The possibility of the expansion of the Sutter Project to renovate the Wells Fargo Center, should that develop, could extend the construction well into the next decade.

O.3.4

In conclusion, BerryBrook desires to be a good neighbor, for we are residents of the wider community as well. It is our intention to be a very diligent and involved neighbor, because we have a great deal at stake; mainly how a 10 year project will affect the value and selling price of 43 homes next door to a construction zone, as well as the quality of life.

Respectfully Submitted,

Dale Johnson, President of The BerryBrook Homeowners Association  
185 Willowgreen Place, Santa Rosa, CA 95403  
Phone: 566-8192 E-mail: daleandleanne@comcast.net

BerryBrook Committee to Monitor Sutter Medical Center Project

Royce Piro – 255 Darbster  
Steve Gustafson – 270 Darbster  
Dale Johnson – 185 Willowgreen Place

*BerryBrook Homeowners Association*  
*P.O. Box 125 – Fulton, CA 95439*

*Responses to Comment O.3***Response to Comment O.3.1**

*Commenter requests a construction related schedule.*

Commenter's concerns related to the development of construction are addressed in the DEIR on pp. 2-15 through 2-21. Phase III construction is not anticipated by Sutter Hospital to occur until much later than 2010, and perhaps never. However, the impacts of this construction are addressed in the DEIR as if they were to occur during the 2010-2013 window. This later phase of construction, located primarily to the north and west of the Sutter Hospital, will have limited, if any, impacts to the BerryBrook neighborhood. See also response to Comment O.3.4.

Please see mitigation measures AIR-2a (control of dust emissions), AIR-2b (control of construction equipment emissions), and NOI-1a and 1b (construction noise) regarding measures to reduce construction dust and noise.

**Response to Comment O.3.2**

*Commenter requests the traffic study evaluate impacts to Old Redwood Highway.*

Subsequent to preparation of the DEIR, additional analysis was conducted of traffic levels on Old Redwood Highway and its relation to smaller intersections south of Mark West Springs Road, such as Chelsea Drive. That analysis indicated that peak hour approach volumes on Chelsea Drive would be no more than 30 to 50 vehicles per hour in the AM peak hour, which is (on average) one vehicle every 1-2 minutes. It is expected that the majority of the traffic will be leaving (outbound), rather than entering the subdivision in the morning peak hour. This volume of traffic constitutes a "Minor Intersection" in the California Manual on Uniform Traffic Control Devices, which would allow striping of Old Redwood Highway to accommodate a two-way refuge lane. A two-way refuge lane would allow improved left turn movements out of Chelsea Drive onto Old Redwood Highway (currently Old Redwood Highway is striped to allow only left turn movements into Chelsea Drive). However, while within safety parameters, such a restriping is not recommended at this point due to policy considerations to maintain traffic flow on Old Redwood Highway, which is a designated Arterial in the County General Plan.

For additional discussion of improvements to Old Redwood Highway, please see Master Response H: Traffic, Circulation and Emergency Access.

**Response to Comment O.3.3**

*Commenter is concerned about Wells Fargo Center expansion.*

Commenter's concerns are addressed in Master Response G: Existing and Proposed Uses at the Wells Fargo Center. Wells Fargo has no plans to expand, and the proposed expansion that once was proposed has been abandoned and is not part of the proposed project.

**Response to Comment O.3.4**

*Commenter raises concerns over the impacts of project construction (a 10 year construction phase) on property values.*

Although the exact duration of construction is not certain, construction will not take 10 continuous years. If the project is approved, construction would begin in the fall of 2010 with soil surcharging and continue until the rainy season begins, at which time there may be limited construction during the winter months (weather permitting). Construction would resume in the spring of 2011, and likely continue off and on with multiple phases of work through the anticipated opening of the hospital in the fall of 2014. Construction of the medical office building would be expected to have a substantially shorter construction time frame; this construction may overlap with the hospital or may occur after 2014. If the hospital expansion is built, that expansion also would have a substantially shorter time frame, and the expansion would be located on the part of the hospital that is located away from the BerryBrook development, such that the hospital itself and the physicians medical center and medical office building would substantially shield the BerryBrook neighborhood from noise and dust impacts.

To mitigate noise and dust from all construction, the DEIR identifies noise reduction and dust reduction measures in Mitigation Measures NO1-1a, NO1-1b, and AIR-2a (DEIR, pp. 3.4-31 to 3.4-32, and 3.11-24 to 3.11-26). These measures include watering and water sweeping for dust control, and temporary noise barriers, sound muffling, and construction time limits for noise control.

O.4 Friends of SMART, Jack C. Swearingen

O.4

FRIENDS OF SMART

January 12, 2010

Mr. Steve Dee  
 Environmental Review Division  
 Sonoma County PRMD  
 2550 Ventura Ave.  
 Santa Rosa, CA 95403

Re: Comments on Sutter Hospital Draft Environmental Study

Dear Mr. Dee:

O.4.1

The members of Friends of SMART are concerned about major developments that do not take advantage of Sonoma County taxpayers' investment in passenger rail service. Many voters supported the SMART Train and Pathway Project because of the expected environmental benefits, including potential reduction of vehicle miles traveled, improved air quality, and reduced greenhouse gas emissions.

If projects such as the proposed Sutter Hospital, medical office building, and related developments are inaccessible for train riders, ridership will lag behind its potential, and it will be more difficult to realize environmental gains from train service. Our comments below are aimed to assure that the Final Environmental Impact Report for Sutter Hospital's proposed 70-bed hospital and related development on Mark West Springs Road adequately considers alternative sites that would leverage public investments to preserve the environmental quality of the region.

The *Comprehensive Transportation Plan for Sonoma County*, states that, "Concentrated, contiguous and balanced land use provide opportunities for households to meet daily needs with shorter car trips or by walking, bicycling, or taking transit. Such land use planning helps contribute to reduction in overall VMT and efforts to manage congestion, reduce energy vulnerability, and achieve air quality health standards." [See Objective 3A of the Sonoma County Transportation's Comprehensive Plan, adopted in 2009] The Final EIR should explain how each alternative site, as well as the proposed site and the Chanate site stack up against Objective 3A of the SCTA.

O.4.2

Sonoma County voters have committed substantial funding to the initiation of passenger rail service, as well as to the bus services that will connect with the trains. The Final EIR should describe these investments, and consider the distances that employees and patients using transit would need to travel to each of the alternative sites mentioned in the DEIR. If the proposed site is developed as planned, will Sutter provide shuttle service to nearby SMART Stations?

O.4.3

The Final EIR should describe the amounts of time that people would take to use transit in order to reach each of the alternative sites that have been considered, along with other available sites, such as the vacant 22 acre property on Range Avenue within walking distance of a proposed SMART Station.

**O.4.4**

The Final EIR should also consider bicycle commuters that use transit for part of their trip to work. Experience shows that the combination of bicycle and train travel permits most people to commute up to two miles from home or work (or both) to and from rail stations. Please describe the amounts of time that a representative sample of bicycle-transit commuters could take to reach each of the alternative sites that have been considered.

We thank you for this opportunity to comment on the Draft EIR for this project.

Yours very truly,

**Jack C Swearengen**

Jack Swearengen, Chair  
Friends of SMART

*Responses to Comment O.4***Response to Comment O.4.1**

*The commenter expresses a concern that ridership on the SMART train will lag if major developments are inaccessible for train riders, and requests a comparison of the project site and alternatives sites (including the Chanate site) for consistency with SCTA's Comprehensive Plan Objective 3A.*

The status of the SMART train is discussed in Master Response D: Alternative Transportation and Public Transit. SMART is proposed to provide primarily peak hour commuter train service from Cloverdale to Larkspur, with one roundtrip midday train. Although commuter rail such as SMART can provide some access to the hospital and medical center, for several reasons the vast majority of staff and patient trips are still expected to be by automobile, regardless of the proximity of the project to a SMART station. First the predominant source of vehicle trips to a hospital or a medical office building are customer trips, and most customer or patient trips are not peak hour trips. Many patients arriving to or departing from the hospital are being driven by someone else. Finally, the hospital is a twenty four hour operation with round the clock shifts, so a peak hour commuter train can only serve some portion of those trips. SMART's schedules, although they will not be finalized for years, are intended to provide services during conventional work peaks, 6-9 AM and 4-7 PM and one mid-day train, and so may not be completely amenable to hospital workers.

In terms of comparing the alternatives in the EIR to the proposed SMART station in Santa Rosa at Jennings Avenue, the access times and distances by car are roughly calculated as follows using Mapquest:

Project Site: 4.4 miles/7 minutes

Chanate: 2.5 miles/6 minutes

Moorland Site: 4.3 miles/6 minutes

Ring Site: 2.3 miles/3 minutes

*(These are travel times during non-peak hours.)*

At this time, it is not possible to reliably plan a new hospital center location with respect to a northern Santa Rosa SMART station location, given the uncertainty of where the station will be located. The SMART real estate committee has begun preliminary consideration of relocating the station from Jennings Avenue to a site near Guerneville Road. (See SMART Real Estate and Project Development Committee minutes from January 7, 2010, at [http://www.sonomamarintrain.org/userfiles/file/Real%20Estate%20Committee%20Agenda%20Pkg\\_3\\_3\\_10.pdf](http://www.sonomamarintrain.org/userfiles/file/Real%20Estate%20Committee%20Agenda%20Pkg_3_3_10.pdf).) (See also SMART Executive Committee minutes from February 3, 2010, at <http://www.sonomamarintrain.org/userfiles/file/Executive%20Comm%20Pkt%20for%2003042010%20final.pdf> regarding potential impacts on the SMART project of funding shortfalls.)

Objective 3A of the Comprehensive Transportation Plan calls for concentrated, contiguous and balanced land use to meet daily needs with shorter car trips or by walking, bicycling or taking transit. Generally, all of the alternatives evaluated in the EIR provide for contiguous development and balanced land use. With respect to the proposed project, the project is

contiguous to other urban, commercial, and residential development, and the project improves transit access when compared to the current location of the Sutter facilities at Chanate Road. Also, the project provides a hospital and associated facilities that is centrally located to its employees and patients. The medical office building will provide medical offices adjacent to the hospital, reducing the overall VMT allowing for a single trip for many employees, doctors and patients as opposed to several trips (at the current location which has no medical offices and limited laboratory services).

### **Response to Comment O.4.2**

*Commenter requests an analysis of the investments by Sonoma County voters to SMART, an assessment of employee travel times and whether Sutter is willing to provide shuttles to SMART.*

The amount of voter investment to SMART is not related to an environmental impact. The proposed SMART train itself, however, is discussed as part of the transportation and traffic analysis at page 3.15-24 of the DEIR. A discussion of employee and patient accessibility to all forms of public transit is set forth in Master Response D: Alternative Transportation and Public Transit. Maps of the distribution of patients and employees are set forth in Attachments C-1 through C-3 to Master Response C: Site Selection and Alternatives.

Sutter has not determined whether shuttle service will be provided to SMART, and it is not currently certain when or whether SMART will operate service to the area of the proposed project. This issue must necessarily be evaluated when the location of the station and the timing of the SMART service are finalized.

### **Response to Comment O.4.3**

*Commenter requests a discussion of transit times to the alternate sites, and requests consideration of a 22 acre site on Range Avenue.*

With respect to transit travel times, see Master Response D: Alternative Transportation and Public Transit and response to Comment O.1.3. The site at Range Avenue is discussed in the Attachment to Master Response C: Site Selection and Alternatives. As noted in the SMART EIR, the general plans of most of the jurisdictions along the rail line have policies encouraging higher density transit-oriented development (TOD) in proximity to the proposed SMART rail stations (SMART Final EIR, pp. 3.3-635, 703). According to Caltrans, "Transit-Oriented Development (TOD) is moderate to higher density development, located within an easy walk of a major transit stop, generally with a mix of residential, employment, and shopping opportunities designed for pedestrians without excluding the auto. TOD can be new construction or redevelopment of one or more buildings whose design and orientation facilitate transit use." (See <http://www.dot.ca.gov/hq/MassTrans/tod.html>.) As noted earlier, a hospital complex is not likely to offer the level of ridership that can be achieved with TOD. Sites in close proximity to proposed train stations, such as the 22-acre site near the proposed Jennings Avenue Station, are likely to be planned for TOD, not a use such as a medical complex. (See personal communication from Santa Rosa City Planner Lisa Kranz, January 2010, cited in attachment to Master Response C, regarding planned higher density development for the Jennings Avenue/Range Avenue site identified by the commenter.)

**Response to Comment O.4.4**

*Commenter requests a comparison of bicycle access to the alternative sites.*

According to the 2005-2007 American Community Survey (ACS) transportation profile for Sonoma County and Santa Rosa, workers commuting on bicycles made up approximately 1% of all commuters ([http://download.ctpp.transportation.org/profiles\\_2005-2007/ctpp\\_profiles.html](http://download.ctpp.transportation.org/profiles_2005-2007/ctpp_profiles.html)).

See Master Response D: Alternative Transportation and Public Transit, Section 3.5.4 (Bicycle) and response to Comment O.7.1 for additional description of bicycle access.

0.5 Petaluma Health Care District, Robert Ostroff, MD and Daymon Doss, ED



**Petaluma**  
**HEALTH CARE**  
**DISTRICT**

0.5

January 12, 2010

<p><b>BOARD OF DIRECTORS</b></p> <p>Steve Dee Environmental Review Division Sonoma County PRMD 2550 Ventura Avenue Santa Rosa, CA 95403-2829</p> <p>Fran Adams, RN, BSN</p>	<p>Dear Mr. Dee:</p> <p>The Petaluma Health Care District, which owns Petaluma Valley Hospital, thanks you for this opportunity to express our thoughts and interest in the DEIR for the proposed Sutter Hospital Project.</p>
<p>Robert Ostroff, MD</p> <p>Kathryn Powell, MS</p>	<p>We are in regular communication with all of the District Hospitals in Sonoma County and are supportive of their comments regarding the adequacy of the DEIR. We ask that the concerns raised by members of the JPA be carefully and thoughtfully considered. Specific concerns would be:</p>
<p>Stephen Steady, MD</p> <p>Josephine S. Thornton, MA</p>	<ul style="list-style-type: none"> <li>• The DEIR provides an incomplete discussion of secondary environmental impacts resulting from economic impacts resulting from the Project. The DEIR itself devotes little more than a page to discussing potential market impacts, and is limited to impacts upon bed occupancy, with no discussion of the impacts of the combined medical functions.</li> </ul>
<p><b>EXECUTIVE DIRECTOR</b></p> <p>Daymon Doss</p>	<ul style="list-style-type: none"> <li>• The only issue discussed is the possible impact of additional patient load should the Chanate facility be closed without a replacement. The DEIR refers to a County analysis of the preliminary business plan that projects limited impacts, but the County study does not appear to be included in either the body of the DEIR nor in the listed Appendices. This document should be provided with the DEIR.</li> </ul>
<p><b>CONTROLLER</b></p> <p>Richard Nadale, CPA</p>	<ul style="list-style-type: none"> <li>• The 2008 revised Business Plan should also be included within the DEIR documentation, since it will provide further information as to the relationship of the proposed new facilities to existing operations.</li> <li>• The section needs to evaluate whether the concentration of critical care beds will adversely affect other medical services and providers in the County.</li> </ul>

0.5.1

0.5.2

0.5.3

*Your Public Agency Dedicated to Health in Southern Sonoma County*

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- O.5.4 • The section needs to evaluate the degree to which the Medical Office Building as proposed may adversely impact existing facilities due to loss of resident physicians to the new Project complex.
- O.5.5 • The ownership and control of the Medical Office Building needs to be described to determine the degree of connection to or autonomy from the Sutter operations.
- O.5.6 • To the extent that the Project may undercut or weaken emergency room services at existing facilities, the DEIR must examine any health impacts associated with longer flight times for emergency helicopter flights.
- O.5.7 • An analysis of the potential for urban blight resulting from the closure of one or more District or other local Hospitals should be included. The potential for such a closure arises from the concentration of resident physicians at the Project complex, the resulting elimination of referral sources for District or other local Hospitals, and the redirection of patient flows.
- O.5.8 • Since the Project may undercut the continuing operation of community health facilities, the DEIR must review the implications of facility closure, including facility.
- O.5.9 • Section 2.2.2 is titled "Existing Sutter Medical Facilities" but provides almost no information relevant to the DEIR and its assessment of impacts. The only quantitative data provided is that Sutter currently employs about 1,200 people. There is no information on the size of buildings, uses by structure and area (administrative office, hospital rooms, clinics, diagnostic facilities, and so on). To understand the impacts of relocating the facility, it is obviously essential to know what is currently the operation.
- O.5.10 • There must also be a discussion of any spaces being used by affiliated doctors, agency offices or services, the provisions of parking spaces and public transportation support facilities.
- O.5.11 • There must be a discussion of the volume of patient/client activity at the current facility, including discussion of high demand periods, length of stay. Similarly, a discussion of the hours in which different categories of employees, contract service providers, tenants, etc are on site is essential.
- O.5.12 • The discussion of the Sutter portion of the proposed Project identifies new structures by general size and/or use (such as hospital beds). The discussion of the scope of activities in all three buildings is too abbreviated to properly analyze impacts. The breadth of uses in the "Medical Office Building" is unclear, and cites both affiliated and independent doctor's offices. The function of the Physicians Medical Center is also unclear as owner/operator, the time and intensity of uses, and so on.

O.5.13

- Both the "Sutter Medical Center Hospital" and the Physicians Medical Center are proposed to provide acute care in-patient and out-patient services. The distinction between these uses needs to be fully explained as to service population, clients, staffing, visitor services, etc. The relative allocation of space for both buildings must be provided, including hospital rooms, offices, service functions, diagnostic services, visitor services, staff/administrative areas, and so on.

O.5.14

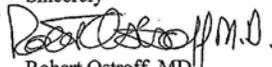
We appreciate the process that the Planning Commission will follow and understand that there will be multiple positions put forth. In the review and approval process that is currently in place, we find ourselves analyzing each project individually. However, each of these isolated projects has the potential to have a powerful affect upon the total health care system of Sonoma County.

The delivery of quality health care coupled with appropriate access to care, is in the interest of all Sonoma County citizens. Perhaps, this DEIR would serve us best if it was looking at health care delivery throughout Sonoma County.

This DEIR process could represent an excellent opportunity to evaluate the whole medical care delivery system in Sonoma County instead of focusing on the single proposed new hospital.

Thank you for your consideration.

Sincerely

  
Robert Ostroff, MD  
Board President, PHCD

  
Daymon Doss, ED  
Executive Director, PHCD

*Responses to Comment O.5***Response to Comment O.5.1**

*The commenter asks that the comments of the district hospitals and the JPA be carefully and thoughtfully considered.*

Many of the comments in this letter and in the letters submitted by the other district hospitals relate to concerns that the proposed project could have social or economic impacts on other hospitals and concerns regarding the delivery of health care services. See Master Response F: Indirect Environmental Impacts. Many of the comments relate to health care delivery concerns that are being addressed through the County's consideration of Sutter's business plan, and evaluation of the compliance of that plan with the Health Care Access Agreement. The comment will be included in the record before the Planning Commission and the Board of Supervisors when they consider the project on the merits.

*The commenter states that the EIR discussion of secondary impacts is incomplete and limited to impacts on bed occupancy with no discussion of impacts of combined medical functions. The commenter also states that the County's analysis of Sutter's business plan should be included in the EIR.*

These comments are identical to Comment O.2-1. See response to Comment O.2-1.

**Response to Comment O.5.2**

*The commenter states that the 2008 revised Business Plan should be included in the EIR as it provides further information as to the relationship of the proposed new facilities to existing operations.*

This comment is identical to Comment O.2-2. See response to Comment O.2-2.

**Response to Comment O.5.3**

*The commenter states that the EIR analysis of secondary impacts needs to evaluate whether the concentration of critical care beds will adversely affect other medical services and providers in the County.*

This comment is identical to Comment O.2-3. See response to Comment O.2-3.

**Response to Comment O.5.4**

*The commenter states that the EIR needs to evaluate the degree to which the medical office building may adversely impact existing facilities due to the loss of resident physicians.*

This comment is identical to Comment O.2-5. See response to Comment O.2-5.

**Response to Comment O.5.5**

*The commenter states that the ownership and control of the medical office building needs to be described to determine the degree of connection to the Sutter operations.*

This comment is identical to Comment O.2-6. See response to Comment O.2-6.

**Response to Comment O.5.6**

*The commenter states that, to the extent the project may undercut or weaken emergency room services at existing facilities, the EIR must examine health impacts associated with longer flight times for emergency helicopter flights.*

This comment is identical to Comment O.2-7. See response to Comment O.2-7.

**Response to Comment O.5.7**

*The commenter states that the EIR must evaluate the potential for urban blight resulting from closure of one or more hospitals.*

This comment is identical to Comment O.2-8. See response to Comment O.2-8.

**Response to Comment O.5.8**

*The commenter states that the project may undercut continuing operation of other health facilities, so the EIR must review the implications of facility closure.*

This comment is identical to Comment O.2-9. See response to Comment O.2-9.

**Response to Comment O.5.9**

*The commenter requests information on the size of Sutter's existing facility at Chanate, and quantitative information on the uses at the existing facility by size and area.*

This comment is identical to Comment O.2-15. See response to Comment O.2-15.

**Response to Comment O.5.10**

*The commenter requests information on the parking spaces being used by "affiliated doctors, agency offices, or services" and parking and public transportation support facilities.*

This comment appears to refer to the use of the existing parking spaces at the Chanate campus.

This comment is identical to Comment O.2-16. See response to Comment O.2-16.

**Response to Comment O.5.11**

*The commenter asks for information regarding the volume of "patient/client activity" at Chanate, including a discussion of "high demand periods, length of stay, and hours of categories of employees, contract services providers, tenants etc."*

This comment is identical to Comment O.2-17. See response to Comment O.2-17.

**Response to Comment O.5.12**

*The commenter asks what uses are proposed for the Medical Office Building and states that the "function of the Physicians Medical Center is also unclear as to owner/operator, the time and intensity of uses, and so on."*

This comment is identical to Comment O.2-19. See response to Comment O.2-19.

**Response to Comment O.5.13**

*The commenter asks for information about the distinction between the uses of the Sutter Medical Center Hospital and the Physicians Medical Center with regard to service population, clients, staffing and visitor services. The commenter also asks about the relative allocation of space for each function in the two buildings.*

This comment is identical to Comment O.2-20. See response to Comment O.2-20.

**Response to Comment O.5.14**

*The commenter suggests that the EIR evaluate health care delivery throughout Sonoma County instead of focusing on the single proposed new hospital.*

Under the CEQA Guidelines, the purpose of an EIR is to evaluate and disclose the significant environmental effects of a proposed project (Guidelines 15003(c); 15121). The project under consideration here is Sutter's proposed new medical campus. The potential impact of the proposed project on the health care delivery system is not an environmental impact, but is being carefully considered by the County through the process of evaluating Sutter's business plan its compliance with and the Health Care Access Agreement.

O.6 Northern California Healthcare Authority, Richard Kirk, MD

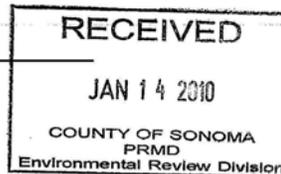
O.6

NORTHERN CALIFORNIA HEALTHCARE AUTHORITY

<i>PALM DRIVE HEALTHCARE DISTRICT</i>	<i>SONOMA VALLEY HOSPITAL DISTRICT</i>	<i>N. SONOMA COUNTY HEALTHCARE DISTRICT</i>	<i>MENDOCINO COAST HEALTHCARE DISTRICT</i>	<i>S. HUMBOLDT COMM. HEALTHCARE DISTRICT</i>
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January 12, 2010

Steve Dee  
Environmental Review Division  
Sonoma County PRMD  
2550 Ventura Avenue  
Santa Rosa, CA  
95403-2829



Reference: DEIR for Proposed Sutter Hospital Project

Dear Mr. Dee:

O.6.1

This letter is presented on behalf of the Northern California Healthcare Authority, a joint exercise of powers agency of the State of California. The Authority is composed of five California healthcare districts, three of whom are located in Sonoma County and own and operate community hospitals serving a substantial portion of Sonoma County's population:

- Palm Drive Healthcare District - Palm Drive Hospital in Sebastopol
- Sonoma Valley Hospital District - Sonoma Valley Hospital in Sonoma
- North Sonoma County Healthcare District - Healdsburg District Hospital in Healdsburg

It is the position of the Authority that the Draft Environmental Impact Report for the project referenced above is inadequate because the DEIR fails to conform to the requirements of the California Environmental Quality Act in numerous respects. Specific deficiencies are enumerated in the comment letter submitted to your office by North Sonoma County Healthcare District whose comments are adopted and joined in by the Authority.

Very truly yours,

*R. Kirk*  
Richard Kirk MD  
Chair, NCHA Board of Directors

1375 University Avenue, Healdsburg CA 95448

*Responses to Comment O.6***Response to Comment O.6-1**

*The commenter asserts that the EIR is inadequate in numerous respects, referring to the comments in the letter submitted by the North Sonoma County Healthcare District (Comment Letter O.2).*

Please see responses to Comments O.2-1 through O.2-22, and Master Response G: Existing and Proposed Uses at the Wells Fargo Center.

0.7 Sonoma County Bicycle Coalition, Christine Culver



0.7

Promoting the bicycle for transportation and recreation

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January 14, 2010  
 Mr. Steve Dee ([sdee@sonoma-county.org](mailto:sdee@sonoma-county.org))  
 Environmental Review Division  
 Sonoma County PRMD  
 2550 Ventura Ave.  
 Santa Rosa, CA 95403

Re: Sutter Hospital Draft Environmental Impact Report

Dear Mr. Dee:

The Sonoma County Bicycle Coalition welcomes an opportunity to comment on the Draft Environmental Impact Report for Sutter Hospital's proposed 70-bed hospital and related development on Mark West Springs Road. We are concerned that this proposal would place an important public facility in a location that cannot be reached easily by cyclists, whether they be staff members, visitors, or individuals coming to medical appointments.

0.7.1

The hospital is proposed for a location outside urban growth boundary of Santa Rosa, and surrounded by a community separator which forces bicycle users to traverse several miles of rural roadway in order to access medical services. A hospital and its ancillary services amount to a major commitment of community resources. We urge that all feasible alternatives be carefully assessed to determine whether this site actually benefits the community.

We find that the Draft EIR omits any assessment of the impact on bicycling as a transportation mode compared to other potential alternative locations within a half-mile of proposed SMART Stations, or within the urban area generally.

The Bicycle Coalition is working for contiguous and balanced development that gives opportunities to commute and meet other needs using bicycles or combinations of bicycles and transit. The suggested site does not appear to meet these criteria. Budgets for bus services have been hit hard recently, and the prospects that added service can compensate for poor site selection are remote.

0.7.2

The Sonoma County Bicycle Coalition urges that the hospital be located on a more convenient and sustainable site.

Yours very truly,  
  
 Christine Culver  
 Executive Director

*Responses to Comment O.7***Response to Comment O.7.1**

*The commenter expresses concern that the proposed project cannot be reached easily by cyclists, and asks that feasible alternatives be carefully assessed. The commenter also states that the DEIR omits any assessment of bicycling as a transportation mode, and references alternative locations near a SMART station or in a more urban area.*

The DEIR evaluates bicycle access. Existing bicycle and pedestrian traffic at the project site is set forth in 3.15.1.4 of the DEIR. Both Mark West Springs Road and Old Redwood Highway are designated as Class II bike facilities (striped bike lanes) in the Countywide Bicycle Plan.<sup>5</sup> Old Redwood Highway is an urban arterial, designated as such in the County General Plan, not a rural roadway. The proposed site is in a relatively flat area, and would provide easier access to cyclists than the existing Chanate Road facility. The DEIR also evaluates the adequacy of the project site layout for bicycle riders, and determines that the layout is sufficient (DEIR, p. 3.15-93). Also, the proposed project would include County-required bike racks and lockers (DEIR, p. 3.15-93). A Class II bicycle lane would also be provided in the eastbound direction along the project's Mark West Springs frontage road. (*Id.*) Class II bikeways are dedicated bicycle lanes. In contrast, the Santa Rosa Bicycle Plan shows Chanate Road as a Class III bicycle lane. Class III lanes are defined as roads where bicycle traffic is promoted but there is no separate lane or path.

With regard to the off-site alternatives considered in the DEIR, Shiloh Road at US 101 is listed on the Town of Windsor's Bicycle Plan as a "proposed Class II bicycle lane" and Todd Road at Moorland Avenue is listed on the Santa Rosa Bicycle Plan as a "proposed Class II bicycle lane." Stony Point Road, which runs to the Decentralized "Ring" site alternative is also listed on the City of Santa Rosa's Bicycle Plan as a "proposed Class II bicycle lane." Bicycle access to the Moorland and Ring sites is made difficult as there are sections where no bike paths currently exist (see Master Response D: Alternative Transportation and Public Transit, Section 3.5.4 (Bicycle), for more discussion).

Also, see response to Comment O.4.4.

**Response to Comment O.7.2**

*The commenter advocates for development that gives the opportunity to commute using bicycles or a combination of bicycles and transit, and states that the proposed site does not appear to meet these criteria.*

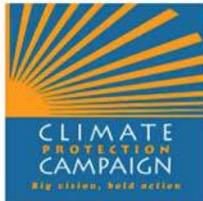
The proposed project would provide bike lanes on the Mark West Springs Road, in both directions, that would be compatible with the County's Bicycle Plan. This would help improve the accessibility and safety of the site for cyclists. See Master Response D: Alternative Transportation and Public Transit for a discussion of both bicycles and bus transit access. With respect to the commenter's conclusion that the project appears to not meet criteria for contiguous

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<sup>5</sup> "SCTA Countywide Bicycle and Pedestrian Master Plan," May 2008. Accessed 2/2/10. Available on-line at [www.sctainfo.org](http://www.sctainfo.org).

and balanced development, the County notes that the project is located near a combination of urban, commercial and residential development, on major arterials, and central to the regional and countywide population served by Sutter. The commenter's comments on the merits of the project will be included in the record before the Planning Commission and the Board of Supervisors when they consider the project on the merits.

O.8 Climate Protection Campaign, Ann Hancock



BIG VISION, BOLD ACTION

O.8

The mission of the Climate Protection Campaign is to create a positive future for our children and all life by inspiring action in response to the climate crisis. We advance practical, science-based solutions for significant greenhouse gas reductions.

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

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 Martha Kowalick, Director  
 Ann Hancock, Executive Director

January 14, 2010

Mr. Steve Dee  
 Environmental Review Division Sonoma County  
 PRMD 2550 Ventura Ave.  
 Santa Rosa, CA 95403

Strategic Advisors  
 Peter Barnes, Co-founder,  
 Working Assets  
 Jane Bender, Councilmember,  
 City of Santa Rosa  
 Demaris Brinton, Attorney  
 Ernie Carpenter,  
 Former County Supervisor  
 Kimberly Clement, Attorney  
 Connie Coddling, Developer  
 Michael Friedenbergl,  
 Real Estate Broker  
 John Gam, Business Consultant  
 Elizabeth C. Herron, PhD, Writer  
 Braden Penhoet, Attorney  
 Mike Sandler, Co-Founder  
 Climate Protection Campaign  
 George Snyder, Journalist  
 Hugo Steensma, Sustainable  
 Asset Management  
 Alan Strachan, Developer

Re: Comments on Draft Environmental Impact Report for Sutter Hospital

Dear Mr. Dee:

Thank you for this opportunity to comment on the Draft Environmental Impact Report (DEIR). In 2005, all nine Sonoma cities and the County established the goal of reducing greenhouse gas (GHG) emissions by 25 percent below 1990 levels by 2015. This goal has since been included in Sonoma County's General plan, as well as our Community Climate Action Plan and the Sonoma County Transportation Authority's 2009 Comprehensive Transportation Plan.

O.8.1

The DEIR does not properly assess the impact of the project on the County's GHG emission reduction target and could do more to describe mitigations of associated GHG emission increases. In addition, the GHG emissions from the alternatives to the proposed project should be appropriately analyzed.

Our comments are attached and arranged in the order that the issues appear in the Environmental Report.

Ann Hancock  
 Climate Protection Campaign

Science & Technical Advisors  
 Fred Euphrat, Ph.D.  
 Dorothy Freidel, Ph.D.  
 Edward C. Myers, M.S.Ch.E.  
 Hunter Lovins  
 Edwin Orrett, P.E.  
 John Rosenblum, Ph.D.  
 Zeno Swijtink, Ph.D.  
 Alexandra von Meier, Ph.D.  
 Mathis Wackernagel, Ph.D.  
 Ai-Chu Wu, Ph.D.

707 525-1665  
 P.O. Box 3785  
 Santa Rosa, CA 95402

### Comments on the Draft Environmental Impact Report for the Proposed Sutter Hospital project

#### 3.15, Transportation and Traffic

- O.8.2 [
- What are the impacts on congestion and greenhouse gas (GHG) emissions from choosing a location outside of the urban growth boundary?
- O.8.3 [
- Please compare the geographic distribution of staff, patients, clients and visitors between the current Sutter facility the new proposed location. Is this distribution likely to change? What about their mode of transportation?

#### 3.4 (47-51), Greenhouse Gas Emissions

- O.8.4 [
- In section 3.4, the EIR fails to properly assess the impact of the project on the County's GHG emission reduction target (25 percent below 1990 levels by 2015) and should do more to describe mitigations of other associated GHG emissions.

#### 3.4 (50), Greenhouse Gas Emissions

- O.8.5 [
- The inclusion of a "business as usual" level of GHG emissions supplied by Sutter should be scrutinized in the Final EIR and include the data that Sutter used.
- O.8.6 [
- Sutter's analysis on the GHG emissions from a "standard" hospital should be detailed before its comparison is used to project an 11% reduction in emissions for the proposed project. How many beds are in a standard hospital? Is Sutter's proposed project smaller? Is it realistic that a newly built hospital be able to use the out-dated building standards of a "standard" hospital?

#### 6.5, Alternatives Analyzed in Detail

- O.8.7 [
- In analyzing alternatives to the proposed project, greenhouse gas emissions need to be better factored into the equation. While CEQA guidelines do not require that emissions for alternatives be studied as thoroughly as the proposed project, they should be measured through a qualitative assessment.
- O.8.8 [
- As a mitigation, the developer should pursue a zero-energy status for the proposed project and do considerably more to address the transportation effects that result from building outside the current urban growth boundary.

O.8.8	CCAP: Ensure that all Environmental Impact Reports (EIR) on proposed projects in Sonoma County assess the impact of the project on the County's GHG emission reduction target and thoroughly describe mitigations of any associated GHG emission increases. <b>Encourage developers to pursue zero-energy status for new developments.</b>
O.8.9	Please state how selection of the site for proposed Sutter Hospital affects County General Plan Objective OSRC 14.4: /Reduce greenhouse gas emissions by 25% below 1990 levels by 2015/.
O.8.10	The DEIR shows that more than 70% of greenhouse gas emissions for operation of the proposed hospital is due to automobiles driving to and from the site. How many additional vehicle miles will be traveled each year by staff, patients and visitors due to selection of a site outside the urban growth boundary for Santa Rosa as compared with available sites within the urban area?
O.8.11	The DEIR should provide a specific geographic distribution of staff, patients, clients, visitors, etc. for the new Sutter facility. The relative travel times and changes should be assessed in terms of bus or paratransit service.
O.8.12	CCAP: Solution #10 — Maintain existing or adopt urban limit lines Ensure that current urban growth limits in eight Sonoma cities are maintained and that Cloverdale adopts an urban growth boundary.  So, the Sutter DEIR should at least discuss factors, such as local transportation and induced demand on the roads, that would be likely to increase or decrease greenhouse gas emissions in comparison to the proposed project (See OPR June 2008).
O.8.13	We believe that Sutter could greatly reduce its GHG emissions by choosing a more central location; the FEIR needs to quantify the GHG savings for each alternative site, and for locations closer to the proposed SMART Stations.
O.8.14	The DEIR needs to examine the impacts upon traffic flow and distribution, and travel time, associated with relocation of medical services not only at the existing Chanate facility, but relocation from other communities or areas relative to services and or space provided by the Medical Office Building and Physicians Medical Center.
O.8.15	The DEIR must examine the potential traffic impacts associated with convergence of the scope and size of activities represented by the Wells Fargo facility in conjunction with the new Sutter facilities.
O.8.16	Section 3.4: Why does Sutter get to decide what business as usual is? The facility they are supposedly comparing it to is also a larger facility. Where is the data on this?
O.8.17	Why are GHG emissions considered unavoidable due to proposed regulations by BAAQMD?
O.8.18	Likely cross-impacts of the Wells Fargo center in addition to induce growth

- O.8.19** To what extent would the greenhouse gas effects of a site outside the urban growth boundary be mitigated by each of the following measures?
- a** 1) Charge fees to park at the site and give cash-out payments to those who do not drive single-occupant vehicles to work.
  - b** 2) Fund 15-minute public bus service between the center of Santa Rosa and Windsor.
  - c** 3) Relocate the buildings next to Mark West Springs Road within easy walking distance of bus stops and the Wikiup Mall, and give attractive crossing protection for pedestrians.
  - d** 4) Create a grid of streets that provide several connections to Mark West Springs Road and to Old Redwood Hwy.
  - e** 5) Make the development an attractive walkable place with streets lined by restaurants, flower and gift shops, coffee houses, and book stores, with space for events such as farmer's markets.
  - f** 6) Partner with firms like Burbank Housing to put employee living quarters on the site, and to provide apartments for distant visitors and on-call night staff.
  - g** 7) Include residential rehabilitation centers on the site.
  - h** 8) Substantially reduce the size of the parking area.

*Responses to Comment O.8***Response to Comment O.8.1**

*The commenter asks for an assessment of the Project's impact on the County's GHG emissions reduction target of 25 percent below 1990 levels by 2015, for more description of GHG mitigation measures, and requests that the GHG emissions from each project alternative be analyzed.*

The DEIR at page 3.4-18 sets forth the list of County General Plan goals and objectives relating to greenhouse gases: Objective OSRC-14.4 calls for a reduction in greenhouse gas emissions by 25 percent below 1990 levels by 2015. The DEIR at pages 3.4.50 – 3.4.51 discusses the consistency of the proposed project with the County's GHG emissions reduction goals. The DEIR provides an estimate of the Project's emissions of CO<sub>2</sub>e (8,153 metric tons per year – the majority of which derive from mobile sources). The DEIR also notes that Sutter has provided both an analysis indicating emissions would be approximately 11% less than would be expected without the Project's incorporation of specific design features and emissions reduction measures, as well as a qualitative evaluation of the project's consistency with measures included in ARB's Scoping Plan (DEIR Appendix C-3, C-5). Based on this information the DEIR concludes:

Although actual emissions reductions achieved by the project may be higher or lower than those calculated by the applicant, the replacement of the existing hospital complex with a new energy-efficient, LEED-certified hospital completed is like to achieve some reductions in GHG emissions and in doing so, would likely help rather than hinder the state's and County's GHG reduction goals.

Accordingly, it is expected that the Project will assist, rather than hinder, the County in meeting its General Plan objective to reduce greenhouse gas emissions by 25 percent below 1990 levels by 2015.

With respect to the analysis of greenhouse gas emissions generally, see responses to Comments O.1.1 through O.1.6, and the specific responses to Comments O.8.1 through O.8-19. Generally, the County disagrees with the statement the DEIR does not properly address greenhouse gas emissions or the effect of the project on the County's greenhouse gas emission reduction goals. The County notes that the DEIR provides a conservative analysis of greenhouse gas emissions. In particular, the proposed project would replace Sutter's existing, outdated facilities at Chanate Road, but the EIR does not "take credit" for those existing emissions that would be eliminated, and instead treats all greenhouse gas emission associated with the project as new emissions.

With respect to the No Project Alternative, as noted in Table 6-1 of the DEIR, the No Project alternative would be expected to have significantly less air quality, related impacts, including GHG emissions, because no construction or operation would occur (DEIR, p. 6-87).

Decentralized Alternative A would be expected to result in increased air quality impacts, including GHG emissions, given the reduced efficiencies resulting from constructing and operating the project at two separate sites. The No Helistop Alternative would be expected to result in slightly increased air quality impacts, including GHG emissions, due to the need to transport patients by ambulance between the project site and the Sonoma County Airport in the absence of a helistop at the project. The 70-bed and Overall Reduced Project Alternatives are

also expected to result in fewer air quality impacts, including GHG emissions, given the reduced levels of construction and operations.

### **Response to Comment O.8.2**

*The commenter asks what the impacts on traffic congestion and GHG emissions are “from choosing a location outside of the urban growth boundary.”*

The proposed project is intended to serve the County of Sonoma, not a specific urban area within the County. The proposed project site is located in the County in an area designated in the County General Plan as Public Quasi Public (DEIR, p. 3.10-5). The purpose of this designation is to “provide sites that serve the community or public need and are owned or operated by government agencies, non profit entities, or public utilities.” (*Id.*) Hospitals are included among the land use permitting within area designated at Public Quasi Public. (*Id.*) Further, as discussed in detail in Section 3.10 of the DEIR, the proposed project is generally consistent with applicable land use plans, policies and regulations (DEIR, p. 3.10-16).

As discussed in Section 3.4 of the DEIR (Air Quality), in Chapter 6 (Alternatives), and in the response to Comment O.1.1, the proposed project does not increase greenhouse gas emissions in comparison with other alternate sites.

The traffic impacts of the various alternatives are evaluated in Chapter 6.0 of the DEIR. As shown on page 6-97, the impact of the Shiloh Road alternative would be slightly reduced in terms of traffic congestion, the impact of the Todd Road/Moorland alternative would be similar, and the traffic impacts of the two decentralized alternatives would be greater than the proposed project.

### **Response to Comment O.8.3**

*The Comment asks for a comparison of the “geographic distribution of staff, patients, clients and visitors” between Chanate and the proposed project’s location and whether this distribution is likely to change.*

With respect to the geographic distribution of staff, patients, clients and visitors, see Master Response C: Site Selection and Alternatives, including Attachments C.1 through C.3, and responses to Comments O.1.1 through O.1.8.

The current distribution of staff, patients, clients, and visitors is not expected to change substantially. The distribution has been generally similar over the past years, as indicated by Attachments C.1 through C.3 in Master Response C. Also, the new project will be replacing existing Sutter facilities at the Chanate Road site, so generally the same employees are expected to work at the new hospital.

### **Response to Comment O.8.4**

*The commenter expresses concern that the County has failed to study the impact of the Project’s auto exhaust on the County’s goal of reducing greenhouse gases by 25% by 2020 and asks that the County “do more to describe mitigations of other associated GHG emissions.”*

See response to Comment O.8.1.

As described in Mitigation Measure AIR-7, the project must be developed with the project design features and emissions reduction measures set forth in Table 1 of Appendix C to the DEIR (DEIR, p. 3.4-51). These include a wide variety of measures, including, significantly, Leadership in Energy and Environmental Design (LEED) or equivalent standards in the design and construction of the new campus. (*Id.*) Specifically, with regard to reducing GHG emissions associated with auto exhaust, these measures include coordination with Sonoma County Transit, providing bus stops adjacent to the project, providing priority parking for vanpools and carpools, and recharge stations or similar facilities for electric vehicles. (*Id.*) Further, where feasible, low emissions or alternate fuel vehicles will be used in the campus service fleet. (*Id.*)

#### **Response to Comment O.8.5**

*The commenter requests that Sutter's inclusion of "business as usual" level of GHG emissions be "scrutinized" and "include the data Sutter used."*

The County determined it was best to evaluate the significance of greenhouse gas emissions associated with the proposed project based on the County's greenhouse gas reduction goals and the BAAQMD's proposed guidelines, rather than on a comparison to "business as usual." The County generally does not undertake a "business as usual" analysis of GHG emissions, but provided it for informational purposes.

The complete analysis of project-related GHG emissions prepared by Sutter can be found in Appendix C-5 of the DEIR, including all data relied upon by Sutter. As noted in Appendix C-5, Sutter concluded that the proposed project would result in 1067 fewer tons of operational GHG emissions per year, a reduction of just over 11%, when comparing the proposed project's operational emissions to "standard" operational emissions (Appendix C-5 at 27). These standard estimates were calculated using the URBEMIS 2007 model with default assumptions for Sonoma County for construction and operational vehicle emissions, and using data from energy surveys by the U.S. Department of Energy.

#### **Response to Comment O.8.6**

*The Comment asks how many beds were assumed in Sutter's calculation of GHG emissions from a standard hospital and whether the standard hospital use "out-dated building standards."*

As noted in Appendix C-5 of the DEIR the "standard" estimate of GHG emissions was calculated based on the same project size and construction schedule as that of the proposed project. The "standard" estimate of emissions did not employ "out-dated building standards" but, rather, used the URBEMIS 2007 model with model default assumptions for Sonoma County (Appendix C-5, at p. 24). See also response to Comment O.8.5 regarding the County's basis for determining the significance of the proposed project's GHG emissions.

#### **Response to Comment O.8.7**

*The commenter asks that the County conduct a qualitative assessment of the GHG emissions of the Project alternatives.*

Please see responses to Comments O.1.1 and O.8.1.

**Response to Comment O.8.8**

*The commenter suggests that the Project should “pursue zero-energy status” and do more to address the transportation effects of building outside the current urban growth boundary.*

The energy usage of the project, and mitigation measures to reduce energy usage, are evaluated in Section 4.0 of the DEIR. The DEIR generally concludes that the project will not have significant adverse energy impacts or result in the wasteful, inefficient, or unnecessary consumption of energy, the standard set forth in Appendix F of the CEQA Guidelines. It is not feasible to construct or operate a hospital without some consumption of energy. See also responses to Comments O.1.1 and O.8.2 regarding the inapplicability of Santa Rosa’s urban growth boundary.

**Response to Comment O.8.9**

*The commenter asks how selection of the proposed project site affects the County’s GHG emissions reduction target of 25 percent below 1990 levels by 2015.*

Please see response to Comment O.8.1.

**Response to Comment O.8.10**

*The commenter asks how many additional vehicle miles will be traveled by staff, patients, and visitors “due to selection of a site outside the urban growth boundary for Santa Rosa as opposed to compared with available sites within the urban area.”*

Please see response to Comment O.8.2 and responses to Comments O.1.1 through O.1.5, as well as Master Response E: Greenhouse Gas Emissions. As noted in response to Comment O.1.1, the proposed location of the project in comparison with other available and feasible sites evaluated in the DEIR does not substantially increase vehicle miles or associated greenhouse gas emissions, because the proposed project site and the alternatives are all located centrally when compared to the overall population served by the proposed project.

**Response to Comment O.8.11**

*The commenter asks that the County provide a “specific geographic distribution of staff, patients, clients, visitors etc.” for the Project site with “relative travel times and changes should be assessed in terms of bus or paratransit service.”*

Please see responses to Comments O.1.1 through O.1.4.

**Response to Comment O.8.12**

*The commenter references “Solution 10” of the Community Climate Action Plan concerning maintaining existing and adopted urban limit lines, and asks that the County discuss factors that would be likely to “increase or decrease GHG emissions in comparison with the proposed project.”*

The Community Climate Action Plan (CCAP) is a privately developed plan whose goal is to reduce greenhouse gas emissions throughout Sonoma County. CCAP “Solution 10” is to maintain urban limit lines. The proposed project is consistent with this policy, and there are no

urban limit lines that apply to or restrict the project. The project is intended to serve the County of Sonoma, not a specific urban area within the County. Further, the proposed project site is located in the County in an area designated in the County General Plan as Public Quasi Public (DEIR, p. 3.10-5). The purpose of this designation is to “provide sites that serve the community or public need and are owned or operated by government agencies, non profit entities, or public utilities.” Hospitals are included among the land use permitting within area designated as Public Quasi Public.

As stated in responses to Comments O.1.1 through O.1.4, the proposed project and the alternatives locations for the proposed project would not substantially increase or decrease greenhouse gas emissions associated with the project.

**Response to Comment O.8.13**

*The commenter suggests that GHG emissions related to the project would be reduced by “choosing a more central location” and asks that the County “quantify the GHG savings for each alternative site and for locations closer to SMART stations.”*

As discussed in responses to Comments O.1.1 through O.1.4, the proposed project site is centrally located with regard to the geographic distribution of patients and staff traveling to the Medical Campus.

As discussed in Master Response C: Site Selection and Alternatives and Master Response D: Alternative Transportation and Public Transit there are not suitable sites available at or immediately adjacent to the proposed SMART stations. Locating the site next to a SMART station would not substantially reduce vehicle miles or associated greenhouse gas emissions due to such factors as the way in which patients, staff and doctors typically travel to hospitals, off-peak travel times compared with SMART’s peak hour focus, and the round the clock operation of a hospital. Also, the location and the timing of operational SMART stations in the area of the hospital is uncertain at this time, as explained in Master Response D.

**Response to Comment O.8.14**

*The commenter request that the County examine the impacts on traffic flow, distribution and travel time associated with relocation of medical services from “other communities or areas relative to services and space provided by the Medical Office Building and Physicians Medical Center.”*

Section 3.15 of the DEIR evaluates the impacts of all traffic associated with the proposed project, including traffic associated with the Medical Office Building and the Physicians Medical Center.

**Response to Comment O.8.15**

*Commenter requests the evaluation of cumulative traffic impacts related to both the Wells Fargo and Sutter facilities.*

The cumulative conditions for the project are discussed in the traffic section of the DEIR and include all Wells Fargo Center events and the full Sutter project.

**Response to Comment O.8.16**

*The commenter asks why Sutter gets to decide what business as usual is, stating that the facility to which the new hospital is being compared is a larger facility, and asking for the data regarding this.*

See responses to Comments O.8.5 and O.8.6.

**Response to Comment O.8.17**

*The commenter asks why greenhouse gas emissions are considered unavoidable due to the proposed regulations of the Bay Area Air Quality Management District.*

As explained in the DEIR at pages 3.4-47 through 3.4-51, the emissions are considered unavoidable because the quantified estimate of greenhouse gas emissions associated with the project exceeds the proposed threshold currently being considered by the District. The District has deferred a decision on whether to adopt this threshold until June 2010. Also, as noted in the DEIR at page 3.4-51, this conclusion is reached even though the project is replacing an old and inefficient complex with a new facility that will incorporate numerous energy efficiency features. In other words, the conclusion that greenhouse gas emissions are unavoidable is a conservative conclusion, as it does not “take credit” for any emissions associated with the existing facility.

**Response to Comment O.8.18**

*The commenter states “Likely cross-impacts of the Wells Fargo center in addition to induce growth.”*

The Wells Fargo Center is an existing facility and no expansion of use is proposed. Cumulative traffic and parking impacts associated with events at the center in conjunction with operation of the hospital complex are addressed in the DEIR in Section 3.15. Growth inducing effects of the proposed project are addressed in Section 5.1.

**Response to Comment O.8.19**

*The commenter asks to what extent the greenhouse gas emissions of a site outside the urban growth boundary would be mitigated by a list of eight suggested mitigation measures.*

Each of those suggestions is addressed below. With respect to the urban growth boundary comment, this project is not a City of Santa Rosa project that is located outside its urban growth boundary, thus extending development beyond that boundary. The project is on County land designated for public and institutional uses, adjacent to roads designated in the County General Plan as urban arterials, and adjacent to existing institutional, residential, and commercial development. As noted in other responses, the project is also centrally located when compared to the countywide base of patients that are served by Sutter’s existing hospital.

- (a) *Charge parking fees and give cash-out payments to those who do not drive single occupant vehicles to work.* Mitigation Measure AIR-7 requires the project to include priority parking for carpools and vanpools to help reduce the number of single occupant vehicle trips. Charging for parking at the project site, or providing cash payments to employees who do not drive, is not a practical way to reduce vehicle trips or associated

emissions, given the unique travel patterns associated with a hospital complex. As explained in Master Response D: Alternative Transportation and Public Transit, these travel patterns are substantially different from those associated with an office building or other use where the predominant sources of vehicle trips are employees who commute during the same time frame at peak hours. Many employees at a hospital must of necessity arrive at off-peak times when other transportation options are not available (the hospital has round the clock shifts). Also, most inpatients traveling to the hospital by car are being transported by someone else, and then picked up by someone else, thus those trips are not single occupancy trips (Letter dated March 23, 2010 from Robin Hagenstad, RN, Sutter Medical Center of Santa Rosa to Scott Briggs, PRMD, Sonoma County). Doctors and many staff also travel between the hospital and other offices, and require the flexibility of a car to do so. Admitting physicians, for example, come and go as they need, based on their schedules and patient admittance schedules. Fees or cash-out payments thus would not substantially reduce greenhouse gas emissions associated with vehicle travel to the project.

Also, charging for parking would be inconsistent with the ongoing operation of the Wells Fargo Center, which does not charge for parking. Such charges levied on Wells Fargo Center patrons would discourage the use of the Wells Fargo Center as an entertainment venue, or if charges were levied only on cars traveling to the medical complex, would create confusion given the shared parking arrangement that is part of the project. Such charges also would not help to shift trips out of cars, as transit service is not frequently available on weekends or late in the evening when entertainment events conclude. Also, a substantial majority of the customers traveling to most events at the Wells Fargo center are traveling together, so the majority of Wells Fargo Center event trips are not single occupancy vehicle trips (Personal Communication from Marc Hagenlocher, Wells Fargo Center Director of Operations, dated March 25, 2010).

- (b) *Fund 15 minute public bus service to the site.* The DEIR evaluated the adequacy of transit service to the site, and found that there was no significant impact relating to transit access (DEIR, pp. 3.15-93-94). Providing more frequent transit service to the Project site could reduce passenger vehicle trips to the Project site by some amount, but it is not possible to estimate the amount of such reduction. Given the dispersed location of patients served by the hospital, the fact that most vehicle trips are generated by customers, and the fact that most patients are driven to the hospital by someone else (see response to (a) above) most persons traveling to the Medical Center will continue to do so by passenger vehicle. Also, County transit elsewhere generally is not provided at fifteen minute intervals, so funding more frequent service to the hospital than is provided elsewhere would result in the funding of bus routes that do not connect to other bus routes on the County system.
- (c) *Relocate the buildings next to Mark West Springs Road within easy walking distance of bus stops and the Wikiup Mall, and give attractive crossing protection for pedestrians.* As proposed, the project is already easily accessible to users of public transit. The project will include bus stops and shelter on both sides of Mark West Springs road at the signalized main access intersection and sidewalks will be provide from the intersection to all project buildings (DEIR, p. 3.15-93). Thus the project includes crossing protection for pedestrians.

- (d) *Create a grid of streets that provide several connections to Mark West Springs Road and Old Redwood Highway.* This suggested measure would not have any emissions-reducing effect, as creating a street grid would not change the number of people driving to the medical complex.
- (e) *Make the development an attractive walkable place with streets lined by restaurants, shops, and book stores, and space for event such as Farmer's Markets.* This type of mitigation may be appropriate for an urban or downtown plan, but is not compatible with a hospital and medical campus use in a more limited area. Modifying the project to add restaurants, shops and bookstores would not be consistent with the zoning or general plan designations for the property, and also would not reduce the emissions associated with operation of the hospital complex. With respect to events, as noted in the DEIR at pages 2-16, 2-19, and 2-23, the proposed project includes an update of the existing Wells Fargo Center use permit to continue the presentation of special events at that existing facility, subject to appropriate restrictions.
- (f) *Partner with firms to put employee housing on site and provide apartments for distant visitors and on-call night staff.* If this measure were practical, it could reduce greenhouse gas emissions to some limited extent. Housing and apartments are not consistent with the General Plan and zoning designations for the site, however. The emissions-reducing effect of this measure would be minimal, because the substantial majority of operational vehicle emissions that are generated by hospital and medical office building uses are generated by customers and visitors, not by employees and staff. The URBEMIS 2007 model which was used in calculating operational vehicle emissions (consistent with Bay Area Air Quality Management District guidance) assigns 89.5 per cent of the vehicle trips to a medical office building to customers, and assigns 62.5 per cent of the vehicle trips to a hospital to customers. This indicates that the large majority of vehicle emissions associated with the project would be unaffected by the provision of housing and apartments on site.
- (g) *Include residential rehabilitation on the site.* Adding residential rehabilitation as an additional use on the site would not reduce emissions associated with travel to the proposed project, but would add traffic involved with that additional use. Also, the site is fully occupied by the existing Wells Fargo Center and the proposed new medical campus buildings and there is not sufficient room to add a residential rehabilitation building.
- (h) *Substantially reduce the size of the parking area.* Reducing the parking area provided for the project would not be expected to reduce GHG emissions associated with the project because it would not be expected to reduce the number of drivers coming to the project site. The likely result of a reduced parking area would be to interfere with parking for the Wells Fargo Center. Also, as discussed in the DEIR, the project is not over-parked. In fact, “based upon proposed and code-required parking, the Sutter project would be providing 361 fewer spaces than required by code for Phase II [of the project] and 559 fewer spaces than required by code for Phase III” (DEIR, p. 3.15-85). The project satisfies its parking requirements through a shared parking plan with the Well Fargo Center (DEIR, p. 3.15-86).

## O.9 Sierra Club, Steve Birdlebough

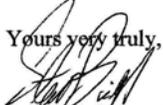
	<div style="text-align: right;">O.9</div> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div data-bbox="324 394 690 562">  <p style="margin-left: 10px;"><b>SIERRA CLUB</b> FOUNDED 1892</p> </div> <div data-bbox="747 394 950 493"> <p>Sonoma Group Redwood Chapter P.O. Box 466 Santa Rosa, CA 95402</p> </div> </div> <div style="text-align: center; margin-top: 20px;">January 14, 2010</div> <div style="margin-top: 20px;"> <p>Steve Dee Environmental Review Division Sonoma County PRMD 2550 Ventura Ave. Santa Rosa, CA 95403</p> </div> <div style="text-align: center; margin-top: 20px;">Re: Comments on DEIR for proposed Sutter Hospital Relocation</div> <div style="margin-top: 20px;">Dear Mr. Dee:</div> <div style="margin-top: 20px;"> <p>O.9.1 Thank you for this opportunity for the Sierra Club to comment on the draft environmental impact report for a proposed relocation of Sutter Hospital from its site on Chanate Road to a site outside the urban growth boundary of Santa Rosa near the Wells Fargo Center for the Arts. The project which is the subject of the Draft EIR includes an adjacent medical office building with another small hospital and the Luther Burbank Foundation's program. Because a greenfield development of this magnitude is likely to overstress existing infrastructure, water resources, and the natural environment, it is important that the all reasonable alternative sites be thoroughly evaluated.</p> <p>O.9.2 Our comments on the Draft EIR are as follows:</p> <ol style="list-style-type: none"> <li>O.9.3 1. The proposed hospitals and medical office building would inevitably attract ancillary medical suppliers and service providers to locate nearby. Please analyze and quantify the likely induced developments and their effect on lands in the Community Separator between Santa Rosa and Windsor for the years 2025 and 2050, together with risks of blight in areas of Santa Rosa that lose established treatment providers.</li> <li>O.9.2 2. It is widely believed that the proposed 70-bed hospital would be filled to capacity shortly after it opens. The environmental report must insure against a segmented development that results in a much larger project than the initial proposal. With respect to each element of the Draft EIR (and with respect to comments thereon) please include an analysis for a 100-bed and 150-bed hospital.</li> <li>O.9.3 3. Observation of existing hospitals suggests that nearby medical firms employ 10% to 30% as many people as the hospital itself. Please estimate the number of individuals likely to be employed in developments that would be induced to locate near the proposed hospitals and medical office building.</li> </ol> </div>
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- O.9.4 4. To address the risks of global climate change, private and government entities within Sonoma County have committed to make substantial reductions in automotive travel, in part by discouraging fringe development while encouraging concentrated continuous land uses that permit residents to meet daily needs with less driving, by walking, bicycling, or taking transit. In this connection the following county-wide goals have been adopted:
- a) County General Plan Objective OSRC 14.4: *Reduce greenhouse gas emissions by 25% below 1990 levels by 2015.*
  - b) Sonoma County Transportation Authority Comprehensive Plan Policy 3A: *Reduce vehicle miles of travel (VMT) per capita by 10% below 2005 levels by 2035.*
- Please state explicitly how the proposed site for the Sutter Hospital relocation would affect achievement of each of the foregoing goals.
- O.9.5 5. The understanding of environmental effects of development at the proposed site depends upon proper quantitative analysis. As the basis for such analysis, please provide a geographic distribution of the users of services at the Chanate facility by zip code using annual data for each of the last 5 years, with similar information for the current medical, administrative, and service staff
- O.9.6 6. Reduction of greenhouse gas emissions will depend in part on reducing vehicle miles traveled. Developments that favor transit usage and shorter trips by automobile help accomplish this objective. Please rank all of the alternative sites according to the following factors for the years 2015 and 2050:
- a) maximum, minimum and average bus-transit times from the homes of employees to each site
  - b) maximum, minimum and average elapsed home-to-appointment-to-home bus transit times for outpatients
  - c) walking distance from bus stops with 30-minute headways to the reception desks
  - d) maximum, minimum and average travel times from homes of employees using SMART train service to reach each site
  - e) walking or cycling distance from proposed SMART Station to reception desks
  - f) maximum, minimum and average elapsed home-to-appointment-to-home travel times for patients riding SMART train service
  - c) cycling distance from homes of employees to each alternative site
  - d) driving distance from homes of employees and patients to each site.
- O.9.7 7. The description of current bus service to the proposed site in the Draft EIR [p. 3.15-24] fails to note that the most frequent service (Route 60) is too distant from the proposed hospital entrance to serve most elderly or infirm bus riders (~1630 ft.). It is also significant that Sonoma County Bus schedules commonly allow 40 minutes between buses, with the result that frequently they do not mesh with City Bus schedules. Thus, all estimates of the time required for staff, and patients to travel by bus to and from a job or appointment at the proposed site must take into consideration the necessity to make connections between the different bus services. Please revise the text accordingly.
- O.9.8 8. Please describe impacts on traffic flow and distribution, and traffic congestion, associated with relocation of medical services not only from the existing Chanate facility, but from other

- O.9.8 communities to the proposed Sutter Hospital and to space provided by the Medical Office Building, Physicians Medical Center, and other development induced thereby.
- O.9.9 9. Please describe the blight impacts associated with relocation of medical services from the Chanate facility and from other communities or areas relative to services and or space that would be provided by the Medical Office Building and Physicians Medical Center and other development induced thereby.
- O.9.10 10. Please describe the potential traffic impacts associated with convergence of the scope and size of activities represented by the Wells Fargo Center in conjunction with the new Sutter facilities.
- O.9.11 11. The site design places a wide expanse of parked automobiles between the existing buildings that house restaurants, shops, offices, or residences and the proposed buildings that would house the hospital with adjacent medical office/doctor's hospital. Such a design is likely to reduce the number of patients and staff willing or able to walk between the existing and proposed developments. Please consider and quantify the energy, air quality and greenhouse gas impacts of the proposed site design as compared with a more highly walkable site design,
- O.9.12 12. Please revise the suggested traffic demand mitigation measures to be more robust. Parking fees, cash-out payments for transit users and bicycle riders, and provision for shuttle or improved bus service to the urban core should be included.
- O.9.13 13. The development proposes to rely on new wells for water even though periodic declines in existing California-American (private water company) well levels indicate that the aquifer under the property is already in distress. (Section 3.16.3.4) Please provide and assess information on the annual usage rates in comparison with annual precipitation information for the drainage basin that recharges the groundwater area in question, and analyze the anticipated overall demands and supply to the area aquifer for the years 2015 and 2050.
- O.9.14 14. The figures in the Hydrology Section display only spring water table levels. Please display water table levels for all seasons.
- O.9.15 15. Tables 3.16-1 and 3.16-2 use different metrics and are therefore difficult to compare. Table 3.16-1 does not indicate if the 58 acre-feet per year of estimated water consumption for the proposed Sutter development is included in projected water use. Please use common metrics in all tables and clarify the basis for the estimates.
- O.9.16 16. Table 3.16-1 shows average capacity, not peak use during the dry season which is the critical element in water needs. Peak usage during dry season could over-tax supply facilities and result in dewatering of neighboring wells or demand on SCWA in excess of their ability to deliver to other customers. Please analyze peak water draw during dry season on the area aquifer for the years 2015 and 2050, and project the effects on the water table with and without the proposed development.
- O.9.17 17. The date of the one-day pumping test of the pilot well is unclear, and it appears not to have used peak daily draws. Please state the draw-down effects on neighboring wells for an

- O.9.17 extended test period covering the months of September to November and replicating anticipated peak daily draws.
- O.9.18 18. Development in the area, including this project and other projects that would be attracted to the area by the hospitals and medical office building would very likely reduce groundwater recharge. Please estimate draw-down effects of the project wells for the years 2015 and 2050 in view of recharge inhibiting projects.
- O.9.19 19. Arsenic in wells near the proposed development (operated by California American Water utilities) greatly exceeds the public health goal even though it is below the Maximum Contaminant Level. This is a concern for patients who may already be in a weakened state. Arsenic in the proposed Sutter well is highly probable now or in the future. Please specify a mitigation treatment for removal of arsenic with a redundant treatment system in view of the sensitivity of patients.
- O.9.20 20. Proposed levels of irrigation water use appear to be excessive. (Section 3.16.18) Please propose mitigations that use less water-intensive landscaping.
- O.9.21 21. Hospital wastewater (Section 3.16.3-3) contains great concentrations of excreted pharmaceuticals and other contaminants such as endocrine disruptors. The present SCWA plant treatment process will not remove most of these. While these discharges may not violate existing regulations, the relatively small size of the existing SCWA plant in proportion to Sutter discharges risks concentrations of these contaminants in the plant discharge that could have adverse effects on people, aquatic, and animal life. Please propose a mitigation to pre-treat waste water that minimizes discharges of these pharmaceuticals and contaminants.
- O.9.22 22. The SCWA waste treatment plant that would serve the proposed development is already at capacity. Please describe the funding arrangements for expansion that would accommodate the Hospital, and the likelihood that expansion will take place in time to serve this development.

We appreciate your attention to these comments.

Yours very truly,  
  
Steve Birdlebough, Chair

*Responses to Comment O.9***Response to Comment O.9.1**

*Commenter asserts the project would relocate Sutter hospital outside Santa Rosa's urban growth boundary, induce growth in the Community Separator and result in blight to Santa Rosa, and asks that the EIR evaluate such impacts for the years 2025 and 2050.*

The project would not be located outside any applicable urban growth boundary. The project is not a City of Santa Rosa project (or a project serving only Santa Rosa) to which Santa Rosa's urban growth boundary would be relevant. Instead, the project is proposed to serve the entire County and is located in an area designated in the County General Plan as Public Quasi Public (DEIR, p. 3.10-5). The purpose of this designation is to "provide sites that serve the community or public need and are owned or operated by government agencies, non-profit entities, or public utilities." See also Master Response C: Site Selection and Alternatives regarding the project site's central location with respect to the population of patients, including low income and indigent patients, currently using the Sutter Medical Center.

The DEIR concludes at page 5-1 that the project will not have any significant growth inducing impact in either the near- or long-term. First, the medical campus is designated to provide and accommodate a full range of medical services including those currently provided at the existing Chanate facility. The medical office building is included to provide space for ancillary services, obviating the need for significant additional development around the site. Second, the area around the site is already developed with existing residential, commercial, and institutional uses. Third, development is not allowed in the Community Separator area per General Plan goal LU-5 and its implementing policies. The DEIR recognizes that some medical support businesses, as well as retail and other goods and services, may relocate to the area, but notes that any growth would be limited by Sonoma County General Plan 2020 and zoning, and thus would be consistent with General Plan Growth Projections.

No significant blight or related environmental impacts are anticipated, as described in Master Response F: Indirect Environmental Impacts and response to Comments O.2.1 through O.2.8 and response to Comment O.9.9 below.

**Response to Comment O.9.2**

*Commenter requests an impact analysis of a 100 and 150 bed hospital.*

The total hospital project, including a potential expansion (127 bed facility at full build out), is evaluated in the DEIR. The potential expansion is included to address the possibility that the hospital reaches capacity shortly after it opens. No further expansion of the hospital has been proposed by the County or Sutter, and there is no foreseeable expansion to analyze.

**Response to Comment O.9.3**

*Commenter asserts that nearby medical firms employ more people than the hospital, and requests an estimate of the number of individuals likely to work in developments that would locate near the hospital.*

As explained in response to Comment O.9.1 above, the hospital is not expected to induce significant development of surrounding medical uses, and provides space for medical offices in the medical office building that is part of the project. The employees in the medical office building are included in the environmental impact analysis in the EIR (see, for example, Table 3.15-16 showing anticipated trip generation as part of the traffic analysis).

#### **Response to Comment O.9.4**

*Commenter asks how the Project would affect achievement of the County's goals of reducing GHG emissions by 25% below 1990 levels by 2015 and its goal to reduce vehicle miles travels per capita by 10% below 2005 levels by 2035.*

See response to Comment O.8.1 regarding the project's effect on achieving the County's General Plan objective to reduce greenhouse gas emissions by 25 percent below 1990 levels by 2015.

As described in response to Comment O.8.1, the proposed project would be expected to help, rather than hinder the goals of the Sonoma County Transit Authority's Comprehensive Transportation Plan, including its goal of reducing vehicle miles traveled. Mitigation Measure AIR-7 requires that the project must be developed with the project design features and emissions reduction measures set forth in Table 1 of Appendix C to the DEIR (DEIR, p. 3.4-51). These measures include required coordination with Sonoma County Transit, the provision of bus stops adjacent to the project, the provision of priority parking for vanpools and carpools, and the provision of recharge stations or similar facilities for electric vehicles. (*Id.*)

#### **Response to Comment O.9.5**

*The commenter asks for information regarding the geographic distribution of users of services at Chanate "by zip code using annual data for each of the last 5 years" and for "similar information for the current medical, administrative and service staff."*

Please see response to Comment O.1.2, and Master Response C: Site Selection and Alternatives including attachments C.1 through C.5.

#### **Response to Comment O.9.6**

*The commenter asks that each of the alternative sites be ranked, for the years 2015 and 2050, according to a list of factors:*

Maximum, minimum, and average bus-transit times from employees' homes to site

Maximum, minimum, and average elapsed home to appointment to home bus transit times for outpatients

Walking distance from bus stops with 30 minute heads to the reception desks

Maximum, minimum, and average travel times from home of employees using SMART train service to reach each site

Walking or cycling distance from proposed SMART Station to reception desks

Maximum, minimum, and average elapsed home to appointment to home travel times for patients riding SMART train service

Cycling distance from homes of employees to each alternative site

Driving distance from homes of employees and patients to each site

Please see responses to Comments O.1.2, O.1.3, and O.1.5 for a discussion of the geographic distribution of patients and staff using the Medical Center and the relative vehicle miles traveled, transit-times and bicycle trips by patients and staff to the proposed project site and the off-site alternatives.

The commenter also inquires regarding travel times and distances for staff and patients to the proposed project site or off-site alternatives from SMART train stations. The requested analysis, while informative, would not provide information that would support a different conclusion in the DEIR as transit is only one factor in the selection of alternative sites. Distance to SMART stations for drivers is provided in response to Comment O.4.1.

While the commenter requests new analysis concerning travel times and distances for patients and staff across a variety of modes of travel and a variety of time periods, this level of analysis is not required when considering project alternatives. CEQA requires only that EIRs must “include sufficient information about each alternative to allow meaningful evaluation, analysis, and comparison with the proposed project” (CEQA Guidelines §15126.6(d)). As discussed above, the DEIR contains sufficient information to allow for this analysis. Further, CEQA does not require a lead agency to conduct every recommended test and perform all recommended research to evaluate the impacts of a proposed project. The fact that additional studies might be helpful does not mean that they are required (CEQA Guidelines, § 15204(a)).

#### **Response to Comment O.9.7**

*Commenter notes that most Santa Rosa City Bus routes operate at 30 minute headways (intervals), whereas Sonoma County Transit operates at more irregular schedules depending on the route and time of day.*

Sonoma County Transit (SCT) Route 42 does serve Santa Rosa Avenue and Roseland (along Corby Avenue) and provides some timed transfers at the downtown transit center on Second Street in Santa Rosa. For example, according to current schedules, one can catch the Route 42 bus at Hearn and Dowd at approximately 7:30 am, arrive at the transit mall at 7:40 am, and with just a five minute layover, catch the Route 62 bus and arrive at Mark West Springs Road and Old Redwood Highway at 8:02 am. Since the DEIR was published, Sutter has met with Sonoma County Transit and with Santa Rosa Transit, and both agencies have stated that they will coordinate with the County and Sutter to coordinate bus service before the hospital opens, if the proposed project is approved. (Personal communications to Tom Minard of Sutter Health in meetings with Sonoma County Public Works, Sonoma County Transit, and City of Santa Rosa representatives, including Steve Schmitz, Sonoma County Transit, February through May 2009, and Steve Roraus, Santa Rosa City Bus Operations Superintendent, 2010.)

The alternative sites do not provide substantially better transit service availability than does the proposed site. For further information on transit services see Master Response D: Alternative Transportation and Public Transit.

**Response to Comment O.9.8**

*Commenter requests a description of traffic congestion due to the relocation of facilities from the Chanate sites and others locations.*

The traffic impacts of the project, including all uses at the project site, are described throughout the DEIR (Section 3.15) on traffic and transportation. As stated above, there are no foreseeable additional medical facilities at or near the site. See response to Comment O.9.1.

**Response to Comment O.9.9**

*The commenter asks the County to describe the “blight impacts associated with relocation of medical services from Chanate” and from “other communities or areas relative to services and or space that would be provided by the Medical Office Building and Physicians Medical Center” and “other development induced thereby”*

As stated in response to Comment O.2-8, the County does not believe that it is likely that closure of Chanate, or relocation of medical services associated with Chanate will result in “blight” or “urban decay” impacts in any vacated office space. As explained more fully in response to Comment O.2-18, the County does not yet have any plans for re-use of the facilities at Chanate.

**Response to Comment O.9.10**

*Commenter requests analysis of traffic impacts for both Wells Fargo Center and Sutter.*

Commenter’s request is addressed in the DEIR. Wells Fargo Center activities are considered baseline as they are ongoing and are therefore included in the calculations set forth in the DEIR (See DEIR, p. 3.15-46). Consistent with CEQA, the DEIR provides a cumulative analysis of traffic impacts in the vicinity of the project, including all traffic from Sutter and the Wells Fargo Center, for both 2014 and 2035. See Master Response H: Traffic, Circulation, and Emergency Access for additional information regarding site access during Wells Fargo Center events.

**Response to Comment O.9.11**

*The commenter requests that the County “consider and quantify the energy, air quality and GHG impacts of the proposed site design” as opposed to a “more highly walkable site design,” in which patients and staff would be willing or able to walk between the “existing and proposed developments.”*

As described on pages 2-1 and 2-2 of the DEIR, the layout of proposed project was designed to meet Project Objectives 2 and 7, which call for the provision of a medical campus that:

realizes the benefits to health care delivery that can be achieved through the location, on the same site, of facilities that link inpatient, outpatient and physician office visits and connect those services using the most modern and efficient layout for an operationally efficient and cohesive campus that supports an integrated model of health care delivery, promotes functional relationships among departments, services and programs, and provides functional circulation within the inpatient and outpatient spaces, placement of seating areas, outdoor terraces, and other patient and visitor amenities

as well as to:

provide a Medical Campus linked to the [Wells Fargo Center] in a manner provides a simple, clear and elegant set of buildings linked by meditative paths, bioswales, outdoor gardens, courtyards, and open space that promotes a sense of well-being and healing through a dignified and forward-thinking building plan that will be an inviting and positive healing environment for patients, families, visitors, staff and all that come in contact with the Medical Campus.

Given this, the proposed project was designed to be “highly walkable” and to easily allow for patient, staff and visitors to move between the Medical Campus and the existing Well Fargo Center. Accordingly, it is not expected that a variation on the project’s proposed design would result in a substantial reduction in air quality, GHG or energy related impacts with regard to increased pedestrian travel.

### **Response to Comment O.9.12**

*Commenter requests more “robust” traffic demand mitigation measures.*

See response to Comment O.1.6. The County believes that the proposed mitigations adequately address the nature and magnitude of the impacts created by the proposed project. Parking fees were considered and rejected because of the potential spillover to the free parking available in WFC spaces and the surrounding residential neighborhood. Parking charges are not standard practice for medical centers in suburban locations; e.g., Kaiser Hospital, which is located at Mendocino Avenue and Bicentennial Way, does not charge for parking. Parking cash-out works best where parking is already being charged for, e.g., in downtowns. There are already three bus routes within walking distance of the project site. Also, since publication of the DEIR, Sutter has met with both Santa Rosa Transit and Sonoma County Transit, and both agencies have indicated they will work with the County and Sutter to coordinate bus service before the hospital opens, if the proposed project is approved.

### **Response to Comment O.9.13**

*Commenter requests additional analysis of annual usage rates compared to annual precipitation within the drainage basin and analysis of the anticipated overall water demands and supply to the area aquifer for the years 2015 and 2050.*

As explained in the DEIR in Section 3.16, hydrograph data suggests that the aquifer is stable and is not declining. The declines in the existing Cal-American wells may be due to various factors, including how they operate their wells and the condition of their wells, and is not necessarily related to the health or capacity of the aquifer.

The requested comparison between annual usage and precipitation rates has already been performed in the Groundwater Study prepared by ENGE0, Inc., and was included in Appendix H of the DEIR. Section 5.0, Water Balance, of the ENGE0 Report indicates more water from precipitation/runoff is available in the basin to recharge the aquifer than what is proposed to be withdrawn from the aquifer. The comparison accounts for all known existing and planned wells within the basin study area.

The planning period for the analysis of water supply impacts is through 2030, and corresponds with planning data available from the County (including 10 years beyond the General Plan

horizon of 2020). A horizon year of 2050 is too far in the future to develop any meaningful planning assumptions.

#### **Response to Comment O.9.14**

*Commenter requests water table levels for all seasons.*

The water table levels presented as hydrographs are from data collected from DWR groundwater monitoring wells that are generally only monitored twice a year, during Spring and Fall. This data is presented to show the long term overall groundwater level trends in the basin, not the seasonal trend. The overall trend is indicative of relatively stable groundwater levels.

#### **Response to Comment O.9.15**

*Commenter requests use of common metrics in all tables and clarification of the basis for the estimates.*

Comparison of the figures in Table 3.16-1 (data from reference report by EPS and Coastland Engineering, 2007) to those in Table 3.16-2 (data from reference report by Brelje & Race Consulting Engineers, 2009b) should not be necessary as the tables are not related to one another. It should also be noted that the EPS/Coastland report was commissioned as a result of a request brought by a citizens group seeking to purchase the California American Water Company (Cal-Am) system, and was not a report produced by Cal-Am.

Table 3.16-1 includes data projecting supply capacity requirements for the Larkfield area served by Cal-Am. It shows the projected supply capacity shortfalls for progressive years through the planning period of 2030 in the Cal-Am system and does not include estimates of demands for the new hospital. Table 3.16-2 shows water uses projected for the Sutter medical campus only, in order to establish both average and maximum daily demands for the initial project and for the fully developed project for purposes of determining supply requirements to serve only the Sutter medical campus. The title of Table 3.16-1 in the DEIR is somewhat misleading in that it appears to suggest the Sutter demands are included in the figures, when actually they are not; the title was intended to convey that the hospital facilities will be located within the Cal-Am service area, but not be served by the system.

Table 3.16-1 was included in order to show that the Cal-Am system would require the addition of new supply capacity by as early as 2010 (presumably new wells) even without accounting for demand that would be associated with the new Sutter facilities; therefore, Sutter would have the option to either connect to the Cal-Am system and pay for supply improvements for the Cal-Am system sufficient to meet their demand or develop their own water supply source(s). During the preparation of the DEIR it was decided (and confirmed by subsequent testing) that it was feasible for Sutter to develop their own supply source; hence Table 3.16-2 was included in that section partly to establish the base supply requirements for Sutter's water system.

In response to the comment about metrics differing between the two tables, both use similar units, either gallons per day (gpd) or million gallons per day (mgd). Table 3.16-1 converts these quantities to gallons per minute (gpm) while that conversion is not made in Table 3.16-2; however the conversion is made in more appropriate portions of the text in that section instead that discuss daily demand requirements. Table 3.16-1 uses population and service connections to

arrive at the projected capacity figures. Projected figures for connections and population in the EPS/Coastland report were based on 3.3 persons per connection, and 2.6 persons per household. These figures, and growth rate projections through 2030, were based on data provided to Coastland by Sonoma County PRMD. Water use projections for the hospital and the other medical facilities in Table 3.16-2 were also based on population, expressed as either the number of beds (hospitals) or persons per square foot (medical office building). The basis for determining the figures in Table 3.16-2 can be found in the Brelje & Race report in DEIR Appendix H. Fixture counts or industry standard engineering equations related to the physical characteristics of the buildings were used to estimate mechanical equipment water use in the support buildings and water treatment facilities. Irrigation uses were based on planted area, plant types and quantities. In Section 3.16.1.1, portions of the text relate water use to units of acre-feet, which is a convenient unit for stating large volumes of water, and generally is used when discussing annual water use totals. One acre-foot is roughly equal to 326,000 gallons.

### Response to Comment O.9.16

*Commenter states Table 3.16-1 shows average capacity, not peak use during the dry season which is the critical element in water needs. Peak usage during dry season could over-tax supply facilities and result in dewatering of neighboring wells or demand on SCWA in excess of their ability to deliver to other customers. Please analyze peak water draw during dry season on the area aquifer for the years 2015 and 2050, and project the effects on the water table with and without the proposed development.*

Table 3.16-1 was prepared for another study and was included in the DEIR primarily to show that additional supply capacity was projected as being necessary as early as 2010 in the Larkfield area with or without the proposed project. Supply capacity requirements are determined based on 10 years historical peak monthly demands. Table 3.16-1 does not show averages, but rather shows required peak supply projections based on historical peak monthly demands.

SCWA deliveries to the Cal-American system are based on a negotiated amount, and are not related to the actual delivery capacity of the Agency's aqueduct system.

The analyses requested were performed in the Groundwater Study prepared by ENGEIO, Inc. and included in DEIR Appendix H. Their analyses included peak pumping projections for the project and other known area wells, existing or planned. (Refer to response to Comment O.9.13 above.) The proposed project wells will include constant speed pumps anticipated to pump at a rate of 150 gpm when operating. System demands will be supplied by a separate, variable speed booster pump and storage tank system, which will be capable of delivering variations in demand without affecting well pumping rates. (See response to Comment O.9.13 above.)

The planning period for the analysis of water supply impacts is through 2030, and corresponds with planning data available from the County (including 10 years beyond the General Plan horizon of 2020). A horizon year of 2050 is too far in the future to develop any meaningful planning assumptions.

**Response to Comment O.9.17**

*The date of the one-day pumping test of the pilot well is unclear, and it appears to have used peak daily draws. Please state the drawdown effects on neighboring wells for an extended period covering the months of September to November and replicating anticipated peak daily draws.*

Commenter raises two issues related to the use of groundwater: the short term impacts of pumping groundwater on the drawdown in neighboring wells and the more long term impacts that can occur due to an extended period of pumping.

As described in the DEIR at page 3.9-42, a 72-hour pump test was conducted from October 9 – 12, 2009. The purpose of the pump test is to develop data that could be used to determine the characteristics of the aquifer such as aquifer transmissivity and storativity values. To determine reliable values for the aquifer characteristics it is best to pump at a constant flow rate for a sufficient duration that will result in drawdown at the monitoring wells. For the October pump test the average flow rate was about 153 gpm. The aquifer characteristics can then be used to calculate the radius of influence of the project well for conditions applicable to the project. Pump tests are not intended to directly measure a project well's radius of influence; therefore, it is not appropriate to compare the flow rate used during the pump test to potential flow rates that may occur during operation of the project. A discussion of the radius of influence of the project is provided in Section 3.9, Impact HY-3 of the DEIR. Details of the pump test are provided in Appendix H4 of the DEIR. The results of the pump test indicated a transmissivity of 5,049 gallons/day/ft and a storativity of about 0.0004 to 0.0005. Using these values to characterize the aquifer properties, the radius of influence of the project well was estimated to be between 1,000 and 2,400 feet. Four active wells were identified within a 1,000-foot radius: the WFC well at about 750 feet, a well on the Vintners Inn property located at 850 feet, and two wells on Coffey Lane located at 950 feet away. Drawdown at these wells is expected to be less than 3 feet (ENGE0, 2009c). It is estimated that wells beyond 1,500 feet of the proposed wells would have a drawdown of less than half a foot. The drawdowns in wells within the radius of influence of the project well were determined not be sufficient to affect production of these wells.

The second issue is the effect of extended pumping on neighboring wells. As noted in the DEIR, the radius of influence was calculated assuming the project well operated for 18 hours a day at a rate of 80 gpm. In actual operation the well will be pumped for less than 18 hours a day since there will be on site storage to maintain supply to the Medical Campus. Peak demands are transitory in nature and system demands, including daily peaks, will be supplied by a separate booster pump and storage tank system. The commenter also requested information on extended pumping during the months of September to November. The drawdown values provided in the DEIR are relative to the static water level at the time that pumping occurs. The amount of drawdown is not affected by seasonal changes in the water level (though the actual water elevation in the well would be).

The DEIR discusses the long term or extended effects of pumping in Section 3.9 under Impact HY-3 and in Appendix H2. As discussed above, the project well will operate less than 24 hours a day, allowing the water level in the pumping well and surrounding wells to recover. During the late summer/fall (e.g., September to November) when there is no or little recharge to the aquifer, the water levels may not recover to pre-pumping levels and there will be a net lowering of the water table. However, during the winter months when there is recharge the aquifer will recover

and there would be a net increase in water levels. The regional water balance provided in Appendix H2 analyzed the long-term trend in water levels in the regional aquifer. It concluded that water levels have been stable for the last several decades, indicating that recharge is sufficient to meet existing groundwater demands. The water balance also showed that recharge to the aquifer exceeds the present withdrawals from the aquifer and will continue to exceed withdrawals when the project withdrawals are added. Section 3.9 under Impact HY-3 also presents a local water balance in the area of the project. This local water balance also showed that existing recharge is sufficient to meet both existing and future water demands, including the project.

#### **Response to Comment O.9.18**

*Commenter states that development in the area, including this project and other projects that would be attracted to the area by the hospitals and medical building would very likely reduce groundwater recharge. Please estimate draw-down effects of the project wells for the years 2015 and 2050 in view of recharge inhibiting projects.*

The effects of future development were considered in the analyses performed by ENGEO, Inc. in the Groundwater Study included in Appendix H. Infiltration amounts for future development projects were considered through the project planning period of 2030 and exceeds the planning data available in the County's General Plan by 10 years. Development beyond that time frame is speculative; however, as described in Impact HY-3 of Section 3.9 of the EIR, the new Santa Rosa Standard Urban Stormwater Management Plan requires new projects (including the proposed project) to capture the difference in runoff between post-development and pre-development conditions for the 85<sup>th</sup> percentile storm. New development adjacent to the hospital beyond 2030 should also fall under this requirement to infiltrate the 85<sup>th</sup> percentile differential volume of water, thus maintaining groundwater recharges to near pre-development levels.

#### **Response to Comment O.9.19**

*Commenter states that arsenic in wells near the proposed development (operated by California American water Utilities) greatly exceeds the public health goal even though it is below the Maximum Contaminant Level. The commenter asks that the EIR specify a mitigation treatment for removal of arsenic with a redundant treatment system in view of the sensitivity of patients.*

As the comment notes, arsenic was detected in initial water quality test samples from the well but these levels were below the maximum contaminant levels (MCL) requiring treatment by the State of California. Water quality testing of the on-site test well showed that the arsenic levels are below the MCLs and also lower than the level in the Cal Am wells. These levels in the on-site wells are comparable to, or lower than, the levels generally present in the Larkfield area which can exceed 10 ppb. Appendix H-2 of the DEIR contains water quality measurements from the test well of 10 ppb. The Wells Fargo well tested at 9.7 ppb and the Sutter well at 9.5 ppb. The testing limits for arsenic is 2.0 ppb. (Testing limits denote the point which it is not possible to measure arsenic levels.)

The treatment system required for the hospital's water system includes redundant components for all facilities, including filters with the capability of removing contaminants such as iron, manganese, and arsenic.

**Response to Comment O.9.20**

*Commenter states that proposed levels of irrigation water use appear to be excessive. (Section 3.16.18) Please propose mitigations that use less water-intensive landscaping.*

According to Bill Mastick of Quadriga, the landscape architect for the project, the landscape plan incorporates all best available technology to reduce water usage, and as such, is a state of the art landscape plan. It meets or exceeds both the state and County requirements for water conservation. The plan has been prepared in consultation with the Regional Water Quality Control Board, and also complies with the County's requirements for screening within designated scenic resources combining districts.

Annual landscape water use projections are based on the following criteria which represents Best Available Technology for this site:

- Total irrigated landscape area, as proposed, will be 9.8 acres. Landscape plant materials are proposed in the following categories and ratios of application: Low to moderate water-using plants in the following approximate percentages:
  - 0% - high water use plants (WUCOLS plant factor of 0.7-0.9)
  - 35% - moderate water use plants (WUCOLS plant factor 0.4-0.6)
  - 65% - low water use plants (WUCOLS plant factor 0.1-0.3)
- The proposed irrigation system is a high-efficiency, high-uniformity system, including central computer controls, a weather station, and low volume application methods.
- Ongoing accurate evapo-transpiration rate and rainfall will be provided directly to the irrigation control system from CIMIS weather data.
- Average water use will likely be less than anticipated annually as the highest plant factor of .5 was used in calculations for worst-case scenario planning purposes.

The water demand will decrease as all plants, especially screening trees, reach maturity (initial years require more intensive watering) and as trees become irrigation independent.

Further, the County's adopted the Water Efficient Landscape Ordinance on December 15, 2009, which includes requirements for landscape water budgets, landscape and irrigation design, and irrigation scheduling. The proposed project's landscape plans will be reviewed for compliance with this Ordinance before they are approved for implementation.

Figures O.9.20-1 through O.9.20-4 show the preliminary landscape plan for the proposed project as well as candidate plant lists for the Medical Campus planting, bioswale planting, and oak woodland planting.









**Response to Comment O.9.21**

*Commenter raises concern that hospital wastewater (Section 3.16.3-3) contains great concentrations of excreted pharmaceuticals and other contaminants such as endocrine disruptors.*

These topics are addressed in Sections 3.8 (pp 3.8-6) and 3.16 of the DEIR. Conventional pollutant levels are discussed beginning on page 3.16-14 and in Appendix L. Regulatory measures discussed in both sections will prevent non-conventional pollutants from having a significant impact on water quality objectives.

Additionally, the existing hospital periodically takes water samples from its wastewater and reports the results to the City of Santa Rosa. To date, no issues related to toxics have been identified. This periodic testing is required of all hospitals. The commenter's suggestions are all included in standard hospital protocols or by other oversight required protocols.

**Response to Comment O.9.22**

*Commenter states that the SCWA waste treatment plant that would serve the proposed development is already at capacity. Please describe the funding arrangements for expansion that would accommodate the Hospital, and the likelihood that expansion will take place in time to serve this development.*

Plant expansion is not included in the mitigation measures. Instead, as described in Section 3.16 under Impact UT-4, existing plant capacity will be made available through an ongoing "Zero Footprint Offset" program to reduce waste flows currently entering the treatment plant. For additional explanation, see response to Comment A.3.6 and Master Response B: Wastewater Offset Program.

## O.10 Palm Drive Hospital, Palm Drive Health Care District, Neil Todhunter and Dan Smith

O.10

**Palm Drive**  
*West County's*  
**Hospital**

January 14, 2010

*VIA FACSIMILE and U.S. MAIL*  
 565.1103

Steve Dee  
 Environmental Review Division  
 Sonoma County PRMD  
 Santa Rosa, CA 95403-2829

*Re: Comments on Adequacy of DEIR*

Dear Mr. Dee:

O.10.1

On behalf of the Palm Drive Health Care District, which owns and operates Palm Drive Hospital, we offer the following comments regarding the Draft Environmental Impact Report ("DEIR") for the proposed Sutter Hospital facility ("Project"). The DEIR has significant deficiencies and omissions that defeat the purpose of a complete and accurate disclosure of potential impacts resulting from the Project. The immediate concerns are regarding the following issues:

The DEIR provides an incomplete discussion of secondary environmental impacts resulting from economic impacts resulting from the Project. The DEIR itself devotes little more than a page to discussing potential market impacts, and is limited to impacts upon bed occupancy, with no discussion of the impacts of the combined medical functions.

O.10.2

The only issue discussed is the possible impact of additional patient load should the Chanate facility be closed without a replacement. The DEIR refers to a County analysis of the preliminary business plan that projects limited impacts, but the County study does not appear to be included in either the body of the DEIR nor in the listed Appendices. This document should be provided with the DEIR.

Steve Dee  
 Environmental Review Division  
 Sonoma County PRMD

January 14, 2010

- O.10.3 [ The 2008 revised Business Plan should also be included within the DEIR documentation, since it will provide further information as to the relationship of the proposed new facilities to existing operations.
- O.10.4 [ The section needs to evaluate whether the concentration of critical care beds will adversely affect other medical services and providers in the County.
- O.10.5 [ The section needs to evaluate the existing medical office space in the County, the vacancy rate, the scale of increase proposed by the Project, and the potential for adverse impacts upon existing medical office complexes.
- O.10.6 [ The section needs to evaluate the degree to which the Medical Office Building as proposed may adversely impact existing facilities due to loss of resident physicians to the new Project complex.
- O.10.7 [ The ownership and control of the Medical Office Building needs to be described to determine the degree of connection to or autonomy from the Sutter operations.
- O.10.8 [ To the extent that the Project may undercut or weaken emergency room services at existing facilities, the DEIR must examine any health impacts associated with longer flight times for emergency helicopter flights.
- O.10.9 [ An analysis of the potential for urban blight resulting from the closure of one or more District or other local Hospitals should be included. The potential for such a closure arises from the concentration of resident physicians at the Project complex, the resulting elimination of referral sources for District or other local Hospitals, and the redirection of patient flows.
- O.10.10 [ Since the Project may undercut the continuing operation of community health facilities, the DEIR must review the implications of facility closure, including facility financing, ease of facility conversion to other uses, the potential secondary impacts of that facility conversion, etc.
- O.10.11 [ The DEIR provides an incomplete description of the proposed Project and Project setting. The DEIR provides what is identified as the Project Description in Section 2.0 of the document, to include the current land uses, the “existing Sutter Medical facilities”, a project description, project phasing, and other issues.
- O.10.12 [ The description of the existing Wells Fargo Center (WFC) is incomplete and omits information that is essential for understanding the Project Setting and assessing potential Project impacts. The DEIR identifies three performance venues by available

Steve Dee  
 Environmental Review Division  
 Sonoma County PRMD

January 14, 2010

O.10.12 seating, but provides no description of the size or location of the three venues, nor is there any description of the frequency of use, the frequency of multiple events, and so on. Without that information, the magnitude and frequency of event impacts cannot be known.

O.10.13 The WFC website lists additional enclosed venues beyond the three noted above. The size, use capacity, type of use, frequency of use and frequency of overlapping events must be discussed.

O.10.14 The DEIR also notes that additional interior uses include the Santa Rosa Christian School and the Education Through the Arts program. Both programs must be described in terms of their location, the frequency and intensity of use, staffing, members/attendees, and so on (DEIR pg 2-4,9).

O.10.15 The DEIR also references various outside uses, including special events on two different lawn areas, described as the South Field and East Lawn. The size, nature, frequency and duration of these events must be described to be able to account for all uses and demands upon the WFC facilities. This should include, but not be limited to, size of event, parking demand, start and stop times relative to impacts upon neighbors, traffic impacts, competing parking demands, current noise levels, convergence of impacts from multiple events, etc.

O.10.16 Previous applications to expand activities and uses of the WFC site have been submitted to the County, including the "25-year Master Plan" of 1999. That application listed additional uses of structures not identified in the DEIR, including meeting rooms, adult education functions, and a museum. The status of these proposed uses must be specified relative to size, staffing, hours of operation, frequency and intensity of use, and other variables as noted above.

O.10.17 Section 2.2.2 is titled "Existing Sutter Medical Facilities" but provides almost no information relevant to the DEIR and its assessment of impacts. The only quantitative data provided is that Sutter currently employs about 1,200 people. There is no information on the size of buildings, uses by structure and area (administrative office, hospital rooms, clinics, diagnostic facilities, and so on). To understand the impacts of relocating the facility, it is obviously essential to know what is currently the operation.

O.10.18 There must also be a discussion of any spaces being used by affiliated doctors, agency offices or services, the provisions of parking spaces and public transportation support facilities.

O.10.19 There must be a discussion of the volume of patient/client activity at the current facility, including discussion of high demand periods, length of stay. Similarly, a

Steve Dee  
 Environmental Review Division  
 Sonoma County PRMD

January 14, 2010

**O.10.19** discussion of the hours in which different categories of employees, contract service providers, tenants, etc are on site is essential.

**O.10.20** Since there is no discussion of what services are currently present on the Sutter site, it is impossible to know what activities and functions are being relocated, in contrast to uses that might be able to remain at the Chanate facility. While the hospital function is being relocated to address state regulatory requirement, it is unclear what corollary uses can and would continue. This needs to be explored in greater detail relative to continuing uses, associated traffic and noise, etc.

**O.10.21** The discussion of the Sutter portion of the proposed Project identifies new structures by general size and/or use (such as hospital beds). The discussion of the scope of activities in all three buildings is too abbreviated to properly analyze impacts. The breadth of uses in the “Medical Office Building” is unclear, and cites both affiliated and independent doctor’s offices. The function of the Physicians Medical Center is also unclear as owner/operator, the time and intensity of uses, and so on.

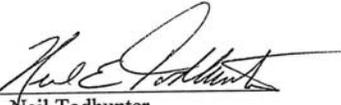
**O.10.22** Both the “Sutter Medical Center Hospital” and the Physicians Medical Center are proposed to provide acute care in-patient and out-patient services. The distinction between these uses needs to be fully explained as to service population, clients, staffing, visitor services, etc. The relative allocation of space for both buildings must be provided, including hospital rooms, offices, service functions, diagnostic services, visitor services, staff/administrative areas, and so on.

**O.10.23** The description of the proposed revisions to the WFC activities is unacceptably vague. The DEIR describes the Phase 1 activities as including retaining the East Lawn and South Field functions, but only makes the nebulous statement that “the proposed outdoor events would be substantially consistent with the activities that have historically been undertaken” (DEIR pg. 2-18). The word “substantially” suggests some changes are planned. It is unclear if the size, frequency, duration, and facility demands will actually be significantly increasing. The proposed Use Permit parameters included as Table 2-3 suggest that almost continuous events are intended with a total of 8 “large” events, 65 “medium” events, and 130 “small” events per year.

**O.10.24** The scope of uses proposed for the two lawn areas needs to be compared to current uses relative to number of attendees, limits on hours of operation, days of week, noise sources, parking, public transportation, traffic generation, staffing levels, number of attendees, and all other variables proposed to be governed through a revised Use Permit.

Steve Dee  
Environmental Review Division  
Sonoma County PRMD

January 14, 2010

<p>PALM DRIVE HOSPITAL</p> <p>By:  Neil Todhunter Interim Chief Executive Officer</p>	<p>PALM DRIVE HEALTH CARE DISTRICT</p> <p>By:  Dan Smith President, Board of Directors</p>
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*Responses to Comment O.10***Response to Comment O.10.1**

*The commenters state that the EIR discussion of secondary impacts is incomplete and limited to impacts on bed occupancy with no discussion of impacts of combined medical functions.*

This comment is identical to the first part of Comment O.2.1. See response to Comment O.2.1.

**Response to Comment O.10.2**

*The commenters state that the County's analysis of Sutter's business plan should be included in the EIR.*

This comment is identical to the second part of Comment O.2.1. See response to Comment O.2.1.

**Response to Comment O.10.3**

*The commenters state that the EIR analysis of secondary impacts needs to evaluate whether the concentration of critical care beds will adversely affect other medical services and providers in the County.*

This comment is identical to Comment O.2.3. See response to Comment O.2.3.

**Response to Comment O.10.4**

*The commenters state that the EIR analysis of secondary impacts needs to evaluate the existing medical office space in the County, including vacancy rates, the increase in office space proposed by the project, and the potential for adverse impacts upon existing medical office complexes.*

This comment is identical to Comment O.2.4. See response to Comment O.2.4.

**Response to Comment O.10.5**

*The commenters state that the EIR needs to evaluate the degree to which the medical office building may adversely impact existing facilities due to the loss of resident physicians.*

This comment is identical to Comment O.2.5. See response to Comment O.2.5.

**Response to Comment O.10.6**

*The commenters state that the ownership and control of the medical office building needs to be described to determine the degree of connection to the Sutter operations.*

This comment is identical to Comment O.2.6. See response to Comment O.2.6.

**Response to Comment O.10.7**

*The commenters state that, to the extent the project may undercut or weaken emergency room services at existing facilities, the EIR must examine health impacts associated with longer flight times for emergency helicopter flights.*

This comment is identical to Comment O.2.7. See response to Comment O.2.7.

**Response to Comment O.10.8**

*The commenters state that the EIR must evaluate the potential for urban blight resulting from closure of one or more hospitals.*

This comment is identical to Comment O.2.8. See response to Comment O.2.8.

**Response to Comment O.10.9**

*The commenters state that the project may undercut continuing operation of other health facilities, so the EIR must review the implications of facility closure.*

This comment is identical to Comment O.2.9. See response to Comment O.2.9.

**Response to Comment O.10.10**

*The commenter states that the project may undercut continuing operation of other health facilities, so the EIR must review the implications of facility closure.*

This comment is identical to Comment O.2.9. See response to Comment O.2.9.

**Response to Comment O.10.11**

*The commenter states that that project description is incomplete.*

This comment is identical to Comment O.2.10. See response to Comment O.2.10.

**Response to Comment O.10.12**

*The commenter questions the completeness of the Project Description, project phasing, current events, and other operational aspects of the LBMF Center/Wells Fargo Center; and raises concerns about the proposed use permit.*

This comment is identical to Comment O.2.10. See response to Comment O.2.10.

**Response to Comment O.10.13**

*The commenter requests that the size, use capacity, type of use and frequency of overlapping events at the Wells Fargo Center be discussed.*

This comment is identical to Comment O.2.11. See response to Comment O.2.11.

**Response to Comment O.10.14**

*The commenter request a description of the Santa Rosa Christian School and Education Through the Arts program in terms of their location, frequency and intensity of use, staffing, and members/attendees.*

This comment is identical to Comment O.2.12. See response to Comment O.2.12.

**Response to Comment O.10.15**

*The commenter requests that outside events at the Wells Fargo Center be described.*

This comment is identical to Comment O.2.13. See response to Comment O.2.13.

**Response to Comment O.10.16**

*The commenter refers to prior applications to expand the Wells Fargo Center.*

This comment is identical to Comment O.2.14. See response to Comment O.2.14.

**Response to Comment O.10.17**

*The commenter requests information on the size of Sutter’s existing facility at Chanate, and quantitative information on the uses at the existing facility by size and area.*

This comment is identical to Comment O.2.15. See response to Comment O.2.15.

**Response to Comment O.10.18**

*The commenter requests information on the parking spaces being used by “affiliated doctors, agency offices, or services” and parking and public transportation support facilities.*

This comment appears to refer to the use of the existing parking spaces at the Chanate campus.

This comment is identical to Comment O.2.16. See response to Comment O.2.16.

**Response to Comment O.10.19**

*The commenter asks for information regarding the volume of “patient/client activity” at Chanate, including a discussion of “high demand periods, length of stay, and hours of categories of employees, contract services providers, tenants etc.”*

This comment is identical to Comment O.2.17. See response to Comment O.2.17.

**Response to Comment O.10.20**

*The commenter asked what activities and functions will be relocated from Chanate to the Project site and what “corollary uses can and would continue” at the Chanate site.*

This comment is identical to Comment O.2.18. See response to Comment O.2.18.

**Response to Comment O.10.21**

*The commenter asks what uses are proposed for the Medical Office Building and states that the “function of the Physicians Medical Center is also unclear as to owner/operator, the time and intensity of uses, and so on.”*

This comment is identical to Comment O.2.19. See response to Comment O.2.19.

**Response to Comment O.10.22**

*The commenter asks for information about the distinction between the uses of the Sutter Medical Center Hospital and the Physicians Medical Center with regard to service population, clients,*

*staffing and visitor services. The commenter also asks about the relative allocation of space for each function in the two buildings.*

This comment is identical to Comment O.2.20. See response to Comment O.2.20.

**Response to Comment O.10.23**

*The commenter request that the proposed revisions to Wells Fargo Center activities be further described.*

This comment is identical to Comment O.2.21. See response to Comment O.2.21.

**Response to Comment O.10.24**

*The commenter request that the proposed uses for the two Wells Fargo Center lawn areas be compared the current uses.*

This comment is identical to Comment O.2.22. See response to Comment O.2.22.

O.11 Accountable Development Coalition, Jack Buckhorn and Dennis Rosatti



O.11

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**Member Organizations:**  
 Community Housing Sonoma County  
 Concerned Citizens for Santa Rosa  
 Greenbelt Alliance  
 Housing Advocacy Group  
 International Brotherhood of Electrical  
 Workers, Local 551  
 Leadership Institute for Ecology  
 and the Economy  
 Living Wage Coalition  
 New Economy Working Solutions  
 North Bay Labor Council  
 Sonoma County Asthma Coalition  
 Sonoma County Conservation Action  
 Sonoma County Transportation and  
 Land Use Coalition  
 Sonoma County Young Democrats  
 Sonoma, Mendocino, and Lake  
 County Building Trades Council

**Executive Committee:**  
 Co-Chair: Jack Buckhorn  
 Co-Chair: Dennis Rosatti  
 Treasurer: Stephen Gale  
 Amanda Bornstein  
 Erin Carlstrom  
 David Grabill  
 Lisa Maldonado  
 Rick Theis

**Coalition Director:**  
 Marlene Dehlinger

January 13, 2010

Mr. Steve Dee  
 Environmental Review Division  
 Sonoma County PRMD  
 2550 Ventura Avenue  
 Santa Rosa, CA 95403

RE: Sutter Hospital Draft EIR – Comments

Dear Mr. Dee:

The Accountable Development Coalition appreciates this opportunity to comment on the Draft Environmental Impact Report for Sutter Hospital's proposed 70-bed hospital and related development on Mark West Springs Road. Our alliance works to ensure that development in Sonoma County is environmentally sustainable, equitable, and accountable to all segments of the community. We are concerned that this proposal would place an important public facility in an auto-centered location that cannot be reached easily by bus or bicycle and would tend to increase dependency on single-occupant vehicles. The proposed hospital could also draw medical services away from the urban area, leaving vacant medical offices in present medical centers. We urge that County Hospital medical services be in more central and convenient locations. We are additionally concerned about the proposed development's potential impact on the water table in the area around the site.

Because the site represents a substantial commitment that will affect many aspects of the community, all feasible alternative sites must be carefully assessed so that policy makers can reasonably determine their environmental effects.

O.11.1

**Comment 1:** The *Project Description* appears to be incomplete with respect to the relationship between the proposed hospital and the activities of the Luther Burbank Memorial Foundation or Wells Fargo Center. Please describe the activities of the Foundation in more detail so that policy makers can ascertain how their operations would interact with the proposed project and perhaps cause additional impacts.

O.11.2

**Comment 1A:** It is unclear how many events will take place at the Center or at what hours, and how congestion before and after such events would affect people trying to get to the proposed hospital. Please describe the times and frequency of events that could delay access to hospital and related facilities, especially to emergency services.

## ACCOUNTABLE DEVELOPMENT COALITION

- O.11.3** **Comment 2:** Page 3.15-24 of the DEIR fails to describe the differences in accessibility of current bus services to the site. The text should be expanded to note that the most frequent service (Route 60) is too distant from the proposed hospital entrance to serve many elderly or infirm bus riders (~1,630 ft.) It should also be noted that Sonoma County Bus schedules allow 40 minutes between buses, with the result that they do not regularly meet Santa Rosa CityBus half-hour schedules. Thus, the time required for staff, and patients, to travel by bus to and from a job or appointment at the site can vary substantially with the time of day and depending on the connections between the two bus services
- O.11.4** **Comment 2A:** Please display the actual investments of time required for a representative sample of bus riders to come to and return home from typical medical appointments and shifts throughout a normal day for each alternative site evaluated in the DEIR. For low income patients who have to take time off work for medical appointments, this amount of time can be cost prohibitive.
- O.11.5** **Comment 3:** The DEIR fails to address paratransit users. Please describe how separate paratransit services are operated by Sonoma County Transit and Santa Rosa CityBus. Paratransit users who live near most CityBus routes would need to transfer from one service to the other both going to and coming from an appointment.
- O.11.6** **Comment 3A:** In the alternatives analysis, please quantify the time required for hospital, medical office building and Physicians Medical Center patients to travel by paratransit to and from the proposed site, compared with the existing Chanate hospital and other available sites in the City of Santa Rosa.
- O.11.7** **Comment 4:** Bicycle access is an environmental asset. The DEIR fails to quantify the time required for staff, patients and visitors to travel by bicycle to and from the site. Please display the times required for a representative sample of individuals who would use the proposed hospital, medical office building and Physicians Medical Center to ride bicycles from home to each alternative site.
- O.11.8** **Comment 5:** Please describe how the project is consistent with Objective 3A of the *Comprehensive Transportation Plan for Sonoma County*, which states that, "Concentrated, contiguous and balanced land use provide opportunities for households to meet daily needs with shorter car trips or by walking, bicycling, or taking transit. Such land use planning helps contribute to reduction in overall VMT and efforts to manage congestion, reduce energy vulnerability, and achieve air quality health standards."
- O.11.9** **Comment 5A:** Please quantify the degree to which each of the sites in the alternatives analysis meets the foregoing criteria.
- O.11.10** **Comment 5B:** Please describe the funding that Sonoma County taxpayers have committed to the initiation of passenger rail service, and show the distances that employees and patients using the SMART Train would need to travel to each of the alternative sites mentioned in the DEIR.
- O.11.11** **Comment 5C:** Please describe the existing bus connections and schedules to future SMART Train service for the Mark West Springs site and for each available site within one mile of the Santa Rosa and Windsor SMART Stations.
- O.11.12** **Comment 5D:** Please propose mitigations such as shuttle service to conveniently connect the Mark West Springs site with the Santa Rosa and Windsor SMART Stations.

## ACCOUNTABLE DEVELOPMENT COALITION

O.11.13

**Comment 6:** The DEIR at Section 3.9 concerning Hydrology and Water Quality states that the proposed project will use 58 acre feet of water per year, drawing up to 102 gallons per minute per 24 hours and impacting the water table within approximately 2,000 feet of the project. "Drawdown at [nearby] wells is expected to be less than 3 feet." But the DEIR relies on a test pumping of 80 gpm - less than the estimated peak draw (102 gpm) per day—for its conclusion that this impact is less than significant, while the facility will sometimes draw 20% more than that over a 24 hour period, and possibly much more than that amount during some portions of the day. This test pumping also does not take into account how the installation of roughly 8 acres of impervious surface (i.e. new paving and buildings) in the project will likely reduce the groundwater recharge to the water table in the area, and cause greater impacts on surrounding water tables.

O.11.14

**Comment 6A:** The DEIR has another deficiency which is of particular concern to the Accountable Development Coalition. The Sonoma County General Plan Housing Element identifies sites within the area impacted by the project's water draw as available and suitable for higher density affordable (multi-family) housing development. These sites are designated for multi-family development at 30 units per acre or more "by right," without discretionary review. The DEIR does not analyze the impact of the proposed project's water draw taking into account the draw of the wells serving these sites when developed with dozens of units of multi-family housing. The cumulative impact of the proposed project along with development of multi-family sites needs to be analyzed. If the proposed project were to impact the feasibility of development of these sites for multi-family housing, the County is required at a minimum to identify and rezone other suitable sites in the area to meet its affordable housing obligations under Article 10.6 of the Government Code. In addition, the impact of the proposed project's water draw should be analyzed with the assumption that these sites will be developed with multi-family housing in the next five years.

Thank you for your role in facilitating comment on the Draft EIR for this project and for your attention to our concerns.

Sincerely,

*Jack Buckhorn*

Jack Buckhorn  
Co-Chair, Accountable Development Coalition

*Dennis Rosatti*

Dennis Rosatti,  
Co-Chair, Accountable Development Coalition

*Responses to Comment O.11***Response to Comment O.11.1**

*The commenter requests a description of the activities at the Luther Burbank Memorial Foundation /Wells Fargo Center facility.*

Section 2.1 of the DEIR sets forth the activities of the Luther Burbank Memorial Foundation at the Wells Fargo Center facility, including a detailed listing in Table 2-3 on page 2-19. No new or expanded uses are proposed. See also Master Response G: Existing and Proposed Uses at the Wells Fargo Center.

**Response to Comment O.11.2**

*The commenter questions the hours of Luther Burbank Memorial Foundation events and their relationship to the hospital and everyday access.*

These are discussed in Table 2.3 of the DEIR. LBMF ingress and egress will be improved with the new signalized intersection. Intersection geometrics are specifically designed to accommodate both LBMF and Sutter traffic as described throughout the DEIR and in the section on Traffic and Transportation and particularly on pp. 3.15 – 46-48 where LBMF traffic is discussed. A separate emergency only access is provided west of the main entrance to specifically accommodate ambulances, fire trucks and other emergency vehicles. An additional lane is proposed for the off ramp to additionally provide ease of access from US 101, especially for an emergency situation coupled with a large event at LBMF or other types of congestion. See also Master Response G: Existing and Proposed Uses at the Wells Fargo Center.

**Response to Comment O.11.3**

*Commenter states that bus service is too distant from the hospital for the elderly or infirm, and notes that County and City buses are not coordinated.*

The proposed project will add a Sonoma County Transit bus stop directly in front of the facility on Mark West Springs Road. Currently, Kaiser Hospital on Mendocino Avenue, Kaiser Hospital on Old Redwood Highway, and Sutter Hospital on Chanate Road are serviced with bus stops directly in front of the hospitals and in the same proximity to the hospitals as is planned for the proposed project. The bus stop on Chanate Road is 728 feet to the hospital entrance from the bus stop. The proposed bus stop on Mark West Springs Road will be 710 feet to proposed Sutter hospital entrance from the bus stop on the south side of Mark West Springs Road and 810 feet from the bus stop on the north side of Mark West Springs Road (email from Tracy Clark, Facilities Coordinator, Sutter, and Brelje and Race, April 28, 2010). All ADA eligible transit riders can use the Sonoma County paratransit service. See Master Response D: Alternative Transportation and Public Transit, Section 3.5.6 on Paratransit.

With respect to coordination of bus schedules, since the DEIR was released, Sutter has met with both Santa Rosa Transit and Sonoma County Transit, and both agencies have indicated they will work with the County and Sutter to coordinate bus service before the hospital opens, if the proposed project is approved. (Personal communications to Tom Minard of Sutter Health in meetings with Sonoma County Public Works, Sonoma County Transit, and City of Santa Rosa

representatives, including Steve Schmitz, Sonoma County Transit, February through May 2009, and Steve Roraus, Santa Rosa City Bus Operations Superintendent, 2010.)

**Response to Comment O.11.4**

*Commenter requests an analysis of bus trip times.*

As noted in the DEIR at page 3.15-93 to 94, transit service to the proposed hospital site is better than service to the existing hospital. This should reduce the amount of time that is required, for example, for a low income patient to access the hospital by bus. Generally, bus riding patients/employees constitute a small percentage of trips and come from all parts of the county. See Master Response D, Section 3.5.2 (Bus Transit) for more discussion.

**Response to Comment O.11.5**

*The commenter asks for a description of paratransit services.*

See Master Response D, Section 3.5.6 (Paratransit), and response to Comment O.1.4.

**Response to Comment O.11.6**

*The commenter asks for an analysis of the comparative travel time by paratransit to the proposed hospital and to the alternative sites.*

As paratransit service is generally door to door, the travel time by paratransit will be equivalent to the travel time by automobile. See Master Response C: Site Selection and Alternatives, and Attachments C.4 and C.5.

**Response to Comment O.11.7**

*Commenter requests a description of travel times by bicycle to the project site and the alternative sites.*

The travel times by bicycle to the site and the alternative sites are difficult to predict. At each site the project would be required to improve bike lanes near the site. And at each site these improved bike lanes would connect with lower classes of bike lanes. See response to Comment O.7.1 and Master Response D, Section 3.5.4 (Bicycle) for further discussion.

**Response to Comment O.11.8**

*Commenter requests a description of how the project is consistent with Objective 3A of the Comprehensive Transportation Plan for Sonoma County.*

Please see response to Comment 0.4.1

**Response to Comment O.11.9**

*The commenter requests quantification of the extent to which each alternative meets Objective 3A of the comprehensive transportation plan.*

Objective 3A is a general statement of policy, not a quantified target. Each of the alternate sites evaluated in the EIR generally provides for contiguous development and balanced land use. The

proposed project offers contiguity with an existing institution use in the Wells Fargo Center. See response to Comment O.11.8.

**Response to Comment O.11.10**

*Commenter requests an analysis of the funding of SMART and the travel times to the alternate sites from SMART stations.*

See responses to Comments O.4.1 and O.4.2. Distances to SMART from the various alternative sites are listed in response to Comment O.4.1.

**Response to Comment O.11.11**

*Commenter requests existing bus connections to future SMART service and for each available site within 1 mile of Santa Rosa and Windsor.*

Bus connections to SMART have not yet been formulated. The location of the closest Santa Rosa SMART station is still under consideration. See responses to Comments O.4.1 and O.4.2, and Master Response D.

**Response to Comment O.11.12**

*Commenter suggests shuttle service as mitigation.*

Potential connections to SMART via a shuttle can be considered when and if SMART operates services to the area of the proposed project, when the site of the closest station (Jennings or Guerneville) is selected, and depending upon whether there is a demand for such service.

**Response to Comment O.11.13**

*Commenter questions the test pumping and asserts that it does not take into account how the installation of roughly 8 acres of impervious surface (i.e., new paving and buildings) in the project will likely reduce the groundwater recharge to the water table in the area, and cause greater impacts on surrounding water tables.*

As described in Section 3.16 (Utilities and Service Systems) of the DEIR, well pump testing was performed for 72 hours from October 9 - 12, 2009. The pump test flow rate varied slightly, but maintained an average of 153 gpm over the duration of the test. Data collected from the pump test was used to determine aquifer characteristics used in the analysis of local pumping effects. As is typical, drawdown calculations were performed based on average daily pump rates. Peak demands are transitory in nature and system demands, including daily peaks, will be supplied by a separate booster pump and storage tank system.

As described in Impact HY-3 of Section 3.9 of the EIR, the new Santa Rosa Standard Urban Stormwater Management Plan (SUSMP) requires new project to capture the difference in runoff between post development and pre development conditions for the 85<sup>th</sup> percentile storm. The 85<sup>th</sup> percentile storm event for the Santa Rosa area is a rainfall event with a depth of approximately 1-inch. (Storm events larger than the 85<sup>th</sup> percentile storm generally produce relatively more runoff than infiltration.) The project sponsor proposes to comply with this SUSMP requirement in part by amending or replacing on-site clay soils with more permeable soil material of a higher retention capability under post-construction stormwater best-

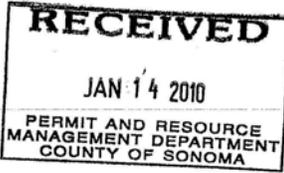
management practices in order to capture runoff volume differences created by increased impervious surfaces. See also response to Comment O.14.7.

**Response to Comment O.11.14**

*Commenter questions the build out scenario and whether it takes into account the draw of the well serving these sites when developed with dozens of units of multi-family housing. The cumulative impact of the proposed project along with development of multi-family sites needs to be analyzed.*

As described in the Future Use within the Groundwater Basin Study Area under DEIR Impact HY-6 (Cumulative Impacts to Hydrology and Water Quality), the ENGEO Groundwater Study considered water demands in the area, assuming full buildout in 2030. This results in a conservative analysis, as historical development trends show less than 1-2% growth per year over the past 10 years. Build-out development information was acquired from Sonoma County planning staff and includes multiple parcels with proposed high-density housing; the water demand for these units was included in the cumulative buildout scenario. This build-out scenario is shown in Figure 15 of the ENGEO report.

## O.12 California Nurses Association, Joe Schuman and Benjamin Elliott

 <p><b>CALIFORNIA NURSES ASSOCIATION</b></p> <p>A Voice for Nurses. A Vision for Healthcare.</p>	<p><b>O.12</b></p> <p><b>NATIONAL NURSES ORGANIZING COMMITTEE</b></p> <p>AFL-CIO</p>
<p>Headquarters OAKLAND 2000 Franklin Street Oakland CA 94612 Tel: 510/273-2200 Fax: 510/663-1625</p> <p>WASHINGTON D.C. 888 16th Street NW Suite 640 Washington DC 20006 Tel: 202/974-8300 Fax: 202/974-8303</p> <p>GLENDALE 425 West Broadway Suite 111 Glendale CA 91204 Tel: 818/240-1900 Fax: 818/240-8336</p> <p>SACRAMENTO 1107 9th Street Suite 900 Sacramento CA 95814 Tel: 916/446-5021 Fax: 916/446-6319</p> <p>CHICAGO 850 West Jackson Suite 750 Chicago IL 60607 Tel: 312/491-4900 Fax: 312/491-9614</p> <p>MAINE 160 Capitol Street Suite 1 Augusta ME 04330 Tel: 207/622-1057 Fax: 207/623-4072</p> <p>OFFICES IN: Fresno, CA San Diego, CA San Jose, CA Reno, NV Austin, TX Houston, TX San Antonio, TX</p>	<p>January 14, 2010</p> <p>Mr. Steve Dee Environmental Review Division Sonoma County PRMD 2550 Ventura Avenue Santa Rosa, CA 95403</p> <p>RE: Sutter Hospital Draft EIR – Comments</p> <p>Dear Mr. Dee:</p> <p>The California Nurses Association/National Nurses Organizing Committee thanks the Sonoma County Planning Commission for the opportunity to comment on the Draft Environmental Impact Report on Sutter Healthcare's proposed 70-Bed Hospital at the Wells Fargo Art Center site.</p> <p>The California Nurses Association currently represents direct care Registered Nurses at Sutter Medical Center Santa Rosa, as well as Sonoma County District Hospitals at Palm Drive and Petaluma Valley. We also represent Registered Nurses at Kaiser Santa Rosa. We submit this response on behalf of our RN members and the patients they care for throughout Sonoma County.</p> <p>One of our chief concerns with Sutter's proposed hospital plan is safe, timely access to vital healthcare services for our patients. After reviewing Section 3.15 (Transportation and Traffic) and Appendix K (Traffic Impact), it appears there are considerable access issues—especially during peak hour periods—for this proposed hospital development due to:</p> <ul style="list-style-type: none"> <li>• Significantly increased trip generation to and from the new hospital on an insufficient road network for the development being proposed</li> <li>• A lack of coordinated, timely public transit for the residents of Santa Rosa &amp; Sonoma County</li> </ul> <p>Due to these transportation deficiencies, our patients face the prospect of unsafe delays in receiving necessary ER, OR, Cardiac, Critical Care, Labor and Delivery and Acute Care Services. As RNs, we can attest to the fact that delays in care lead to increased complications, longer hospitalizations, poorer health outcomes, and quite unfortunately, significantly higher mortality rates. We offer the following comments:</p> <p><b>Comment 1:</b> Appendix K mentions that most weekday events at Wells Fargo Center occur between 7pm and 8pm, which happens to significantly overlap peak Emergency Room utilization from our patients, which could potentially lead to delays in care.</p>
	
	<p>www.CalNurses.org ■ www.NNOC.net</p> 

O.12.1

Page 2

Please describe, on average, how often such events occur and how many trips they generate.

**Comment 2:** Please provide average commute times for peak and non peak hours from each quadrant of Santa Rosa (SE, SW, NE, NW) as well as downtown Santa Rosa and downtown Windsor. O.12.2

**Comment 3:** Please provide an analysis of how the transportation system and overall site would function access-wise in the event of a large influx of patients due to a natural disaster, such as an earthquake. O.12.3

**Comment 4:** Please provide a comparison of how the proposed Wells Fargo site compares to each of the sites in the alternatives analysis in terms of road capacity and demand, and access to timely public transit. O.12.4

On behalf of our members, we appreciate the opportunity to comment on the DEIR on the proposed Sutter Hospital at the Wells Fargo Art Center site. Thank you for your consideration.

Sincerely,



Joe Schuman  
California Nurses Association/National  
National Nurses Organizing  
Committee/National Nurses United



Benjamin Elliott  
California Nurses Association/National  
National Nurses Organizing  
Committee/National Nurses United

*Responses to Comment O.12***Response to Comment O.12.1**

*Commenter states that there are considerable access issues with the proposed project site including an insufficient road network and a lack of coordinated timely public transit. Commenter also requests additional information regarding WFC events and their impacts to emergency care.*

As noted in the County's Preliminary Analysis of Sutter's Proposed Business Plan, July 2009, from an access perspective "the current location at Chanate is far from ideal; low-income patients are not particularly concentrated around the current facility which is located in a residential neighborhood several miles off the freeway. . ." (Preliminary Analysis at p.16). Chanate is currently served only by a single bus route (City Bus Route 1) that takes approximately 27 minutes to travel from downtown to Chanate (DEIR, p. 3.15-94).

In contrast, as discussed in the DEIR at pages 3.15-94 through 3.15-95, three Sonoma County transit routes currently serve the project site, either along Mark West Springs Road or Old Redwood Highway (p. 3.15-93). The project will include bus stops and shelter on both sides of Mark West Springs road at the signalized main access intersection and sidewalk would be provide from the intersection to all project buildings (p. 3.15-93). For further discussion regarding access and public transit to the proposed project site please see response to Comment O.1.3 and Master Response D.

In Attachment F (Special Events Trip Generation Form) to DEIR Appendix K, as noted by the commenter, the last page provides an event matrix developed by the County and completed by WFC staff. The matrix shows that large events - those with more than 1,000 attendees - are relatively infrequent, and some occur mid-day and/or during weekends. LBMF ingress and egress will be improved with the new signalized intersection. Intersection geometrics are specifically designed to accommodate both LBMF and Sutter traffic as described throughout the DEIR and in the section on Traffic and Transportation and particularly on pp. 3.15 – 46-48 where LBMF traffic is discussed. A separate emergency only access is provided west of the main entrance to specifically facilitate ambulances, fire trucks and other emergency vehicles getting around traffic to the ER. An additional lane is proposed for the freeway off ramp to additionally provide ease of access from US 101, especially for an emergency situation coupled with a large event at LBMF or other types of congestion. Using a vehicle occupancy of two persons/vehicle, the number of trips generated to and from the site would be equal to the attendance, e.g., a 500-person event would generate 250 trips to the site, and 250 vehicle trips from the site. For large events WFC would continue its current operation of traffic flow management personnel to assist with parking. See also Master Response G: Existing and Proposed Uses at the Wells Fargo Center.

**Response to Comment O.12.2**

*Commenter requests commute times for the four quadrants of Santa Rosa, downtown Santa Rosa, and Windsor.*

Commute times will depend on the starting points of the trip. However, Attachments C-4 and C-5 of Master Response C include average travel times from various locations to the project site as well as alternative sites.

### **Response to Comment O.12.3**

*The commenter asks for an analysis of how the transportation system and overall site would function access-wise in the event of a large influx of patients due to a natural disaster, such as an earthquake.*

Please see Master Response H: Traffic, Circulation and Emergency Access.

### **Response to Comment O.12.4**

*Commenter requests a comparison of the site and the alternatives in terms of road capacity and demand and public transit.*

The existing site is served by a two-lane road (Chanate Road) and thus has very constrained transportation capacity and access. Most of the other sites are along two-lane roads and have limited transportation capacity, e.g., Sites K, L, and O along Todd Road; Site Z on Hoen Avenue; and Site V on Highway 12. Sites AA, N, P, and Y would add traffic to the Sebastopol Road/Stony Point Road intersection, which is considered one of the more congested in Santa Rosa. Site M, likewise, would add traffic to one of the more congested areas of Santa Rosa (Guerneville Road between Range Avenue and US 101). Several sites, although they have good access, would not be very central: e.g., Site X, and all of the sites near Airport Boulevard and Shiloh Road. Proximity to the US 101 freeway minimizes travel time for both ambulances and patients, as well as hospital and MOB workers.

None of the sites stands out as having significantly better transit access than any of the others. The most accessible location for transit in Santa Rosa is the downtown, but there are no suitable, available sites in that area. If suitable sites were available, siting the hospital at a downtown location would likely give rise to other significant impacts, including noise from helicopter overflights and traffic congestion at downtown intersections. As noted in the DEIR, the proposed project has better transit access than the existing Chanate site. Also, both City transit and Sonoma transit officials have met with Sutter to discuss improved transit coordination if the hospital is approved, and both have indicated they would work cooperatively to do this (Personal communications to Tom Minard of Sutter Health in meetings with Sonoma County Public Works, Sonoma County Transit, and City of Santa Rosa representatives, including Steve Schmitz, Sonoma County Transit, February through May 2009, and Steve Roraus, Santa Rosa City Bus Operations Superintendent, 2010.) For a comparison of transportation and traffic impacts from the proposed project with the alternatives analyzed in the DEIR, please see Table 6-1, page 6-97. See also Master Response C: Site Selection and Alternatives.

## O.13 Sonoma County Workers Benefit Council, Jerry Hankins

Jan 13 2010 20:07

p. 1

O.13

“My name is Jerry Hankins. I am a delegate from the Sonoma County Workers Benefit Council, an all-volunteer delegate body representing thousands of domestic, service and other low-income workers including many unemployed and retired workers in the Santa Rosa area for the last 9 years. I am a retired Sonoma County employee.

I am here today to demand, on behalf of the Council that this Planning Commission recommend that the Board of Supervisors of Sonoma County, reject Sutter Medical Center of Santa Rosa’s proposal to:

O.13.1

- 1) Move the current facility to River Road, 15-30 minutes further North in a wealthy neighborhood outside the Santa Rosa city limits, making it further out of reach, especially for low-income residents in Roseland.
- 2) Decrease the number of beds in the new facility by half, while
- 3) Increasing capacity for outpatient services where they can turn away low-income, uninsured and unable to pay patients.

Sutter’s draft EIR contains many flaws that will be fatal to the “health and safety of the public,” which the Planning Commission is sworn to uphold according to your mission statement.

O.13.2

Section 3.15 discussed the transportation the poor, disabled and elderly would take to the hospital if they could not drive. The other option is public transportation. The new rail system does not meet that need because the closest depots are 4 and 5 miles away. This leaves the bus routes. To use it, the majority of the people would have to go to the transit mall in downtown Santa Rosa then catch a bus going down Mendocino Avenue and Old Redwood Highway.

Our members report that it can take 2 hours to get from the Roseland neighborhood to the *current* Sutter hospital location by bus and the proposed new location is further away. Sutter’s own EIR reports *no running buses* during the weekends. This does not qualify as adequate access to medical care for the low-income Sonoma County residents.

O.13.3

Additionally Section 3.7 of the EIR states that the Rodgers Creek fault is .7 miles East of the proposed location and is capable of creating a 7-magnitude earthquake. The hospital is therefore projected to be built almost on top of an active earthquake fault.

O.13.4

Section 3.11 states the best pattern for helicopter travel is directly over Highway 101 for both arriving and leaving. Traffic on Highway 101 has a speed limit of 65 miles per hour. The noise would be very distracting to the drivers driving in excess of a mile a minute and the sight of helicopter

2

Jan 13 2010 20:07

p. 2

O.13.4 landing and taking off would draw the attention of the drivers resulting in more accidents.

O.13.5 This takes me to section 3.15 on traffic. The report shows Old Redwood Highway is now at capacity. However, the traffic study used in Sutter's EIR was done several years ago and Sutter accepted the study's analysis as being the same as traffic now. Sutter's EIR draft did not mention the two medical buildings put up by Kaiser since the study, the soccer fields added across from Cardinal Newman High School or the two additional signals added to the two-lane road. During Kaiser shift changes, Cardinal Newman football games and practices and soccer games this route can get pretty clogged. All this was left out of the report.

O.13.6 The Planning Commission must not deceive itself. Sutter's goal with their draft EIR is profits – not the health and welfare of Sonoma County residents. In 2007 Sutter tried to leave Sonoma County, claiming they had lost \$10 million, though parent company Sutter Health earned \$587 million in profits the same year, 600 million the next. Despite these flaws in their report, it is convenient that Sutter plans to move the hospital as far from low-income neighborhoods as possible and cut the number of beds in half. This way, when they are at capacity, they can send their overflow of uninsured patients to Memorial Hospital, which the recently downsized hospital in Lake County does now, according to reports we have heard from a Memorial employee.

O.13.7 However, per the Planning Commission's own mission statement, you are responsible to "to develop and maintain standards that protect the health and safety of the public." Diminished foot traffic in Sutter hospital is not due to increased efficiency of the local clinics or a healthier population, but a *poorer* population and a bad location. We have seen low income people cough up blood and refuse to go to the doctor, or wait months with blood pressure over 200 before going to the doctor *because they lack the funds to pay the bill.*

O.13.8 The Planning Commission must do the responsible thing for its indigent and uninsured population and recommend to the Board of Supervisors that Sutter move the hospital *closer* to where low-income families live, *increase* the number of beds and develop real solutions to assure that everyone in Sonoma County has access to regular, preventive medical care that does not lead to further impoverishment. With unemployment and the number of uninsured in California at record highs, there is NO QUESTION that there is an *urgent* need for *more* medical care in Santa Rosa.

O.13.9 The County and state must therefore *expand* the County clinic and health care services to the uninsured and underinsured, *not* remove it from the reaches of them making health care a business for big profits. We demand that the Planning Commission recommend that the Board of

3

Jan 13 2010 20:07

p. 3

O.13.9

Supervisors take a ways and means approach to assuring that everyone in Sonoma County has access to adequate, affordable health care! Thank you!"

-30-

4

*Responses to Comment O.13***Response to Comment O.13.1**

*Commenter encourages the Planning Commission to recommend to the Board of Supervisors that they reject the project on three conditions.*

The comment relates to the merits of the proposed project rather than to the environmental impacts evaluated in the EIR. The comment will be included in the record before the Planning Commission and the Board of Supervisors when they consider the merits of the project.

**Response to Comment O.13.2**

*Commenter expresses the opinion that public transportation to the site is inadequate and there is no weekend service.*

See Master Response D: Alternative Transportation and Public Transit regarding future bus service. Two of the three transit routes serving the site (SCT Routes 20 and 60) operate on weekends, with eight trips provided in each direction from approximately 8:30 AM to 6:45 PM. However, most patient appointments at the hospital and MOB will be on weekdays. The DEIR shows that transit travel times to the hospital will be shorter with the new facility, compared to the existing hospital on Chanate (also see response to Comment O.13.6 below).

**Response to Comment O.13.3**

*Commenter notes that Section 3.7 of the EIR states that the Rodger Creek fault is .7 miles east of the proposed location and is capable of creating a 7-magnitude earthquake.*

As stated in Section 3.7.3.3 of the DEIR, the closest known active fault to the site is the Rodgers Creek fault, about 0.7 mile to the east. The site is not within a delineated Earthquake Fault Zone as defined by the Alquist-Priolo Earthquake Fault Zoning Act. Compliance with Building Code requirements, and incorporation of the recommendations provided in the Supplemental Geotechnical Exploration report for the Sutter Medical Center, Santa Rosa, California (ENGEO 2008) (Appendix F-3) into the project design, would reduce the potential impacts from groundshaking hazards to a less-than-significant level. These measures are required by law. In view of the requirements to comply with the Building Code for the non-hospital portions of the proposed project, the requirements of the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (HFSSA) for the medical facilities, and the design recommendations of the proposed project's Geotechnical Report to be included in the project design, the impact of exposure to seismically induced groundshaking would be reduced to a less-than-significant level.

**Response to Comment O.13.4**

*Commenter asserts that helicopter travel will result in a distraction to drivers on US 101.*

Commenter's concerns were studied and the findings reported in DEIR Appendices G-5 and G-6 and summarized in the DEIR in Section 3.8 at pages 3.8-12 – 3.8-13. See also Master Response A, Section 3.2.2, Helistop Safety for a summary of the issue.

**Response to Comment O.13.5**

*Commenter asserts that Old Redwood Highway currently operates at capacity and that schools are not considered in the analysis.*

The traffic report did not find that Old Redwood Highway is “at capacity.” In fact, Table 3.15-5 shows that the existing level of service is B in the northbound direction and D in the southbound direction, during peak hours. Although traffic work was begun several years ago, the study has been updated several times, and 2008 traffic counts were used in the DEIR analysis of traffic impacts. They included traffic generated by all of the uses noted, such as the new Kaiser facility on Old Redwood Highway, the Schopflin fields, and the local schools. It was also noted in the report that in the future, the General Plan calls for Old Redwood Highway to be four travel lanes between Mendocino Avenue (Santa Rosa) and Windsor. See also Master Response H: Traffic, Circulation and Emergency Access.

**Response to Comment O.13.6**

*The commenter states that Sutter’s goal is profits, and criticizes the project for moving as far as possible from low-income neighborhoods and cutting the number of beds in half. The commenter states that Sutter will send overflow patients to Memorial Hospital, as is reportedly being done by the hospital in Lake County.*

Some of these comments relate to the merits of the project rather than to the environmental impact analysis in the EIR. The comments on the merits of the project will be included in the record before the Planning Commission and the Board of Supervisors when they consider the project on its merits.

With respect to transit accessibility to low-income neighborhoods, the new project site is more accessible to the Roseland neighborhood of Santa Rosa, than is the current Sutter site, as stated in the DEIR at pages 3.15-93 to 3.15-94. Regarding low-income housing, the adopted 2009 Sonoma County Housing Element site inventory of residentially-zoned properties suitable for higher density housing (including affordable housing) indicates that the Airport/Larkfield/Wikiup Urban Service Area contains 199 base residential units and 419 potential units (type A density bonus units of which 40% to 100% would be affordable). Several of the older apartment complexes along Old Redwood highway in Larkfield were also density bonus projects, and include 20% affordable units. Additionally, 3 commercial or industrial sites in Larkfield have a low-income housing zoning overlay which could result in up to an additional 124 potential low-income housing units. Finally, it is noted that the new project site is centrally located when compared to the overall distribution of patients currently using the Sutter facility, and the overall distribution of low income patients currently using the Sutter facility. See Master Response C: Site Selection and Alternatives including Attachments C-1 through C-3 that shows patient and employee distribution.

**Response to Comment O.13.7**

*Commenter asserts that the Planning Commission should uphold its mission; discusses reduced foot traffic and opines on the low income access to medical care.*

The comment relates to the merits of the proposed project rather than to the environmental impacts evaluated in the EIR. The comment will be included in the record before the Planning Commission and the Board of Supervisors when they consider the merits of the project. Also see response to Comment O.13.6 above.

**Response to Comment O.13.8**

*The commenter states that the Planning Commission should recommend to the Board of Supervisors that Sutter move the hospital closer to where low-income families live.*

Please see the 2008 Santa Rosa Medical Center Inpatient Discharge Cases map for Medi-Cal and County Indigent Programs that is Attachment C.2 of Master Response C: Site Selection and Alternatives. See also response to Comment O.13-6. The commenter's position on the merits of the project will be included in the record before the Planning Commission and the Board of Supervisors when they consider the project on its merits.

**Response to Comment O.13.9**

*The commenter states that the County must expand health care services for the uninsured and underinsured, not making health care more distant and business for big profits.*

As noted in response to Comment O.13-6 and in Master Response D: Alternative Transportation and Public Transit the proposed project is centrally located with respect to the overall population of uninsured and underinsured patients in Sonoma County.

This comment relates to the merits of the project and to overall health care issues in the County rather than the environmental impact analysis in the EIR. This comment will be included in the record before the Planning Commission and the Board of Supervisors when they consider the project on its merits.

O.14 Sutter Medical Center of Santa Rosa, Tom Minard

**O.14**



*Sutter Medical Center  
of Santa Rosa*

A Sutter Health Affiliate

January 13, 2010

Steve Dee  
PRMD Environmental Review Division  
County of Sonoma  
2550 Ventura Avenue  
Santa Rosa, CA 95403-2829

Re: Sutter Medical Center of Santa Rosa/Luther Burbank Memorial Foundation Joint Master Plan Draft Environmental Impact Report

Thank you for the opportunity to comment on the Draft Environmental Impact Report for the Sutter Hospital/Luther Burbank Memorial Foundation joint project. We truly appreciate all the work the County of Sonoma has invested in this project and the DEIR. This DEIR is certainly one of the most complete DEIR's we have had the opportunity to review and contains a level of detail that is unsurpassed.

We offer the following comments and clarifications on the DEIR for your consideration:

3325 Chanate Road  
Santa Rosa, CA 95404  
(707) 576 4000

**O.14.1** Project Description

Page 2.9 (2<sup>nd</sup> Paragraph) suggest the following change:  
 "...with the primary entrance off Mark West Springs Road, over Parcels A and B, and with secondary access from East Fulton Road, easterly of Parcel B, over Parcel C.

**O.14.2** Page 2.10-11 (starting with bottom line on Page 2.10) suggest:  
 "...which would include a primary signalized site entry road from Mark West Springs Road, a secondary site entry road from East Fulton Road, and a separate dedicated emergency vehicle access.

**O.14.3** Biological Resource

The following comments are provided by Geoff Monk, Principal Biologist, Monk & Associates:

Page 3.5-3 (2<sup>nd</sup> Paragraph) suggest:  
 Under "Ornamental Landscaping" it mentions the 48-inch valley oak onsite near the barn. Since this tree has been removed within the last year we suggest deleting references to the tree.

**O.14.4** Page 3.5-4 (Wetlands and Other Waters of the U.S):  
 The DEIR notes 0.44-acre of waters of the U.S. and/or state delineated on the project site. This is misleading since only 0.0858-acre falls under the Corps jurisdiction and the remainder (0.36-acre) was determined by the Corps to be isolated; hence, impacts to

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Page 1 of 8

O.14.4

this 0.36-acre borrow pit would not require prior authorization from the Corps. The 0.36-acre borrow pit only falls under the CA Regional Water Quality Control Board's jurisdiction. We suggest that this be re-worded to read: The U.S. Army Corps has exerted its jurisdiction over 0.0858-acre of waters of the United States on the project site pursuant to Section 404 of the Clean Water Act. In addition to this 0.0858-acre, 0.364-acre of isolated waters of the State would fall under the jurisdiction of the Regional Water Quality Control Board pursuant to Section 401 of the Clean Water Act.

#### Hazards and Hazardous Materials

The following comments are provided by Ken Brody, Senior Project Manager, Mead & Hunt, Inc.:

Page 3.8-13 (Mitigation HAZ-5):

O.14.5

This measure states that "lighting shall be placed on the power poles crossing US 101 at the project site." Our aviation expert, Ken Brody of Mead and Hunt, finds this measure to be unnecessary and most likely unachievable. Disregarding the obvious point that it is the *power lines* not the *poles* that cross the highway, the high-voltage transmission lines that seem to be referenced are not at the project site, but approximately 2,000 feet to the northwest. Moreover, the northwesterly approach-departure path as proposed would swing west of the highest towers and lines. Even if the path were to be directly over the highway and the lines, the approach-departure surface as defined by federal standards (Federal Aviation Regulations Part 77) would clear the towers and lines by a minimum of 170 feet. Furthermore, installing obstruction lights on high-voltage transmission line towers is problematic for several reasons: 1) Separate low-voltage power must be extended to the towers. 2) PG&E, the owner of the facilities, is usually reluctant to agree to obstruction lighting unless clearly required. This matter has been discussed with Michael Smith, Aviation Safety Officer, California Department of Transportation Division of Aeronautics (which has permitting authority for the helistop). Their preliminary conclusion, which was provided to Ken Brody in a telephone meeting of January 6, 2010, is that they would not require or recommend obstruction lighting of the towers. We suggest mitigation HAZ-5 should either be removed from the EIR or rewritten to require such lighting only if it is required by the Division of Aeronautics.

#### Hydrology and Water Quality

The following comments were provided by Jonathan Buck, Senior Engineer, ENGEO, Incorporated:

O.14.6

Page 3.9-8 (after 2<sup>nd</sup> Paragraph) add the following to clarify SUSMP "low impact development":  
The proposed project will also be required under the new Santa Rosa Standard Urban Stormwater Management Plan (SUSMP) (Order No. R1-2009-0050) to capture the difference in runoff between the runoff volume generated by the post-construction 85<sup>th</sup> percentile rainfall event and the pre-project condition, to the maximum extent practicable using non-structural treatment and capture BMP's where possible. The addition of more definitive language in this portion of the DEIR would emphasize that this is required of the project outside of the CEQA framework and gives a more definitive definition of "low-impact development."

O.14.7

Page 3.9-11 (middle of last paragraph):

O.14.7	<p>The EIR should reference the current SUSMP document (dated January 11, 2010) Roof drain downspouts shall be connected to bioretention cells or other low impact development facilities which will slowly infiltrate water into the ground up to the first flush (85th percentile) storm event.</p>
O.14.8	<p>Page 3.9-43 (First bullet in Mitigation Measure HY-4):          Insert the words "greatest extent possible" in the Mitigation Measure after the word "infiltration". This would be consistent with RWQCB language on this topic.</p>
O.14.9	<p><u>Land Use</u></p> <p>The following comment is suggested by Bruce Aspinall, Land Use Planning Consultant, Bruce Aspinall &amp; Associates:</p> <p>Table 3.10-1 Analysis Discussion regarding General Plan Policy CT-3b:          Delete the word "presently" from line 14</p>
O.14.10	<p><u>Noise</u></p> <p>The following comments were provided by Ken Brody, Aviation Consultant, Mead &amp; Hunt and Fred Svinth, Acoustical Engineer, Illingworth &amp; Rodkin:</p> <p>Section 3.11.3.2:          Clarify that the 90 dBA SEL threshold of significance indicated for helicopter noise is set for the purposes of the EIR, but is not an adopted policy of Sonoma County either in the general plan or elsewhere. See pages 8-9 of Appendix I.</p>
O.14.11	<p>Figure 3.11-2:          This figure does not accurately represent the manner in which helicopters would approach and depart the SMCSR helistop. Although helicopters are capable of ascending or descending vertically, this type of operation would produce a high amount of noise, as well as reduce the margin of operational safety, particularly when the vertical heights are 80 to 100 feet as the figure indicates. The profiles shown in the figure were not used in the noise impact modeling. The standard profiles embedded in the FAA Integrated Noise Model (INM) were used. These profiles assume that helicopters take off vertically to an altitude of just 15 feet, then climb at a shallow angle for a short distance as the helicopter develops transitional lift, followed by a rapid ascent to clear nearby obstacles, and continued climb to en route altitude. The approach profile involves a gradual descent and speed reduction from en route flight, then a steeper descent to about 15 feet above the helistop, and a final near-vertical descent to the ground. The exact profiles depend on the helicopter type and pilot technique.</p>
O.14.12	<p>Figure 3.11-3:          This figure depicts two noise impact scenarios, current and future, and is inconsistent with the text on page 3.11-13 which describes only one scenario. The correct figure is Figure 5 in Appendix I.</p>

- O.14.13** Figure 3.11-4:  
This diagram depicts what that text on page 3.11-14 describes as a "90 dBA single-event level." The alignment of the approach-departure path northwest of the helistop is shown as being directly over Highway 101 as was contemplated in early project work. At present, this path is proposed to run west-northwest from the helistop for about 1,000 feet then turn over the power substation to parallel the westerly side of the freeway. A revised figure is attached. As modeled, the noise impact on the residential area north of the SMCSR site is the same with either the original or corrected contours (a few residences at the southwest corner of the subdivision are within the 90 dBA SEL contour deemed significant). We wish to note, though, that the hospital building will lie between these residences and the helistop and will provide some noise buffering during the initial ascent and final descent phases of flight. As the initial ascent and final descent are both relatively noisy, this buffering will help to substantially reduce anticipated noise.
- O.14.14** Figure 3.11-4 and Section 3.11.3.2 (top of page 3.11-14):  
Also regarding this figure and the accompanying text, "SEL" should be noted as meaning "sound exposure level," not "single-event level." The mitigation measures section only refers to "SEL," but would benefit from again indicating the correct terminology. Appendix I has the correct usage. Importantly, SEL is a measure of sound energy as if the event occurred in 1 second. Thus, for events longer than 1 second, including helicopter operations, the SEL value will always be higher than the actual maximum noise level. At the 90 dBA SEL contour line depicted in the figure, the maximum noise level will be more on the order of 75 to 80 dBA. Measured relative to the common noises listed in Table 3.11-2, the helicopter noise at this distance will be more equivalent to a "noisy restaurant" (80 dBA) than to a "nightclub with live music" (95 dBA).
- O.14.15** Mitigation NOI-5a:  
This measure calls for the preferred direction of helicopter approaches and departures to be from south to north for noise abatement reasons. We do not believe this measure to be warranted given the negligible difference in noise impacts on the residential area north of the site produced by north versus south traffic flows. Helicopter pilots should, subject to wind conditions, be allowed to use the more expeditious of the two defined routes.
- O.14.16** Traffic & Transportation  
The following comments are provided by Tom Jones, Engineer, Brelje & Race Engineers and Steve Colman, Traffic Engineer, Dowling & Associates.  
The EIR uses the term "unacceptable" in many cases for intersection level of service. The EIR should indicate where intersection operation falls below LOS E. However, it should be noted that whether this is acceptable or not is a decision the Board of Supervisors will make when it considers whether to adopt a Statement of Overriding Considerations.
- O.14.17** Page 3.15-21:  
(Analysis Methodology) A reference to the 2003 Federal Highways Administration Manual of Uniform Traffic Control Devices (MUTCD) in the text is citing an out-of-date document. The reference should instead be to its replacement, "FHWA MUTCD 2003,

**O.14.17** Revision 1, as Amended for Use in California" (also called the California MUTCD), which was adopted by the State on September 26, 2006.

**O.14.18** Page 3.15-47:  
(Proposed Project Circulation System Improvements) In the context of this paragraph, there are no proposed traffic circulation system improvements for the WFC entrance from East Fulton Road, only for the main WFC entrance off of Mark West Springs Road. It is noted, however, that MM TR-6 includes the addition of a second eastbound lane at the nearby East Fulton Road/Old Redwood Highway intersection to mitigate a design year 2035 impact. The project design response may require improvements that extend as far west as the WFC East Fulton Road entrance.

**O.14.19** Figure 3.15-10:  
The figure does not illustrate that there are dual left turns on all approaches to the ORH/MWS Rd intersection for the "ultimate" condition, as required by the mitigation measures TR-3 and TR-8.

**O.14.20** Page S-33; MM TR-12:  
The text for the third bullet point is incomplete.

**O.14.21** Page 3.15-58; Impact TR-1:  
Estimates of delay that exceed 100 seconds are generally not considered reliable per Rick Dowling (Committee Chair of the Chapter on Signalized Intersection Delay of the Highway Capacity Manual). Stating there would be an increase from 793 to 1,168 seconds provides a false sense of precision. We suggest that a more appropriate way to express delays of this magnitude would be to show them as ">100 seconds." Long before anyone would wait more than 19 minutes to make a turn (1,168 seconds), they would find another route to their destination.

**O.14.22** Page 3.15-59 (under B., River Road/Fulton Rd):  
Clarify for what distance the additional through lane on Fulton Road approaches to Fulton/River Roads intersection would need to be provided.

**O.14.23** Page 3.15-59 (Significance After Mitigation, River Road/Barnes Road):  
Note that separate left and right turn lanes at the Barnes Road approach to River Road are not feasible due to high voltage power lines now present (mentioned elsewhere, but not here).

**O.14.24** Page 3.15-60 (Discussion):  
The statement that "River Road/Barnes Road... would meet Signal Warrant #3 criteria levels" is not correct. The *California Manual on Uniform Traffic Control Devices* states (page 4C-4, September 26, 2006 edition) regarding Warrant #3:

*This signal warrant [i.e., #3] shall be applied only in unusual cases, such as office complexes, manufacturing plants, industrial complexes, or high-occupancy vehicle facilities that attract or discharge large numbers of vehicles over a short time.*

Thus, the warrant is applicable to the SMC/WFC main driveway, but not a rural road like Barnes. Further, the volumes the EIR uses justifying the signal include both left and right turns. For "T" intersections, where the only opposing traffic for a right turn vehicle on Barnes Road is the single through traffic lane on eastbound River Road, it is more

- appropriate to consider just the left turn volume. The left turning volume is less than 50 vehicles per hour during the peak hour.
- O.14.24** Further, a signal could have its own environmental impacts, such as encouraging traffic to cut-through the residential areas along Dennis Lane and Hopper Avenue (east of Coffey Lane). It could also interfere with operations of the southbound ramp signal, which is only 450' to the east and may not provide sufficient storage distance for vehicles—especially with the current one lane in each direction on River Road.
- O.14.25** Page 3.15-66 (TR-3: A., River Road/US 101 Southbound Ramps):  
This signal does not currently exist, but is scheduled to be installed with the current 101 widening project. We request that the mitigation measure be rewritten to acknowledge that Caltrans will own and manage the signal timing of this signal. Suggested alternate wording: Work with Caltrans to achieve optimal signal timing relative to the proposed improvements.
- O.14.26** Page 3.15-69 (TR-5, bottom) "There are no feasible mitigation measures to reduce this impact.":  
In addition to these impacts being based on an "extremely conservative" set of assumptions about project traffic, this statement is not technically correct. Caltrans is currently installing ramp metering equipment at all freeway ramps between Windsor and Santa Rosa. Turning the ramp meters on would likely improve the freeway mainline operations, and is a feasible mitigation measure. Also, a transportation demand management program could also help to mitigate Sutter's traffic impacts.
- O.14.27** Page 3.15-72 (TR-6: A. MM TR-3 A. (2014 horizon year):  
Includes dual left turn lanes in the northbound and southbound legs of the ORH/MWSR intersection, but includes the qualifier that sufficient right of way must be available within which to create the second left-turn lane. TR-6 (2035 horizon year) restates these requirements, but without the qualifier regarding the constraint of existing right of way. However, both measures, though inconsistent in language, are required to be implemented prior to occupancy of the project. If this measure is intended to apply to lengthening of the various left turn lanes beyond the ability of existing rights of way to contain them, then these measures should be moved to the B. section of the mitigation measure.
- O.14.28** Page 3.15-72 (East Fulton Rd/Old Redwood Highway):  
No length is stated for the requested additional lane. There is existing right of way to facilitate the addition of an approximately 100 ft long second eastbound approach lane. Please clarify that this length would be acceptable, or add language similar to MM TR-3 acknowledging the constraints of existing rights of way.
- O.14.29** Page 3.15-75 (TR-7: See Page 3.15-59 and 60 comments above):  
This mitigation measure should be modified to reflect the same conclusions as stated for MM TR-1, as the site constraints will very likely be the same in 2035 as 2014.
- O.14.30** Page 3.15-7 (River Road/US 101 Southbound Ramps):  
The wording here does not appear to reflect the improvements to the southbound ramp that are currently under construction, and should be updated accordingly.
- O.14.31** Page 3.15-80 (TR-8: A., River Road/US 101 Southbound Ramps):  
See comments for Page 3.15-66.

- O.14.32** [ Page 3.15-80 (TR-8: A., Mark West Springs Rd/Old Redwood Highway, Under the "Provide additional length to the following turn lanes" section):  
The listed mitigation measures are still infeasible without significant right of way acquisition, and should be moved into the B. section of the DEIR section that requires the Applicant to enter into an agreement with the County to provide a fair share contribution towards possible future improvements (similar to the language for MM TR-3).
- O.14.33** [ Page 3.15-84 (TR-10):  
See comments for Page 3.15-69.
- O.14.34** [ Page 3.15-88 (last bullet):  
The discussion fails to acknowledge that a signal on Old Redwood Highway at Pacific Heights Drive (adjacent the shopping center) was recommended by the traffic study for the shopping center expansion (W-Trans. "Traffic Impact Study for Larkfield Shopping Center Expansion," August 12, 2008, page 21. To quote from that study, "Because of the benefits to both the project, the existing shopping center and the adjacent neighborhood, installation of a traffic signal at Old Redwood Highway/Pacific Heights Drive is recommended."). Pedestrians could cross Old Redwood Highway at this future controlled location. No nexus for this improvement has been demonstrated: the shopping center is some 1/2 of a mile away from the project, and it is unlikely that people would walk the distance from the hospital to the stores in the shopping center.
- O.14.35** [ Page 3.15-93 (TR-12, third bullet point):  
We believe that the text of the document (page 3.15-88) supports the addition of the following wording to the MM: "...main entry driveway, or provide clear direction regarding alternative routes." The applicant contends that a continuous sidewalk along the west side of the main project entry road would create conflicts between vehicles and pedestrians at the main hospital parking lot entrance, and that the project design with the sidewalk on the east side of the entry road provides the greatest safety and fewest obstacles from the main entry intersection and bus stops.
- O.14.36** [ Page 3.15-93 (TR-12, fourth bullet point):  
We question the nexus of this improvement to the project due to: its feasibility related to the constraints of the existing Cricklewood parking lot, and the mitigation measures (TR-3, etc.) that require roadway widening improvements in this area for additional turn lanes. Widening will further exacerbate the ability to provide the requested pedestrian connection. This measure should be deleted, unless a clear nexus to the project can be made (as described under the comment on Page 3.15-80; TR-8: A Mark West Springs Road/Old Redwood Highway).
- O.14.37** [ Page 3.15-108 (TR-20):  
The freeway analysis is additionally conservative in that it did not assume any constraints (i.e., restriction) on northbound traffic flows on the freeway due to bottlenecks in central Santa Rosa; nor did it assume ramp meters were turned on.
- O.14.38** [ Figure 3.15-10:  
The figure does not illustrate that there are dual left turns on all approaches to the ORH/MWS Rd intersection for the "ultimate" condition, as required by the mitigation measures TR-3 and TR-8.

Utilities & Service Systems

- O.14.39** Page 3.16-12 (after the 4<sup>th</sup> and last paragraph of Discussion) add:  
The Sutter Project proposes to entirely offset Sutter's and the Wells Fargo Center's wastewater generation through an offset program that provides for underwriting the costs of these offsets at existing commercial and residential uses within the sanitation zone. The SCWA will administer and monitor the program.
- O.14.40** Page 3.16-18 (Table 3.16-3):  
Under the column headed "Program", there is a statement indicating "to be verified by a feasibility study". The reference should refer to the "Offset Monitoring and Reporting Program" in which Sutter will be required to participate.
- O.14.41** Page 3.16-23 (2<sup>nd</sup> Paragraph):  
The January, 2010 date should read January, 2011.
- O.14.42** Page 3.16-26 (2<sup>nd</sup> Paragraph):  
The second sentence is inaccurate. A more accurate way of representing the situation would be to say that "the project will discharge additional wastewater to the collection system but wastewater flow to the treatment plant will not be increased due to implementation of the offset program.: The use of the phrase "as much as practical:" is incorrect since the hospital campus buildings will not be allowed to connect until offsets are realized.
- O.14.43** Section 9 References Page 9:  
The two references to Brelje & Race documents at the bottom of the page are incorrect. Doc 2009a was updated on October 22, 2009, and 2009b was updated on November 16, 2009.

Again, Sutter thanks you for the opportunity to comment, respond on the Draft Environmental Impact Report for the Sutter Hospital/Luther Burbank Memorial Foundation joint project and looks forward to completion of the Final EIR.

Sincerely,



Tom Minard

### *Responses to Comment O.14*

#### **Response to Comment O.14.1**

*The commenter suggests revising the text in the project description to clarify the site access.*

The text on page 2-9 of Section 2.0 of the EIR has been revised as follows:

WFC buildings and facilities occupy most of the LBMF's 28+- acres with the primary entrance off Mark West Springs Road over Parcels A and B, and with secondary access from East Fulton Road easterly of Parcel B over Parcel C ~~on the eastern side of Parcel B~~; the rest of the LBMF property is vacant. An existing barn in the northern end of the property on Parcel A is currently being used as the LBMF maintenance facility.

#### **Response to Comment O.14.2**

*The commenter suggests revising the text in the project description to clarify the site access.*

The text in Section 2.3.2 on the bottom of page 2-10 and the top of page 2-11 has been revised as follows:

Subsequent to the 2008 Initial Study, Sutter and LBMF reached an agreement to downsize the joint Master Plan for the project site. As currently proposed, the joint Master Plan would accommodate the existing LBMF facilities and the proposed Medical Campus facilities on the 53-acre site via an integrated land use and circulation plan, which would include a primary ~~single major~~ signalized site entry road from Mark West Springs Road, a secondary site entry road from East Fulton Road, and a separate dedicated emergency vehicle access.

#### **Response to Comment O.14.3**

*The commenter suggests removing the reference to the 48-inch valley oak tree from the biological setting discussion since that tree has been removed due to storm damage.*

The text in Section 3.5.1.3 of the EIR on page 3.5-3, second paragraph, has been revised as follows:

The WFC and the grounds surrounding the barn have been planted with ornamental trees and shrubs, including redwood (*Sequoia sempervirens*), deodar cedar (*Cedrus deodara*), Monterey pine (*Pinus radiata*), liquidambar (*Liquidambar styraciflua*), camphor (*Cinnamomum camphora*), olive (*Olea europaea*), persimmon (*Diospyros kaki*), strawberry tree (*Arbutus unedo*), rose (*Rosa* sp.) and juniper (*Juniperus* sp.). Large lawns are located north and southwest of the WFC. A few mature valley oaks, ~~including a 48-inch diameter oak~~, stand within the parcel that contains the barn.

#### **Response to Comment O.14.4**

*The commenter suggests clarifying the types of wetlands or other waters of the U.S. in the biological setting section.*

The discussion of wetlands and other waters of the U.S. on pages 3.5-4 and 3.5-4 of the DEIR already notes that only 0.084 acre of the waters/ wetlands onsite fall under Corps jurisdiction, and that the 0.36 acre borrow pit/pond is an isolated wetland regulated by the Regional Water Quality Control Board. See response to Comment A.3.4 regarding updated calculations of the wetlands or other waters of the U.S. onsite and further clarification of mitigation measures following consultation with the respective trustee agencies.

**Response to Comment O.14.5**

*The commenter suggests that Mitigation Measure HAZ-5 is not necessary.*

See response to Comment A.8.1.

**Response to Comment O.14.6**

*The commenter suggests adding text to the hydrology and water quality section to clarify the Standard Urban Stormwater Management Plan “low impact development”.*

Please see response to Comment A.5.

**Response to Comment O.14.7**

*The commenter suggests adding text regarding the current SUSMP to the impact HY-2 discussion regarding connecting roof downspouts to low impact development facilities.*

The text in the third paragraph under discussion of Impact HY-2 on page 3.9-11 of the EIR has been revised as follows:

To the maximum extent possible, post-construction runoff from impervious surfaces shall be directed into vegetated swales and detention basins that will function as bioretention facilities and allow for treatment during smaller storms. Roof drain downspouts shall be connected to bioretention cells or other low impact development facilities which will slowly infiltrate water into the ground up to the first flush (85<sup>th</sup> percentile) storm event, ~~media filters or other structural storm water treatment devices (such as proprietary subsurface systems available from commercial vendors) before discharging into the storm drain system and eventually off site.~~

**Response to Comment O.14.8**

*The commenter suggests adding words to the Mitigation Measure HY-4 to be consistent with RWQCB requirements.*

The first bullet of Mitigation Measure HY-4 on page 3.9-43 has been revised as follows:

- Detention basins shall be used in conjunction with source- and treatment-control BMPs to maximize infiltration to the greatest extent possible and prevent increases in peak runoff from the 2-year storm.

**Response to Comment O.14.9**

*The commenter suggests deleting the word presently from the analysis discussion regarding General Plan Policy CT-3b.*

The project consistency analysis text for General Plan Policy CT-3b in Table 3.10-1 of the EIR on page 3.10-14 has been revised as follows:

As described in Section 3.15, traffic analyses demonstrate that project traffic itself would not exceed the LOS standards in the General Plan. On a cumulative basis, however, project traffic when combined with anticipated future traffic in the cumulative condition would adversely affect the LOS at certain intersections. To mitigate the project’s contribution to these adverse cumulative effects, the project would provide a fair share contribution to traffic system improvements at certain intersections, as detailed in Section 3.15. There would be a significant and unavoidable cumulative impact at certain intersections where mitigation is ~~presently~~ infeasible, as detailed in Section 3.15. Project approval would require a Statement of Overriding Considerations with respect to the project’s contribution to these cumulative impacts.

In some cases, proposed infrastructure improvements that would mitigate an impact may become feasible in the future (e.g., at such time as they become fully funded and programmed for construction by the County); the mitigation measures in Section 3.15 require Sutter to enter into an agreement to contribute a fair share to those improvements at that time.

**Response to Comment O.14.10**

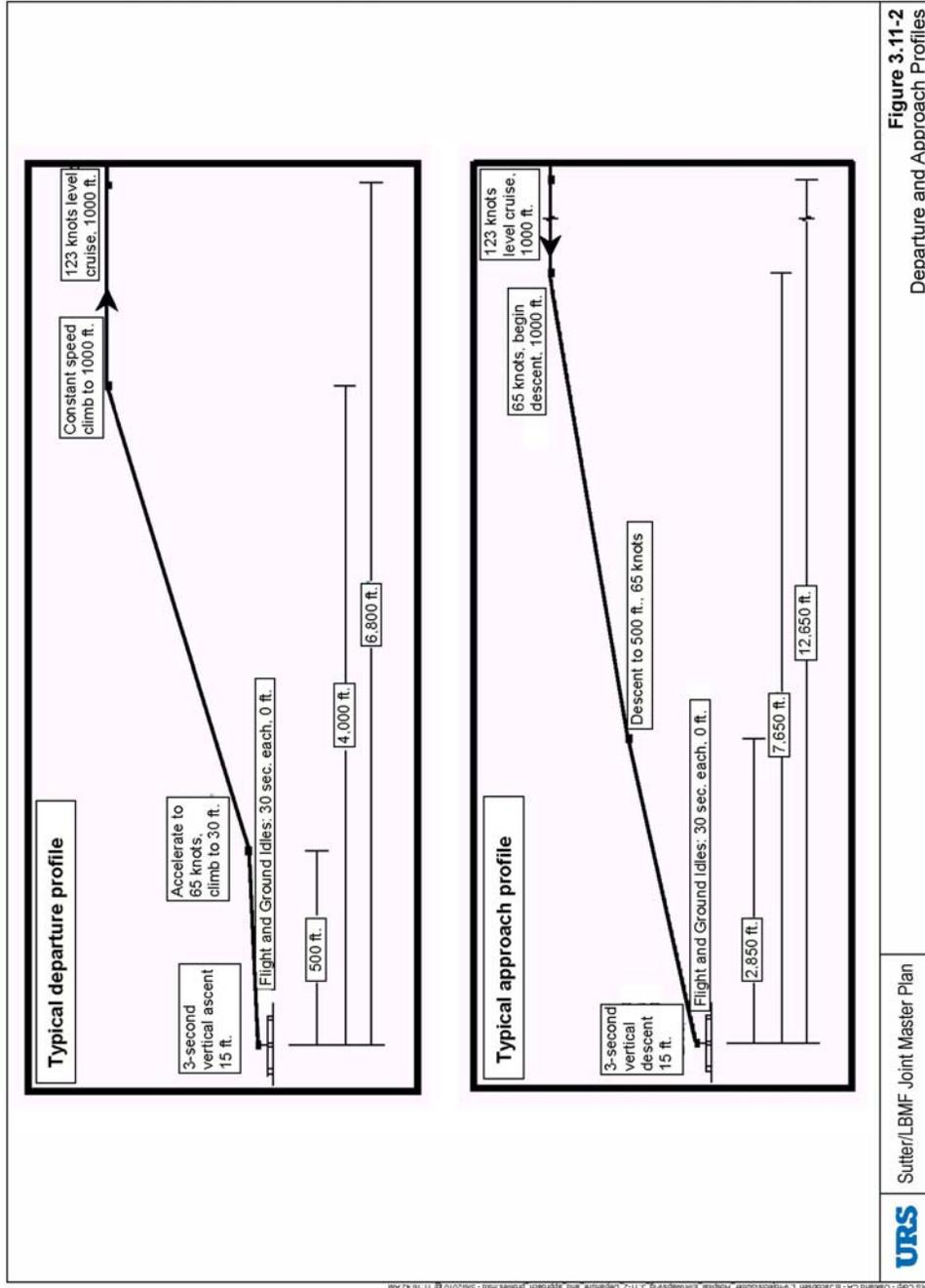
*The commenter suggested clarifying that the 90 dBA SEL significance criteria for helicopter noise was developed for purposes of this EIR analysis.*

The commenter is correct that the 90 dBA SEL criteria is not an adopted County policy. Section 3.11.3.2 of the DEIR identifies the 90 dBA SEL as the significance criteria for helicopter noise, and the text on p. 3.11-8 explains that this contour, which is recommended by FICAN, is being used for purposes of the EIR analysis as a predictor of sleep disturbance from helicopter operations.

**Response to Comment O.14.11**

*The commenter suggests that Figure 3.11-2 does not accurately represent how helicopters will approach and depart the project helistop and that the noise modeling assessing helicopter noise was not conducted using these approach and departure profiles.*

Figure 3.11-2 was taken from figures 4a and 4 b in Appendix I1, Environmental Noise Assessment Sutter Hospital. However, the commenter is correct that Figure 3.11-2 is an illustration of the way Helicopter landings may occur, but does not show the profiles that were used in the INM model. The profiles used in the noise analysis were the standard approach and departure profiles contained in the INM model. Figure 3.11-2 has been revised to better illustrate how helicopters will approach and depart from the proposed project helistop. The approach and departure profiles depicted in revised Figure 3.11-2 are those used in the noise analysis in the DEIR. Figure 3.11-2 is included here.



**Figure 3.11-2** Departure and Approach Profiles

Sutter/LBMF Joint Master Plan



**Response to Comment O.14.12**

*The commenter suggests replacing Figures 3.11-3 with Figure 5 from Appendix II.*

Figure 3.11-3 in the DEIR mistakenly showed current and future noise impact contours when it should only show future noise impact contours. Figure 3.11-3 has been revised to only show future noise impact contours. Revision of this figure does not change the impact analysis but merely removes extraneous information that is not relevant to the analysis. Figure 3.11-4 is included here.



Figure 3.11-3  
60 dBA and 65 dBA Ldn Helistop Contours

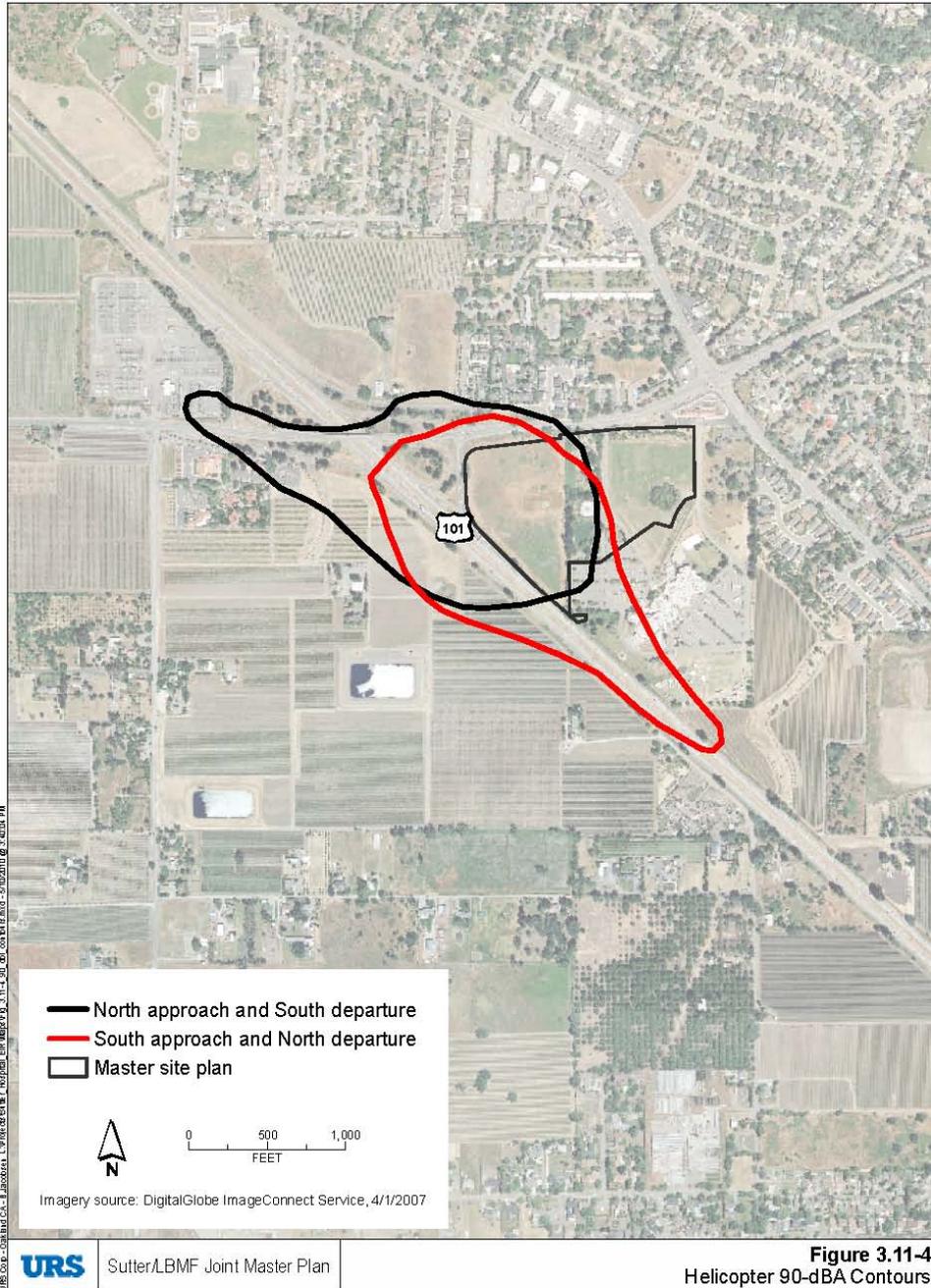
Sutter/LBMF Joint Master Plan



**Response to Comment O.14.13**

*The commenter states that the helicopter approach and departure noise contours have been updated from those shown in Figure 3.11-4 in the EIR.*

Figure 3.11-4 has been updated using the revised noise contours. As noted in the comment, the slight difference in the 90 dBA SEL noise contours do not affect the analysis or conclusion regarding Impact NOI-5. Figure 3.11-4 is included here.



**Response to Comment O.14.14**

*The commenter states that the acronym SEL stand for sound exposure level as opposed to single event level.*

The text on page 3.11-13 in Section 3.11 of the EIR has been revised as follows:

To determine the expected noise levels produced by helicopter operations on the site and in its vicinity, the Federal Aviation Administration's (FAA) Integrated Noise Model (INM) version 7.0a was used to establish ground level noise contours for the projected operations. The noise model uses flight parameters, such as helicopter type, number of operations, and arrival and departure profiles to calculate both noise exposure levels in L<sub>dn</sub>, or sound exposure~~single event noise~~ levels in SEL.

**Response to Comment O.14.15**

*The commenter suggests that Mitigation Measure NOI-5a is not necessary.*

Mitigation Measure NOI-5a recommends to helicopter pilots that anytime the conditions are favorable all approaches shall be made from the south with subsequent departures made to the north. It would not be expected that helicopter pilots make approaches to the site from the south or subsequent departures to the north if conditions were not favorable. See also response to Comments A.2.6 and Master Response A: Helicopter Operations.

**Response to Comment O.14.16**

*The commenter questions the use of the term "unacceptable" when referring to intersection level of service in the EIR.*

The term "unacceptable" used to report level of service in the EIR is always accompanied by a specific level of service designation, E or F.

**Response to Comment O.14.17**

*The commenter points out that the Manual on Uniform Traffic Control Devices cited in the EIR is not current.*

The same evaluation criteria are provided in both references for signal warrant evaluation. Therefore, the evaluation and findings remain unchanged. The text starting at the bottom of page 3.15-20 of the EIR has been revised to reflect the most recent Manual on Uniform Traffic Control Devices as follows:

There are 8 possible tests for determining whether a traffic signal should be considered for installation. These tests, called "warrants", consider criteria such as actual traffic volume, pedestrian volume, presence of school children, and accident history. The intersection volume data together with the available collision histories were compared to warrants contained in the Federal Highway Administration Manual on Uniform Traffic Control Devices (MUTCD), Federal Highway Administration, 2003, Revision 1 as Amended for use in California (California MUTCB) adopted September 2006, California Supplement, which has been adopted by the State of California as a replacement for Caltrans Traffic Manual. Section 4C of the California MUTCD provides guidelines, or warrants, which may indicate need for a traffic signal at an unsignalized intersection. As indicated in the MUTCD, satisfaction of one or more warrants does not necessarily require immediate installation of a traffic signal. It is merely an indication that the local jurisdiction should begin monitoring conditions at that location and that a signal may ultimately be required.

**Response to Comment O.14.18**

*The commenter points out that there are no traffic circulation improvements proposed for the Wells Fargo Center entrance from East Fulton Road.*

As a result of the County's additional field investigation, it was determined that a small island and crosswalk should be added to bring the intersection closer to County standards. The Sonoma County Department of Transportation and Public Works also recommends prohibiting left turns outbound from East Fulton Road onto Old Redwood Highway. See also responses to Comments O.1.6(f) and O.14.28.

**Response to Comment O.14.19**

*The commenter states that Figure 3.15-10 does not illustrate that there are dual left turns on all approaches to the Old Redwood Highway/Mark West Springs Road intersection as required by mitigation measures TR-3 and TR-8.*

Figure 3.15-10 illustrates year 2035 intersection Base Case geometrics. It does not reflect mitigation measures that are being assigned to the project to mitigate significant project impacts. These are shown in Figures 3.15-15 and 3.15-16.

**Response to Comment O.14.20**

*The commenter points out that some text is missing from a portion of Table S-1.*

Comment noted. The County's field investigation of the area following publication of the DEIR indicates that sufficient right-of-way likely exists to install a safe pedestrian pathway, which would obviate the need for the acquisition of additional right-of-way by the applicant. For related text corrections to Mitigation Measure TR-12, please see response to Comment O.14.36.

**Response to Comment O.14.21**

*The commenter suggests that a more appropriate way to express excessive traffic delays would be "> 100 seconds".*

We agree that at some level of control delay in the level of service "F" range, that the actual delay results do not reflect reality. At what point a certain delay results in traffic diversion to an alternate route depends upon the availability of other routes and the congestion on these alternate routes. There are many urban corridors where intersection delays greater than 100 seconds are the norm during commute conditions.

County EIR significance criteria for evaluation of intersection impacts mandate change in delay as the measure of evaluation for an intersection that is already operating at an unacceptable level of service. While it is agreed that delays in the 793 to 1,168 second range would not likely be tolerated, the analysis software finding is clear that the addition of project traffic to a location with unacceptable Base Case traffic volumes would result in a significant operational impact.

**Response to Comment O.14.22**

*The commenter requests clarification regarding the length of the proposed additional through lane on Fulton Road.*

Contribution towards provision of second through lanes on the Fulton Road intersection approaches was recommended in the context of Fulton Road eventually being widened to a four-lane facility from US101 south into Santa Rosa. Should this major project not be feasible (for financial or other reasons) then second approach and departure lanes on Fulton Road at River Road would need to be long enough in order to attract a measurable amount of traffic. Potentially, the lengths would need to be similar to the second through approach/departure lanes provided on River Road at this same intersection (about 310 to 450 feet long for the second approach and departure lanes). The appropriate length would be determined at such time as the improvement is proposed.

**Response to Comment O.14.23**

*The commenter states that separate left and right turn lanes at the Barnes Road approach to River Road are not feasible.*

The DEIR already acknowledges this, as described in the second paragraph following the heading “Significance after Mitigation” on page 3.15-59. The mitigation measure requires the applicant to enter into an agreement with the County to provide its fair share contribution to the improvements only when and if they are programmed and funded by the County.

**Response to Comment O.14.24**

*The commenter asserts that the statement that Base Case AM and PM peak hour volumes at the River Road/Barnes Road intersection would already meet Signal Warrant #3 criteria levels is not correct.*

It is agreed that the peak hour warrant definition is more appropriate for the cases cited in the comment. However, peak hour warrant analysis is what is referenced in County EIR traffic significance criteria. In addition, review of the Base Case AM and PM peak hour volumes indicate that it is extremely likely that volumes during the two hours of the AM peak period (7:00-9:00) in combination with the volumes during the two hours of the PM peak period (4:00-6:00) would significantly exceed the four-hour signal warrant (Warrant #2). It should be noted the statement describes 2014 conditions without the project. The EIR acknowledges, under the heading “Significance after Mitigation” that signalization of the intersection is not feasible due to lack of sufficient right-of-way and the need to relocate existing PG&E towers. Accordingly, the mitigation measure requires the applicant to enter into an agreement with the County to provide its fair share contribution to signalization only when and if it is programmed and funded by the County.

**Response to Comment O.14.25**

*The commenter states that a signal at River Road/US 101 Southbound ramps does not currently exist but is scheduled to be installed with the 101 widening project and suggests revisions to Mitigation Measure TR-3.*

Mitigation Measure TR-3 for River Road/US 101 Southbound Ramps on page 3.15-66 of the EIR has been revised as follows:

**River Road/US 101 Southbound Ramps**

- ~~Change signal timing. Work with Caltrans to achieve optimal signal timing relative to the proposed improvements.~~

### Response to Comment O.14.26

*The commenter states that the assertion that there are no feasible mitigation measures to reduce Impact TR-5 is not technically correct and that ramp metering, which is currently under construction as part of Caltrans US 101 widening project, could reduce the impact.*

Implementation of ramp metering may help operation of the US101 freeway. However, background (Base Case) operation would still be expected to be at unacceptable levels at some locations (in the non-HOV lanes) and the incremental impact of project traffic would still be the same (and considered a significant impact) unless overall project peak hour trip generation were also reduced. Also, it is agreed that the Transportation Demand Management (TDM) plan proposed for the project could be helpful in reducing some peak hour trips but not to a less than significant level.

### Response to Comment O.14.27

*The commenter suggest that a qualifier be added to Mitigation Measure TR-6 that sufficient right of way must be available to implement the mitigation as is the case for Mitigation Measure TR-3.*

Based on the County's field investigation of the proposed improvements, Mitigation Measures TR-3, TR-6, and TR-8 have been revised as follows with respect to turn lanes at the Mark West Springs Road/Old Redwood Highway and East Fulton Road/Old Redwood Highway intersections:

### Mitigation Measure TR-3A, pages 3.15-66 - 67:

#### Mark West Springs Road/Old Redwood Highway

- ~~Provide~~ Add second left turn lanes on the Old Redwood Highway north and southbound approaches, and extend the length of the left turn lane on the Old Redwood Highway southbound approach to approximately 255 feet, which may (at the discretion of the DTPW) include approximately 210 feet in a dedicated left turn lane, and an additional 45 feet (or more) in the adjoining north two way left turn lane. The length of the left turn lanes shall be limited to that distance which can be feasibly constructed within the existing right of way. ~~If it is determined after field investigation that the left turn lanes cannot be feasibly constructed within exiting right of way, the impact would be significant and unavoidable.~~
- Add a second left turn lane on the Mark West Springs Road westbound approach.
- Adjust signal timing.
- Provide additional length to the following turn lanes:
  - Old Redwood Highway Southbound Right Turn Lane:  
Lengthen from 100 feet to the maximum length available within the existing right of way (approximately 180 feet) at least 250 feet.
  - Mark West Springs Road Westbound Right Turn Lane:  
Lengthen from 50 feet to approximately 100 at least 175 feet.

#### Mark West Springs Road/Lavell Road

- Prohibit left turns from the southbound Lavell Road approach (see Mitigation Measure TR-1).

#### Mitigation Measure TR-6A, page 3.15-72:

##### Mark West Springs Road/Lavell Road

- Prohibit left turns from Lavell Road to eastbound Mark West Springs Road. (This measure has been recommended for mitigation of 2014 impacts [see TR-1].)

##### Mark West Springs Road/Old Redwood Highway

- Provide second left turn lanes on the Old Redwood Highway north- and southbound approaches as well as the Mark West Springs Road westbound approach. Extend the length of the left turn lane on the Old Redwood Highway southbound approach to approximately 255 feet, which may (at the discretion of the DTPW) include approximately 210 feet in a dedicated left turn lane, and an additional 45 feet (or more) in the adjoining north two way left turn lane. The length of the left turn lane shall be limited to that distance which can be feasibly constructed within the existing right of way.
- Provide overlap right turn phasing on all intersection approaches.

##### East Fulton Road/Old Redwood Highway

- ~~Provide a second lane on the eastbound E. Fulton Road approach.~~

#### Mitigation Measure TR-8A, page 3.15-80:

##### River Road/US 101 Southbound Ramps

- ~~Change signal timing.~~ Work with Caltrans to achieve optimal signal timing relative to proposed improvements.

##### Mark West Springs Road/Old Redwood Highway

- Add dual left turn lanes to the north-, ~~south~~ and westbound intersection approaches. Extend the length of the left turn lane on the Old Redwood Highway southbound approach to approximately 255 feet, which may (at the discretion of the DTPW) include approximately 210 feet in a dedicated left turn lane, and an additional 45 feet (or more) in the adjoining north two way left turn lane.
- Adjust signal timing.
- Provide overlap right turn phasing on all intersection approaches.
- Provide additional length to the following turn lanes:

Old Redwood Highway Northbound Left Turn ~~Lanes~~: ~~Lengthen~~ Add second turn lane and lengthen from 200 feet to create a combined storage length of approximately at least 350 feet.

Old Redwood Highway Northbound Right Turn ~~Lane~~: Lengthen from 50 feet to approximately 170 feet at least 275 feet.

Mark West Springs Road Westbound Left Turn ~~Lane~~: ~~Lengthen~~ Add second turn lane and lengthen from 225 feet to create a combined storage length of approximately at least 300 feet.

Mark West Springs Road Westbound Right Turn ~~Lane~~: Lengthen from 50 feet to approximately 100 at least 250 feet.

##### Mark West Springs Road/Project Main Entry

- Adjust signal timing.
- ~~Mark West Springs Road Eastbound Through Movement: 768 feet/lane with 860 feet of storage~~

##### Mark West Springs Road/Lavell Road

- Prohibit left turns from the Lavell Road stop sign controlled approach. Alternative access is available to the neighborhood served by Lavell Road (i.e., to Old Redwood Highway) in order to allow access to eastbound Mark West Springs Road.

The text in the DEIR regarding the significance after mitigation for Impact TR-8 has been revised as follows:

**Significance After Mitigation:** All impacts would remain significant and unavoidable at River Road/Fulton Road, while some impacts would remain significant and unavoidable at Mark West Springs Road/Old Redwood Highway.

Implementation of the improvements identified in TR-8A would result in acceptable levels of service and queuing at the following intersections, reducing impacts to less than significant:

**River Road/US 101 Southbound Ramps**

Resultant Base Case + Project Level of Service:

<i>AM Peak Hour</i>	LOS B-12.6 seconds control delay
<i>PM Peak Hour</i>	LOS A-9.6 seconds control delay

Resultant Base Case + Project 95th Percentile Queues:

*PM Peak Hour*

US Southbound Off-Ramp Right Turn Lane: 146 feet with 150 feet of storage

**Mark West Springs Road/Old Redwood Highway**

Resultant Base Case + Project 95th Percentile Queues:

*PM Peak Hour*

Old Redwood Highway Northbound Through Movement: 761 feet with at least 1,000 feet of storage

Old Redwood Highway Southbound Left Turn: ~~477~~19 feet ~~per lane~~ with at least 975 feet of storage

Mark West Springs Road Eastbound Through Movement: 768 feet with 860 feet of storage

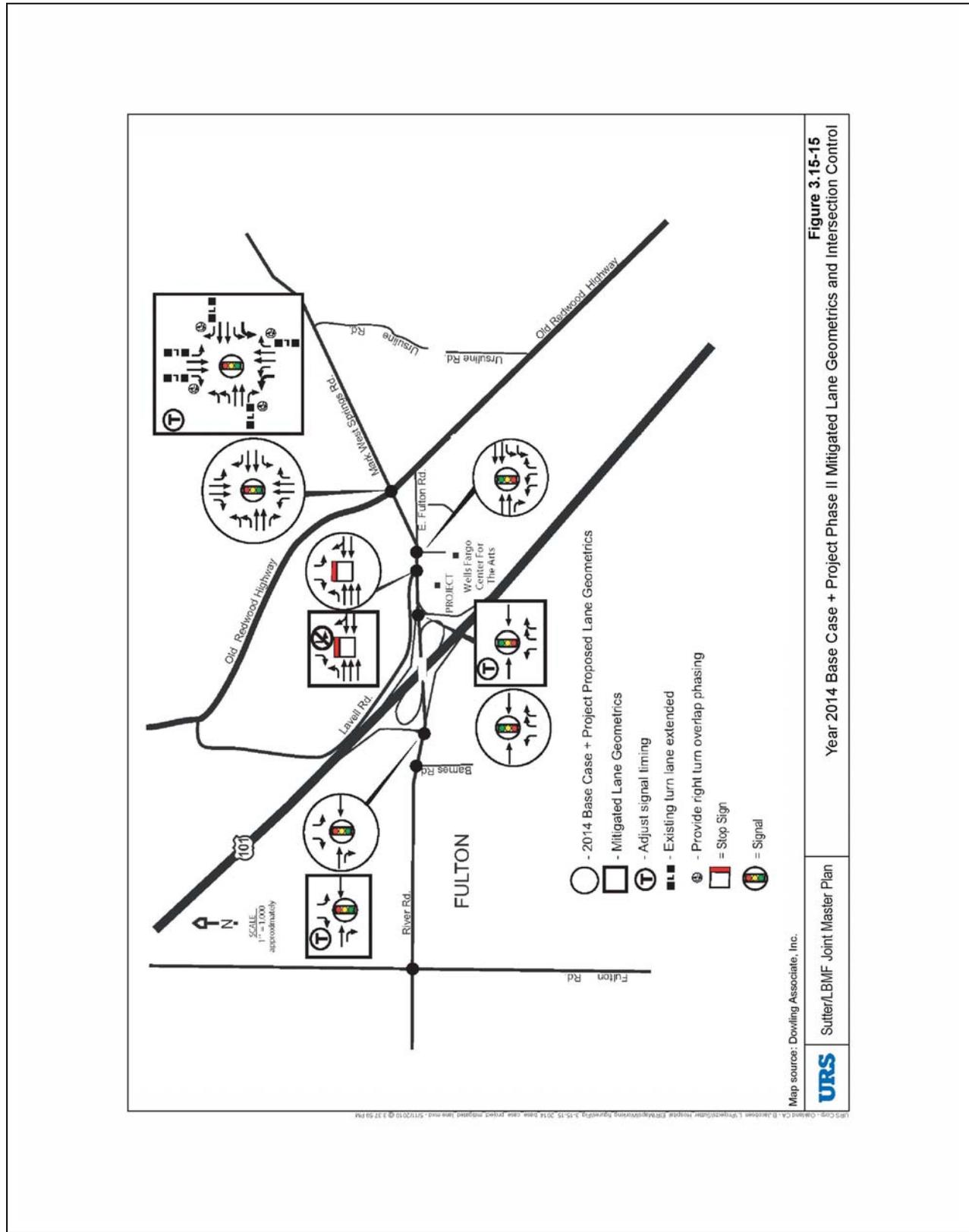
The changes to these mitigation measures do not change the overall significance determinations in the DEIR, which already acknowledge that the Mark West Springs/Old Redwood Highway intersection will operate with significant and unavoidable delays and queuing for various turning movements in both 2014 and 2035. As noted in the DEIR, much of the unavoidable delays/queuing impacts are due to base case traffic unrelated to the proposed Sutter project.

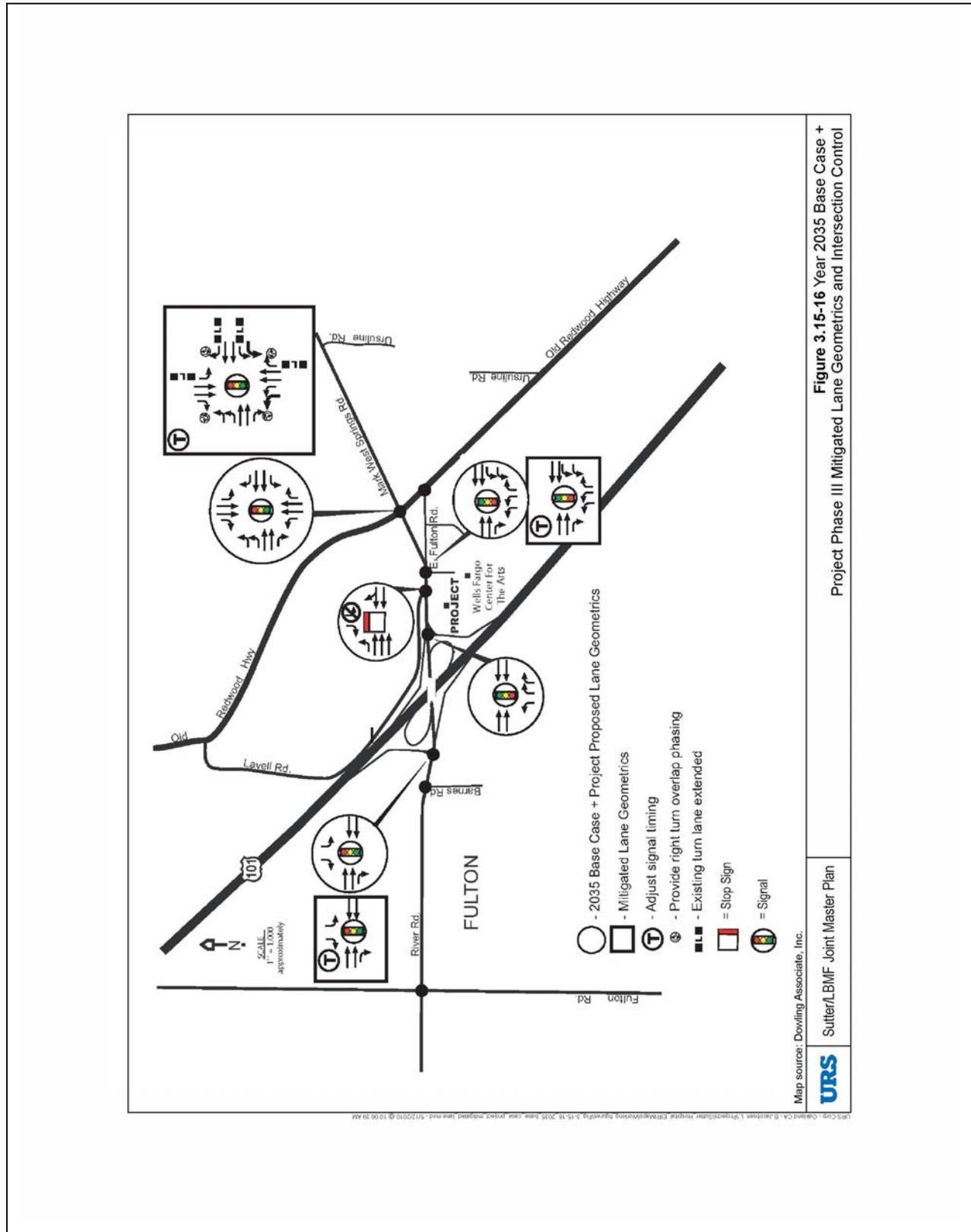
With respect to Mitigation Measure TR-3A, lengthening the right turn lane on the Old Redwood Highway southbound approach to Mark West Springs Road from 100 to 180 feet (instead of 250 feet) will still reduce that impact to less than significant. The year 2014 Base Case + Project 95th percentile queue storage demand for this movement (after implementation of all other agreed-to mitigation measures at this intersection) is 220 feet during the AM peak hour and 193 feet during the PM peak hour. However, because the southbound right turn is not signal controlled, is separated from the through movements by a large island, has a merge area into westbound traffic flow on Mark West Springs Road, and operates the majority of time as a free right turn movement, the proposed increase in storage length should be more than adequate to accommodate the projected 95th percentile queue in 2014. This would result in a less-than-significant storage impact for this movement.

Regarding the southbound left turn lane from Old Redwood Highway onto Mark West Springs Road, the revised plan for this intersection has a shorter center divider, which will allow the left

turn lane to blend back into the two way center refuge lane further north on Old Redwood Highway, thus achieving adequate storage. This means that the approximately 255-foot distance listed in Mitigation Measures TR-3 and TR-8 is effectively much greater, as cars may back up into the refuge lane. Accordingly, the elimination of the second southbound left turn lane will not change the significance determination for this turning movement.

Figures 3.15-15 and 3.15-16 have been revised to reflect the changes in the mitigation measures described above and are included here.





**Response to Comment O.14.28**

*The commenter points out that no length is specified for the additional turn lane in Mitigation Measure TR-6 at East Fulton Road/Old Redwood Highway and inquires whether 100 feet would be sufficient.*

See response to Comment O.14.18 regarding the recommendation by the County Transportation and Public Works Department to eliminate left turn movements from East Fulton Road onto Old Redwood Highway, and response to Comment O.14.27 for the corresponding text correction.

**Response to Comment O.14.29**

*The commenter states that Mitigation Measure TR-7 should be modified to reflect the same conclusions as stated for Mitigation Measure TR-1.*

The DEIR already acknowledges on page 3.15-75 that signalization is infeasible. However, the mitigation measure should reflect the requirement that the applicant must enter into an agreement with the County to provide its fair share contribution to signalization only when and if it is programmed and funded by the County. Accordingly, Mitigation Measure TR-7 on page 3.15-75 is modified as follows:

Enter into an agreement with the County to provide a fair share contribution to the following improvement when and if it is programmed and funded for construction:

**River Road/Barnes Road**

- Signalize the intersection and interconnect with operation of the planned signal at the River Road/US 101 Southbound Ramps intersection.

**Response to Comment O.14.30**

*The commenter states that the discussion on page 3.15-78 does not reflect the improvements to the southbound ramp that are currently under construction.*

Figure 3.15-2 has been revised to show that signalization is being provided at the River Road/US101 Southbound Ramps intersection and is included here.

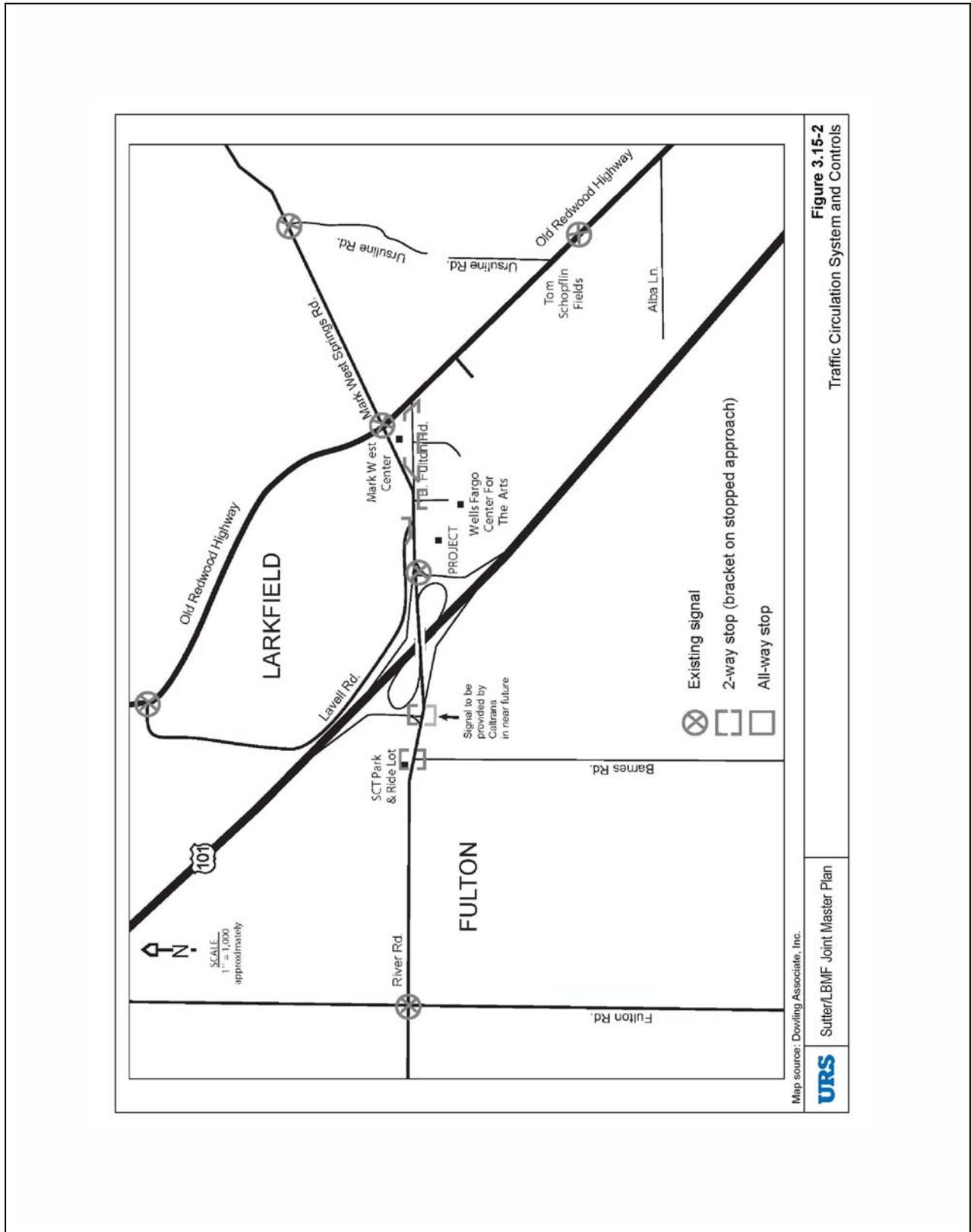


Figure 3.15-2  
Traffic Circulation System and Controls

**Response to Comment O.14.31**

*The commenter suggests that Mitigation Measure TR-8 be revised to be consistent with revised Mitigation Measure TR-3.*

Mitigation Measure TR-8 on page 3.15-80 of the EIR has been revised as shown in response to Comment O.14.27.

**Response to Comment O.14.32**

*The commenter suggests that portions of Mitigation Measure TR-8 are not feasible.*

See response to Comment O.14.27 for text corrections to Mitigation Measure TR-8A, which reflect the results of the County's field investigation.

**Response to Comment O.14.33**

*The commenter refers to Comment O.14.26.*

Please see response to Comment O.14.26.

**Response to Comment O.14.34**

*The commenter states that a traffic signal on Old Redwood Highway at Pacific Heights Drive was recommend for the traffic center expansion and pedestrians could cross at this future controlled location.*

Comment noted. See Master Response H regarding revised plans for the pedestrian pathway along Old Redwood Highway.

**Response to Comment O.14.35**

*The commenter states that Mitigation Measure TR-12 could create conflicts between vehicles and pedestrians at the main hospital parking lot entrance.*

The County requires safe pedestrian access to the project buildings; however, the exact location of the pedestrian access will be determined during the Design Review process, and Mitigation Measure TR-12 has been revised to reflect that. See response to Comment O.14.36 for the complete text corrections to Mitigation Measure TR-12.

**Response to Comment O.14.36**

*The commenter states that the fourth bullet under Mitigation Measure TR-12 should be deleted.*

Comment noted. See Master Response H regarding revised plans for the pedestrian pathway along Old Redwood Highway. Mitigation Measure TR-12 on page 3.15-93 is revised as follows:

Prior to occupancy, the applicant shall provide the following measures:

- Provide traffic calming measures, such as speed tables or landscaped chokers within the parking aisles north of the hospital main entry to significantly reduce vehicle speeds at the pedestrian walkway. Highlight the walkway with signing and different pavement surface.

- Provide a sidewalk ~~along the entire length of the west side of the project main entry driveway from Mark West Springs Road to all public Sutter Medical Campus building entrances. The exact location shall be as determined by the Design Review Committee.~~

~~Prior to occupancy, the applicant shall obtain the necessary right of way and e~~ Construct a 4' wide sidewalk/pedestrian pathway on the east side of Old Redwood Highway, north of Mark West Springs Road, on the western edge of Assessors parcels 058-071-015, 016, and 017 within existing right of way. If final engineering demonstrates there is insufficient right of way to construct a 4' wide pathway, then the applicant is unable to shall obtain the necessary right of way, then the applicant shall or provide adequate funding to the County to obtain it.

### Response to Comment O.14.37

*The commenter states that the freeway impact analysis is conservative in that it did not assume any constraints on northbound traffic flows.*

We agree that the freeway analysis may be conservative. However, additional widening of the freeway in Santa Rosa has eliminated most bottlenecks in this area, and the extension of freeway widening to Windsor will eliminate existing bottlenecks for northbound flow at the north end of Santa Rosa. See also response to Comment O.14.26.

### Response to Comment O.14.38

*The commenter states that Figure 3.15-10 does not illustrate that there are dual left turns on all approaches to the Old Redwood Highway/Mark West Springs Road intersection as required by mitigation measures TR-3 and TR-8.*

Please see response to Comment O.14.19.

### Response to Comment O.14.39

*The commenter suggests adding text to impact discussion UT-4 that Sutter proposes to entirely offset the project's wastewater generation through a program administered and monitored by the Sonoma County Water Agency.*

The program of offsetting the Sutter project and Wells Fargo Center wastewater generation is included in the EIR as a mitigation measure (Mitigation Measure UT-4a through UT-4c) to eliminate the project's impact to wastewater treatment capacity.

### Response to Comment O.14.40

*The commenter suggests an edit to a column heading in Table 3.16-3.*

The text under the column headed "Program" in Table 3.16-3 starting on page 3.16-18 has been revised as follows:

**PROGRAM**

*To be verified by a feasibility study*

To be verified by the Offset Monitoring and Reporting Program

### Response to Comment O.14.41

*The commenter suggests revising the January 2010 date in Mitigation Measure UT-4c.*

The second paragraph of Mitigation Measure UT-4c on page 3.16-23 of the DEIR has been revised to read as follows:

Sutter shall submit a report every six months to the SCWA starting ~~just in January 2010~~ prior to annexation of the site to the Airport-Larkfield-Wikiup Sanitation Zone and continuing until the retrofit program has reduced the waste generated in the Sanitation Zone sufficiently to offset the waste generated by this project. The report shall state the number of ESDs that have participated in the program and shall also provide an estimate of the date at which the program is expected to meet the needs of the project based on the rate of participation. If the date is later than the expected date of occupancy, a program to increase participation or the amount of savings by participants (e.g., include high efficiency washers in the program) shall be included in the report and subsequently implemented once approved by SCWA. The final report will need to show that the expected wastewater generated by the project has been offset by the retrofit program before an occupancy permit is granted.

#### **Response to Comment O.14.42**

*The commenter suggests that the second sentence in the discussion of project wastewater management in the second paragraph on page 3.16-28 is inaccurate.*

The discussion of project wastewater management on page 3.16-26 of the EIR is accurate as written. The second sentence referred to in the comment is followed by this sentence;

“While the proposed project would generate additional wastewater flows, project specific mitigation described in Section 3.16 includes offsetting the wastewater flow by implementing programs to reduce residential wastewater flows, creating a “zero footprint” project.” The distinction here is that the wastewater offset program is included in the EIR as a mitigation measure and is not considered part of the proposed project.

#### **Response to Comment O.14.43**

*The commenter points out that two references in Section 9 of the EIR were updated and their more recent dates should be cited.*

Corrections have been made to the last two references on page 9-1 of the EIR as follows:

Brelje and Race Consulting Engineers. 2009a. Preliminary Stormwater Mitigation Plan and Preliminary Hydrology and Storm Water Detention Plan, New Replacement Hospital Project, Sutter Medical Center of Santa Rosa, ~~October 22~~ January 29.

Brelje and Race Consulting Engineers. 2009b. Water and Wastewater Services Report, New Replacement Hospital Project, Sutter Medical Center of Santa Rosa, ~~November 16~~ January 29.

4.3 COMMENTS FROM INDIVIDUALS

I.1 *Becky Rowe*

I.1

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**Steve Dee**

**From:** Becky Rowe [becky.lifeassist@yahoo.com]  
**Sent:** Thursday, January 14, 2010 3:30 PM  
**To:** Steve Dee  
**Subject:** proposed Mark West Springs Sutter Hospital site

To Whom It May Concern:

As a home owner in the Berry Brook development, I'm writing to express my concerns about the proposed Mark West Springs Sutter Hospital site:

I.1.1

1. The hospital will cause a terrible traffic situation on both the River Road exit off Hwy 101 and on the Old Redwood Hwy & Mark West Springs intersection.
2. This hospital is planning on serving an under-insured and uninsured population. That is not the Wikiup or Larkfield demographic. Sutter's patients will have a difficult time getting the medical services they need. Sonoma County is doing them a disservice by allowing Sutter to build a hospital so far north.

Please take a second look at alternate locations for this hospital. Please find a location that will better serve the lower-economic patients Sutter has agreed to service.

Thank you,  
Rebecca Rowe  
[REDACTED]

1

*Responses to Comment I.1***Response to Comment I.1**

*The commenter raises concerns about traffic impacts and the location of the hospital compared to the underinsured and uninsured patient population.*

The commenter's position on the merits of the project will be included in the record before the Planning Commission and the Board of Supervisors when they consider the project on its merits. With respect to traffic impacts, the proposed project includes improvements to mitigate many of the impacts mentioned in the comment letter, including an additional lane in each direction on Mark West Springs Road, a right-turn lane into the project site, additional turning lanes from the project main driveway into Mark West Springs Road, and improvements to the intersection of Mark West Springs Road and Old Redwood Highway. Traffic demands will continue to be high during certain times of the day, such that the County's goal for traffic level of service will be exceeded. This information has been discussed and mitigation measures have been identified in the traffic analysis in the DEIR at pages 3.15 – 58 through 3.15 -110. See also Master Response H: Traffic, Circulation, and Emergency Access.

With respect to the patient demographic, as shown in Figures 6-1 and 6-2 in the DEIR, and as discussed further in Master Response C: Site Selection and Alternatives the proposed project is centrally located within the geographic base of patients using the Sutter hospital, including the geographic base of uninsured and under-insured patients. See also response to Comment O.13.6.

## I.2 Willard Richards, Ph.D.

I.2

██████████  
 Santa Rosa, CA 95404  
 January 14, 2010

Steve Dee [sdee@sonoma-county.org](mailto:sdee@sonoma-county.org)  
 Environmental Review Division  
 Sonoma County PRMD  
 2550 Ventura Ave.  
 Santa Rosa, CA 95403

Re: Comment on Sutter Hospital DEIR

Dear Mr. Dee:

Page 3.4-5 of the Sutter Hospital Draft Environmental Impact Report contains the statement:

“At this point, scientific efforts are unable to quantify the degree to which human activity impacts climate change.”

That statement is not correct and should be removed from the DEIR. A summary of the scientific consensus on climate change can be found at [http://en.wikipedia.org/wiki/Climate\\_change\\_consensus](http://en.wikipedia.org/wiki/Climate_change_consensus)

That article contains the sentence,

“The majority of climate scientists agree that global warming is primarily caused by human activities such as fossil fuel burning and deforestation.”

I.2.1

There is a scientific consensus that the impacts of human activity on climate change can be quantified well enough to exclude the possibility that those impacts are zero.

Perhaps some background information would be helpful. If I gave you a dollar bill, told you it was six inches long, and asked you to measure the width of a room, you could do a reasonable job. A careful report on your work would say you did not confirm the length of the dollar bill and did not measure the room width in several places to confirm that the walls were parallel. Stating these uncertainties is an important part of your report, but it does not invalidate your measurement of the width of the room.

All measurements and calculations contain uncertainties, and it is necessary to understand the uncertainties to understand the results of the measurements or calculations. That is why climate scientists are so careful to enumerate the uncertainties. The fact that “scientific efforts” contain uncertainties does not mean that they are “unable to quantify.”

Sincerely yours,



Willard Richards, PhD

*Responses to Comment I.2***Response to Comment I.2.1**

*The commenter questions the correctness of the EIR's statement that "scientific efforts are unable to quantify the degree to which human activity impacts climate change," asserting that while there are uncertainties, it is possible to quantify the impact of human activity on climate change. The commenter asks that the sentence be removed from the EIR.*

The sentence identified by the commenter is part of an overall discussion in the EIR indicating that important scientific questions remain about how much warming will occur, how fast it will occur, how it will affect the climate system, and the effects of climate change in a particular locale. The focus of the commenter's concern appears to be that the existence of substantial uncertainties about climate change will obscure the underlying scientific consensus about the contribution of greenhouse gas emissions associated with human activity to climate change. The DEIR specifically acknowledges the impact of human-caused emissions on climate as part of the analysis of this impact at pages 3.4-47 – 3.4-51. At page 3.4-47 and 3.4-48, the EIR states:

“However, the increase in human-made GHGs over the past several decades has caused global atmospheric temperatures to rise above historic levels. While there is some uncertainty regarding exactly how and when the earth's climate will respond to increasing concentrations of greenhouse gasses, observations as well as climate modeling indicate that observable changes are underway.”

## I.3 Dan Smith &amp; Joan Marler

I.3

Dan Smith &amp; Joan Marler

[dansmith@sonic.net](mailto:dansmith@sonic.net), [jmarler@sonic.net](mailto:jmarler@sonic.net)

January 14, 2010

Steve Dee  
 Environmental Review Division  
 Sonoma County PRMD  
 Santa Rosa, CA 95403

Re: Comments on Adequacy of Draft EIR for Proposed Sutter Hospital

Dear Mr. Dee,

We are writing to express our grave concerns about the deficiencies and omissions of the Draft Environmental Impact Report for the proposed new Sutter Hospitals and Medical Offices. Our immediate concerns include, but are not limited to the following:

- I.3.1
- 1) The DEIR fails to adequately discuss alternative sites and the benefits that would accrue to the project by a site closer to the heart of the urban areas of Sonoma County as follows:
    - a) This discussion fails to take into account the fact that the County of Sonoma has rightly set aggressive goals to reduce greenhouse gases by 25% by 2020 and the project as proposed will create a significant increase in auto exhaust. The goals set require significant expenditure of capital on the part of the county, businesses, and individual, the effect of which will be negated by the large number of vehicle trips from the urban centers to this site north of Santa Rosa. The DEIR must study this important impact.
    - I.3.2 b) The site is not serviced well by mass transit and will not be easily accessible from the planned Smart Train. The DEIR must study this important issue.
    - I.3.3 c) At a time when minutes matter, the site will cause extra delay for patients and family members when medical emergencies occur.
    - I.3.4 d) It is our understanding that the sewer system in Larkfield does not have the capacity to service the project without lowering usage for existing customers, which may or may not be feasible and which therefore requires additional study.
    - I.3.5 e) We are also concerned that the drugs and other hazardous materials that may emanate from a hospital will not be able to be handled at the Larkfield sewage treatment plant in the future.
    - I.3.6 f) Sutter has made clear that one of their solutions to the reduced bed capacity from their existing facility will make the transfer of critically ill patients a regular process, creating risk

I.3.6

to patients and the public with additional ambulance trips. The DEIR must look at this impact on patients and the environment.

I.3.7

There are a number of alternate sites in southwest Santa Rosa, on Santa Rosa Avenue and in Rohnert Park that would have the following advantages:

- a) They would be sited much closer to the population served and would therefore actually reduce vehicle traffic and carbon emissions compared to the current Chanate Road site.
- b) They would allow patients, staff, physicians and others to utilize public transportation effectively, thereby further reducing greenhouse gasses and allowing people who do not drive access to the hospital in a reasonable and affordable way including by Smart Train.
- c) An alternate site would save lives when minutes matter. Emergency medicine depends heavily on rapid response and lives are often lost that could have been saved a few minutes earlier. The northern section of Sonoma County is already served well by Healdsburg District Hospital in this regard. What is lacking is a full ER between Santa Rosa and Rohnert Park, which this project could serve if alternate sites were seriously considered.
- d) There are alternate sites like the former OCLI building in Southwest Santa Rosa that would greatly lower the environmental impact of the project by utilizing existing infrastructure and provide all of the benefits listed above.

I.3.8

- 2) Congress is about to pass healthcare legislation slated for August which will stop the construction of new physician owned hospitals. The DEIR does not address this obvious possibility. In fact Sutter has repeatedly stated that the public hospital is dependent on the construction of the private, jointly owned hospital. The proposed legislation is designed to eliminate the abuse of Medicare by physician owned hospitals and the resulting high costs to patients, insurers and government funded programs. The DEIR fails to describe what the project will look like when the private hospital is not approved for Medicare payments.

I.3.9

- 3) The siting of a medical office building so far from other hospitals in the area will make it impractical for physicians and specialists to serve other hospitals potentially leaving them without required coverage for emergency services and making it difficult for other hospitals to have 24 hour coverage for vital services. The fact that Sutter sees the need to build a medical office complex at the site is a clear indication that the site is too distant from existing Santa Rosa physician offices for independent physicians to practice freely in multiple hospitals.

These are but a few of the many errors and omissions of the DEIR, which will no doubt be pointed out by others. We urge a more complete review of these and other impacts of this ill designed project.

Sincerely,

Dan Smith

Joan Marler

*Responses to Comment I.3***Response to Comment I.3.1**

*The commenter requests that the County study the impact of the Project's auto exhaust on the County's goal of reducing greenhouse gases by 25% by 2020.*

Please see responses to Comments O.8-1 and O.9.4. The DEIR evaluated the greenhouse gas emissions of the proposed project and the County emissions reduction goal at page 3.4-50. See also Master Response E: Greenhouse Gas Emissions.

**Response to Comment I.3.2**

*The commenter states that the site is not well served by transit, and will not be easily accessible from the SMART train.*

The DEIR evaluated transit access to the site on pages 3.15-93 and 3.15-94. As noted in the DEIR, the proposed project site has better transit access than the existing Chanate site. For further discussion, see Master Response D: Alternative Transportation and Public Transit.

With respect to access to the SMART train, as discussed in Master Response C: Site Selection and Alternatives and Master Response D: Alternative Transportation and Public Transit, there are not suitable sites available at or immediately adjacent to the proposed SMART stations, and locating the site next to a SMART station would not substantially reduce vehicle miles or associated greenhouse gas emissions due to such factors as the way in which patients, staff and doctors typically travel to hospitals, off-peak travel times compared with SMART's peak hour focus, and the round the clock operation of a hospital.

**Response to Comment I.3.3**

*The commenter states that the site will cause extra delay for patients and family members when medical emergencies occur.*

One of the purposes of the project is to improve emergency access, and the project includes direct access from US 101 to the emergency entrance (DEIR, pp. 2-2, 2-9 to 2-10). Improved emergency access is one of the benefits of the project, and the analysis in the hazards chapter of the DEIR concludes that, locating the hospital next to the freeway, with improved access for emergency vehicles, will enhance emergency medical response (DEIR, p. 3.8-7). With respect to travel times to the project site generally, see Master Response C: Site Selection and Alternatives.

**Response to Comment I.3.4**

*The commenter states it is their understanding that the sewer system in Larkfield does not have the capacity to service the project without lowering usage for existing customers, which may or may not be feasible and which therefore requires further study.*

As explained in the DEIR, sewer treatment capacity for the proposed project will be created through the use of a zero footprint offset credit program, and this will avoid any adverse impact on existing customers. The DEIR at pages 3.16-15 through 3.16-23 explains the basis for reaching the conclusion that the offset program will be effective in achieving the required

number of offsets within the time frames required. The effectiveness of the program is ensured by the provision of Mitigation Measure UT-4c stating that the final report on the program must demonstrate that the expected wastewater generated by the program has been offset by the retrofit program before an occupancy permit is granted. The DEIR notes that the offset program has been approved by the Sonoma County Water Agency and that a similar program in Rohnert Park was effective in providing offsets.

As explained in response to Comment A.3.6, the implementation of the SCWA offset program to date indicates the offsets will be effective. See also Master Response B: Wastewater Offset Program.

**Response to Comment I.3.5**

*The commenter states that they are concerned that the drugs and other hazardous materials that emanate from a hospital will not be able to be handled at the Larkfield sewage treatment plant in the future.*

These topics are addressed in Sections 3.8 (pp 3.8-6) and 3.16 of the DEIR. Conventional pollutant levels are discussed beginning on page 3.16-14 and in Appendix L. Regulatory measures discussed in both sections will prevent non-conventional pollutants from having a significant impact on water quality objectives.

Additionally, the existing hospital periodically takes water samples from its wastewater and reports the results to the City of Santa Rosa. To date, no issues related to toxics have been identified. This periodic testing is required of all hospitals. The commenter's suggestions are all included in standard hospital protocols or by other oversight required protocols. See also responses to Comments A.3.8 – A.3.10.

**Response to Comment I.3.6**

*The commenter states that Sutter has indicated that the reduced bed capacity from their existing facility will make the transfer of critically ill patients a regular process, creating risk to patients and the public, and that this risk must be analyzed in the EIR.*

The County is not aware of the basis for this comment, or of any statement indicating that Sutter intends to make the transfer of critically ill patients a regular process. The County is carefully evaluating the Sutter proposal and Sutter's revised business plan to evaluate whether the project and business plan will comply with Sutter's obligations under the Health Care Access Agreement. See also Master Response F: Indirect Environmental Impacts.

With respect to environmental impacts, the EIR discusses potential secondary effects on pages 5-3 and 5-4, concluding that no significant secondary environmental effects are expected to occur. This analysis was based on consideration of the all the aspects of the Sutter project, including the potential redistribution of patients.

**Response to Comment I.3.7**

*The commenter suggests that there are a number of alternate sites in southwest Santa Rosa, on Santa Rosa Avenue, and in Rohnert Park, that would have several advantages over the proposed project.*

With respect to project alternatives generally, see Master Response C: Site Selection and Alternatives. In addition, the following responses are addressed to the lettered subtopics included in the comment.

- (a) As explained in responses to Comments O.1-1 through O.1.4, the project site is centrally located with respect to Sutter's patient population and the population of lower income patients served by Sutter. Moving the project to a more southern location would not reduce vehicle traffic and emissions compared to the project or to the Chanate site.
- (b) Placing the project at a different location will not increase the likelihood that patients or staff will use public transportation. See generally Master Response D: Alternative Transportation and Public Transit.
- (c) As noted above and in the DEIR, the proposed project provides improved emergency access, including an expanded off-ramp from US 101 northbound and an ambulance only entrance driveway directly from Mark West Springs Road to the hospital campus just east of the northbound off ramp. The County has also evaluated emergency access as part of its overall consideration of geographic access to care, in the Preliminary Analysis of Sutter's Business Plan (July 2009). That analysis concluded that the proposed project would provide equal or better access to health care, from a geographic standpoint, to County residents who are enrolled in government funded programs.
- (d) Sites in southwest Santa Rosa were considered in the screening of alternate sites for the EIR, including the Todd Road/Moorland alternate site that is evaluated in the DEIR, and the Ring property that is part of Decentralized Alternative B evaluated in the DEIR. With respect to the OCLI site in particular suggested by the commenter, that site is approximately 9 acres located at 2877 Giffen Avenue in Santa Rosa. That site is not a feasible alternate location for the hospital because it is too small, it is not near US 101 and could be accessed only through congested intersections, it would have poor emergency access, and it would require emergency helicopter flights over residential areas. Also, the site is designated for business park use, and is developed with a building that is not constructed to hospital standards.

### Response to Comment I.3.8

*The commenter states that the physicians medical center might not be constructed as a result of health care legislation pending in Congress, and that the DEIR fails to describe what the project will look like without this hospital.*

At the time the DEIR was published, the timing and content of federal health care legislation was highly uncertain. However, the legislation has passed and does contain language prospectively prohibiting physician ownership of hospitals in most circumstances; accordingly, the hospital identified as the Physicians Medical Center (PMC) in Sutter's proposed project is not likely to be physician-owned. Sutter has indicated that it is evaluating several options for ownership and financing of the PMC and does not intend to abandon the services proposed to be provided therein. (See Letter from Mike Cohill to Scott Briggs, dated April 9, 2010, included here following this response.)

It should also be noted that, contrary to the commenter's assertion, Alternative 6 in the DEIR evaluated environmental impacts of the proposed project were the PMC not to be built (DEIR, pp. 6-74 through 6-79).



*Sutter Medical Center  
of Santa Rosa*

A Sutter Health Affiliate

3325 Chanate Road  
Santa Rosa, CA 95404  
(707) 576 4000

April 9, 2010

Scott Briggs  
Sonoma County Permitting and Resource Management Department  
2601 Ventura Avenue  
Santa Rosa, CA 95403

Re: Health Care Reform and Sutter EIR

Dear Scott:

This letter responds to your question about the impact of the federal health care legislation on Sutter's proposal.

Our understanding is that the federal health care legislation prospectively prohibits physician ownership of a hospital in most circumstances. The likely impact of this legislation is that the PMC portion of the Sutter project would not be owned by physicians. There are a variety of other possible ownership options. Sutter is evaluating its options in response to the legislation and Sutter has no plans to abandon the proposed services to be provided through the proposed project including the PMC facility.

Sincerely,

Michael J. Cohill  
Senior Vice President Sutter Health

**Response to Comment I.3.9**

*The commenter states that the siting of a medical office building will make it impractical for physicians to serve other hospitals, leaving those hospitals without required coverage. The commenter states that the site is too far from existing Santa Rosa physician offices and doctors will not be able to practice freely at multiple hospitals.*

As shown in the table of travel times included in Master Response C: Alternatives and Site Selection, the project site is not substantially further from existing Santa Rosa locations than the current Chanate campus. For example, the driving time from Southwest Santa Rosa to Chanate and to the new project site is about the same, at approximately 8 minutes. With respect to the impact of the medical office building generally, see Response to Comment O.2.4.

## I.4 Carol Ternullo

I.4

Hello my name is Carol Ternullo. I am speaking today because I am opposed to Sutter's plans for moving the hospital further away from the community and reducing the patient capacity of the building.

45 YEARS - PROPERTY TAX PAYING RESIDENT.

I have on several occasions had to take my son to Sutter Hospital for injuries he had received. I have always been pleased with the care that he has received there. I would like to see that quality of care stays available to the people who need it.

I understand that the current hospital building is in need of repairs, and that it seems to make more economic sense to build a new hospital facility. However the proposed location is not a viable solution because for one, the property costs more than what is available in the Santa Rosa area. And the greater Santa Rosa population would guarantee a high enough patient use both by those who can't afford it and those who can.

As I understand the hospital has already purchased the land near Windsor my suggestion is that they could sell it and buy something local that is more reasonably priced.

Rather than remove the hospital to where it's unavailable to the indigent, I think it makes more sense to have a hospital located where it is convenient to provide preventive health education to the local population. Which in the long run would likely cut down on illness and disease in the area. A healthy population is a more productive population. Which is good for the whole community. It raises the standard of living for all of us, and increases the tax basis which supports the amenities which make this a really good place to live.

As I understand, Sutter Corporation is a non-profit organization. This allows them a very good tax break, <sup>WHICH</sup> ~~has~~ <sup>HELP</sup> should make it economically possible to sustain the operation of their hospital, without cutting services to those in need.

As these current plans would be doing the opposite of that, I would like to see the whole idea reconsidered, possibly expanding the hospital more locally, for the true benefit of Santa Rosa and Central Sonoma County.

I.4.1

*Responses to Comment I.4***Response to Comment I.4.1**

*Commenter suggests that the hospital be located near the local population.*

As noted in Master Response C: Site Selection and Alternatives and Attachments C.1 through C.3 to that Master Response, the proposed hospital location is centrally located compared to the population of both overall patients and indigent patients currently served by Sutter.

The remaining comments and opinions expressed in this letter relate to the merits of the project rather than to the environmental impact analysis in the EIR. The comments on the merits of the project will be included in the record before the Planning Commission and the Board of Supervisors when they consider the project on its merits.

## I.5 Sami Donahue

I.5

**Sami's Sutter Speech – 1/14/10**

Hello my name is Sami Donahue. I am here representing the indigenous people of this county. I'm standing before you to tell you that allowing Sutter to move this hospital out of the vicinity of where the indigent live, and cutting the number of beds in half would be a disaster for our entire community.

I.5.1

There is plenty of vacant property at low prices, far cheaper than what Sutter paid for the land near the Wells Fargo Center. For example all through out the district of Roseland, there is plenty of land and if the new hospital were to be built there, it would be filled with patients at all times.

By moving the Hospital even farther away from the neighborhoods that the poor and under privileged reside in, would be one more attack against those who are already suffering the most from this economic depression.

What if you had no car and no health insurance and you knew you had a heavy duty attack coming on and you knew that your trip to the hospital would take an hour and a half, two busses with a transfer in between, only to be sent home with an outrageous bill? This would discourage anyone seeking medical help. There again this is a reality that working people are facing, this dilemma.

I.5.1

The economy is so stressed at this moment that cutting the amount of beds would now take away even more employment of the hospital staff. This is at a time when unemployment is at record levels and more people than ever are losing their medical coverage causing more people to rely on a hospital to provide indigent care. Sutter being the only hospital mandated to provide that care in this county, and therefore should be move to an area more accessible to low income families and expanding with the increasing need of our community.

As members of the Planning Commission of Sonoma County, you were put into office to “develop and maintain standards that protect the health and safety of the public.” If you take away what the average person needs, just because you’re allowing a corporation to run the offices of this county then my prayers will most definitely be with you all during the rest of this administration.

*Responses to Comment I.5***Response to Comment I.5.1**

*The commenter raises concerns about locating the hospital at the proposed site away from the underprivileged.*

As noted in Master Response C: Site Selection and Alternatives and Attachments C.1 through C.3 to that Master Response, the proposed hospital location is centrally located compared to the population of both overall patients and indigent patients currently served by Sutter.

The remaining comments and opinions expressed in this letter relate to the merits of the project rather than to the environmental impact analysis in the EIR. The comments on the merits of the project will be included in the record before the Planning Commission and the Board of Supervisors when they consider the project on its merits.

## I.6 Steve Gustafson

I.6

Dear Members of the Planning Commission:

I am a neighbor living directly behind the proposed hospital development in the Berry Brook subdivision.

I.6.1

I am here today to urge you to reconsider the location of the new Sutter hospital. The draft EIR demonstrates few, if any, advantages of building the new hospital for the poor and indigent in this isolated neighborhood, far north of its current location. The vast majority of patients will access services by using city and county public transportation, which are simply inadequate at the present time and look to become of less value given the State budget crisis.

I encourage Sutter to reexamine some of the prospective locations in central Santa Rosa that offer greater access and would have less impact on an already overwhelmed neighborhood.

I.6.2

Part of the proposal to construct this new hospital includes enhanced outdoor entertainment for the Wells Fargo Center. As you are most certainly aware there have been extensive investigations into this option, and given the sound and noise restrictions already in place, creates an undo burden on the Larkfield community and the patients of Sutter hospital.

I thank you for your time and consideration.



Steve Gustafson

Santa Rosa, CA 95403

*Responses to Comment I.6***Response to Comment I.6.1**

*The commenter raises concerns about locating the hospital at the proposed site away from the underprivileged, and suggests consideration of alternative locations in central Santa Rosa.*

As noted in Master Response C: Site Selection and Alternatives and Attachments C.1 through C.3 to that Master Response, the proposed hospital location is centrally located compared to the population of both overall patients and indigent patients currently served by Sutter. Also, as explained in the DEIR at pages 6-5 through 6-14, both Sutter and the County considered a number of locations in Santa Rosa, and the alternatives analysis in Section 6 of the EIR evaluates alternate sites in Santa Rosa.

**Response to Comment I.6.2**

*Commenter raises concerns about outdoor entertainment.*

The commenter's concerns about increased outdoor activities at Luther Burbank Memorial Foundation/Wells Fargo Center are addressed in Master Response G: Existing and Proposed Uses at the Wells Fargo Center. As explained in the DEIR and Master Response G, the proposal includes new limitations on outdoor entertainment at the Center, not expanded or enhanced uses.

## I.7 Individual BerryBrook Neighbors

I.7

To Whom It May Concern;

We, the undersigned residents of the Berry Brook neighborhood development, have serious concerns about the plans for the new Sutter Hospital project. These concerns relate not only to proposed location but also to the facility itself.

The Mark West Springs location presents a great many problems. Traffic congestion on Hwy. 101, even with the recent improvements, is very often a problem that could make transport by ambulance very difficult. When traffic is congested on Hwy 101, traffic immediately begins to shift over to Old Redwood Hwy. causing major congestion and back up at the signals on that road.

I.7.1

The DEIR itself cites "worsening of unacceptable levels of service at some intersections in the vicinity of the project due to the addition of project traffic, both in the near term and long term". Most weekday mornings westbound traffic on Mark West Springs Rd. is backed up for miles as cars try to drop off children at two schools on Mark West Springs Rd., turn left on Old Redwood to deliver children to St. Rose, Ursuline or Cardinal Newman, enter the Wells Fargo Center to drop off children at Santa Rosa Christian School or just make it to Hwy. 101 to go to work.

The addition of the estimated 4,600 to 4,950 daily vehicle trips that the Sutter project will generate makes this traffic problem a mind boggling mess. Factor in an estimated 2,800 vehicle trips for a large Wells Fargo event and you have a grand total of 7,750 vehicle trips flooding roads and intersections that are already at UNACCEPTABLE LEVELS. This is a formula for disaster.

I.7.2

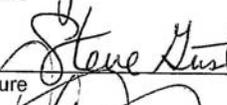
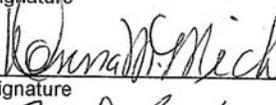
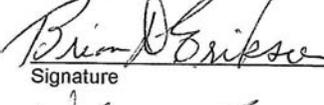
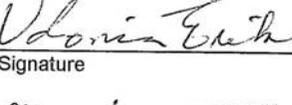
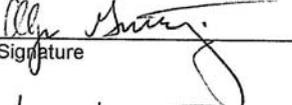
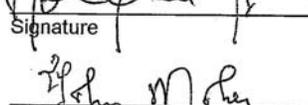
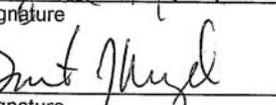
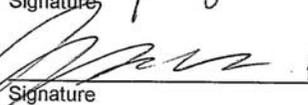
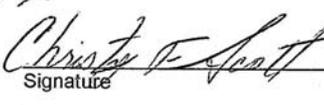
Helicopters landing at the proposed heliport directly adjacent to Hwy 101 will certainly distract drivers and even further complicate the traffic situation.

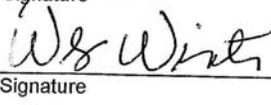
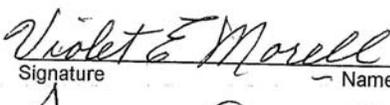
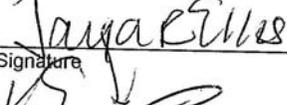
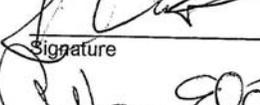
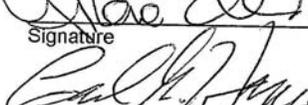
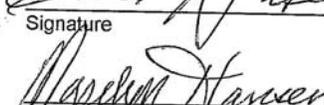
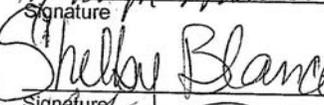
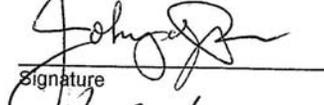
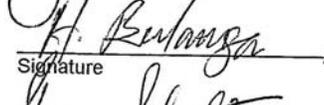
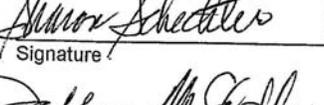
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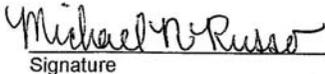
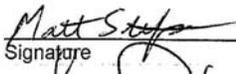
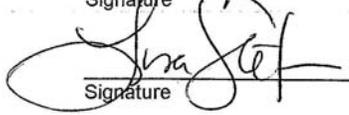
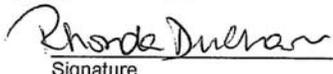
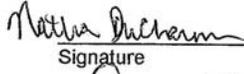
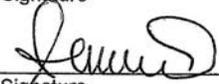
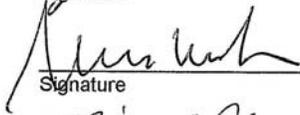
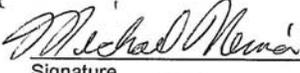
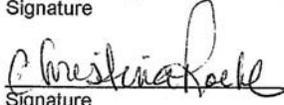
Another potential serious complication is the proposed new use permit for the Wells Fargo Center. Using the numbers provided in this new permit, there is a potential of 72,000 additional vehicle trips per year to Wells Fargo. The times allowed for these outdoor activities may well overlap heavy traffic times for the hospital and the surrounding community. The roads simply do not have the capacity to handle these levels of traffic.

I.7.4

We understand that the majority of the population that utilizes the Sutter Community Hospital live miles to the south of this location in the more urban parts of the city. Many of the people who will be traveling to this hospital and medical offices will require public transportation and this presents another problem with this location. They will need to travel by city bus and then transfer to a county bus. These two bus routes and schedules are not well coordinated

	Royce Pico	[Redacted]
Signature	Name	Address
	Steve Gustafson	[Redacted]
Signature	Name	Address
	R. Downey	[Redacted]
Signature	Name	Address
	A. BALESTRIERI	[Redacted]
Signature	Name	Address
	DONNA MICHELI	[Redacted]
Signature	Name	Address
	BRIAN ERIKSON	[Redacted]
Signature	Name	Address
	VIDONIA ERIKSON	[Redacted]
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	Olga Gutteridge	[Redacted]
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	Steve Gutteridge	[Redacted]
Signature	Name	Address
	Monique Moher	[Redacted]
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	John Moher	[Redacted]
Signature	Name	Address
	DMITRI MENZEL	[Redacted]
Signature	Name	Address
	REBECCA ROWE	[Redacted]
Signature	Name	Address
	Christy Scott	[Redacted] Santa Rosa, CA 95403
Signature	Name	Address

	Jeff Scott	[Redacted Address]
Signature	Name	Address
	Wes Winter	[Redacted Address]
Signature	Name	Address
	VIOLET E. MORELL	SANTA ROSA CA
Signature	Name	Address
	Taya Ellis	[Redacted Address]
Signature	Name	Address
	Keith Ellis	[Redacted Address]
Signature	Name	Address
	Arlene Ellis	[Redacted Address]
Signature	Name	Address
	Carl Hansen	[Redacted Address]
Signature	Name	Address
	Marlynn Hansen	[Redacted Address]
Signature	Name	Address
	SHELBY BLANCO	[Redacted Address]
Signature	Name	Address
	GINO BLANCO	[Redacted Address]
Signature	Name	Address
	John Paul Piro	[Redacted Address]
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	HUMBERTO BERLANGA	[Redacted Address]
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	Sharon Schechter	[Redacted Address]
Signature	Name	Address
	Jeffrey M. Schachter	[Redacted Address]
Signature	Name	Address

	William E. Fredrickson	[Redacted]
Signature	Name	Address
	Michael N. Russo	[Redacted]
Signature	Name	Address Santa Rosa CA 95403
	MATT STEFAN	[Redacted]
Signature	Name	Address Santa Rosa 95403
	Lisa Stefan	[Redacted] SR, CA 95403
Signature	Name	Address
	Rhonda Ducharme	[Redacted]
Signature	Name	Address
	Nathan Ducharme	[Redacted]
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	Semra Erden	[Redacted]
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	Mark Muller	[Redacted]
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	Michael Neiman	[Redacted]
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	Richard Roehl	[Redacted]
Signature	Name	Address
	CHRISTINA ROEHL	[Redacted]
Signature	Name	Address

*Responses to Comment I.7***Response to Comment I.7.1**

*Commenter raises concerns about traffic congestion on Old Redwood Highway and Mark West Springs Rd.*

The proposed project includes improvements to mitigate many of the impacts mentioned in the comment letter, including an additional lane in each direction on Mark West Springs Road, a right-turn lane into the project site, additional turning lanes from the project main driveway into Mark West Springs Road, and improvements to the intersection of Mark West Springs Road and Old Redwood Highway. Traffic demands will continue to be high during certain times of the day, such that the County's goal for traffic level of service will be exceeded. This information has been discussed and mitigation measures have been identified in the traffic analysis in the DEIR at pages 3.15 – 58 through 3.15 -110. Regarding project site access by emergency vehicles see response to Comments I.3.3. See also Master Response H: Traffic, Circulation, and Emergency Access.

To the extent the comments address the merits of the project, the comment will be included in the record before the Planning Commission and the Board of Supervisors when they consider the merits of the proposed project.

**Response to Comment I.7.2**

*Commenter raises concerns about helicopters distracting traffic on Highway 101.*

Commenter's concerns related to distraction by helicopter traffic are addressed at page 3.8-13 of the DEIR, in Appendix G-5 and G-6 to the DEIR and in Master Response A. As stated on page 3.8-13 of the DEIR, based on data reviews and interviews with Caltrans and the California Highway Patrol, medical helicopter landings do not create a traffic hazard. As stated in the DEIR appendices and in Master Response A, a number of medical helicopter landing pads are located near freeways in California, and there are no records of traffic accidents related to helicopter operations at any of these medical facilities.

**Response to Comment I.7.3**

*Commenter raises concerns about increased WFC trips and the overlap with hospital and heavy local traffic.*

As noted in Section 2.3.2 of the DEIR at pages 2-10 – 2-11, the proposed project does not include expansion of uses or events at the Wells Fargo Center/Luther Burbank Memorial Foundation. These existing uses are considered part of the baseline conditions that currently exist, as is the traffic associated with these uses. The traffic impacts associated with building the proposed hospital project adjacent to the WFC site are fully evaluated in DEIR Section 3.15, pp 3.15 -43 through 3.15-110. See also response to Comment I.7.1 and Master Response G.

**Response to Comment I.7.4**

*Commenter states that the hospital population lives south of the site, that public transportation is poor and bus routes and schedules are not well coordinated.*

Base upon a review of the mapping of Sutter's patients (Attachments C-1 through C-3 of Master Response C), the proposed hospital is centrally located compared to the location of the patients and employees. See generally Master Response C: Site Selection and Alternatives. As noted in the DEIR at page 3.15-94, transit access to the proposed site is better than to the existing Chanate site. See also Master Response D: Alternative Transportation and Public Transit.

1.8 Paula Cook

1.8

Steve Dee

From: Ken Ellison
Sent: Wednesday, January 20, 2010 8:53 AM
To: Steve Dee
Subject: FW: Additional Sutter Comment from PC member

See below.

-----Original Message-----

From: Paula Cook [mailto:pcook@ch-sc.org]
Sent: Thursday, January 14, 2010 5:02 PM
To: Ken Ellison
Subject: PRMD Webmail: Sutter

A visitor to your website sent you the following message:

Visitor Name: Paula Cook
Email Address: pcook@ch-sc.org
Feedback Subject: Sutter
Feedback Description: Hi Ken,

I'd like to understand how the site selection process considered these factors:
SMART growth principles
GHG reduction
So Co Climate Protection Authority's requirements That resulted in the narrowing
of the 16-odd sites and MWSR location as the finalist.

Thanks,
Paula

Paula Cook, Executive Director
South E Street, No. 206
4566 fax 707 546 4554
We help make dreams come true
Community Housing Sonoma County 144
Santa Rosa, California 95404 voice 707 546
www.ch-sc.org

*Responses to Comment I.8***Response to Comment I.8-1**

*The commenter asks how SMART growth principles were considered in the Project's site selection process.*

The commenter refers to the "site selection process." This response will cover both Sutter's site selection process, and the County's process in selecting the alternatives to be evaluated in the DEIR.

The factors considered by Sutter in its site selection process are detailed in Sections 6.1 (Project Objectives) and Section 6.2.2 (Sutter's Initial Screening) of the DEIR. With respect to "smart growth principles," the commenter is directed to Project Objective 6, which provides that:

"To the extent consistent with the fundamental objective of providing integrated delivery of high quality health care services, to construct a Medical Campus that meets the Sutter Health Facility Planning and Development Building Design Policy for Sustainability with respect to site selection, water efficiency and conservation, energy efficiency, material and resource efficiency and environmental air quality. The proposed Medical Campus will strive to meet these policies by employing "green" and sustainable design and construction practices to achieve goals including maximizing green space, employing energy efficient hospital design, stressing water conservation and implementing a construction waste management and recycling plan for all construction components. Sutter will seek to partner with public and private service providers such as PG&E to achieve these sustainability goals."

Also, as noted in the DEIR at page 6-5, Sutter also reviewed data concerning patient discharges to assist it in determining whether sites were well located to serve Sutter's patients. Although this evaluation was not explicitly described in terms of "smart growth", having a new hospital centrally located with respect to the patient population helps to reduce vehicle miles and thus serves "smart growth principles" in general.

As noted in the DEIR at page 6-5, the County directed Sutter to prepare a screening analysis of potential project alternatives for evaluation in the EIR. In evaluating the screening analysis prepared by Sutter, the County identified additional potential alternatives to be evaluated, and also set forth additional criteria, including the evaluation of an alternative site at a more urbanized location, easily accessible by public transportation, such as southwest Santa Rosa.

**Response to Comment I.8-2**

*The commenter asks how GHG reduction was considered in the Project's site selection process.*

Please see response to Comment I.8.1 and Master Response E: Greenhouse Gas Emissions. Greenhouse gas emissions were not explicitly considered in the site selection process, based on a recognition that any new hospital would result in some greenhouse gas emissions both from onsite operations and from vehicle travel. However, factors that reduce greenhouse gas emissions, such as being centrally located to the patient population, and consideration of alternatives sites easily accessible by transit, were specifically considered.

**Response to Comment I.8-3**

*The commenter asks how Sonoma County Climate Protection Authority's requirements were considered in the Project's site selection process.*

The Sonoma County Climate Protection Authority, more formally known as the Regional Climate Protection Authority (RCPA), was created by Assembly Bill 881 in 2009 and did not officially commence operations until January 1, 2010, after the DEIR was circulated. Both Sutter's site selection process and the County's evaluation of which potential alternatives should be evaluated in the EIR were completed before the Authority was constituted.

The Climate Authority is made up of the same Board of Directors as the Sonoma County Transit Authority, which was provided a copy of the DEIR. Neither the Transit Authority nor the Climate Authority provided any comments on the DEIR. As noted on page 3.4-19 of the DEIR, the function of the Climate Authority is to perform coordination and implementation activities to assist local agencies in meeting their greenhouse gas reduction goals. Thus, the Climate Authority does not impose additional requirements, but instead seeks to assist the County in implementing its greenhouse gas reduction goals. Project consistency with State and County greenhouse gas emission reduction goals are evaluated on page 3.4-50 of the DEIR and discussed in Master Response E: Greenhouse Gas Emissions.

**4.4 PUBLIC HEARING COMMENTS**

**4.4.1 Sonoma County Planning Commission Hearing – Thursday, December 10, 2010**

**PH.1**

SONOMA COUNTY PLANNING COMMISSION HEARING  
Item No. 2 - Sutter Medical Center  
---o0o---

Thursday, December 10, 2009

Reported by: Kelly K. Lopez CSR #7785

COMMISSIONERS PRESENT

Bob Williams, Chair  
Don Bennett  
Paula Cook  
Dennis Murphy  
Tom Lynch  
Dean Parsons  
David Hurst, County Counsel

At the Board of Supervisors Chambers, 575 Administration Drive, Room 102A, Santa Rosa, California, on Thursday, the 10th day of December, 2009, commencing at the hour of 1:40 p.m., thereof, before Kelly K. Lopez, CSR, State of California, the following proceedings were reported

---

CHAIR WILLIAMS: We're now on item No. 2, file number PLP05-0002, Sutter Medical Center. This is a discussion of the Environmental Impact Report. Do we have a staff presentation?

MR. ELLISON: Mr. Chairman, Ken Ellison for PRMD. I'd like to give a little outline of today's hearing, because this project has been through a little bit of an unusual process. Today I will give a brief staff presentation, and then the applicant will give an overview of the relevant health care access, state legislation, and project details. And then the EIR consultant, David Fee, sitting to my right here, will give a summary of the findings of the draft EIR. And then following that, the public hearing should be opened. And at the end of the meeting the hearing should be continued open to January 14th, 2010 at 1:05 p.m. in these chambers.

The draft EIR process on the Sutter Hospital project and, actually, the Luther Burbank Center, has been fairly lengthy. It started back in 2005. Pardon me. And the draft EIR that you have before you was prepared in compliance with CEQA, and it was posted for a circulation period of 51 days starting on November 21st and running through January 14th. That's a little longer than the mandated 45-day review period, but because it's being circulated over the holiday period we felt some extra time would be appreciated by the public at large in looking at the document. And also, the size of it and the technical appendices is fairly significant. The documents have been available online at the Santa Rosa and Windsor libraries and the Sutter Hospital library and PRMD. And I would note that the draft EIR focuses on the physical impacts of the actual hospital project in compliance with CEQA. It does not focus on Health Care Access Agreement issues, although, those factors do drive the purpose and need for the project, so I'm sure you will hear about them during today's hearing and other hearings on this project.

There is going to be two hearings. Today's, as I indicated, it's -- the purpose of today, really, is to introduce the project and the EIR, and then get public hearing open to start receiving comments, and then on January 14th to continue to receive public comments at the very end of the circulation period. We're not discussing the merits of the project at either of these hearings. That will

occur probably in June at the time the final EIR is available. We're just taking comments on the EIR itself, with these first two hearings.

For a project overview, the site is located at the southeast corner of Mark West Springs Road and Highway 101 up in the southern Larkfield area. There's actually five parcels involved in the complete application, and they total about 52 acres, the primary four parcels. These two parcels, the northern ones, are owned by Sutter. The southern ones are owned by the Luther Burbank Memorial Foundation. And there is one additional parcel involved in this application, and that is the small rural residential parcel right here.

The zoning on the primary 52 acres is public facilities. It has a scenic resource overlay district along Mark West Springs Road and the Highway 101 scenic corridor. There's scenic design overlay in the rear portion of the property. And there's a Valley Oak Habitat overlay on the entire site. The small rural residential property here is rural residential B6 one-acre density with Valley Oak Habitat overlaid on it also.

The actual use of the properties right now is the Wells Fargo Center, which is in the southern portion of the property owned by the Luther Burbank Memorial Foundation. There's also some other small facilities in the north. There's a ball field up in the northern area with a playground. There's one single-family dwelling on -- and some accessory buildings on the rural residential parcel.

The general plan follows or is consistent with the zoning on the properties. It's public/quasi-public land use over the 52 acres of the majority of the site, and it's rural residential one-acre density on the other small parcel right here.

The request before you has quite a few parts to it, so I'm going to kind of step through them one at a time, without going into great detail on the project. I'll let the applicant do that. Or at least as little detail as I can and still make it understandable.

The first request is for a general plan amendment to include the entire site within the Larkfield/Wikiup urban service boundary. And when I say entire site, I mean the 52-acre project site and the rural residential parcel here. And the reason the rural residential parcel has been added to the application is that presently the urban service district already goes down and includes this subdivision down here. And if the 52 acres here is brought into the urban service area, that would leave a single parcel that is outside the urban service area, essentially an island. And that's against LAFCO policies. So that owner has agreed to allow their property to be part of this application for the purpose of being included in the urban service area of Larkfield and potentially to eventually annex into the sewer district there, although they do not have any plans at this time to actually connect that single house to the sewer district or to the sewer line.

The next portion of this project is a lot line adjustment. It's relatively minor. It's basically a small adjustment of land between the Luther Burbank Memorial Foundation and the Sutter Medical Center properties. The yellow areas are being adjusted to the Sutter site and the green areas are being adjusted to the Luther Burbank -- Luther Burbank Memorial Foundation. I have to come up with an abbreviation there. The reason for this is to allow a cleaner lot line with regard to where the shared parking parcel will be, and it also allows a well site to be located on the Sutter property.

The next component of the project is a five-lot major subdivision of the two existing Sutter lots. And the five lots, plus a parcel A. Parcel A is the small area down at the very southern corner. And parcel A is for a well facility, a public well facility. Each of these other lots, except for lot five, would have a different primary building on it. The final lot, lot five, is a shared parking parcel that would be used by both the hospital and the Wells Fargo Center operations.

Okay. The next part of the request is for three separate use permits. The first use permit is for a public water well. And as I indicated, there's a small, right down here, very small area of parcel A being created. That would be a new public water well. There would actually be two wells there eventually. They would serve the hospital, five lots of the Sutter Medical Center, and that is all. It would be a new public water entity. It would only serve those lots and those uses on those lots. It would not serve the remainder of Larkfield or other parcels outside of that.

The second use permit is for the Luther Burbank Memorial Foundation. Presently, the Wells Fargo Center, which is operating there, is operating under an old use permit, and it allows a number of outdoor uses on the east lawn area of the existing building facilities. And it also has no direct provision for allowance of outdoor uses on the south field areas, which are actually a little off this map, right in this area down here. So this new use permit for that facility would be to clarify exactly what is allowed outdoors at the Wells Fargo Center.

The second -- or the third use permit that's being requested is for the actual Sutter Hospital facility itself. And the Sutter Hospital facility is proposed to be constructed in three phases. The first phase is annexation. It has a number of steps, each of these phases has a number of steps, actually. Phase one has four steps. The first part is annexation into the Airport/Larkfield/Wikiup sanitation zone and various site infrastructure preparation and improvements, sewer, water lines, surcharging of the building pads, beginning of road work, things like that. They would also relocate -- there's an existing Wells Fargo maintenance barn that's up in this area. That would be relocated to this corner over here. And they would relocate the existing athletic fields being used by the Wells Fargo Center from this area down to the south field area. And a small playground that's up there would also be relocated to this corner right here.

Phase two of the project would include a number of steps, about seven primary steps. The first being construction of a 70-bed hospital. And that is this green area here. That's about 126,000 square feet, and it's two to three stories high in total height. The second part of the Sutter Hospital phase two would be the construction of central utilities plant. That's about 11,000 square feet, plus there's a few miscellaneous buildings and a small tank farm associated with it.

A third main element would be construction of the proposed helipod -- helistop, helipad. It is ground level. It is located to the west and south of the buildings in this location. And it would have takeoff and landing pattern that would primarily follow the freeway to the north and to the south here, which is basically in line with the prevailing winds for the area.

Also, part of this phase will be construction of a 28-bed physicians medical center. That is this building here. Again, two to three stories in height. That building would be operated separately from the Sutter Medical Center, but they are linked quite closely. I think the applicant can discuss that more.

Another major part of this phase is construction of an 80,000 square foot medical office building in this location here, and then construction of parking facilities all the way around, of course, including shared parking between the Wells Fargo Center operations and the Sutter Medical Center operations. And there would be construction of various sound walls and berms. There would be a sound wall going in along the property line in approximately this location here. And then there would be a sound berm or possibly a wall, that -- the exact detail of that is yet to be determined -- would be going into this location here. And this location is between the east lawn area of the existing Wells Fargo Center and the Berry Brook subdivision located over to the east here.

Phase three of the project is listed in the application as it may be built, if needed. And that is an additional 29 beds and approximately 36,000 square feet that would be added to the Sutter Hospital in this location here at the northwest corner of the hospital.

In putting all of these requests together, there are a couple of code provisions that the applicant has taken advantage of. One of those is setback reductions in the public facilities zoning district. Setback reductions are allowed from property lines if you are adjacent to agricultural land. And although it doesn't quite show it on this slide, if I go back to the general plan land use, you can see that this land here is agricultural and, in fact, is owned by the applicant and is adjacent so that they may utilize this specific code section to reduce setbacks between the hospital buildings. And that is necessary because the physicians medical center and the hospital building and the central utilities plant are all tightly integrated with one another, so the property lines pass much closer to the buildings than our standard setbacks would allow.

Another code provision being taken advantage of is height increase above 35 feet in the public facilities district. That requires a use permit. Most of these buildings are actually two stories, but there are elements of them that do stick up above that; elevator shafts, wells and other equipment, so they will be exceeding the 35-foot height limit.

Finally, I'd like to just step through a couple of slides here that will show kind of what this will look like when it's constructed. Now, this is the existing site. Here's Mark West Springs Road on the north side. Here's Highway 101. And we'll be looking at, basically, a photo mock-up from what would be the future primary entrance, and it is in fact the existing entrance to the Wells Fargo Center, and also will be the primary entrance to the hospital. Looking in this direction, we are looking at a second one taken from what would be Mark West Springs Road as you are coming down over the Highway 101 overpass and looking directly at the hospital building. The third one from Highway 101 southbound, from Highway 101, northbound and also one over from where the Berry Brook subdivision is looking toward the project.

So here's the first one looking from, basically, the entrance. We're on Mark West Springs Road. This is the existing condition looking south. Here is after initial construction and planting of the -- this is the primary hospital building. Here's the physicians medical center. And this would be the 80,000 square foot medical office building. And this is what it would look like for Mark West Springs Road about 15 years down the road when the trees and landscaping have grown up.

This is from the Highway 101 just -- pardon me. The Mark West Springs Road eastbound, just after you've come down over the overpass. You'd be looking directly at the site to the east, here. This is actually the maintenance barn

of the existing Wells Fargo operation. This would be the new hospital facility as it would initially appear after construction, and after the 15 years when the landscaping has had a chance to grow up.

This is from U.S. Highway 101 southbound. The highway's changed a little bit recently, but basically we're looking south and east towards the existing Wells Fargo area. Here's the Wells Fargo buildings themselves. This would be the Sutter Hospital area. Here's the new hospital constructed. And here's the new hospital after 15 years or so, allowing the landscaping to grow up somewhat.

And here's from probably the closest approach, Highway 101 northbound, existing site. We're just past the Wells Fargo Center, northbound on Highway 101, so this is what it looked like after initial construction. And, again, after 15 years once the landscaping has had a chance to grow up a little bit.

And this is from the Berry Brook subdivision, the backyards of those homes looking to the west. Presently, the main Wells Fargo building operations are just off to the left of this picture, and so there's not much going on in this corner right now, but you're looking towards where the hospital's going to be constructed. And this is the maintenance building that would be relocated to this area. This is the sound berm that would be constructed between the east lawn area of the Wells Fargo Center and the Berry Brook subdivision. And you can just see the roof, peak of the roof of the hospital building up here. And this is, again, after 15 years when the project has had a chance to have landscaping grow up.

With that, I'd like to turn it over to the applicant to go through their presentation. Although, I do have to log out here and log back on the computer, so that will take just a moment.

Mike Cohill is now going to speak.

MR. COHILL: Good afternoon. I'm Mike Cohill, senior vice president with Sutter Health.

Chairman Williams and Planning Commissioners, I appreciate the opportunity to speak with you today. I understand that the purpose of today's hearing is not to discuss or evaluate the proposed development proposal, but for the commission to receive public comment on the Draft Environmental Impact Report. Accordingly, I'd like to provide you with a brief overview and background of the Health Care and Access Agreement, which I referred to as the HCAA, with the county, and Sutter's 2008 business plan, which simply moves our services today to a new campus on the Wells Fargo site.

While neither the Health Care Access Agreement nor the business plan is part of the planning commission EIR or subsequent project review, these documents provide an important frame of reference for the commission's review of the draft EIR. In addition, the deadlines associated with fulfilling requirements in the HCAA and state seismic safety laws impact the schedule for project approval and the EIR, so I want to provide you with an overview of these issues.

After my comments, planning consultant Bruce Aspinall will provide a brief overview of the proposed development proposal.

In 1996, Sutter entered into the Health Care Access Agreement, which is a contract to provide access to specific medical services at the Chanate campus, formerly, Community Hospital. One of the driving forces behind -- you always

turn those lights off and make me put my readers on. I'm all right. I've got a light. Thank you.

One of the driving forces behind the county's 1996 decision to contract with Sutter to operate Community Hospital was the California Seismic Safety Act, SB 1953, which required all acute care hospitals in California to be brought into compliance with the current seismic or earthquake resistant design standards by 2008. This meant the county was facing the task of retrofitting the Chanate buildings or building a new hospital at a cost of hundreds of millions of dollars to county taxpayers.

The Health Care Access Agreement contained language which shifted this responsibility from the county to Sutter for complying with updated state seismic safety standards. Sutter evaluated retrofitting the Chanate buildings or providing a new facility at an alternative site for services required under the HCAA. Sutter evaluated the retrofit option and found it to be infeasible.

In 2001 Sutter believed the best option was to build a new facility and began an extensive site search for this new facility. The proposed Wells Fargo site was selected in 2004. In September 2004, Sutter Medical Center of Santa Rosa developed a 2004 business plan for a larger replacement hospital at the Wells Fargo site. The 2004 business plan was founded upon the stated requirements that the proposed new hospital would reduce the overall cost of health care in Sonoma County, achieve operating income targets within two years after the opening of the hospital, achieve nominal earnings targets within two years after the opening of the hospital, and cost \$203 million to build. This business plan was submitted to and approved by Sutter Health. In November 2004 the county's Board of supervisors also approved this plan. Sutter purchased the Wells Fargo property in early 2006 for the site of the new hospital.

Providing health care in Sonoma County has grown increasingly complex and financially challenging. Sutter Medical Center of Santa Rosa experienced significant financial losses, reduced patient census, and faced escalating construction costs on the approved replacement hospital. By the end of 2006, Sutter Medical Center of Santa Rosa realized the future indicated unsustainable hospital losses due to patient payer mix, population trends, staffing shortages, duplication of services, and excess bed capacity in Sonoma County.

Sutter approached Santa Rosa Memorial, and in early 2007 began negotiations for the transfer of Sutter's inpatient hospital business to Memorial Hospital, subject to the requirements, of course, of the Health Care Access Agreement and county approval. Unfortunately, negotiations with Memorial ended in March of 2008. And in November 2008, Sutter submitted a new business plan to fulfill the requirements of the Health Care Access Agreement in a new hospital owned by Sutter on the Wells Fargo site.

The 2008 business plan is intended to replace the outdated and infeasible 2004 business plan. On July 20th, the Board of Supervisors unanimously adopted a resolution affirming that the 2008 business plan could comply and meet the requirements of the Health Care Access Agreement. In order to meet state seismic safety act deadlines Sutter must begin construction of the new hospital by September 2010. Now, let me briefly explain why the deadline is so important.

In 1994 California legislature passed Senate Bill 1953 which requires all hospitals in the state to meet the new seismic safety standards by December 31, 2007. Over the last few years extensions to complying with the 2007 deadline have been granted by state legislators to all hospitals. Accordingly, Sutter

received an extension to December 31st, 2012. However, the hospital cannot be completed by that date. Senate Bill 1661 is the most recent legislation to extend the deadline due to the fact that over 50 percent of California hospitals will not meet the state deadlines. Sutter is eligible for an extension to December 31st, 2014, under this SB 1661, but only if construction begins prior to December 31st of 2010. In reality, and this point is critical, Sutter must begin construction in early 2010, at the latest, due to the potential for -- September 2010 because of the potential for an early rainy season. The reason why the start of construction must be early September is that to qualify for the extension for seismic compliance Sutter secure the first construction permits from the state that meet the state's requirements for qualifying construction activities.

The first state permit Sutter needs to use is the soil surcharge permit. Soil surcharge must be completed during the dry season or we'll be trying unsuccessfully to compress mud. Thus, early September is the latest possible start date to allow us to complete the soil surcharge during the dry season. What this means, from a practical perspective, is that the new hospital is anticipated to open in 2013. And if Sutter does not begin construction by September 2010 the new hospital would not receive the 2015 extension and would not be completed within the state's deadline.

The EIR process has set time lines for comment periods and review. We ask that the planning commission keep the process moving in a timely manner to ensure that the EIR process is completed by the planning commission as quickly as possible so the Board of Supervisors has sufficient time to hold their hearings ahead of construction deadlines. As you can imagine, building a hospital requires an extensive process with long, advanced planning. One of the unusual processes with building hospitals is that the building permit is not issued from the county, but from the State of California, from the Office of State Health Planning and Development, known by most as OSHPD. Due to the state mandated deadlines this has been a very unusual, if not extraordinary, process wherein phases of design and application processes have needed to be, in part, concurrent rather than sequential. Both Sutter and county staff have worked extremely hard to get to this point. We appreciate all of the staff efforts and their diligent attention to the deadlines ahead.

In order to obtain the building permit from OSHPD by September 2010, plans were required to be submitted by December 2008. Sutter filed plans by that deadline and the plans are currently being reviewed and processed by the Office of Hospital Planning and Development. However, no permits from OSHPD for the county can be issued until the final EIR is certified by the Board of Supervisors.

In addition to the state requirements, Sutter must comply with the terms of the Health Care Access Agreement contract. Sutter's business plan to fulfill the Health Care Access Agreement must be approved by the Board of Supervisors. To date, the Board of Supervisors has held three public workshops on the business plan and the Department of Health Services has held nine public and stakeholder meetings to discuss the plans. Sutter has also held more than 25 community meetings and appeared at local events to discuss the new medical center plans. The Department of Health Services will continue to review data and to receive public comments. The Department of Health Services will make their final recommendations to the Board of Supervisors on the business plan anticipated sometime in the summer of 2010.

As you can see from the PowerPoint slide, the deadlines in 2010 must be met in order to have a September 2010 start of construction. We have much to do and a

short time line to do it in. Thus, I want to stress the importance of the critical deadlines involved and the need not to delay the process beyond the legal requirements of the CEQA process.

Now I'd like to ask Bruce to provide you with a brief overview of the proposed project that was developed in order to implement our 2008 business plan and to satisfy the terms of our Health Care Access Agreement with the County of Sonoma.

Thank you.

MR. ASPINALL: Thank you, Mike. For the record, Bruce Aspinall, planning consultant for Sutter Medical Center of Santa Rosa.

As noted by both your staff and by Mr. Cohill, the purpose of today's hearing is to receive comments on the draft environmental impact, not to discuss the merits of the proposed development. What that means is, my role is to provide the commission with, hopefully, a very brief overview of the proposed development plan which, along with Mr. Cohill's comments, will help you develop a frame of reference for consideration of the EIR and for consideration of the comments on the EIR that you will receive.

As noted by staff, the site, as shown on the view foil, the overhead, is 53 acres in size, which includes existing Wells Fargo facilities. It's a somewhat unusual shape with some unusual ownership, the configuration. The site is essentially triangular in overall shape. There are two owners of the property. There's the Luther Burbank Memorial Foundation doing business as the Wells Fargo Center. And the other owner is Sutter Medical Center of Santa Rosa. The Wells Fargo Center owns essentially the southerly half, about 28 acres of the site. Sutter Medical Center owns the northerly approximate half, about 25 acres.

What the proposal before the commission and what is being evaluated by the environmental impact report involves the master plan of the entire 53 acres site, both for the Wells Fargo Center and for the proposed Sutter Medical Center. Obviously, there will be a new medical center for Sutter, and it would be a use permit update for the Wells Fargo Center, as explained by Ken Ellison.

There were a number of design determinants which largely dictated the design and layout of the proposed development plan. I'll quickly go through that and then we'll get to the development plan.

First group is what I call operational or land utilization determinants, the things that caused this design to be laid out the way it is. The two owners will be the two primary users. This is not a site that the commissioners see frequently, where there's one single user and then some secondary or ancillary users. What we have are two primary users, each of which require, more or less equally, community identity, area-wide accessibility, and clear and direct access and approach and visibility to the two users.

Because the Wells Fargo Center is fully operational now, they need to remain in full operation during any construction activities, including the access, parking, school, daytime activities, evening, weekend performances and concerts have to go on while construction occurs, so Sutter needs to work around that as they move toward providing health care delivery on an integrated site with inpatient, outpatient, and physician office medical services. They also need to provide for medical helicopter flights and to provide quick and expeditious access for emergency vehicles, particularly ambulances.

The second group would be the physical site and design determinants. One is that the primary access site is from Mark West Springs Road. That -- an access into the site from Mark West Springs has been dictated by the county public works department, and it goes back many years. I digress for a second. 15 or 16 years ago I was working directly for the then Luther Burbank Center when they were considering a different master plan. And we had a meeting with county public works staff. And the first thing they did was unroll a drawing on the table. And they had already thought through this and said, you know, the access to the site, regardless of what the plan, excuse me, regardless of what the plan is going to be, needs to be halfway between this signalized intersection on Mark West Springs and Old Redwood Highway, and this signalized intersection of the 101 off ramp to Mark West Springs Road. So that was kind of a dictate that's been there for many, many years.

Some of the other considerations are, to the east of the site is largely residential, which is more of a noise sensitive area, group of land uses; have a freeway, a highway, which is an extremely noisy environment to the west side of the site. There's secondary access to East Fulton Road at this point. That needs to be retained. And in addition to the areas of the site that would be devoted exclusively to the Sutter activities here, and the Wells Fargo activities here, there needs to be areas for shared parking, which is equally accessible to each and both of the uses, so they'd have to be more or less in between those two major uses.

The technical, administrative, and legal determinants have been addressed by Mike Cohill. And I'll summarize by saying on this part of it one of the most -- this is one of the most complex planning, slash, processing challenges that I've encountered. This has been a very complicated and very interesting application to work through.

Moving to the site plan, again, as dictated by county public works, the access into the site occurs at this point midway between this intersection and this intersection. It's fairly close to the existing driveway entrance into the Wells Fargo Center, but it would be greatly enhanced over what exists today. It would be fully signalized, and it would be widened so that there would be two lanes into the site in this area, two lanes in and three lanes out. Again, this intersection would be signalized, which would not only facilitate access into the medical, proposed medical center complex, but it would also greatly improve access into and out of the Wells Fargo Center for the concerts and events that occur on evenings and weekends.

From this main entry there's a proposed kind of a main spine road, which would lead through the site and provide very strong approach and access and entry to the Wells Fargo Center. And off of this road would also be a series of secondary roads which would feed directly into, for example, the main hospital entrance, into the medical office building complex, into the service area. And in terms of the roadways, there would be an additional off ramp lane from U.S. 101 to Mark West Springs Road. And in addition, there would be a paved shoulder, which would facilitate access to a dedicated ambulance entry, which would occur right here. So the ambulance could pull off here, go immediately into the site, go into the emergency department area in this portion of the hospital without interfering or conflicting with any of either hospital, medical office building, or Wells Fargo activities.

In addition, there would be some widening of Mark West Springs Road with additional moving lanes as well as the installation of brand new left-turn lanes into the site. In addition, shown in the two little blue dots here would be new bus stops on both sides of Mark West Springs Road.

Insofar as the land uses are concerned, the Wells Fargo Center would essentially remain intact, where they are now. The medical center located here more or less balances the juxtaposition or arrangement of the buildings and creates a substantial difference between this building mass and this building mass. The major components, staff's more or less touched this, of the medical center is a 70-bed hospital, which is compliant with the HCAA; a physicians medical center, which is also an acute care facility; and a medical office building of about 80,000 square feet.

In addition, and you can see from this area, this area that's dashed, and this area over here, is any potential or capability to expand the hospital for future demand if that becomes warranted. For the most part, the buildings would be two stories, almost two stories. This is two story with some three story, and this is a three-story building. The hospital is already LEED registered and will be LEED certified on completion.

The hospital and physicians medical center are separate buildings, but they're interrelated, as you can see from the drawing. And that kind of gets to the point where Ken Ellison pointed out why the variance, the setback reduction are necessary, because even though they're separate buildings, they're on separate parcels, but they're connected. And they're connected over a property line, so it's a technical problem. And all of the setback reductions that are being requested are completely internal to the site and completely internal to the medical center. It doesn't affect anybody outside. It has to do primarily with this kind of condition right there.

The last feature I'm here to mention is a proposed helistop, which would be next to the Highway 101 which, as I mentioned, is the noisy side of the site.

Insofar as parking is concerned, Wells Fargo parking would be retained pretty much as is of about 903 parking spaces now. Sutter will build the additional parking which is shown in this area. Sutter's exclusive parking would be more in this area. Again, Wells Fargo's parking is here. And this area of parking would be for joint use. And because there's a clear separation of time and use with Sutter being primarily a weekday, daytime operation, Wells Fargo Center is being primarily an evening, weekend activity, this additional parking that's provided in the central part of the site would be available to Sutter during the day and Wells Fargo in the evening and the weekend. That will enhance and facilitate the operation of both Sutter and Wells Fargo for their performances and concerts.

To kind of summarize, Mr. Cohill said the HCAA calls for some new facilities to be provided to replace the existing Chanate campus. Sutter considered retrofitting the Chanate campus, determined that that was not feasible. Sutter undertook extensive site search and alternative analysis and evaluated many different potential sites for new campuses in light of the operational criteria that he mentioned and I mentioned also. Sutter concluded that this site out of all the ones that they viewed was the best option. The alternative analysis is discussed extensively in the EIR that's before you, and I would refer you to that. As Mr. Cohill pointed out, the site was selected and it was purchased.

As to seismic safety, Mr. Cohill has gone through the deadlines for complying with the site and safety act. It's a tight time line. Sutter needs to be under construction by September of next year. The proposed development plan that you see here implements both the HCAA and the state seismic safety requirements.

Again, the master plan is for both the Wells Fargo Center and Sutter, with the proposed medical center integrated with the existing Wells Fargo facilities and with the Wells Fargo Center use permit updated. The proposed plans provides for improved access to the entire site via signalized driveway. It improves and strengthens the access to the Wells Fargo Center, provides for ease of access for medical center patients and visitors, and includes a dedicated ambulance entrance. The overall site plan also includes shared parking which works to help facilitate the use of both the Wells Fargo Center and the Sutter Medical Center.

The major new building components in the medical center, again, is a 70-bed hospital which is compliant with the HCAA, physicians medical center, medical office building, and with hospital expansion for future demand, if needed.

With that, I will leave the podium and turn it over to the main event, which is the EIR, which is what we're here to discuss. Thank you very much.

MR. ELLISON: We have to change log-in again, just a second.

MR. FEE: Good afternoon. My name is David Fee. I'm the project manager for URS. We were the environmental consultants assisting the county in the preparation of this EIR. I would like to give you just a brief overview of the findings of the EIR.

I'd like to point out, first of all, the conservative nature of the environmental impact analysis, and that's really for two reasons. As has been mentioned, the project contains a future potential build-out of increasing the hospital from 70 beds to 99 beds. And in our analysis, we assumed that that build-out would occur right from the beginning. So some of the near-term operational impacts, if anything, could be slightly overstated because of that assumption.

The second main reason for the conservative analysis is there's an existing hospital operating at Chanate right now. And some of the operational impacts that we projected for the proposed project are occurring right now with the existing project. We did not account for that in our environmental impact analysis. We assume that all impacts associated with the future of the project would be new impacts in addition to what's occurring right now.

Now, we analyzed all the issue areas under CEQA. And for most of the issue areas, and for many of the impacts within those issue areas, we found the impacts to either be less than significant or they could be mitigated to less than significant levels. And that's in all these issue areas that you see before you on this slide.

I'd like to just talk about a couple of those issue areas, even though they were found to be less than significant or could be mitigated. And they have to do with the project's proposed water supply and the wastewater generation from the proposed project.

The project applicant is proposing to provide their own water to the project through new groundwater wells at the project site. There would be two wells, a primary well and a backup well. The project applicant has already developed a test well on the project site. And, I'm sorry, this figure shows the existing groundwater contours that exist out there now without the proposed project. The project site in this area here is in the southeast region of this cone of depression that you can see on this slide, which is occurring from the pumping

of Cal-Am's wells in this vicinity. This cone of depression is actually in a static condition. It's stable at this present situation.

Now, the applicant did develop a test well on site and conducted a pump test of that well. They pumped it for 18 hours straight. And as you can see, the results of that show that there's a little southeast bulge in that cone of depression, drawing those contours towards the project site as a result of the new water to be pumped by the project. It was estimated that the radius of influence from the groundwater pumping would extend between a thousand feet to 2400 feet. Within a thousand feet it's estimated that wells in that vicinity would be drawn down by approximately or less than three feet. And beyond 1500 feet from the proposed project wells the draw down would be less than half a foot. And we considered that to be a less than significant impact.

To analyze the project's effect on -- cumulative effect on groundwater in the area, a groundwater basin analysis was conducted. And that outline in blue there shows you the study area for the groundwater basin analysis. Over 20 years' worth of data from monitoring wells within this area were examined. And that data shows that this aquifer in this study area is not in an overdraft condition and is presently in balance. We then superimposed the project's impact on that, which would be taking out about 58 acre feet a year of water out of this aquifer, and found that that would not have a significant effect on the groundwater supplied within this aquifer.

The second issue area under this category is wastewater generation and impacts to the local wastewater treatment plant. We found in our analysis that there could be a potentially significant impact, that there potentially could not be enough existing capacity to treat the wastewater generated by this project. So we recommended mitigation that is an extensive off-site program that the applicant will commit to, which would be financed by the applicant and implemented by Sonoma County water agency and retrofit existing homes and businesses within this area to reduce the amount of wastewater generated in this project area to offset, completely offset the new wastewater that would be generated by the proposed project. This mitigation measure would be implemented in advance of the project coming on line to the sanitary sewer system.

I am going to talk briefly about the significant impacts that can't be mitigated to less than significant. I do want to point out that these are in three areas: Air quality, noise, and traffic and transportation. There are mitigation measures in the environmental document to reduce these impacts as much as possible, but we found that even with these mitigation measures in place, we still consider them to be significant.

Air quality, there'd be a temporary increase in criteria pollutants from haul trucks bringing in the fill to the project site. It was mentioned that part of the proposed project is to surcharge the project site. That's to bring in a lot of soil, place it on the site, and compact the soil to make it suitable for foundation conditions, and also to raise the elevation of the site for the proper building pad elevations. The emissions from the haul trucks we found to be a significant impact.

There'd also be a long-term impact in criteria pollutants from the annual testing of the hospital emergency generators. However, this occurs -- would occur one day a year, when they have to test the generator for an eight-hour period.

We also found that the project's contribution to greenhouse gas emissions would be considered a significant impact.

In noise, there would be a temporary and significant impact due to construction noise. And although normally construction activity noise associated with construction activity isn't considered significant, in this case the construction period will be for over year, so, therefore, we did consider it to be a significant impact.

Also, exposure of sensitive off-site receptors to helicopter noise. We found that that could create sleep disturbance to nearby residents, and we considered that a significant impact. And then the cumulative impacts from noise from operating the proposed project, primarily associated with future traffic.

I mentioned the helicopter noise. As Ken mentioned, the primary route for approaching and departing the project site would be along Highway 101. These are the projected 90 decibel contour levels. And you can see that in the north they just hit a little bit of the residential area there. And it was found that the 90 decibel contour was -- 90 decibels was considered the level where noise could potentially disturb sleep.

The third area of significant unavoidable impacts is associated with traffic. This figure, the red dots show the intersections that were analyzed as part of the traffic analysis that go from River Road, Fulton Road intersection, in the west, all the way over to Mark West Springs Road, Old Redwood Highway, and Old Redwood Highway and East Fulton Road, east.

So these are the significant unavoidable traffic impacts we found. Worsening of unacceptable level of service at some intersections, unsignalized River Road/Barns Road intersection would experience a significant impact, worsening of significant 95th percentile queuing impacts at some intersections, and increase in volume capacity ratio at some segments on U.S. 101.

I'd like to point out that traffic analysis is inherently a cumulative impact analysis, because you've taken your proposed project traffic and superimposing that on existing or projected future level traffic. In this case, you can see that for the first impact, for example, the project contribution to that impact ranges from 3.1 percent at the River Road/Fulton Road intersection to 17 and a half percent at the Mark West Springs Road/Lavell Road intersection, which is essentially almost across the street from the project entrance.

The unsignalized River Road/Barns Road intersection impact, the project contribution would be about 5.6 percent in 2014 and four percent in 2035. And you can see the increase in the U.S. 101 operating level of service is -- just north of River Road would be point nine percent, and south of River Road 3.4 percent in 2014, and 1.1 and 3.2 percent in 2035. So the project contribution is actually pretty small.

We also did look at public transit impacts or effects from the proposed project. The project site is served by three bus lines. And the bus route 60, the service from downtown Santa Rosa to the project site takes approximately 13 minutes. And that's about the same level of service that you get from public transit today from downtown Santa Rosa to the existing hospital site.

Now, this EIR contains a fairly extensive alternatives analysis. The purpose of the alternatives analysis under CEQA is to reduce or eliminate significant impacts of the proposed project while achieving most of the basic project objectives. The project applicant initially conducted a review of 21 sites and several different alternative configurations. The county reviewed that analysis extensively, added some alternatives to it. We came up with approximately 30

alternatives that were screened. The criteria -- there were many criteria that were looked at, but some of the few criteria were freeway access, a site of at least 18 acres in size, reducing the noise impacts from helicopter overflights of residential areas, and servicing the client base for the hospital.

This is a figure that shows the patient distribution for Sutter Medical Center. It shows it's centered in Sonoma County, primarily focused around the Santa Rosa area. And you can see it's distributed throughout Sonoma County and up into other counties, as well, to the north. And this is a little closer view showing the distribution within Sonoma County.

This figure shows -- it's a little hard to see, I guess, but it shows all the different alternative sites that were looked at during the screening analysis. And the three sites that are shown with red boxes around them are three alternative sites that made it into the final alternatives analysis that were carried forward for environmental impact review.

So we looked at 21 sites and nine alternative configurations, screened them, ended up with eight alternatives that were analyzed in the EIR, including three alternative sites. CEQA requires that you look at the "no project" alternative. We looked at building the project at Shiloh Road. Another alternative was looking at the project built at Todd Road and Moorland Avenue. We looked at a couple of decentralized alternatives where part of the site would be -- part of the project would be constructed at the Mark West Springs Road site and the other part would be built at Todd Road/Moorland Avenue. And then another decentralized alternative we looked at, again, part of the project on Mark West Springs Road site and another at the rim property site.

We looked at an alternative that did not have a helistop at the proposed project. And then we looked at two reduced project alternatives. One is a 70-bed hospital only, and another is just an overall reduced project, all the same facilities, but smaller capacity.

CEQA also requires that you identify the environmentally superior alternative, and we identified the no helistop alternative as being environmentally superior since it eliminates the significant nonavoidable noise impact associated with the helicopter overflights.

With that, I'll turn it back to Ken.

MR. ELLISON: So if there's any questions at this point, staff can try and answer them, about the project, otherwise the public hearing on the draft EIR should be opened. And at the close of testimony it should -- the hearing should be continued open until January 14th, 2010, at 1:05 in these chambers.

CHAIR WILLIAMS: Thank you, Mr. Ellison. Two items before we are going to conduct the public hearing, one is, are there any questions of staff at this point in the process?

Seeing none --

MR. MURPHY: Yeah, I do.

CHAIR WILLIAMS: You do? Please.

MR. DENNIS: Two questions in particular.

CHAIR WILLIAMS: Please.

PH.1.1

MR. MURPHY: Thank you.

**PH.1.1** Mr. Aspinall mentioned that it was a county prerequisite that the primary access point be midway between 101 and Mark West Springs Road. Was an alternative access point explored at this point or even looked at?

MR. ELLISON: Very early on in the process there was some discussion about a secondary access. I'd have to -- you don't have a site plan, do you? No. I have to switch displays, but -- actually, it would have come out of the site along the freeway through the agricultural area and then cut over to Old Redwood Highway south of the site. And that was discussed, but there was a number of problems with it. It wasn't consistent with the general plan to be using agricultural land for those purposes. It created its own traffic problems, and so it was discarded fairly early in the process. As far as relocating the actual driveway entrance, no, that was -- there really wasn't any other way to move it. If you move it closer to the freeway or closer to Mark West Springs Road/Old Redwood Highway intersection, you immediately run into stacking problems from traffic backing up at those intersections, which would interfere with traffic flow.

**PH.1.2** MR. MURPHY: I had a question maybe more towards Ken. Why the five parcel configuration? I can understand a mutually used parcel, but for the other four, are different ownerships going to eventually be involved with the five parcels or why specifically was that done?

MR. ELLISON: The applicant might be able to give you further information on that, but my understanding was that the parcels that would contain the Sutter Hospital, and the central utilities plant, and the shared parking, would all be under the same ownership. The physicians medical center building and the medical office building, I'm not sure about the actual corporate ownership structure of those lots.

**PH.1.3** MR. MURPHY: And then, lastly, in going through the appendices in this potential secondary environmental affect -- and that may be more to what you can speak to -- we are not to, certainly not to look at the business plan and how that is accepted or the monetary effect on other hospitals; however, there is within the EIR a look at secondary environmental impacts, particularly to the economic impacts. And I wondered if the report that was the appendix O given to us, which if staff -- actually, if staff felt that the assumptions made in that appendix appeared to be current and still satisfy the minimal, the declaration of the minimal impact at this time?

MR. ELLISON: I might have to get back to you on that. When you get into the appendix, there's a lot of details here that were provided late.

MR. MURPHY: In essence, it looked at numbers that probably came out well before the current economy that exists now, and as far as utilization rates and some of the demographics of where patients came from.

MR. ELLISON: We can take that question and get back to you.

MR. MURPHY: Later on, it's a much further discussion farther down the road.

CHAIR WILLIAMS: Yes. Mr. Lynch.

**PH.1.4** MR. LYNCH: David, what was the result of the 18-hour well test, how many gallons per minute?

MR. FEE: Eighty gallons per minute. Excuse me. It was pumped at 80 gallons per minute.

MR. LYNCH: And 50 acre feet per year, that's about 25 gallons a minute for usage or --

MR. FEE: Yes.

MR. LYNCH: Thank you.

CHAIR WILLIAMS: Okay. Thank you. Prior to opening the public hearing it's been requested that we take a short break. And I would like to break this session for approximately 10 minutes, and so we'll reconvene here at approximately 10 minutes after 3:00.

(Recess.)

CHAIR WILLIAMS: I'd like to re-open the session. All those be seated.

This is the opening of the public hearing. And I'll reiterate, again, that this is the first of two public hearings. Actually, a continuation of this public hearing scheduled for today and January the 14th. This is primarily intended to provide the presentation of the overall project, the identified DEIR issues; however, the public has been invited to comment on the EIR, the merits of this -- of the project as it relates to the EIR itself. The second public hearing is at the end of a 51-day period where circulation of the EIR, which concludes on January the 14th, and that is also time for public comment.

I'll also relate a couple of public -- couple of rules of order, and that is that it is customary that if you do have comments and want to make public comment today that you not make comment on the 14th. So this is a chance to comment, but if you want to do it, do it today and not -- or you may have to wait until the 14th, it's at your discretion.

With that, I will open the public hearing and ask for those -- first of all, I would like to see a show of hands of those who wish to speak today to this EIR item.

Okay. Seeing relatively few, we will not have to limit presentation time, but I would request that you be courteous to other speakers. And if I could have the first speaker come forward and state your name and please, please.

MS. JENNY BART: Good afternoon, Planning Commission. My name is Jenny Barr and I'm the Regional Air Quality director with the American Lung Association. And I apologize, I'm going to have to speak and run. I have a meeting at 3:30. But I'm here to encourage the commission to consider the health impacts of greenhouse gas emission that will be generated by this project and to consider additional alternatives that would better mitigate those impacts.

**PH.1.5**

The public health community is extremely concerned about the health impacts that will be caused by global warming. California already experiences the worst air quality in the country, causing 19,000 premature deaths annually and thousands of hospitalizations and emergency room visits due to asthma, respiratory and cardiovascular disease.

The Health Network For Clean Air is a statewide coalition of health and medical associations, including the American Cancer Society, the American Heart

Association, the American Lung Association, California Medical Association and the American Academy of Pediatrics. We support strong actions to reduce greenhouse gas emissions to avoid the largest public health consequences of global warming. Without such efforts, global warming will continue to pose a wide range of health threats, including increased air pollution, longer and more intense heat waves, smoke pollution from increasing wild fires, increased potential for infectious disease and other health challenges. These impacts will harm our most vulnerable residents; children, the elderly, both with lung and heart disease, and low income communities and communities of color.

The county has recognized this danger and adopted one of the most aggressive goals to reduce greenhouse gas emissions. However, the DEIR states that this project does not even meet the proposed CEQA guidelines coming out from the Bay Area Air Quality Management District. Those are based on AB 32 more modest goals of reducing to 1990 levels by 2020.

Improving land use and transportation planning is a key component of state and national efforts to fight global warming, air pollution, and chronic illness. Planning sustainable mixed use communities around mass transit, walking, and cycling reduces driving and accomplishes many public health benefits, including reducing air pollution and chronic disease. The public health stakes could not be higher for a key public health institution, a hospital. Reducing vehicle trips are critical to achieving our goals to reduce air pollution and greenhouse gases. Please consider alternatives to this project, including -- and I know you have done a lot of work on this location, but including and analyzing other locations closer to the urban core next to mass transit sites, parking policies and other policies that can -- parking pricing policies and other policies that can fund transit programs and other alternatives that will reduce the need to drive and have the greatest benefits to public health. Thank you.

I'm going to also submit two documents. A global warming and lung health impacts from the American Lung Associations and our letter of the Health Network for Clean Air regarding public health benefits of smart growth. Thank you.

CHAIR WILLIAMS: Thank you very much.

The next speaker, please.

MS. MOLTON: Hello, my name is Barbara Molton. I live on Yulupa Avenue in Santa Rosa. And I have -- first, I would like to just second everything that Miss Barr just said about greenhouse gases being a huge problem that this project will exacerbate.

The next thing is that this presentation by the applicant basically makes it appear to be a fete accompli, that if it has to start construction in September of next year there's no opportunity to change anything and we should just approve it just as it is. And I don't think that that's a wise thing for this commission or for the county to do. It's kind of a bum's rush. And we cannot afford to have a project that is going to be harmful, for years and years to come, on that basis.

And the third thing I wanted to say is about having every hospital in the county, save Palm Drive, located east of Highway 101 seems to me a very poor planning decision in the case of a major natural disaster, such as an earthquake, in which we might lose crossing capacity for 101. Thank you very much.

CHAIR WILLIAMS: Thank you. The next speaker, please.

MR. BIRDLEBOUGH: Thank you Mr. Chairman and Members. I'm Steve Birdleough and I'm interested in transit. The question for this installation is how can we get a site where the employees, primarily, but also the patients and visitors, have a reasonable possibility of using something other than an automobile in order to get to the site.

PH.1.9

As you can see, the site up here is 4.2 miles from the nearest Smart station. We're investing millions of dollars in a railroad with the idea that people will be able to get around without having to use their cars. And the hospital is not taking advantage of it. There's a site right across from the proposed Jennings station that's vacant, 22 acres, willing seller. It's not even on the list of sites that have been examined as alternatives. There's a site along Sebastopol Road where the old Raley's market was, similar acreage. That site was not included in the final set of sites that were examined. In fact, our information is that the primary reason for purchasing this site was that it was really cheap land. But it's imposing a large number of costs from everybody else.

PH.1.10

The little map here shows the two mile cycling distance from the station. A large number of people using the train are going to be cycling. And that won't reach this site. Asking people to cycle for four miles from a station on a regular basis probably isn't terribly reasonable.

PH.1.11

Just an indication of how serious this decision is, the EIR states that more than 70 percent of the greenhouse gas emissions from this project are due to automobiles driving to and from the site. Compare that with nationally 30 percent of our greenhouse gas emissions are due to transportation. And within this county, 60 percent are due to transportation. That's a 10 percent -- that's actually 14 percent above the county average, and like 57 to 60 percent above the national average. So you've made a huge difference in the contribution of these employees and visitors and patients to the greenhouse gas impact, simply by moving the site a few miles away from the center of population.

PH.1.12

We hope that in the final EIR there will be an analysis of the -- a quantitative analysis of what it means to move this site away from the center of population. We're concerned that there is no quantitative analysis. They show the number of dots indicating the discharges in various parts of the city, but they don't show what the effect is of moving the site away from the center of all those dots to one end where people have to drive increasingly long distances in order to get to the hospital.

PH.1.13

We also would like to see a quantitative analysis of transit. The mention was that the bus would take 13 minutes to get from the transit center to the site, but what that neglects is that the county buses which serve this site are on an entirely different schedule than the city buses. City buses run on a half hour pulse. And the county bus has to reach many sites around the county, and so their schedules vary, and they don't necessarily connect with the city bus, meaning that someone might have to wait anywhere from 25 minutes to 45 minutes in order to get -- well, they can be closer. In other words, by happenstance you can get a connection between a city bus and a county bus that will be relatively short, five or ten minutes, a reasonable wait. But you can end up, because the schedules don't relate to each other, with a 20 or 30 minute wait between the county bus and the city bus if you're trying to transfer from one to the other. That has to be analyzed. And the best way that I thought of to analyze it is to pick a time that someone has an appointment. Let's suppose they've got a 15-minute appointment at 10:30. Find out how long it's going to

take for them to get from their home to that appointment, through the appointment, catch a bus and get back to their home.

What I found in analyzing just two different possibilities, was that you would increase the travel time or the total time from end to end by a full hour, if you move to this site, over and above what people would have at the present. That would be in the case of someone leaving where I live at Friends House.

**PH.1.13**

If you live at Sebastopol Road, the increase for the particular instance that I looked at was half an hour. I would hope that you'll ask the consultant to take a look at a range of trips that people are making and a range of stays that people will have on site. You might have to spend three hours sometimes at some medical appointments. You might only have to spend a half hour at some. To look at a number of those and see what the increases are in travel time to go from one site to another.

Actually, our recommendation is that a hospital ought to be located on a bus route that has 15-minute service. And there is 15-minute service as far north as the intersection of Mendocino and Administration Drive right here. Between the bus center and this point, there is 15-minute service. So for example, if the hospital was to locate on the vacant property over at the corner of Mendocino and Administration, the property that the county owns, you would have relatively good bus service to that site. If they locate it at the north transit center, which is near Coddington, you would have relatively frequent transit service. And I would think that you'd want to compare this site to something of that sort.

**PH.1.14**

In general, in their examination of the alternatives, there is no quantitative analysis. There is a statement that, Well, we'd prefer not to -- we'd prefer to be close to a freeway. Well, what difference does it make whether you're close to a freeway. Is that because people going by are going to see that this is Sutter Hospital or is this because people are actually going to be getting to the hospital more quickly? We need to see a quantitative analysis of what these differences mean and compare them so we know which site really makes sense.

And I would second the comments earlier. Deadlines can always be extended. We shouldn't feel that we are under the gun to make this decision quickly without adequate information. Thank you.

MR. HURST: I need to have you leave the chart.

MR. BIRDLEBOUGH: Pardon?

MR. HURST: I need to have you give that to the clerk. Thank you.

MR. BIRDLEBOUGH: All right. Can we take a photo of it and can I get it back?

MR. HURST: Yeah. We just need to be able to memorialize it so that it's in the record.

MR. BIRDLEBOUGH: I appreciate that. I'll take a picture of it and -- send you a picture?

MR. HURST: Actually, what I'd rather do is, why don't you leave it here and work it out with staff as to how you do that.

MR. BIRDLEBOUGH: That's fine. All right. Thank you.

CHAIR WILLIAMS: Thank you.

Additional speakers? If there are additional speakers, come forward, please.

MR. DALE JOHNSON: Mr. Chairman, Members of the Committee, my name is Dale Johnson. I live at 185 Willowgreen Place in Larkfield. And I serve as president of the Berry Brook Homeowners Association. Our residential community of 43 homes is adjacent to the 53-acre site being considered for the Sutter Medical Center development. It's right immediately east of what you see on the map bordering Old Redwood Highway.

Our homeowners association is not here to protest this development or this project. We recognize that the principal of the common good overrides any particular interests which might accrue to our homeowners. But as the consideration is being given to this particular location at this time, we feel it important to at least raise our concerns.

PH.1.15

Our immediate proximity to the project means that we will be affected in a very major way, and we appreciate the opportunity to bring those to your attention.

Number one as the project is now envisioned it is clear that it will evolve over many years in numerous stages of site preparation and construction, which really means that Berry Brook residents are going to be living in a construction zone for an extended period of time. We, therefore, ask for a reasonable timetable before the project is approved with the delineation of efforts to reduce construction noise, effect dust control, and eliminate the necessity of construction lighting and activity in evening hours.

Number two. We are concerned about the congestion on Old Redwood Highway, which already limits access and egress from our two streets. We have two cul-de-sacs that enter into Old Redwood Highway. Traffic will be greatly increased. We would appreciate a study to determine how Old Redwood Highway can be improved with additional lanes, traffic lights, and hopefully reduced speed limits.

PH.1.16

Number three. We're also concerned about the uncertainty of future development with reference to the Wells Fargo Center. The possibility of expansion of the Sutter project to renovate the Wells Fargo Center at some future date should that develop, and it very well might, that could extend construction well into the next decade.

In conclusion, Berry Brook desires to be a good neighbor for we are residents of the wider community and we recognize that we would at some time probably benefit from a hospital wherever it's located. It is our intention to be very diligent and very involved as a neighbor, because we have a great deal at stake, mainly, how a 10-year project will affect the value and selling price of 43 homes next door to a construction zone as well as the quality of our life. To put it very succinctly, a realtor recently told one of our homeowners if you think about selling your property, either do it before this begins or wait until it's completed.

PH.1.17

I thank you very much for your consideration and attention to the concerns that we feel are very important in relationship to this project and our community. Thank you very much.

CHAIR WILLIAMS: Thank you for your comments.

Is there anyone else who cares to make comments at this time? If they would come forward.

PH.1.18

MS. GUDRUK HOMMER: My name is Gudruk Hommer. I live on Brighton Court which is off Brighton Avenue and which comes right next to Mark West. We have -- I just can't imagine having more cars coming by now than we having already. Mark West -- between 7:00 and 8:00, 8:30, from the Old Redwood Highway, which is Old Redwood Highway and then it's Brighton Court, the traffic is backed up to us, so we cannot -- really, we have to stay there or we have to take alternative routes to get out, which means we have to get back on Old Redwood Highway and then kind of make our way out. If there's not a traffic light, I mean, it would be -- from Old Redwood Highway -- and there's also a store area now there, there are eight little stores northeast of the area where -- it's right on the right-hand side of that. There are eight little stores in there. The traffic -- in the middle, I mean, there's a traffic light, Old Redwood Highway, then there would be a traffic light in the middle to the traffic light which goes to north onto 101 or over the bridge to the south. And by just idling cars, I don't know, I mean, there won't be enough room for the cars to stand between the lights, so the area will be -- all the cars will be backed up halfway the hill. And I can't see how that will work. I mean, it increases -- the air quality in our backyard is already bad. And by idling cars standing there, who knows how long, because they won't make it across at that time. And the same in the evening. And if you come up there and stay there and see how many cars are going up and down on Mark West from Hidden Valley, Middletown, they all coming over from the other side. So I would really appreciate if we would consider or you would consider the traffic. For me, that's the biggest thing.

PH.1.19

The other thing is -- that's just personal. How anybody can put a hospital next to a place of entertainment with symphonies and concerts, I never will understand, because you will hear the helicopter inside, and you will hear the sirens. I mean, I worked in hospitals and I'm all for it, but I think another site would be a lot better than where it's already so congested. Thank you.

CHAIR WILLIAMS: Thank you. Anyone else who would care to make a comment today? This public hearing will remain open and it will continue until January 14th, so if there's anyone who wishes to comment then, is certainly able to do so.

Seeing none, we'll call a conclusion and continue this public hearing until the January 14th date.

Any other comments from the commission?

MR. HURST: At 1:05, Mr. Chairman.

CHAIR WILLIAMS: At 1:05 in the afternoon for the conclusion of this hearing on the 14th of January.

Thank you. This meeting is adjourned.

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REPORTER'S CERTIFICATE

I, Kelly K. Lopez, a Certified Shorthand Reporter, do hereby certify that the taking of the foregoing statement in the above-entitled matter is a full, true and correct transcript of the proceedings had at the Sonoma County Planning Commission hearing.

I further certify that I am not of counsel or attorney for either or any of the parties in the above-named cause, or in any way interested in the outcome of said cause.

I hereby affix my signature this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

KELLY K. LOPEZ  
CSR #7785

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**Response to Comment PH.1.1 (Commissioner Dennis Murphy)**

*Commissioner Murphy asked about the location of the primary access to the site.*

There are two proposed access points to the Wells Fargo Center - the main driveway and the east access, which connects to the old E. Fulton Road and to Old Redwood Highway. The location of the main entry driveway approximately half way between the northbound freeway ramp and Old Redwood Highway, was dictated by two considerations: first, the need to maximize vehicle “stacking” (queuing) distances; and second, because it makes it easier to coordinate (synchronize) the signal with the two existing adjacent traffic signals.

In the early stages of the planning process, a connection was considered to the southern edge of the project site, to Old Redwood Highway. This was intended primarily to serve major event traffic for the Wells Fargo Center. When the Wells Fargo Center down-scoped its plans, this connection was no longer as attractive, because only a relatively small percentage of project traffic would be able to use it (12%), and its construction across agricultural land would be inconsistent with General Plan policy.

#### **Response to Comment PH.1.2 (Commissioner Dennis Murphy)**

*Commissioner Murphy questioned why a 5 parcel configuration was chosen.*

A 5 parcel configuration for the proposed Medical Center portion of the Master Plan is described in Table 2-2 and illustrated in Figure 2-3. As noted on page 2-11 of the DEIR, the proposed Medical Center would be implemented in phases. According to the project proponent, the proposed parcelization would directly relate to those phases and would facilitate their ability to create the Medical Center by allowing for the potential for separate financing, leasing, and/or a possible range of ownership(s).

#### **Response to Comment PH.1.3 (Commissioner Dennis Murphy)**

*Commissioner Murphy asked whether the information in Appendix O appeared to be current and still satisfy the determination that indirect or secondary effects will be minimal.*

The document in Appendix O, “Analysis of Potential Indirect Environmental Effects of the Proposed Sutter Medical Center of Santa Rosa on Other Area Hospitals,” was prepared by Sutter in October 2009 specifically for the DEIR. The County’s analysis of potential secondary environmental effects is set forth in Section 5.3 of the DEIR. That analysis is based on the independent review by County staff of whether the project would result in any secondary environmental impacts, considering the conclusions reached in the *Preliminary Analysis of Sutter’s 2008 Revised Business Plan* prepared by the County Department of Health Services. These sources are the most current information available, and the County believes that the conclusions of the EIR analysis still apply. There is one item of updated information with respect to patient demographics, and that is the map showing the distribution of government funded patients who were admitted to Sutter in 2008. That map shows a substantially similar distribution as the map for 2007. These maps are included as attachments C.2 and C.3 to Master Response C: Site Selection and Alternatives. See also Master Response F regarding potential indirect impacts of the project.

**Response to Comment PH.1.4 (Commissioner Tom Lynch)**

*Commissioner Lynch asked about the results of the 18-hour well test, and specifically what average pumping rate would correspond to the projected project demand of 50 acre feet per year?*

As described at DEIR page 3.9-42, the proposed project would require approximately 58 acre-feet per year for domestic use and irrigation use, which is equivalent to approximately 36 gallons per minute on average. Well pump testing was performed for 72 hours from October 9 - 12, 2009. The pump test flow rate varied slightly, but maintained an average of 153 gpm over the duration of the test.

**Response to Comment PH.1.5 (Jenny Bart)**

*The commenter noted the health impacts of global warming, and asked for consideration of alternatives that are closer to the urban core and that will reduce the need to drive and have the greatest benefits to public health.*

The impacts of climate change are summarized in the DEIR at page 3.4-5, including the pollution and wildfire impacts mentioned by the commenter. With respect to the selection of alternatives and analysis of greenhouse gas emissions, see Master Response C: Site Selection and Alternatives, Master Response E: Greenhouse Gas Emissions, and response to Comment O.1.1.

**Response to Comment PH.1.6 (Barbara Molton)**

*The commenter seconds the prior comments about greenhouse gas emissions.*

See response to Comment PH.1.5, Master Response C: Site Selection and Alternatives, Master Response E: Greenhouse Gas Emissions, and response to Comment O.1.1

**Response to Comment PH.1.7 (Barbara Molton)**

*The commenter contends the project is a fait accompli.*

This project has been evolving for many years. The project originally considered by Sutter/Luther Burbank Memorial Foundation (and submitted to the County in 2005) was for a hospital that was more than double the size along with 2 medical office buildings, a parking garage and included significant improvements to the Luther Burbank Memorial Foundation/Wells Fargo Center campus. Even the project that was submitted as part of the Notice of Preparation in 2006 was larger than the current project (more Luther Burbank Memorial Foundation expansion, a second medical office building, etc.). This project has evolved and downsized in response to public concerns and to reduce impacts to the environment. The Planning Commission and the Board of Supervisors have the full discretion to disapprove the proposed project and/or approve one of the alternatives in the DEIR.

**Response to Comment PH.1.8 (Barbara Molton)**

*Commenter raises concerns that all hospitals except Palm Drive are located east of US 101 and in case of an earthquake or disaster crossing over US 101 could be problematic.*

Commenter's concerns are addressed, in part, by Caltrans' recent bridge retrofitting program along US 101, which should further ensure vehicular access to the hospital from points west of US101. Additional discussion on emergency access related to the project is also addressed in Master Response H: Traffic, Circulation, and Emergency Access, Section 3.9.4 (Emergency Access). The comment will also be part of the record before the Planning Commission and the Board of Supervisors when they consider the proposed project on its merits.

#### **Response to Comment PH.1.9 (Steve Birdlebough)**

*Commenter suggests relocating to a site that is more accessible to SMART, such as the Jennings Avenue site or the old Raley's Market.*

Commenter's suggestions regarding relocation near SMART are addressed in Master Response D: Alternative Transportation and Public Transit, Section 3.5.3 (Rail). The Jennings Avenue site is evaluated in attachment to Master Response C: Site Selection and Alternatives. The commenter also identifies a potential site in Roseland on Sebastopol Road. This site was considered by the County during the screening of potential alternatives sites to be considered in the EIR (identified as Alternative Y in the list of potential sites in the DEIR at p. 6-14). The County decided not to evaluate this alternative in detail in the EIR for the reasons stated in Table 6-2 on page 6-107 (where the site is identified as the "Roseland Shopping Center Alternate Site").

#### **Response to Comment PH.1.10 (Steve Birdlebough)**

*Commenter asserts the proposed site is not conducive to those cycling from the SMART station.*

See response to Comment O.7.1 and Master Response D: Alternative Transportation and Public Transit, Section 3.5.4 (Bicycle).

#### **Response to Comment PH.1.11 (Steve Birdlebough)**

*The commenter cites the EIR conclusion that more than 70 percent of the greenhouse gas emissions of this project are from automobiles, comparing this to a national average of 30 percent of greenhouse gas emissions from transportation, and 60 percent within Sonoma County. The commenter states that there will be a large difference in the contribution to greenhouse gas emissions by moving the site a few miles away from the center of population.*

As noted in responses to Comments O.1.1 and O.1.2, the project site is centrally located with respect to Sutter's overall patient population, and as noted in the DEIR at pages 3.15-93 and 3.15-94, has better transit access than the existing site. Also, the proposed project will replace an older and inefficient hospital complex with a hospital complex built to meet and exceed current energy conservation standards. Thus the proposed project is expected to reduce greenhouse gas emissions compared to the current facility. To provide a conservative analysis of greenhouse gas emissions impacts, however, the County treated all emissions associated with the proposed project as new emissions, even though there are substantial emissions associated with vehicle travel to the existing hospital at Chanate and those emissions will effectively be transferred to the new facility. Thus, the proposed project would not result in a substantial increase in greenhouse gas emissions.

The County evaluated the significance of the greenhouse gas emissions associated with the project according to the draft thresholds being considered by the Bay Area Air Quality Management District, and also evaluated the consistency of the project with the County's greenhouse gas emission reduction goals. The important factor in this evaluation is the extent to which the project is assisting in meeting emission reduction goals, not the proportional source of emissions when compared to national or other averages.

**Response to Comment PH.1.12 (Steve Birdlebough)**

*Commenter asserts that the new location will result in a move away from the center of population and people will have to drive increasingly long distances.*

The hospital serves a countywide and regional population, so whether the hospital is centrally located with respect to the population served is not determined only with reference to Santa Rosa population. Master Response C: Site Selection and Alternatives shows the driving distances from the various quadrants of the county. Driving times will increase for some patients and employees and decrease for others. Considered in the context of the entire population served by the hospital, however, building the new hospital at the proposed project site would not move the hospital away from the center of population. See Figures 6-1 and 6-2 in the DEIR, and Attachments C.2 and C.3 to Master Response C, for a depiction of the population served.

**Response to Comment PH.1.13 (Steve Birdlebough)**

*Commenter requests a quantitative analysis of City of Santa Rosa and Sonoma County public transit to the project site.*

The DEIR provided a quantitative comparison of the travel times from southwest Santa Rosa to the proposed site and to the Chanate site (DEIR, p. 3.15-94.) That analysis was based on existing public transit schedules. As the commenter notes, there are differences in the County and City of Santa Rosa bus schedules. Both Sonoma County Transit and Santa Rosa Transit have indicated they will coordinate with the County and with Sutter on bus scheduling before the hospital opens, if the proposed project is approved. (Personal communications to Tom Minard of Sutter Health in meetings with Sonoma County Public Works, Sonoma County Transit, and City of Santa Rosa representatives, including Steve Schmitz, Sonoma County Transit, February through May 2009, and Steve Roraus, Santa Rosa City Bus Operations Superintendent, 2010.)

See also, Master Response D: Alternative Transportation and Public Transit, which discusses the various forms of transit available.

**Response to Comment PH.1.14 (Steve Birdlebough)**

*The commenter recommends that the new hospital be located on a bus service route that has 15 minute service, questions whether being close to a freeway is important for a hospital, and states that deadlines can always be extended so the County should not act without adequate information.*

With respect to 15 minute bus service, see response to Comment O.1.6.

With respect to the importance of proximity to a freeway, see Master Response C: Site Selection and Alternatives.

With respect to deadlines and the adequacy of information, the County is not aware of any extensions of the deadline for commencing construction under the state's seismic safety statutes. The County believes that the DEIR and the additional information in this Final EIR provide adequate information about the environmental impacts of the project for the Planning Commission and the Board of Supervisors to make an informed decision.

**Response to Comment PH.1.15 (Dale Johnson)**

*Commenter requests reasonable timetable for construction and limits on construction noise, dust, and lighting. Commenter also expresses concerns related to traffic congestion on Old Redwood Highway.*

The commenter's statement at the public hearing repeats the comments made in the commenter's letter. See response to Comment O.3.1. Mitigation measures for hours of operation, noise, and dust abatement are addressed in Mitigation Measures AIR 1-2 (DEIR, pp. 3.4-30 through 3.4-32) and NOI-1z (DEIR, pp. 3.11-21 through 3.11-25). Mitigation Measures related to traffic congestion on Old Redwood Highway are presented in DEIR Section 3.15, and modified in responses to Comment Letter O.14; see also Master Response H: Traffic, Circulation, and Emergency Access.

**Response to Comment PH.1.16 (Dale Johnson)**

*Commenter expresses concern about traffic congestion and asks about improvements to Old Redwood Highway.*

The commenter's statement at the public hearing repeats the comments made in the commenter's letter. See response to Comment O.3.2. Both the County's and the City of Santa Rosa's General Plans call for Old Redwood Highway to ultimately be widened to four travel lanes, from Mendocino Avenue in Santa Rosa to Windsor. This would alleviate much of the traffic congestion mentioned in the comment. A new traffic signal has also been proposed as part of the Larkfield Shopping Center addition. The proposed project's traffic impacts are addressed in Section 3.15 of the DEIR. See also Master Response H: Traffic, Circulation, and Emergency Access.

**Response to Comment PH.1.17 (Dale Johnson)**

*Commenter raises concerns about future Wells Fargo Center renovation.*

The commenter's statement at the public hearing repeats the comments made in the commenter's letter. See responses to Comments O.3.3 and O.3.4 and Master Response G.

**Response to Comment PH.1.18 (Gudruk Hommer)**

*Commenter is concerned about traffic congestion on Old Redwood Highway and associated air quality.*

As noted in response to comment PH.1.16 above, Old Redwood Highway is proposed to be widened to four travel lanes, plus turning lanes. This will substantially reduce congestion and the stacking distances that block other intersections. The necessary stacking distances were analyzed and are covered for various future traffic scenarios, in Tables 3.15-9, -13, -19, -22, and -27 of the

DEIR. See also Master Response H. Impacts to air quality from traffic-generated emissions were analyzed in DEIR Section 3.4. It should be noted that improved traffic flow will also result in improved air quality.

**Response to Comment PH.1.19 (Gudruk Hommer)**

*Commenter has concerns about the impact of hospital activities, particularly helicopter landings, on Wells Fargo Center events.*

The impact of noise on the project site, including noise from emergency vehicles and helicopter landings, was addressed in the DEIR at p. 3.11-13 and pp. 3.11-34 through 3.11-36. The DEIR concluded that noise impacts on the site would be less than significant, in the case of ambulance and emergency vehicle noise, and mitigated to a less than significant level, in the case of helicopter noise. This included analysis of the Wells Fargo Center. The DEIR notes on p. 3.11-34, that the Santa Rosa Christian School located at the Wells Fargo Center, which is considered a noise sensitive use under Sonoma County General Plan noise standards, is well outside the 60 dBA Ldn contour applicable to noise sensitive uses, and therefore the school would not be considered to be impacted by excessive noise exposure from helicopter operations. An event center such as the Wells Fargo Center is not listed in the Sonoma County General Plan as a noise sensitive use (see DEIR p 3.11-11), but the same analysis would apply to the event center to the extent it is considered noise sensitive. Like the Santa Rosa Christian School, it is located well outside the 60 dBA Ldn noise contour, and thus would not be impacted by excessive noise exposure from helicopter operations. See also Master Response A: Helicopter Operations.

**4.4.2 Sonoma County Planning Commission Hearing – Thursday, January 14, 2010**

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PH.2

SONOMA COUNTY PLANNING COMMISSION HEARING  
Item No. 1 - Sutter Medical Center

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January 14, 2010

REPORTED BY: Sharlene S. Nordstrom, CCRR, CSR #2861

Page 1

## Commissioners Present

Bob Williams, Chair  
Don Bennett  
Paula Cook  
Dennis Murphy  
Tom Lynch

## Staff Members

David Hurst, County Counsel  
Jennifer Barrett  
Ken Ellison

At the Board of Supervisors Chambers, 575 Administration Drive, Room 102A, Santa Rosa, California, on Thursday, the 14th day of January, 2010, commencing at the hour of 1:09 p.m. thereof, before Sharlene S. Nordstrom, CSR #2861, State of California, the following proceedings were reported:

- - -

CHAIR WILLIAMS: We will move forward with item number one on today's agenda, file PLP05-0002, Sutter Medical Center.

The purpose of today's meeting is the continued hearing, this has been an open public hearing, on the Sutter Hospital/Luther Burbank Memorial Foundation project. This is the period of time where we are to continue to receive public comment on the draft EIR, and as the hearing coincides with the end of the advertised 51-day comment period, November 25th to January 14th on the draft EIR.

And I would like at this point, before we commence, just to get an idea of how many people in the audience are intending to speak today so I can get some indication.

Very good. Thank you.

At this time I will ask staff to make any opening remarks with regards to the commencement of our proceedings.

MR. ELLISON: Mr. Chairman, members of the board, as you stated, this is the continuance of the December 10th hearing. I would note that the applicant did not actually speak during the public hearing period of the last meeting, so they do have the ability to speak during this meeting if they so desire, and with that.

MS. BARRETT: Do they want to give a presentation?

CHAIR WILLIAMS: Does that conclude your remarks?

MR. ELLISON: Yes.

CHAIR WILLIAMS: We will offer the opportunity for the applicant, if they wish, to make a statement at this, before we proceed with the public testimony.

Seeing not a positive response for that, we are ready to take testimony this afternoon, not on the merits of the project itself, which will be discussed at a future meeting prior to its project approval.

However, I will state that this is, again, only on the adequacy of the EIR, not on other subject matters relating to healthcare or to the project itself.

And given that there seems to be an accommodating number of people who wish to speak this afternoon, I will try to stipulate that, or request that we don't have testimony longer than five minutes.

And hopefully everybody who wishes to speak this afternoon has submitted a card with your name and then we can keep adequate records.

With that, I'll ask for people who wish to speak might line up to my left along the wall so that as we proceed through the speakers we can not disrupt the chairs in the audience.

With that, I'll ask for the first speaker to come forward. Please submit a speaker card with your name and address on it.

MR. HANKINS: Good afternoon. My name is Jerry Hankins. And I'm a delegate from the Sonoma County Workers Benefit Council, an all-volunteer delegate body representing thousands of domestic service and other low-income workers, including many unemployed and retired workers in the Santa Rosa area for the last nine years. I'm also retired from the County of Sonoma.

I'm here today to demand on behalf of the council that this Planning Commission recommend that the Board of Supervisors of Sonoma County reject Sutter Medical Center of Santa Rosa's proposal to, one, move the current facility to River Road, 15 to 30 minutes further north in a wealthy neighborhood outside of Santa Rosa city limits, making it further out of reach, especially for low-income residents in Roseland. Two, decrease the number of beds in the new facility by half while, three, increasing the capacity for outpatient services where they can turn away low-income, uninsured, and unable-to-pay patients.

Sutter's draft EIR contains many flaws that will be fatal to the health and safety of the public which the Planning Commission is sworn to uphold according to your mission statement.

**PH.2.1**

Section 3.15 discussed the transportation of the poor, disabled, and elderly would place take to the hospital if they could not drive. The other option is public transportation. The new rail system does not meet this need because the closest depots are four and five miles away. This leaves the bus routes. To use it the majority of the people would have to go to the transit mall in downtown Santa Rosa, then catch a bus going down Mendocino Avenue and Old Redwood Highway.

Our members report that it can take two hours to get from the Roseland neighborhood to the current Sutter Hospital location by bus and the proposed new location. Sutter's own EIR reports no running buses during the weekends. This does not qualify as adequate access to medical care for the low-income Sonoma County residents.

Additionally, section 3.7 of the EIR states that the Rogers Creek Fault is 0.7 of a mile east of the proposed location and is capable of creating a seven magnitude earthquake. This hospital is therefore projected to be built almost on top of an active earthquake fault, and we see what a 7.0 can do in Haiti.

You understand where I'm concerned on this.

Section 3.11 states the best pattern for helicopter travel is directly over Highway 101 for both arriving and leaving. Traffic on 101 has a speed limit of 65 miles an hour; that's 95 feet a second. The noise would be very distracting to the drivers driving in excess of a mile a minute, and the sight of helicopter landing and taking off would draw the attention of drivers, resulting in more accidents.

This takes me to section 3.15 on traffic. The report shows Old Redwood Highway is now at capacity. However, the traffic study used in Sutter's EIR was done several years ago and Sutter accepted the study's analysis as being the same as traffic now. Sutter's EIR draft did not mention the two medical buildings put up by Kaiser since the study, the soccer fields added across from Cardinal Newman High School, or the two additional signals added to the two-lane road. During Kaiser shift changes, Cardinal Newman football games and practices and soccer games, this route can get pretty clogged. All this was left out of the report.

The Planning Commission must not deceive itself. Sutter's goal with their draft EIR is profits, not the health and welfare of Sonoma County residents.

In 2007 Sutter tried to leave Sonoma County claiming they had lost \$10,000,000, though the parent company, Sutter Health, earned \$587,000,000 in profits the same year and 600,000,000 the next. Despite the flaws in their report it is convenient that Sutter plans to move the hospital as far from low-income neighborhoods as possible and cut the number of beds in half. This way when they are at capacity they can send their overflow of uninsured patients to Memorial Hospital, which the recently downsized hospital in Lake County does now, according to reports we have heard from a Memorial employee.

**PH.2.1**

However, per the Planning Commission's own mission statement, you are responsible to develop and maintain standards that protect the health and safety of the public. Diminished foot traffic in Sutter Hospital is not due to increased efficiency of the local clinics or a healthier population, but a poorer population and a bad location. We have seen low-income people cough up blood and refuse to go to the doctor, or wait months with blood pressure over 200 before going to the doctor because they lack the funds to pay the bill.

The Planning Commission must do the responsible thing for its indigent and uninsured population and recommend to the Board of Supervisors that Sutter move the hospital closer to where low-income families live, increase the number of beds, and develop real solutions to assure that everyone in Sonoma County has access to regular, preventative medical care that does not lead to further impoverishment. With unemployment and the number of uninsured in California at record highs, there is no question that there is an urgent need for more medical care in Santa Rosa.

The county and state must therefore expand the county clinic and healthcare services to the uninsured and underinsured, not remove it from the reaches of

**PH.2.1**

them, making healthcare a business for big profits. We demand that the Planning Commission recommend that the Board of Supervisors take a ways and means approach to assuring that everyone in Sonoma County has access to adequate and affordable healthcare.

Thank you.

CHAIR WILLIAMS: Before the next speaker, I'll reiterate, if you have written comments and you care to leave them, it may be easier for everybody to understand the material that you have submitted.

Also, if you would also remember to maintain your comments on the adequacy of the EIR, not the merits of the project at this time.

May I have the next speaker, please.

MEMBER OF AUDIENCE: Do you guys have a translator, an interpreter?

MS. BARRETT: Actually we don't here at the moment. We need to make those arrangements.

MEMBER OF AUDIENCE: We do have somebody coming who can interpret for him in a little bit, maybe he can go later.

MS. BARRETT: Oh, you do?

MEMBER OF AUDIENCE: She's on her way here right now.

MS. BARRETT: That would be great. Thank you.

CHAIR WILLIAMS: All right. The next speaker could step forward, please.

MS. DONAHUE: Hello, ladies and gentlemen. My name is Sami Donahue. I'm here representing the indigenous people of this county. I'm standing before you to tell you that allowing Sutter to move the hospital out of the vicinity where the indigent people live and cutting the number of beds in half would be a disaster for our entire community.

There's plenty of vacant property at low prices far cheaper than what Sutter paid for for the land near the Wells Fargo Center. For example, all throughout the district of Roseland there is plenty of land, and if the new hospital were to be built there it would be filled with patients at all times.

**PH.2.2**

By moving the hospital even further away from the neighborhoods that the poor and the underprivileged reside in, it would be one more attack against those who are already suffering the most from this economic depression.

If we had no car and no health insurance and you knew you had a heavy attack coming on and you knew that your trip to the hospital would take an hour and a half, two buses with a transfer in between, only to be sent home with an outrageous bill, this would discourage anyone from seeking medical help. There again, this is a reality of the working people that are facing this dilemma.

The economy is so stressed at this moment that the cutting the amount of beds would take away even more employment of the hospital staff. This at a time when unemployment is at record levels, and more people than ever are losing

PH.2.2

their medical coverage, causing more people to rely on a hospital to provide this kind of care. Sutter being the only hospital mandated to provide that care in this county, and therefore should be moved to an area more accessible to the low-income families and expanding with the increasing need of our community.

As members of the Planning Commission of Sonoma County, you were put into office to develop and maintain standards that do protect the health and safety of the public. If you take away what the average person needs, just because you are allowing a corporation to run the offices of this county, then my prayers most definitely will be with you throughout this administration.

Thank you.

CHAIR WILLIAMS: Next speaker, please.

PH.2.3

MS. TERNULLO: Hello, my name is Carol Ternullo, T-e-r-n-u-l-l-o. I have been living and paying taxes in this area for 45 years. And I'm speaking today because I am opposed to the Sutter plan for moving the hospital further away from the community and reducing the patient capacity of the building.

Over the years on several occasions I have had the responsibility of accompanying my son to Sutter Hospital when he had need of emergency healthcare, and also a good friend of mine, and I was always very pleased with the level and quality and kindness of the care that they received there. However, I would like to see that quality of care stay available to the people who need it.

I understand that the current hospital building is in need of repairs, and that seems to make more economic sense to build a new hospital facility. However, the proposed location does not seem to be a viable solution because, for one, that property costs more than property that is available here, say, for instance, in the Roseland district. And the greater Santa Rosa population would guarantee more patient use of the hospital if it was here in town. And it would guarantee patient use both by those who can afford it and those who can't.

As I understand, the hospital has already purchased the land near Windsor. My suggestion is that if they could sell it and buy something local that is more reasonably priced, it would be a benefit. Rather than remove the hospital to where it's unavailable to the indigent, I think it makes more sense to have a hospital located where it is convenient to provide preventive health education to the local population. In the long run would likely cut down on illness and disease in the community. A healthy population is a more productive population, which is good for all of us. It raises the standard of living and increases the tax bases which supports the amenities which make this a really good place to live.

As I understand, Sutter corporation is a non-profit organization which allows them a very good tax break, and this should make it -- help make it economically possible to sustain the operation of their hospital without cutting services to those in need.

As these current plans would be doing the opposite of that, I would like to see the whole idea reconsidered, possibly expanding the hospital more locally for the true benefit of Santa Rosa and central Sonoma County.

Thank you.

CHAIR WILLIAMS: Thank you.

Can I have the next speaker, please.

MS. PIRO: Good afternoon. My name is Royce Piro, and I live at 255 Darbster Place, and I'm here speaking for myself and also my neighbors in the Berry Brook housing development.

Our homes are adjacent to the Sutter and Wells Fargo property that we are discussing today. So I will proceed to read the letter, and I've already turned it in with the signatures of my neighbors.

"We, the undersigned residents of the Berry Brook development, have serious concerns about the plans for the new Sutter Hospital project. These concerns relate not only to the proposed location but also to the facility itself.

PH.2.4

"The Mark West Springs location presents a great many problems. Traffic congestion on Highway 101, even with the recent improvements, is very often a problem that would make transport by ambulance very difficult. When traffic is congested on 101, traffic immediately begins to shift over to Old Redwood Highway, causing major congestion and backup of the signals on that road. The DEIR itself states, quote, 'worsening of unacceptable levels of service at some intersections in the vicinity of the project due to the addition of project traffic, both in the near term and long term,' unquote. Most weekday mornings westbound traffic on Mark West Springs Road is backed up for miles as cars try to drop off children at two schools on Mark West Springs Road, turn left onto Old Redwood Highway to deliver children to St. Rose, Ursuline, or Cardinal Newman, or enter the Wells Fargo Center to drop off children at Santa Rosa Christian School, or just to make it to 101.

PH.2.5

"The addition of the estimated 4,600 to 4,950 daily vehicle trips that the Sutter project will generate makes this traffic problem a mind-boggling mess. Factor in the estimated 2,800 vehicle trips for a large Wells Fargo event, and you have a grand total of 7,750 vehicle trips flooding roads and intersections that are already at unacceptable levels. This is a formula for disaster.

PH.2.6

PH.2.7

"Helicopters landing on the proposed heliport directly adjacent to 101 will certainly distract drivers and even further complicate the traffic situation.

PH.2.8

"Another potential serious complication is the proposed new use permit for the Wells Fargo Center. Using the numbers provided in the new permit there is a potential of 72,000 additional vehicle trips per year to the Wells Fargo Center. The times allowed for these outdoor activities may well overlap heavy traffic times for the hospital and surrounding community. The roads simply do not have the capacity to handle these levels of traffic.

PH.2.9

"We understand that the majority of the population that utilizes the Sutter Community Hospital live miles to the south of this location in the more urban parts of the community. Many of the people who will be traveling to this hospital and medical offices will require public transportation and this presents another problem for the location. They will need to travel by city bus and then transfer to county buses. These two bus routes and schedules are not well coordinated and operate infrequently. This would make a medical center very inaccessible to those who need it the most.

PH.2.10

"Construction in this location would be con -- could be contrary to the county's general plan, including designation of the community separators. We seriously question whether Sutter showed due diligence in the selection of this location for their facility.

PH.2.11

"The proposed size of the hospital presents very serious concerns as to the ability to meet the community needs for healthcare that Sutter is required to provide through the healthcare access agreement. Where will these people go if Sutter has no beds available? Our small regional hospitals will be overburdened and required to pick up the slack, something they are ill-equipped to. Sutter has an obligation that they agreed to. They need to live up to that agreement.

PH.2.12

"As our homes are so closed to the proposed hospital development we have particular concerns. The DEIR quotes studies based on Sutter's current average of one helicopter flight per day. It also states, quote, 'It is not feasible to limit emergency flights to a hospital.' Logic tells us that this number will increase. Are there any limitations as to how many helicopter flights our neighborhood will have to endure?

PH.2.13

"Studies show that our neighborhood is already subject to noise levels that exceed the Sonoma County threshold of acceptability. Cumulative noise from the project will raise our noise levels even higher. Helicopter noise is ten to 15 DBA more annoying and intrusive than fixed-wing aircraft noise. Helicopter noise pollution has documented negative health effects on humans and it adversely affects classroom learning.

As we have noted there are numerous schools in the vicinity, including Santa Rosa Christian School in the Wells Fargo Center.

PH.2.14

"We will be further assaulted by the potential of amplified sound from Wells Fargo outdoor activities.

The new use permit would allow amplified sound on the south lawn from noon to ten p.m. potentially 44 out of 52 weekends per year, and on the east lawn, noon to nine p.m. 29 out of 52 weekends a year. This would be a huge and unacceptable intrusion into neighborhood homes and we strongly urge you to not allow this use permit to be approved.

"This is a seriously flawed project in a completely inappropriate location. We ask that you do not approve this project and require that Sutter build a facility that fully meets their healthcare access agreement obligation in a location more acceptable to their patient base and has less of a negative impact on the community."

Thank you.

CHAIR WILLIAMS: If there is someone here who can interpret, you may step forward and make your comments at this time.

PH.2.15

MR. ANGELES: Good afternoon. My name is Jose Luis Angeles. I work as a mechanic and as a professional comedian. I have a family of six children and we don't have health insurance. We have been living in Santa Rosa for about ten years.

I'm here to ask you why the hospital is moving far away from where most people live. Right now the hospital is in a central place and most of us can get there even though we don't have access to our own private transportation.

PH.2.15

We often don't have our own vehicles, and getting to a hospital that's farther away would be very difficult for us.

You need to understand the condition of healthcare that exists currently in the County of Sonoma. For example, I'm a person who was born with a congenital condition of dextrocardia, which means that my heart is located on the right side of my body. I need regular cardiac checkups. My visits to the cardiologist are always very expensive. I need chest x-rays two times a year at a cost of \$1800 every checkup. My work is not regular. My work is sporadic. As a mechanic, I don't work a full eight hour day, just two or three hours a day. For this reason, my budget is very limited. My income is between 1500 and \$2,000 a month. A chest x-ray means one month of my salary. And I need two of them a year. So as you could imagine, if I get sick with another condition, I can't go to the hospital because I can't afford to pay for it. And there are many of us in my situation who don't have the money to pay for medical care. So we don't go to the doctor and the cost of medical care keeps going up.

So the solution isn't to move the hospital farther away or to have a smaller hospital. If the hospital is empty it's not that we don't go because we are not sick, it's because we don't have the money to pay for care.

The solution is to have a hospital close to those of us who are low income and for the hospital to find a way to help those of us who need the help and who have low income to have more accessible care and be able to access and afford the medical services.

Thank you.

CHAIR WILLIAMS: Thank you.

I'll again reinforce, this is not a hearing this afternoon to rule upon the project itself, it's only to rule -- or to listen to comments, rather, on the EIR so that they may be put into a final EIR which then comes back to this body for a final decision on whether or not there is approval of the project.

So this is not to deal with the approval of the project this afternoon but simply to gain testimony on the adequacy and any additional comments on the EIR itself.

All right. The next speaker can proceed.

PH.2.16

MS. CORTES: Good afternoon. My name is Reyna Cortes. I've been living in Sonoma County for 20 years.

I'm here to ask you to not, please not move the hospital from where it is. If the hospital moves farther away, most of us will not be able to get there because we don't have a car, or if we do, we don't know how to drive. And it will be too far away for us to get there to where you are planning to move it. And if we get really sick or gravely ill the closest hospital might be full. And we are going to have to call the ambulance to take us to the hospital, which will be an added expense that we will have to bear. It costs about \$1,000 to ride in the ambulance.

I feel like I have the right to ask you this because I have worked in all kinds of different jobs. I have worked here at the jails and at the courthouse cleaning. I have worked here cleaning construction sites. I have

PH.2.16

worked at Krispy Kreme Donuts. I have worked at a nursery where they grow the plants that are distributed to all the stores and to all the gardens.

And I would like the hospital to stay where it is with the same number of beds that it currently has, because if you make it smaller there will be times when we might have to go to the hospital and there won't be room for us.

I think that's all. Thank you.

CHAIR WILLIAMS: Thank you very much.

Can I have the next speaker in line, please?

MR. GUSTAFSON: Hi, my name is Steve Gustafson, and I turned in a copy of my letter earlier.

Dear members of the Planning Commission: I am a neighbor living directly behind the proposed hospital development in the Berry Brook subdivision. I'm here today to urge you to reconsider the location of the Sutter Hospital.

The draft EIR demonstrates few, if any, advantages of building the new hospital for the poor and indigent in this isolated neighborhood far north of its current location. The vast majority of patients will access services by using city and county public transportation, which are simply inadequate at the present time, and look to become of less value given the state budget crisis.

PH.2.17

I encourage Sutter to re-examine some of the prospective locations in central Santa Rosa that offer greater access and would have less impact on an already overwhelmed neighborhood.

Part of the proposal to construct this new hospital includes enhanced outdoor entertainment for the Wells Fargo Center. As you are most certainly aware, there have been extensive investigations into this option, and given the sound and noise restrictions already in place, creates undue burden on the Larkfield community and the patients of the Sutter Hospital.

I was always under the impression that there needed to be a quiet zone around a hospital. I don't know if that's still true or not, but I know when I drive by Memorial there are signs up you are not supposed to honk your horn and all that. It just seems like a conflict of interest to put an outdoor entertainment theater area with amplified sound next door to a hospital. I just don't get this.

But I thank you for your time and your consideration in this matter.

CHAIR WILLIAMS: Thank you.

Next speaker, please.

PH.2.18

MS. WERCKMANN: Hello. My name is Tracy Gorman Werckmann, W-e-r-c-k-m-a-n-n. I live in Petaluma.

I'm a nurse at Petaluma Valley in the operating room. And I'm here to speak on behalf of the patients that would be having to travel the distance to the new proposed site.

PH.2.18

I see patients that are so critical, every second counts, and to be that far away from the population that is going to be using the facility is not to the benefit of the people in Sonoma County. There are many, many other areas that it could be located.

And the other concern I have is the amount of beds. Petaluma Valley has 50. Now, I don't see how Sutter could get by with 70. It's -- it would have a much greater need than 70 beds.

PH.2.19

And I am an advocate for the people that don't have cars that cannot get to the facility that far away without buses, so I think that's definitely something that needs to be considered. And that's pretty much -- but patient safety is number one, in my book.

Thank you.

CHAIR WILLIAMS: Thank you.

Can we have the next speaker in line, please?

PH.2.20

MS. LANSDOWNE: Good afternoon. My name is Melinda Lansdowne, L-a-n-s-d-o-w-n-e.

I am a registered nurse here in Sonoma County and a member of the California Nurses Association. I'm here to speak about the concerns of my colleagues and the patients on the subject of timely access to hospital care. This environmental impact report alludes to the possibility of delays for patients attempting to get to the proposed hospital due to insufficient road network and a lack of coordinated public transit.

As a nurse and for the past 22 years, I know all too well the risks to our patients who have not received care in a timely fashion. Higher mortality rates, longer hospital stays, increased complications are the rule when patients are not -- when they don't have timely access to E.R. care, acute care facilities, or diagnostic services.

I ask the esteemed members of the commission to show all due diligence in thoroughly examining and accessing whether this site is the -- can be accessed in a safe and timely manner for the residents of Sonoma County.

PH.2.21

I would also ask, what is Sutter's plan for the hospital after 2016 when the contract with Sonoma County is done? My belief is that they plan to make it a private hospital after that to get better reimbursement from Medi-cal and Medicare.

Thank you very much for your time.

CHAIR WILLIAMS: Thank you.

Can we have the next speaker in line, please?

MR. HESS: Do I sign in?

CHAIR WILLIAMS: If you have a card to submit. There are some cards available for you to submit with your name on it.

MR. HESS: I'll take it and do it.

My name is Hamilton Hess. I live at 255 Ursuline Road in Larkfield area. I might ask, when will we have an opportunity to address the project itself, the yes or no on the project?

MS. BARRETT: The way the process works is that we first look at the draft EIR to see if it adequately addresses all the issues, so after today, all of your comments will be given to the consultants to address, and they will prepare a final EIR. And when that final EIR is ready there will be a notice put out for a hearing on the merits on the project. So we don't have a date for that yet, but it depends on how much testimony we receive.

MR. HESS: All right. I understand. And I will try to follow the ground rules and speak only to what I believe to be inadequacies in the draft EIR, but it's a big document and I may have missed something.

PH.2.22

With regard to traffic, the EIR is very, very clinical in its approach, facts, figures, but not much of a context in terms of the realities of the traffic. There are the four grammar schools, the three high schools, and the Christian school at the Wells Fargo Center, all of whom are served by parental delivery and parental pick up, and the confusion in the streets at those times of day is very heavy, particularly in the localities of the schools, and I don't think that that was adequately looked at.

PH.2.23

Also, the commuting population to and from Lake County and Napa County provides a fairly immense volume of traffic, both morning and afternoon, and that, in combination with the schools, and then in combination with the hospital, all of that mix needs to be considered as a composite, which it is not.

The number of trips to be generated, that are expected to be generated by the hospital, should it be built, 4,900 is a staggering number of trips. The traffic in the area already on the human level, and I'm not talking about the clinical numerical level, but on the human level, is extremely heavy, bothersome, treacherous. Older people find it difficult to drive through it at certain times of the day. That also needs to be addressed, again as a composite and as a human factor.

PH.2.24

Public transportation, again, seeming inadequacy of its recognition of the lack of public transportation and the fact that you can't just snap your fingers and say, "Well, oh, okay, we are going to recommend better public transportation," because in this climate, economic climate, and political arena, it's not going to happen, if it happens at all.

PH.2.25

Two years of heavy construction noise. Again, a fairly clinical approach. What do two years of heavy construction noise mean for the population, particularly the residents of Berry Brook? It will be overwhelming.

PH.2.26

Also, other noise factors have been pointed out, that the outdoor entertainment center at Wells Fargo will generate noise. The Cardinal Newman High School during games generates loud speaker noise all over the region.

So, and then the noise from emergency helicopters that's been mentioned before, I'm wondering, I haven't consulted the people at Wells Fargo Center, but I wonder how a helicopter and a Beethoven symphony or an outdoor exhibition go together. Not very well, I don't imagine.

PH.2.27

And in terms of alternatives to the present project, extremely weak. It doesn't really pay attention to the realities of the situation. There's been

poor hospital planning in Santa Rosa generally. One would think that a -- well, Sutter isn't exactly a newcomer, but a second-time-around comer, would think more carefully in terms of the planning of hospital care and that the EIR would address that.

**PH.2.27**

I guess all of you know that the Southwest Community Santa Rosa Health Center, presently located on Stony Point Road with various clinics and branches in that area, where it serves the population which is desperately needed down there, that is now moving to the Fountaingrove location, putting another facility out of reach of many of those who need it. And, again, in north Santa Rosa. We just don't need another one in north Santa Rosa in the terms of Sutter's move.

So, I believe that the -- what appears certainly to be the misplaced location in terms of alternatives to this present project was simply not adequately dealt with.

Thank you very much.

CHAIR WILLIAMS: Thank you.

May I have the next speaker, please?

MR. SITZMAN: Phil Sitzman, S-i-t-z-m-a-n, 121 Dorchester.

And I've been speaking at all these different meetings for the group from the very beginning, because Dorchester is basically straight east of where this facility's going to be. And my feeling, after looking at all the things, that basically this is following a gold rule, the gold rule is who has the gold makes the rule.

**PH.2.28**

Now, Google State of California and helicopter landings as pertaining to schools, and it's written in there that within 1,000 feet of their property, not where the helicopter is supposed to land, but their property, and a school, is not allowed within 1,000 17 feet. But, you know, if you've got the gold.

There's a school by the Cricklewood, well within, and the two high schools, well within. But their solution is to go to Sacramento where they go, let me see, Santa Rosa is somewhere north of San Francisco, isn't it? Yeah, so what we are going to do, we are going to have a helicopter come in over what used to be the Hungry Hunter and fly over the freeway, which wouldn't cause any troubles at all, and then do a tight turn and land where it says the proposed helistop.

**PH.2.29**

Unfortunately, I don't think anybody on the committee talked to either the sheriff's helicopter pilot or their REACH helicopter pilot. And I don't see a helicopter pilot here, so I can't vouch for good testimony, other than, in the navy I was in radar, and my job on two different ships was to direct the ship a certain course so that the helicopter would land at the best course.

Now, as an example, go to Memorial. They circle over Montgomery Village and head straight west and land. Where the hospital is right now, they circle to the east and come over Cobblestone homes, which you probably saw a flock of them come in here when they started doing the helicopters, and land.

What's going to happen here, I guess, after the building is built is, well, we can't change it because the building's already built, is we are going to

**PH.2.29** | come in straight from the east, like we have already given examples, right over my house. I'll be pissed.

**PH.2.30** | Now, those people that are really concerned about not very many beds in the hospital, let's go look at examples. If you gave Memorial a couple of extra acres, would they expand? Yes. They are desperate for area. Same thing with what happened up at Community, if they had more land up there and they didn't have the earthquake thing, they would expand up there. Kaiser, yeah, they've done a little bit of an expansion.

**PH.2.31** | And I propose, by looking at the buildings at the Wells Fargo right now, that within five to seven years, you are not going to be worried about so few beds. It's going to be a huge complex, and once that's done, the first step, the other steps are, well, you can't have part of a hospital here and a part somewhere else. We are going to have to build it there. And you are going to really see some nightmares as far as traffic and other things like that.

And I don't see any of the people in my neighborhood here, because they have to work. They have to work to pay the taxes. So that's why I came down to visit you.

Thank you.

CHAIR WILLIAMS: Thank you.

Can I have the next speaker, please?

**MR. HANSEN:** Hello, my name is Carl Hansen, and I live in the Berry Brook development. And my concern is narrowed to the Wells Fargo Center For the Arts.

And in order to sustain the point I want to get across and the request I would make of the Sonoma County permit department, needs me to go back on a little bit of history.

**PH.2.32** | The hard thing about these kind of things, when you are putting a heavy burden on an area like you are or you are thinking about doing is that it affects people. And it is hard to get people to empathize. I doubt that there are any staff at Sutter, sure to be built there, or at Wells Fargo Center for the Arts or Wells Fargo Bank administrators that are decision makers that live in that area. I would bet you they don't. So how do you get people to listen and to feel what you are feeling?

Well, I'm going to talk about a permit that's being requested now from Wells Fargo Center For the Arts and I'm going to go back ten years when I moved there and what we went through, very briefly, if I can, because that's important to the final point I want to make.

In the beginning, as far as I can remember, the only outdoor amplifying event was a religious event every Sunday morning one-minute walk or less from our fence, our mutual fence with Luther Burbank Center For the Arts. And it started around 7:30 or so and went on for a couple of hours, singing and so forth and so on.

Now, we all know how we feel about religion. We like our own brand; other brands might irritate us. You could hear it in the patio in the backyard, you could hear it in the house, Sunday morning, and you could feel it, the base notes.

PH.2.32

And then it went to outdoor concerts. And they were really loud. And you could really feel it anywhere in your house, all day Saturday and Sunday, depending on what the event was. And you couldn't have peace. And you could feel the music. You know what I mean, when you are at an intersection and one of those cars come up with the big speakers? It's irritating, you don't want it, and you can't wait to move on.

We contacted the Center of the Arts, Center For the Arts, and they didn't get it. They needed to raise money. We went to the newspaper. We went to the permit board; very professional treatment there. We hired our own sound person, and what do you think? They were going over a maximum decibel limit that was more generous than it is actually now.

So we went back to the county and the county says to the center, "You got to get a sound engineer and reconfirm what's going on." And they did. Somebody who wasn't selling berms or mediators, you know, sound walls, somebody who was an engineer and was honest. And we met as a group with the center's staff. And he said, "You can build a berm around this eastern event area," where they have a tent, permanent tent, "and you can put up a sound thing, but sound is like water, it will go up and come down and go around. So it only does a little bit."

Well, the current request is for a similar thing in that area. And if it doesn't work, it's a waste of money, but the issue is, after Wells Fargo -- Luther Burbank Center at that time listened and heard and saw what was going on, they did 180 degree turn. They apologized to a large group of us, or the director did. He had us come into meetings. He had us go through talks. He showed us what the campus was going to look like back in time when they designed meditation gardens, they were going to have several storage parking area. We were concerned about the landscaping. Sutter was very good at that point, they had public meetings, staff were very cordial. We got cell phone numbers we could phone. We talked about the traffic, and how the area looks on Mark West Springs Road, the fact that the northern part has a path this narrow (indicating) in the dirt, this far from speeding cars going to the freeway with many, many women and children walking that path every day from that apartment or condo complex. That needed to be fixed. And the place needed to be spruced up.

The Sutter Hospital invited several of us to sit in on an interview of potential landscape architects to evaluate them, give them feedback, which we did. It was fantastic. The director at that time, I phoned him and I said, "I'm worried about the dozen redwood trees around the 101 and Mark West Springs Road."

And he says "Why."

"Because people are camping there." I said once your campus, do you want that happening?

He says, "Walk me down there."

And I showed him the narrow path. We got to the redwood trees, the branches go down to the ground, underneath is what you expect to see: Whiskey bottles, beer bottles, cigarettes. I found an intravenous needle, which I hope I disposed accurately. That's something. That's a real -- that's empathy, at least for that period.

So here we are not going to have outdoor concerts, according to this permit, but we are going to have outdoor events. What does that mean? They are not going to have music at weddings? They are not going to have music at maybe an outdoor religious gathering?

By the way, in that old design, Luther Burbank says, "We are going to raise money and we are going to build an amphitheater halfway underground with a dome over it next to the freeway on the southwest part of our property."

And we went, "That sounds like it's going to work. That would be great." But here we are again.

And does the county need to waste time going through another project like that? Do we need to go through that heartbreak? Because they are going to have small, medium, and large, and in this permit the medium and large can have amplified sound.

So who's going to measure it? Is the Wells Fargo Center going to measure the decibels?

**PH.2.32**

CHAIR WILLIAMS: Sir, I'll reinforce again about the adequacy of the EIR being the subject of this afternoon's meeting. If you care to address issues related to the Wells Fargo Center, it might be at another forum where that can be adequately addressed. But that doesn't enter into at this point your comments regarding the adequacy of the event center, or events, don't relate.

Unless you have some specific comments about the EIR related to the hospital, we would be glad to hear that, but we have other people who wish to speak.

MR. HANSEN: I understand what you are saying and I'm not that sophisticated around those distinctions.

Can I just end it in a couple sentences, since I'm right at the end?

Sound cannot -- you can't have somebody out there when there's an event going on with music or vocal noise. You can't send them out and say, "Hey, if it's too loud go to the group and tell the stage group to turn it down." You have to have a scientific thing, and you are measuring that sound, all day long, during events. And events in this new permit request can be as much 12 hours.

That's it.

CHAIR WILLIAMS: Thank you very much for your comments.

MR. HANSEN: Thank you.

CHAIR WILLIAMS: Also, to reinforce the fact that we stated at the last opening of this public hearing, that those who have spoken at that time would not be speaking at today's hearing. So anybody who has spoken in the previous hearing, we would ask that they restore or -- refrain from commenting this afternoon and wait until the final EIR hearing is held before this body. So if you have spoken before we would ask you not to speak again this afternoon.

MR. STEGEMAN: Chairman Williams, members of the commission, my name is Scot Stegeman, and I'm going to speak to a few specifics in the EIR and then a few

general comments. First specific comments are mostly relative to the utilities section of the EIR.

**PH.2.33**

First is relative to the well they are proposing to use. They dug a 510-foot-deep well, did a drawdown test on it, a one-day test, and then tested the localized implications on other wells by testing or sampling a well that was 1,500 feet away and was described as a shallow well. And they said there was limited drawdown.

I have two problems. One is, they left out any estimation of recovery rate after drawdown, which is one of the other things you need to know, what the behavior is underground when you are doing a deep hole.

Secondly, why would you use your comparison with a shallow well 1,500 feet away when the most obvious one to test is, if you want to understand the effects going on, would be the existing Wells Fargo well, which is much closer, is a deep well, going into the same area? So if you are overtaxing that, wouldn't it be a good idea to understand the synergistic relationship between those two wells by having a drawdown test done that includes that one as well?

**PH.2.34**

Secondly, the mitigation on the sewer hookups, this is mitigation measure UT-4C. This is where they need to reduce -- they have to ratchet down the flows more and more. And the final decision is they can't do it enough internally to reduce their flows in terms of low-flow toilets and low-flow faucets, so there is a program that they will fund to retrofit other users already hooked into the system outside of LBC, outside of Sutter. You know, these are third parties. And it's an incentive program. And that's described as a mitigation that is contributing to a finding of no significant impact.

And my question firstly is, I'm not sure that's enforceable. Sutter doesn't have the ability to compel people to switch out so you basically adopted a mitigation that they can't deliver on. CEQA has oversight power over the program as it's executed, but it is not an implementer.

One, I'm not sure it's a legal mitigation. Even if it is, how practical is it, because the wording is they don't get an occupancy permit until they have accomplished this. I started thinking, is it building by building then, that you will construct a building, get an occupancy, whittle that much off, or is it occupancy of all of them? It's not entirely clear when you read the literal language of the mitigation. And I just question whether -- I mean, what's the county going to do? Have the building be built and then refuse to issue an occupancy permit if they don't get there, have it sit vacant for a year, two years or more? Alternatively, are you going to have Sutter go ahead and buy those credits now before they have done any of the buildings and got any of the final permits and approvals? I mean, I appreciate the sentiment to try and get this done, I'm just not sure it rises to being qualified as a mitigation under CEQA that you rely on.

**PH.2.35**

Relative to the water flow also, there seems to be at least one internal inconsistency in the EIR in the traffic analysis section, 3.15-44. The assumption is that the medical office building will have 250 employees or occupants of it. Next section, which is the utilities section and 3i16-9, they assume that the maximum will be 200 employees or occupants of that building. So it suggests that the water analysis was predicated for that building on an unfortunately inaccurate number because the traffic analysis did use -- is based on ITE numbers.

**PH.2.35** So my question is, which -- you have an internal inconsistency, which one is right and which is wrong? It's hard to determine right now. But something needs to get recalibrated.

And then in terms of the two general comments, my first is that the project and the setting in general has left out a couple key elements. Relative to Wells Fargo, there's almost no description of what is actually going on there. There's no list, comprehensive list of building square footage and use. There's no statement of how many employees really are there and what their shifts are, and that's a known quantity. This isn't a new unknown project, they are there, you can have hard numbers out of them if you wanted.

**PH.2.36** There's no hard data on parking. The only parking sample they have for general non-event is one day in the year 2004. That's it. Their entire assumptions about baseline parking demands at Wells Fargo is one day, 2004, on what they said was a non-event day, and they don't even define what they characterize as an event to make that determination.

So I think you really don't have much of an idea what's going out there on the ground. And it seems like since they are half this partnership, seems like that's kind of an indispensable thing to get pinned down.

**PH.2.37** It doesn't even say what their current use permit is. They are getting a modification of a use permit and the EIR says what's being proposed is generally consistent with what's already going on. Generally is one of those words that makes me nervous, because if you can say it is consistent, they would have, which means something isn't quite lining up. And to know that, you need to have the old use permit in the EIR, the new use permit in the EIR, and do a side-by-side comparison so it's clear what's changing. And right now that's not clear at all.

**PH.2.38** The other -- well, and relative to Sutter, the portion that's left out is the agreement between the county and Sutter, which actually sets specific limits and requirements and standards for what's going to happen in that facility. That, after all, is why this is all happening.

You are under an agreement with Sutter, you can't keep using the Chanate facility, you have to move to a new facility. The key driver on that is the contract, an agreement with the county and Sutter, and yet, that gets scarce mention in this at all, and yet that is the hub of everything that's unfolding here.

**PH.2.39** Lastly, the Indirect Impacts Analysis. And my comment on that is that all it looked at was effects, minor effects on the bed count and bed utilization in the other district hospitals. And I think if you want to get a realistic sense of the lay of the land, read Sutter's own business plan, the updated one of 2008, because it provides a very sober and grim picture of what is going on out there in the world. And so when the Indirect Impact section says "couple of more patients here, a couple there," you know, how can it be a big deal?

It's a big deal, because if you look at the business plan it shows that most of the district hospitals have been operating with a very high level of existing vacant bed rates. So saying "a couple more patients here, a couple there," what the dynamic would be, you have to start by knowing how much trouble all of these institutions are in before you can say with any confidence, "Oh, a little giggle, they'll ride it out, it'll be okay."

PH.2.40

There's no discussion of any economic impacts of the medical office building itself. What's the vacancy rate of medical office space in Sonoma County, and in which communities, and in what proximity to the district hospitals that's creating that medical office building designed not to serve Sutter's regular doctors but the affiliated doctors and independents? Are you going to see an exodus from other medical office business centers to that hospital facility and that office with it because of the advantages of that? Are you going to see a reduced ability for district hospitals to have and maintain doctors in residence? Because if you are an exclusive affiliate with Sutter, then you can't practice at another hospital.

So, and there is no discussion of that issue at all, yet that's another key driver in what makes the district hospitals viable, is the ability to attract and retain doctors.

I won't take up any more of your time.

Thank you.

CHAIR WILLIAMS: Thank you for your comments.

They will all be addressed as a follow-up to the preparation of the final EIR.

Can I have the next speaker, please?

MR. ARTHUR: Hello, my name is Brent Arthur. I'm with the Climate Protection Campaign. I want to thank you for this opportunity to comment on the draft EIR for Sutter's proposed site.

PH.2.41

As you can imagine, the campaign is deeply concerned about the effects of greenhouse gas emissions on the earth, and especially so when local decisions can reduce those emissions.

In 2005 all nine Sonoma cities and the county established the goal of reducing greenhouse gas emissions by 25 percent below 1990 levels. This goal since has been included in Sonoma County's general plan, as well as our Community Climate Action Plan, and the Sonoma County Transportation Authority's 2009 Comprehensive Transportation Plan.

In section 3.4 of the EIR the EIR fails to properly assess the impact of the project on the county's greenhouse gas emission reduction target and could do more to describe mitigations of other associated greenhouse gas emissions.

PH.2.42

We have several questions about section 3.4, as well as the analysis of alternatives. First, the inclusion of a business-as-usual level of greenhouse gas emissions supplied by Sutter should be scrutinized in the final EIR and should not be compared to the proposed project to show an 11 percent reduction in emissions, because the proposed project is significantly smaller than the current facility.

PH.2.43

In analyzing alternatives to the proposed project, greenhouse gas emissions need to be factored into the equation. CEQA guidelines do not require that emissions for alternatives be studied as thoroughly as the project that's proposed, but they should be included in the qualitative measure, so, you know, we can tell what's the advantages of the alternatives.

PH.2.44

Finally, as a mitigation, the developer should pursue a zero energy status for the proposed project, and do considerably more to address the transportation effects that result from building outside the current urban-growth limit.

Thank you again for your opportunity to give comments here. The Climate Protection Campaign will submit these comments electronically today, as well.

Thanks.

CHAIR WILLIAMS: That's good. Thank you very much.

Do I have anybody else in line to speak at this time? If so, if they can please step forward.

PH.2.45

MR. CORDUM: Bill Cordum (phonetic), Petaluma. I came up just to remind you that about 76 hours ago the county and its cities put together a new authority, the Climate Protection Authority, and they are to address climate protection. And it seems like you are worlds apart from that effort, in that this project, and I'll use one example, will have 900 new parking spaces, added to the 900 that are already there. That's 1800 parking spaces. There's been a national study on how you address greenhouse gas problems, and land use is a major factor.

PH.2.46

Unfortunately, this new authority, which of course is just the transportation authority changing their hats and addressing climate, and appropriately so because transportation is the biggest producer of greenhouse gas in this county.

PH.2.47

And it's ironic that you in charge of land use planning have the control here, and that new entity has no control over land use. And I think that you should look into their goals and confer with them and come to a better conclusion than to put this very auto-dependent operation on that site.

PH.2.48

Taxpayers of this county are making a major investment in a whole new transit system. First time in history that you have a chance to ask a job-creating industry such as this to locate near transit. You had never had that opportunity up to now, now you have that opportunity, let's address that. And I hope you send that message to the supervisors when they hear this.

Thank you.

CHAIR WILLIAMS: Thank you.

Seeing nobody else in line, lined up along the wall, I'll ask one more time if there's anyone else in the audience who cares to make a comment about this EIR and ask them to come forward.

PH.2.49

MR. SITZMAN: Only thing I would like to ask, how can we find out about other meetings like this? It wasn't published anywhere I've seen in the paper.

MS. BARRETT: It was published.

MR. ELLISON: Yes, posters were put up in the neighborhood. We had also did a mail-out to 1,000 foot radius, and it was published in the Press Democrat twice, a legal notice.

PH.2.49

So if you wish to be placed on the direct mailing list you can contact me at Ken Ellison over at PRMD and I can add you to the direct mailing list.

MS. BARRETT: Or you can also, if I might add, fill out one of those speaker cards and hand it to the clerk here and we will put you on the list today.

MR. PHIL SITZMAN: It's funny, you said 1,000 fight. Were the schools notified? Is anybody from one of the schools here?

MR. MURPHY: This is recorded.

CHAIR WILLIAMS: This is a recorded public hearing.

MR. MURPHY: This dialog can't go outside of the recorded ability.

CHAIR WILLIAMS: Thank you. Reinforce that.

I'll just state that all those that put speaker cards up will get on the list and be mailed additional notifications.

Yes, sir, you may proceed.

MR. BRAUN: I'm Guenther Braun. I live in the Berry Brooks community. G-u-e-n-t-h-e-r, last name, B-r-a-u-n.

PH.2.50

I urge that the EIR report definitely give adequate consideration to various different what-if scenarios, and I don't know if they have done that already. I feel very concerned about it.

PH.2.51

One scenario, and I'm going to keep it brief, would be a major fire at the hospital, emergency evacuation of staff and patients trying to get out into a safe area with the fire department trying to get in. And under that scenario, how is this one road going to handle the safety in-and-out traffic, a quick response to where the response is needed?

PH.2.52

Second scenario would be that the theater is finishing a show at five p.m. with the next one starting an hour later, hospital staff change at five p.m. How is that traffic going to be handled? Who has priority, the hospital, hospital staff, or the theater? A separate theater road would be a solution.

So there are various what-if scenarios which can be put together, analyzed, and good decisions can be made. And I'm urging that that is being taken care of.

Thank you.

CHAIR WILLIAMS: Thank you.

Now that I see that we have heard all the public testimony, I would ask the applicant if they would come forward and make any final statements before we close the public hearing on the adequacy of the EIR, comments of which will be generated and you will be notified again when the next hearing will be with regards to the final EIR.

Does the applicant wish to come forward and make a statement?

MR. COHILL: We have no further statement to make. Just want to thank the commission and the staff for their hard work.

CHAIR WILLIAMS: I will now bring the comments back to the commission, see if there's any additional notes we want to go. I made a significant number of notes based on the testimony this afternoon, which I think is going to be adequately picked up, in order that those comments can be addressed and be put into the final EIR.

PH.2.53

MR. MURPHY: I have a couple. I did want to follow-up that, as this is a draft EIR, the contractor for the applicant will, in the final EIR, theoretically respond to every question asked. And if not, that's the basis for any further appeal.

PH.2.54

But two things that I was unsure of, once before I did ask whether staff would look into and felt that the potential indirect environmental impacts, which we don't go into the financial impacts of the community but we do go into redistribution or patient distribution within the county itself and what those impacts are. And that follows up Mr. Stegeman's comment a little bit.

PH.2.55

Likewise, in the draft EIR there was a significance placed on the visibility of the alternative sites to 101, and I was curious as to why that was a significant criteria for evaluating alternative sites.

PH.2.56

And then once again, I think the only other question was the last one brought up by Mr. Braun, the environmental effects -- not so much the environmental effects, but the alternatives to safety for, you want to call them disastrous events, on traffic, and how those would be mitigated.

PH.2.57

And I'm hoping, I'm really hoping that the traffic and access part of the document is fully explained as possible, particularly if there are alternative negotiations for greater expanded community access by public transit, or talks that have been going on with our transit agencies to reroute from previous -- the previous place of providing healthcare to this place, and in conjunction with Kaiser, because if this project goes forward it will lend itself to a north county kind of healthcare community that may be well served by public transit.

PH.2.58

The last comment I will make is that, throughout the county there are many people who are underserved by both transportation and health needs, and although the southwest community is particularly hard hit, I want to remind them as well that there are areas northeast and west of them that have just as difficult time reaching healthcare, at least at their need levels. So although it may be tougher, it may be of a greater advantage to other parts of the county that don't have any access to community transit.

CHAIR WILLIAMS: Yes.

PH.2.59

MR. BENNETT: I have no questions at this time. I think most of my concerns have been answered. I think Commissioner Murphy's comments on transportation echo my own, as well.

CHAIR WILLIAMS: Ms. Cook.

PH.2.60

MS. COOK: Certainly the issue on transportation. I also, I had some questions relative to the air quality component and the anticipated exceeding the operational greenhouse gases regarding the new anticipated thresholds and the proposed mitigations relative to LEAD certification and coordinating with Sonoma County Transit; those seemed vague. I don't believe I read what level of LEAD certification the proposed project would be

PH.2.61  
and

PH.2.62

PH.2.61

and

PH.2.62

seeking. So I'm not all that clear and would like some clarification on those particular points.

CHAIR WILLIAMS: Okay. Thank you.

PH.2.63

PH.2.64

PH.2.64

PH.2.65

MR. LYNCH: I, too, would echo a lot of concerns people have with traffic. And in particular, the use permit for Wells Fargo, as well, that that be really viewed. You know, what are the combined impacts of Wells Fargo and all these schools and everything. And also with the greenhouse gas component, certainly.

But also, you know, a naive question about, does it all have to be up there or are there buildings still on the Chanate campus area that may be able to be re-utilized that are able to be retrofit for earthquake that we may still have possible presence in the Chanate campus, along with the possibilities with the new location.

CHAIR WILLIAMS: Okay. Thank you. I think there were some significant items raised today, and I think they will be addressed in the final EIR.

And just to reinforce the fact that today at five o'clock is the last time for any comments to be submitted. So if you do have some comments you wish to submit with regard to this item, you can submit them up until five o'clock today. This public hearing is closed, but those written comments can be filed until five o'clock today.

Are there any other issues of the commission?

Seeing none, that concludes this afternoon's meeting. We are adjourned.

(The proceeding concluded at the hour of 2:30 p.m.)

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See responses to Comments O.13.1 through O.13.9.

**Response to Comment PH.2.2 (Sami Donahue)**

*The commenter's statement at the public hearing repeats the comments made in the commenter's submitted letter.*

See response to Comment I.5.1.

**Response to Comment PH.2.3 (Carol Ternullo)**

*The commenter's statement at the public hearing repeats the comments made in the commenter's submitted letter.*

See response to Comment I.4.1.

**Response to Comment PH.2.4 (Royce Piro)**

*The commenter's statement at the public hearing repeats the comments made in the commenter's submitted letter.*

See response to Comment I.7.1.

**Response to Comment PH.2.5 (Royce Piro)**

*The commenter's statement at the public hearing repeats the comments made in the commenter's submitted letter.*

See response to Comment I.7.1.

**Response to Comment PH.2.6 (Royce Piro)**

*The commenter's statement at the public hearing repeats the comments made in the commenter's submitted letter.*

See response to Comment I.7.1.

**Response to Comment PH.2.7 (Royce Piro)**

*The commenter's statement at the public hearing repeats the comments made in the commenter's submitted letter.*

See response to Comment I.7.2.

**Response to Comment PH.2.8 (Royce Piro)**

*The commenter's statement at the public hearing repeats the comments made in the commenter's submitted letter.*

See response to Comment I.7.3.

**Response to Comment PH.2.9 (Royce Piro)**

*The commenter's statement at the public hearing repeats the comments made in the commenter's submitted letter.*

See response to Comment I.7.4.

**Response to Comment PH.2.10 (Royce Piro)**

*The commenter questions whether the proposed project is consistent with the County General Plan, including the policies governing development within a Community Separator.*

The DEIR evaluates the consistency of the proposed project with the County General Plan 2020 in Section 3.10, and concludes that the proposed project appears generally consistent with the applicable land use plans, policies and regulations, including the General Plan. As the DEIR notes on page 3.10-16, the Board of Supervisors will make the ultimate determination whether the project is consistent with the General Plan. As noted on page 3.10-5, the proposed project site is designated as Public/Quasi-Public (PQP) and the operation of hospitals is among the land uses permitted within areas designated as PQP. With respect to the specific General Plan policy mentioned by the commenter, the project is not located within a community separator and does not include any development within a community separator.

**Response to Comment PH.2.11 (Royce Piro)**

*The commenter states that the size of the hospital presents serious concerns regarding the community need for health care and the ability of smaller regional hospitals to pick up the slack.*

The comment relates to the merits of the proposed project rather than to the environmental impacts evaluated in the EIR. The comment will be included in the record before the Planning Commission and the Board of Supervisors when they consider the merits of the project.

See also Master Response F: Indirect Environmental Impacts.

**Response to Comment PH.2.12 (Royce Piro)**

*The commenter questions the number of helicopter flights.*

Master Response A: Helicopter Operations discusses the number of helicopter flights, and this was also evaluated in the DEIR (Section 3.11, Noise and Appendix G-5 and G-6 and I-2).

**Response to Comment PH.2.13 (Royce Piro)**

*The commenter is concerned about increased noise levels.*

This comment includes two specific contentions: (1) helicopter noise is 10 to 15 dBA more annoying and intrusive than fixed-wing aircraft noise; and (2) helicopter noise pollution has documented negative health effects on humans and it adversely affects classroom learning.

Most people do find helicopter noise more annoying than noise from fixed-wing airplanes largely because of the impulsive character of helicopter noise, sometimes referred to as "blade slap." Helicopters that would use the proposed Sutter helistop will adhere to best practices established within the helicopter industry to reduce noise impacts to the minimum. For example,

pilots flying over neighborhoods utilize the practices described by the Helicopter Association International (HAI) in its “Fly Neighborly Guide.” (Personal communication from Ken Brody, Mead & Hunt, dated 3/9/10.) Also, flight routes for final approach and initial departure from the helistop are designed to avoid nearby residential areas. See Master Response A: Helicopter Operations. Section 9.0 of the DEIR on page 9-4 has been revised to add the following reference:

Helicopter Association International. 1993. Fly Neighborly Guide. Produced by the Fly Neighborly Committee of HAI, Alexandria, VA.

As noted in the DEIR at page 3.11-1, exposure to high levels of noise causes hearing loss, but the principal human response to noise is annoyance. While studies have shown that frequent exposure to high levels of transportation noise can adversely affect health and classroom learning, the noise created by helicopter operations at Sutter will be neither loud enough nor frequent enough to produce such effects. See DEIR page 3.11-34 (concluding that the Santa Rosa Christian School and other schools in the vicinity of the site are outside the noise contour applicable to sensitive land uses).

#### **Response to Comment PH.2.14 (Royce Piro)**

*Commenter is concerned about amplified sound from Wells Fargo Center.*

See Master Response G: Existing and Proposed Uses at the Wells Fargo Center which summarizes the discussion of this issue in DEIR Table 2-3. As noted in the DEIR, one of the project objectives is to revise the existing use permit for the Wells Fargo Center so that events are conducted in compliance with County General Plan noise standards (DEIR, p. 2-3). As noted in the Master Response, the new use permit will impose greater restrictions on the use of amplified sound at the Wells Fargo Center compared to the existing use permit. The project also includes construction of a berm to reduce noise from events historically allowed on the East lawn (DEIR, p. 2-16).

#### **Response to Comment PH.2.15 (Jose Luis Angeles)**

*Commenter is concerned about the location of the hospital and access to a hospital that is located further away.*

As noted on Figure 6-2 in the DEIR, and as further explained in Master Response C: Site Selection and Alternatives, the proposed new Sutter hospital is centrally located with respect to Sutter’s overall patient population and the population of uninsured and under-insured patients that use Sutter. Also, as noted at page 3.15-94 of the DEIR, the proposed project has better public transit access than the current Chanate site. Both Sonoma County Transit and Santa Rosa Transit have indicated that, if the project is approved, they will consult and coordinate with the County and Sutter prior to the operation of the hospital on bus service times, so it can be expected that transit access will be further improved as a result of this coordination (Personal communications to Tom Minard of Sutter Health in meetings with Sonoma County Public Works, Sonoma County Transit and City of Santa Rosa representatives, including Steve Schmitz, Sonoma County Transit, February through May 2009, and Steve Roraus, Santa Rosa City Bus Operations Superintendent, 2010.)

**Response to Comment PH.2.16 (Reyna Cortes)**

*The commenter is concerned with the location of the hospital and with the size of the hospital.*

With respect to the location of the proposed hospital, see response to Comment PH.2-15. With respect to the size of the hospital, the Sonoma County Department of Health Services is evaluating the size of the hospital as part of its analysis of Sutter's business plan, and will make a recommendation to the Board of Supervisors whether Sutter's 2008 Business Plan can meet Sutter's obligations under the Health Care Access Agreement. The commenter's position on the size of the hospital will be part of the record before the Planning Commission and the Board of Supervisors when they consider the merits of the proposed project. Also see Master Response D: Alternative Transportation and Public Transit, Section 3.5.2 (Bus Transit) and Master Response F: Indirect Environmental Impacts.

**Response to Comment PH.2.17 (Steve Gustafson)**

*The commenter's statement at the public hearing repeats the comments made in the commenter's submitted letter.*

See responses to Comments I.6.1 and I.6.2.

**Response to Comment PH.2.18 (Tracy Gorman Werckmann)**

*The commenter expresses concern with the location of the hospital and travel time to the hospital.*

As noted on Figure 6-2 in the DEIR, and as further explained in Master Response C: Site Selection and Alternatives, the proposed new Sutter hospital is centrally located with respect to Sutter's overall patient population. The DEIR also evaluates emergency access on page 3.8-7 and concludes that the project improves emergency access. One of the objectives of the project is to locate the hospital near US 101 to provide direct access for ambulances and to facilitate emergency access (DEIR, p. 2-2.)

**Response to Comment PH.2.19 (Tracy Gorman Werckmann)**

*The commenter expresses concern about the number of beds at the proposed hospital and transit access.*

With respect to the size of the hospital, please see response to Comment PH.2.16.

With respect to transit access, please see response to Comment PH.2.16 and Master Response D: Alternative Transportation and Public Transit, Section 3.5.2 (Bus Transit).

**Response to Comment PH.2.20 (Melinda Lansdowne)**

*Commenter is concerned with delays in roadway and transit access to the hospital.*

With respect to roadway access and emergency access, the DEIR notes in Section 3.8 that the proposed project site offers improved emergency access over the existing hospital site. See also Master Response H: Traffic, Circulation and Emergency Access.

With respect to transit access, as noted at page 3.15-94 of the DEIR, the proposed project site has better transit access than the existing hospital site. Both Sonoma County Transit and Santa Rosa Transit have indicated that, if the project is approved, they will consult and coordinate with the County and Sutter prior to the operation of the hospital on bus service times, so it can be expected that transit access will be further improved as a result of this coordination. See also Master Response D: Alternative Transportation and Public Transit, Section 3.5.2 (Bus Transit).

**Response to Comment PH.2.21 (Melinda Lansdowne)**

*Commenter is concerned about privatization of the hospital after 2016.*

Sutter has entered a Health Care Access Agreement with the County which requires Sutter to provide access to a wide range of high quality medical services to the County's residents, including the uninsured and the underinsured. Sutter is obligated to comply with the Health Care Access Agreement until 2021. The existing Sutter hospital is a private, non-profit hospital operating in part pursuant to the Health Care Access Agreement with the County. If the proposed project is approved and the new hospital is constructed, Sutter will continue to comply with its Health Care Access Agreement obligations in the same manner as it does currently. According to Sutter, as a private non-profit health care provider, its fundamental mission is to provide community benefit and improve community health. The comment relates to the merits of the proposed project rather than to the environmental impacts evaluated in the EIR. The comment will be included in the record before the Planning Commission and the Board of Supervisors when they consider the merits of the project.

**Response to Comment PH.2.22 (Hamilton Hess)**

*Commenter is concerned about school traffic and questions whether school traffic was included in the EIR traffic analysis.*

As noted in Master Response H: Traffic, Circulation and Emergency Access, school traffic was included in the traffic analysis and is reflected in the results. It is also worth noting that some medical center functions have peaks at different times than schools, e.g., hospital staff typically arrive early in the morning, and Medical Office building personnel generally leave in the late afternoon (5:00 – 6:00 PM) when most school activities have ended for the day.

**Response to Comment PH.2.23 (Hamilton Hess)**

*The commenter questions whether commuter traffic from Lake and Napa counties was considered in combination with other traffic, and states that overall traffic needs to be addressed as a human factor.*

Existing and future traffic volumes from Lake and Mendocino counties using Mark West Springs-Calistoga Road, and traffic from Napa County, were included in the traffic analysis. With respect to the concern about addressing traffic as a human factor, the traffic analysis is necessarily based on traffic counts and on application of County traffic standards, and that is the standard methodology for evaluating the significance of traffic impacts, including the extent to which traffic is difficult or annoying for drivers.

**Response to Comment PH.2.24 (Hamilton Hess)**

*The commenter raises questions related to public transit and whether transit access can be improved.*

Public transit to the project area is described on pages 3.15-24 through -26 of the DEIR. As noted at page 3.15-94 of the DEIR, the proposed project site has better public transit access than the existing hospital site. Both Sonoma County Transit and Santa Rosa Transit have indicated that, if the project is approved, they will consult and coordinate with the County and Sutter prior to the operation of the hospital on bus service times, so it can be expected that transit access will be further improved as a result of this coordination (Personal communications to Tom Minard of Sutter Health in meetings with Sonoma County Public Works, Sonoma County Transit, and City of Santa Rosa representatives, including Steve Schmitz, Sonoma County Transit, February through May 2009, and Steve Roraus, Santa Rosa City Bus Operations Superintendent, 2010.) See also Master Response D: Alternative Transportation and Public Transit, Section 3.5.2 (Bus Transit). In addition, the proposed project would provide additional bus shelters for waiting passengers.

**Response to Comment PH.2.25 (Hamilton Hess)**

*The commenter expresses concern about the amount of construction noise.*

Commenter's concerns are addressed in the DEIR at pp. 3.11-21 through 3.11-26. Mitigation measures are provided which will reduce construction noise levels. However, construction noise has been determined to be significant and unavoidable over the short term (2011-2012). Please see also response to Comment O.3.4.

**Response to Comment PH.2.26 (Hamilton Hess)**

*The commenter raises concerns related to existing noise coupled with outdoor Luther Burbank Memorial Foundation/Wells Fargo Center noise and helicopters. The commenter also questions whether helicopter noise is compatible with Wells Fargo Center events.*

The commenter's concerns regarding existing Wells Fargo Center activities and noise from continued Wells Fargo Center activities are addressed in Master Response G: Existing and Proposed Uses at the Wells Fargo Center and in response to Comment PH.1.19. With respect to helicopter noise, see Master Response A: Helicopter Operations.

**Response to Comment PH.2.27 (Hamilton Hess)**

*The commenter objects to the location of the hospital in northern Santa Rosa.*

The commenter's concerns are addressed in Master Response C: Site Selection and Alternatives. The comment will also be part of the record before the Planning Commission and the Board of Supervisors when they consider the proposed project on its merits.

**Response to Comment PH.2.28 (Phil Sitzman)**

*Commenter asserts that helicopter landings are prohibited within 1,000 feet of a school.*

It is assumed this comment alludes to Public Utilities Code Section 21662.5. This section states that:

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

The final part of this section states that the restriction does not apply to designated emergency medical service landing sites. The proposed Sutter helistop will be a designated emergency medical service landing site.

#### **Response to Comment PH.2.29 (Phil Sitzman)**

*Commenter raises concerns that no consultation was undertaken with REACH and that helicopters will come in from the east.*

The Sutter consultant team has had multiple conversations and meetings with the chief pilots of both REACH and the Sonoma County Sheriff’s Helicopter Unit. These discussions took place both early in the design studies for the proposed helistop and as recently as during the preparation of responses to DEIR comments (Personal Communication from Ken Brody, Mead & Hunt, April 15, 2010). The earlier discussions are summarized in DEIR Appendices G-5 and G-6. The commenter’s concerns related to proposed helicopter approach and departure routes are also addressed in the DEIR at Figure 3.11-2. See also Master Response A: Helicopter Operations.

#### **Response to Comment PH.2.30 (Phil Sitzman)**

*The commenter states that future expansions of the hospital are likely.*

The project evaluated in the DEIR includes a possible expansion of the Sutter hospital. See DEIR page 2-21. This expansion is included in each topic discussion of the DEIR impact analysis. There is no proposed expansion being considered beyond the possible expansion evaluated in the DEIR. Further, any future hospital expansion by Sutter not specifically addressed in this EIR would be subject to new environmental impacts analysis in accordance with CEQA before any such expansion could be considered and approved by the County.

#### **Response to Comment PH.2.31 (Phil Sitzman)**

*The commenter expresses concern about future expansion of the hospital or Wells Fargo Center.*

See response to Comment PH.2.30. To the extent this comment addresses possible expansion of the Wells Fargo Center, the commenter’s concerns are addressed in Master Response G: Existing and Proposed Uses at the Wells Fargo Center. The Wells Fargo Center has no plans to expand, and the expansion that once was proposed has been abandoned and is not part of the proposed project. Further, any future expansion of Wells Fargo Center facilities and/or activities not specifically addressed in this EIR would be subject to new environmental impacts analysis in accordance with CEQA before any such expansion could be considered and approved by the County.

**Response to Comment PH.2.32 (Carl Hansen)**

*The commenter recites some of the background from his perspective relating to the development of events at the Wells Fargo Center, and expresses concern regarding the noise from events that would be allowed under the new use permit.*

As noted in the DEIR, one of the project objectives is to revise the existing use permit for the Wells Fargo Center so that events are conducted in compliance with County General Plan noise standards (DEIR, p. 2-3). The project also includes construction of a berm to reduce noise from events historically allowed on the East lawn (DEIR, p. 2-16). See also Master Response G: Existing and Proposed Uses at the Wells Fargo Center.

**Response to Comment PH.2.33 (Scot Stegeman)**

*The commenter questions the lack of data on the recovery rate of the test well and questions the use of a shallow well.*

ENGEO performed a 72 hour constant rate pump test on the recently constructed 510 foot-deep well from October 9 - 12, 2009. The pump test flow rate varied slightly, but maintained an average of 153 gpm over the duration of the test. As is typical, drawdown calculations were performed based on average daily pump rates. Both drawdown and recovery data were collected using vibrating wire piezometers from two primary wells: the Wells Fargo Center Well (W-WFC) and the Vintners Inn Well (W-VI). In addition, both drawdown and recovery data were also collected from two secondary monitoring wells: the Sutter Vineyard Well (W-SV) and the Cargile Residence Well (W-C). The W-WFC is approximately 400 feet in depth and the W-VI is approximately 700 feet in depth and both intersect the same aquifer as the recently installed Sutter Well. Data from the pumping test was used to calculate aquifer characteristics and used to estimate potential drawdown in neighboring wells.

**Response to Comment PH.2.34 (Scot Stegeman)**

*The commenter questions whether the offset program set forth in Mitigation Measure UT-4c is legal and enforceable mitigation, and questions whether the mitigation is practical. The commenter also expresses concern about the possibility that the mitigation cannot be implemented such that Sutter might proceed with construction and then not be able to occupy the building.*

See Master Response B: Wastewater Offset Program. As noted in Master Response B, offsets are a traditional form of mitigating for environmental impacts, and fit within the definition of “mitigation” in the CEQA Guidelines. Guideline 15370 includes in the definition of mitigation actions that rectify an impact by restoring the impacted environment, and actions that compensate for an impact by providing substitute resources. Providing offsets fits within both of these definitions.

The DEIR at pages 3.16-15 through 3.16-23 explains the basis for reaching the conclusion that the offset program will be effective in achieving the required number of offsets within the time frames required. The enforceability of the program is ensured by the provision of Mitigation Measure UT-4c stating that the final report on the program must demonstrate that the expected wastewater generated by the program has been offset by the retrofit program before an

occupancy permit is granted. The DEIR sets forth the basis for the workability and effectiveness of this mitigation measure, noting that the offset program has been approved by the Sonoma County Water Agency board, and noting that a similar program in Rohnert Park was effective in providing offsets.

Also, as explained in response to Comment A.3.6, the implementation of the SCWA offset program to date indicates the offsets will be effective.

#### **Response to Comment PH.2.35 (Scot Stegeman)**

*The commenter states that there seems to be an inconsistency in the DEIR in assumptions used to estimate wastewater generation and traffic trips associated with the proposed Medical Office Building.*

For the purpose of determining wastewater generation for the 80,000 square foot Medical Office Building, a population of 200 persons was derived using a density of 2.5 persons per 1,000 square feet. This density is for full-time employees whose gallon per day allowance for wastewater generation includes minor amounts that might be generated by patients or visitors who are most often in the building for short periods of time. (For additional explanation, refer to response to comment A.3.12.) Traffic calculations use higher numbers (250 persons for the Medical Office Building) as they account for full- and part-time employees generating traffic trips. A part-time employee will generate 2 traffic trips as would a full-time employee but may only generate a fraction of the wastewater as a full time employee.

#### **Response to Comment PH.2.36 (Scot Stegeman)**

*The commenter asks for a comprehensive list of Luther Burbank Memorial Foundation/Wells Fargo Center activities, employees, building square footages, and asserts that there is no hard data on parking.*

The commenter's concerns are addressed in Table 2-3 of the DEIR which lists uses that would be included in the new use permit. Sutter's existing use permit is included as Attachment H-1 to Master Response G: Existing and Proposed Uses at the Wells Fargo Center. As explained in Master Response G, the existing use permit (issued in 1985) is vague and is being superseded by the new use permit that specifies the permitted activities included on Table 2-3. The existing uses (buildings, employees, shifts, etc.) will be unchanged as noted in the DEIR (p. 2-15; Phase I(a) B) and the proposal is a continuation of existing conditions. The components of the Luther Burbank Memorial Foundation/Wells Fargo Center facility are discussed (along with their capacities) on pages 3.15-1 through 3.15-2 of the DEIR.

Parking data is provided in the DEIR and in the project application. It is analyzed on pages 3.15-84 through 3.15-87 and Figures 3.15-17 and 18. Further information on parking is contained in Appendix K of the DEIR. The project application includes numerous parking plans by time of day.

#### **Response to Comment PH.2.37 (Scot Stegeman)**

*The commenter is concerned that the current Luther Burbank Memorial Foundation/Wells Fargo Center use permit is not included in the DEIR and is not compared to the proposed use permit.*

The current Luther Burbank Memorial Foundation/Wells Fargo Center use permit is included as Attachment A-1 to Master Response G: Existing and Proposed Uses at the Wells Fargo Center.

A project description only needs to include a general description of the project, not the documents themselves (CEQA Guideline 15124). The new use permit has not yet been prepared but it is described in Table 2-3 in the project description.

**Response to Comment PH.2.38 (Scot Stegeman)**

*The commenter objects that the Health Care Access Agreement between Sutter and the County is not included in the DEIR.*

The Sutter hospital component of the project is fully described in the DEIR project description. Compliance with the Health Care Access Agreement is set forth in the project description as one of the basic project objectives (DEIR, p. 2-2.) See also Master Response F: Indirect Environmental Impacts.

**Response to Comment PH.2.39 (Scot Stegeman)**

*The commenter criticizes the analysis of indirect impacts.*

See Master Response F: Indirect Environmental Impacts. The DEIR evaluated whether there would be any significant environmental impacts relating to the impacts of the proposed project on other hospitals, and concluded there are no reasonably foreseeable significant environmental impacts. The overall health care impacts of the proposed project are being evaluated through the County's analysis of Sutter's business plan, and relate to the merits of the project. The commenter's concern will be included in the record before the Planning Commission and the Board of Supervisors when they consider the merits of the project.

**Response to Comment PH.2.40 (Scot Stegeman)**

*Commenter requests an analysis of economic impacts of the Medical Office Building, its make up and composition.*

The DEIR discusses potential secondary effects of the project, including the medical office building, on pages 5-3 and 5-4, concluding that no significant secondary environmental effects are expected to occur. With respect to impacts of the medical office building, see also responses to Comments O.2.5 and O.2.6 and Master Response F: Indirect Environmental Impacts.

**Response to Comment PH.2.41 (Brent Arthur)**

*The commenter states that the EIR does not properly evaluate the consistency of the project with County greenhouse gas reduction goals.*

This comment restates the commenter's letter comment O.8.1; see the response to Comment O.8.1. See also Master Response E: Greenhouse Gas Emissions.

**Response to Comment PH.2.42 (Brent Arthur)**

*The commenter questions Sutter's determination of "business as usual" greenhouse gas emissions.*

See response to Comment O.8-16.

**Response to Comment PH.2.43 (Brent Arthur)**

*The commenter states that the County could do more to assess the Project's consistency with the County's GHG reduction goals.*

See response to Comment O.8.1.

**Response to Comment PH.2.44 (Brent Arthur)**

*The commenter states that Sutter's should pursue "zero energy status" as mitigation.*

See response to Comment O.8.8.

**Response to Comment PH.2.45 (Bill Kortum)**

*The commenter expresses concern that the County has established a new climate protection authority but the project adds 900 parking spaces. The commenter notes that land use is a major factor in greenhouse gas emissions.*

The Sonoma County Regional Climate Protection Authority (RCPA) was created by Assembly Bill 881 in 2009 and did not officially commence operations until January 1, 2010, after the DEIR was circulated. The RCPA is made up of the same Board of Directors as the Sonoma County Transit Authority (SCTA), which was provided a copy of the DEIR. Neither the SCTA nor the RCPA provided any comments on the DEIR. As noted on page 3.4-19 of the DEIR, the function of the RCPA is to perform coordination and implementation activities to assist local agencies in meeting their greenhouse gas reduction goals. Thus, the Climate Authority does not impose additional requirements, but instead seeks to assist the County and other local agencies in implementing its greenhouse gas reduction goals. The County's greenhouse gas reduction goals are evaluated in the DEIR greenhouse gas analysis (pp. 3.4-48 through 3.4-51).

As noted in Master Response D: Alternative Transportation and Public Transit, the proposed project includes a number of features to encourage transit, and has better transit access than the existing Chanate site. Regarding land use as a factor in greenhouse gas emissions, as noted in Master Response C, the site is centrally located with respect to the population served by Sutter. See also response to Comment O.8.19 regarding County Code requirements for parking, and Master Response E: Greenhouse Gas Emissions regarding the operational parameters of a medical complex that make it unlikely reduced parking would achieve a substantial reduction in project greenhouse gas emissions.

**Response to Comment PH.2.46 (Bill Kortum)**

*The commenter refers to the new Climate Protection Authority.*

See response to Comment PH.2.45.

**Response to Comment PH.2.47 (Bill Kortum)**

*The commenter states that a national study shows that land use is a major factor in GHG emissions.*

See response to Comment PH.2.45 and Master Response C: Site Selection and Alternatives.

**Response to Comment PH.2.48 (Bill Kortum)**

*The commenter states that this job-creating industry should be located near transit.*

See Master Response D: Alternative Transportation and Public Transit.

**Response to Comment PH.2.49 (Phil Sitzman)**

*The commenter questions the adequacy of public notice for the hearing.*

County staff responded to the commenter at the hearing, noting that notices were posted in the neighborhood and published in the newspaper in compliance with State and County requirements.

**Response to Comment PH.2.50 and PH.2.51 (Guenther Braun)**

*Commenter requests analysis under different scenarios including a major fire at the hospital – how would emergency staff and patients get out while fire personnel are trying to get in and how will roads be able to handle these demands.*

The likelihood of a fire in a modern hospital is remote. All of the new buildings will be fully sprinklered. Therefore, if there were a fire it would be rapidly doused and result in a “mop up” operation for fire crews. A separate dedicated emergency access and fire lanes would be provided to allow full alternative access for emergency vehicles. Additionally, egress is designed to accommodate the departure of over 1,200 vehicles in a short period of time (three lanes out, two lanes in). A second non-emergency access is located along the eastern edge of the property. Road improvements to Mark West Springs Road (including signalization) and additional off ramp lanes will further accommodate ingress/egress in case of an emergency at the site. Evacuation plans will be prepared that are required by State and local regulations. See also Master Response H: Traffic, Circulation and Emergency Access.

**Response to Comment PH.2.52 (Guenther Braun)**

*The commenter requests a description of hospital/theatre traffic ingress at 5:00 pm.*

Luther Burbank Memorial Foundation/Wells Fargo Center afternoon shows do not usually end at 5:00 pm (they end earlier) and evening shows usually begin between 7:00 pm – 8:00 pm. Hospital traffic associated with mid-day staff changes is around 3:30 pm. The new intersection, signal, roadway improvements along Mark West Springs Road, and the 2 ingress/3 egress lanes (on site) are specifically designed to handle large traffic volumes. Hospital traffic, if entering with Luther Burbank Memorial Foundation/Wells Fargo Center traffic, will quickly be divided. When very large events are proposed traffic control attendants will facilitate additional vehicle flow (as is currently the case for Luther Burbank Memorial Foundation/Wells Fargo Center events). The secondary access along the eastern edge of the site will also help.

As noted above, the scenario noted would be extremely uncommon, as Luther Burbank Memorial Foundation/Wells Fargo Center does not typically schedule large events ending at 5:00 pm and the hospital shift change occurs around 3:30 pm. However, employees in the medical office building would typically leave between 5:00 pm and 6:00 pm. Luther Burbank Memorial

Foundation/Wells Fargo Center could provide manual traffic control in order to share the capacity available for exiting the site between the medical office building and the event. There would be little conflict with an event subsequently starting at 6:00 pm, because the direction of that traffic would be mostly inbound, and the medical office building would be generating mostly outbound traffic at that time (see Tables 3.15-16 and -17, which show that two-thirds of the medical office building traffic is outbound during the PM peak hour).

Finally, it should be noted that Luther Burbank Memorial Foundation/Wells Fargo Center event traffic could also exit (and enter) the site via the existing eastern driveway that connects to East Fulton Road.

#### **Response to Comment PH.2.53 (Commissioner Dennis Murphy)**

*Commissioner Murphy generally describes the Response to Comments process.*

Responses to the comments on the DEIR have been developed by the County, with input both from the County's consultants and from Sutter's consultant team. The responses along with the rest of the Final EIR will be reviewed by both the Planning Commission and the Board of Supervisors for adequacy before any action is taken on the project.

#### **Response to Comment PH.2.54 (Commissioner Dennis Murphy)**

*Commissioner Murphy asks about indirect effects.*

Commenter's concerns are addressed in the Master Response F: Indirect Environmental Impacts.

#### **Response to Comment PH.2.55 (Commissioner Dennis Murphy)**

*Commissioner Murphy asks for an explanation why visibility from US 101 was a siting criterion.*

As stated in Project Objective 9, the project sponsor sought a project site "at a location close to US 101 so as to provide direct access for ambulances from the highway to the emergency entrance," and also with good visibility from the highway "to facilitate emergency, physician, patient and visitor access" to the Medical Campus (DEIR, p. 2-2.) As noted in the discussion of Sutter's site selection process in Section 6.0 of the DEIR and in Master Response C, the Master Plan prepared in 1999 identified a number of criteria for a replacement hospital, including location next to US 101 and near a freeway exit. The Siting Advisory Panel convened by Sutter also applied proximity to a freeway as one of the criteria in evaluating hospital sites.

In considering the selection of alternate sites for inclusion in the EIR, proximity to US 101 was considered as it is one of the project objectives, but the additional siting criteria applied by the County in selecting alternatives to be evaluated did not include proximity to US 101. A number of the alternate sites screened for possible consideration in the EIR are not proximate to US 101.

#### **Response to Comment PH.2.56 (Commissioner Dennis Murphy)**

*Commissioner Murphy requests information on environmental effects relating to a disaster, and how traffic would function in a disaster.*

Please see Master Response H: Traffic, Circulation and Emergency Access. See also responses to Comments PH.2.50 and PH.2.51.

**Response to Comment PH.2.57 (Commissioner Dennis Murphy)**

*Commissioner Murphy asks that traffic and access be fully explained and that public transit options be explored.*

These issues are addressed in Masters Responses E: Transportation and Public Transit and I: Traffic, Circulation, and Emergency Access. Sutter has continued to meet with the local transit agencies in order to study and develop rerouting opportunities for buses to service the site. At recent meetings, both Sonoma County Transit and Santa Rosa Transit have indicated they will cooperate with the County and Sutter, if the proposed project is approved, to coordinate transit access prior to the opening of the hospital.

**Response to Comment PH.2.58 (Commissioner Dennis Murphy)**

*Commissioner Murphy observes that there are many people throughout the County who are underserved with respect to transportation and health needs.*

The Commissioner is correct that the population needing health care services, including the health care services to be provided by Sutter pursuant to the Health Care Access Agreement, is located throughout the County. This is confirmed specifically with respect to Sutter's patient base, including uninsured and under insured patients, by the maps showing the distribution of such patients. See Master Response C: Site Selection and Alternatives, including attachments C.1 through C.3.

**Response to Comment PH.2.59 (Commissioner Don Bennett)**

*Commissioner Bennett states that Commissioner Murphy's comments on transportation echo his own comments.*

See responses to Comments 2.53 through 2.58.

**Response to Comment PH.2.60 (Commissioner Paula Cook)**

*Commissioner Cook reiterates the transportation concerns raised by Commissioner Murphy.*

See response to Comments PH.2.53 through PH.2.58.

**Response to Comment PH.2.61 (Commissioner Paula Cook)**

*Commissioner Cook asks about the basis for the conclusion in the EIR regarding the exceedance of operational greenhouse gas thresholds.*

As explained in response to comment O.8.17, and in the DEIR at pp. 3.4-47 through 3.4-51, the greenhouse gas emissions associated with the proposed project are considered unavoidable because the quantified estimate of such emissions exceeds the proposed threshold currently being considered by the Bay Area Air Quality Management District. See Master Response E: Greenhouse Gas Emissions regarding the conservative nature of the analysis and why additional mitigation measures proposed by commenters are likely infeasible.

**Response to Comment PH.2.62 (Commissioner Paula Cook)**

*Commissioner Cook questions what level of LEED certification is proposed.*

Sutter registered the Sutter Medical Campus project for LEED certification under 2008 standards, and will obtain LEED certification of the project pursuant to that registration. The specific level of LEED scale at which the project will be certified (i.e., Base, Silver, Gold, Platinum) is not determined until after the project is complete, and is not expected to be determined until sometime in 2014.

**Response to Comment PH.2.63 (Commissioner Tom Lynch)**

*Commissioner Lynch echoes the traffic concerns previously stated, including the combined impact of the Wells Fargo Center and the surrounding schools and other uses.*

The Commissioner's concerns are addressed in the DEIR in Section 3.15, in Master Response G: Existing and Proposed Uses at the Wells Fargo Center, Master Response H: Traffic, Circulation and Emergency Access and in response to Comment 2.22. As explained in Master Response H, the traffic analysis for the project includes traffic generated by the Wells Fargo Center and all the surrounding uses, including the schools located near the project site.

**Response to Comment PH.2.64 (Commissioner Tom Lynch)**

*Commissioner Lynch echoes the greenhouse gas emissions concerns previously stated.*

Please see Master Response E: Greenhouse Gas Emissions.

**Response to Comment PH.2.65 (Commissioner Tom Lynch)**

*Commissioner Lynch asks about the possibility of reutilizing or retrofitting some or all of the existing Chanate campus.*

The reasons why the Chanate campus is not a feasible hospital site are detailed in the DEIR on p. 6-100, in Table 6.2 summarizing project alternatives which were considered for inclusion in the DEIR but rejected as infeasible. As noted there, the engineering and geotechnical firm that evaluated and classified the Chanate campus structures for purposes of compliance with state seismic safety laws advised Sutter that the Chanate site has been confirmed by the California Geological Survey as having a "high potential for fault rupture" and has been classified by the Office of Statewide Planning and Development as having the potential for fault rupture. OSHPD has never approved operation for an acute care facility constructed on a fault. Thus the Chanate site is not feasible for reutilization as an acute care hospital facility.

With respect to other potential reuse of the Chanate site, as noted in response to Comment O.2.18, any decision regarding reuse of the Chanate site will be made by the County, which owns the site. The County has begun the process of preparing a comprehensive plan for County facilities and real estate, including the Chanate site, and the target date for completing that process is 2011. The County has not developed any specific proposal for reuse of the Chanate campus at this time.

The following corrections and changes are made to the DEIR and incorporated as part of the FEIR. Revised or new language is underlined. Deleted language is indicated by ~~strikethrough~~ text. Text revisions are either the result of a staff-initiated change or in response to a comment received.

Based on text changes made to the Draft EIR, either as a result of staff-initiated changes or in response to comments received, Table S-1 Summary of Impacts and Mitigation Measures has been revised and is included in its entirety beginning on page 5-2.

The remaining text corrections follow revised Table S-1.

**Table S-1. Summary of Impacts and Mitigation Measures**

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<b>AESTHETICS</b>			
<b>Impact AES-1: Affects a Scenic Vista.</b> The project site is bounded on two sides by scenic corridors, US 101 and Mark West Springs Road. However, the proposed medical center facilities would not substantially interrupt or block scenic vistas.	LTS	No mitigation required	-
<b>Impact AES-2: Damages Scenic Resources.</b> There are no trees, rock outcroppings, historic buildings or other features on the site that are considered scenic resources. Although US 101 is listed as a Sonoma County scenic corridor, it is not a Designated State Scenic Highway.	NI	No mitigation required	-
<b>Impact AES-3: Permanent Change in Project Site’s Visual Quality and Character.</b> The visual quality and character of the northern portion of the site where new medical facilities would be built would change, but the proposed new facilities would be consistent with the character of the WFC and compatible with the character of the surrounding area.	LTS	No mitigation required	-
<b>Impact AES-4: Permanent New Source of Light or Glare.</b> The proposed medical center would require night lighting for operational, security, and safety purposes that would represent a new source of substantial light. Also, the new buildings could be a potential source of daytime glare.	PS	<p><b>Mitigation AES-4a: Use lights that prevent light trespass.</b> The following measures are recommended to control and prevent light trespass:</p> <ul style="list-style-type: none"> <li>• Lighting plans should be submitted for design review and approval.</li> <li>• The plans should require that free-standing light fixtures <del>use low-pressure sodium lamps or other similar lighting fixture</del> and be installed and shielded in such a manner that all lights are shielded from off-site view and no light rays are emitted from the fixture at angles above the horizontal plane.</li> <li>• Building-mounted lights should be shielded and downcast.</li> <li>• <del>Prohibit the use of high intensity discharge lamps.</del></li> </ul> <p><b>Mitigation AES-4b: Use building materials and surfaces that minimize reflected glare.</b> The following measures are recommended to minimize reflected glare:</p> <ul style="list-style-type: none"> <li>• Exterior building materials should be composed of at least 50 percent low-reflectance non-polished surfaces.</li> <li>• All bare metallic surfaces should be painted with flat finishes to reduce reflected glare.</li> </ul>	LTS

**Table S-1. Summary of Impacts and Mitigation Measures**

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<b>Impact AES-5: Cumulative Impacts of Hospital Operations on Aesthetics.</b> Continued operation of the proposed project could contribute to a significant cumulative impact on aesthetics.	LTS	No mitigation required	-
<b>AGRICULTURE</b>			
<b>Impact AG-2: Cumulative Agricultural Resources Impacts.</b> Implementation of the proposed project could result in a considerable contribution to significant cumulative agricultural resources impacts.	LTS	No mitigation required	-
<b>Impact AGR-1: Conversion of Farmland to Nonagricultural Uses.</b> A 12-acre section of the project site is designated as Farmland of Local importance, which would be converted to nonagricultural use as a result of the project.	LTS	No mitigation required	-
<b>AIR QUALITY</b>			
<b>Impact AIR-1: Temporary Increase of Criteria Pollutants for Which the Project Region Is Non-Attainment.</b> Haul truck trips bringing fill to the proposed project site could potentially result in a net increase of criteria pollutants (ROG, NOx and PM <sub>10</sub> ) for which the project region is non-attainment under an applicable federal or state ambient air quality standard (including releasing emissions which exceed quantitative thresholds for ozone precursors)	PS	<b>Mitigation AIR-1: Reduce Length of Haul Truck Trips, Restrict Idling.</b> The following measures could reduce emissions associated with haul truck trips to the project site. <ul style="list-style-type: none"> <li>a) Preference for material to be imported to the site should be given to sources closest to the project site;</li> <li>b) Enforce state idling restrictions that apply to large trucks and construction equipment by posting clearly visible signs at the haul truck entrances that clearly stating the restrictions (no idling for greater than 5 minutes at any location);</li> <li>c) If possible, avoid haul truck trips on days when Spare the Air Days are forecasted by the BAAQMD.</li> </ul> Because the source of the fill material and schedule for importing fill has not been determined at this time, the exact effectiveness of these measures is unknown. However, it is known that haul truck trips will be within a 15-mile radius of the project and impacts were calculated based on 15-mile distance from fill source. Fugitive dust control measures associated with the haul truck activities are addressed in Mitigation AIR-2a.	SU

**Table S-1. Summary of Impacts and Mitigation Measures**

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<p><b>Impact AIR-2: Temporary Exposure of Sensitive Receptors to Construction Dust and Exhaust Emissions.</b> Fugitive dust and exhaust emissions (from construction equipment and pile driving fuel combustion) during demolition, construction, and grading could expose sensitive receptors to substantial criteria pollutant concentrations.</p>	<p>PS</p>	<p><b>Mitigation AIR-2a: Include Measures to Control Dust Emissions.</b> Implementation of the measures recommended by the BAAQMD and listed below would reduce the air quality impacts associated with grading and new construction to a less than significant level:</p> <ol style="list-style-type: none"> <li>1. Water all active construction areas at least twice daily and more often during windy periods. Active areas adjacent to residences should be kept damp at all times.</li> <li>2. Cover trucks or maintain at least two feet of freeboard. Dust-proof chutes shall be used to load debris onto trucks during demolition.</li> <li>3. Pave, apply water at least twice daily, or apply (non-toxic) soil stabilizers on all unpaved access roads, parking areas, and staging areas.</li> <li>4. Sweep daily (with water sweepers) all paved access roads, parking areas, and staging areas and sweep streets daily (with water sweepers) if visible soil material is deposited onto the adjacent roads.</li> <li>5. Hydroseed or apply (non-toxic) soil stabilizers to inactive construction areas (i.e., within 10 days for previously-graded areas where final grading has occurred and for other construction areas that have been inactive for 30 days or more).</li> <li>6. Enclose, cover, water twice daily, or apply (non-toxic) soil binders to exposed stockpiles.</li> <li>7. Limit traffic speeds on any unpaved roads to 15 mph.</li> <li>8. Replant vegetation in disturbed areas as quickly as possible.</li> <li>9. Suspend construction activities that cause visible dust plumes to extend beyond the construction site.</li> <li>10. Limit the area subject to excavation, grading and other construction activity at any one time</li> </ol> <p><b>Mitigation AIR-2b: Include Measures to Reduce Criteria Pollutant Exhaust From Construction Equipment.</b></p> <ol style="list-style-type: none"> <li>1. The project shall ensure that emissions from all off-road diesel powered equipment used on the project site do not exceed 40 percent opacity for more than three minutes in</li> </ol>	<p>LTS</p>

**Table S-1. Summary of Impacts and Mitigation Measures**

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
		<p>any one hour. Any equipment found to exceed 40 percent opacity (or Ringelmann 2.0) shall be repaired immediately. A visual survey of all in-operation equipment shall be made at least weekly throughout the duration of the project construction. A record of the inspection shall be maintained on-site. The BAAQMD and/or other officials may conduct periodic site inspections to determine compliance.</p> <ol style="list-style-type: none"> <li>2. The contractor shall install temporary electrical service whenever possible to avoid the need for independently powered equipment (e.g., compressors).</li> <li>3. Signs shall be posted that indicate diesel-powered equipment standing idle for more than five minutes shall be turned off or operators would be subject to fines. This would include trucks waiting to deliver or receive soil, aggregate, or other bulk materials. Rotating drum concrete trucks could keep their engines running continuously as long as they were onsite.</li> <li>4. Properly tune and maintain equipment for low emissions.</li> <li>5. The applicant shall designate a Disturbance Coordinator responsible for ensuring that mitigation measures to reduce air quality impacts to nearby residences from construction are properly implemented. The Disturbance Coordinator shall be responsible for notifying adjacent land uses of construction activities and schedule and shall provide a written list of the aforementioned dust control measures. The list shall identify a contact person that will respond to any complaints. A log shall be kept of all complaints and the actions taken to remedy any valid complaint as well as the response period.</li> </ol>	
<p><b>Impact AIR-3: Consistency With Applicable Air Quality Plan.</b> Operation of the new Medical Campus would generate air emissions which could conflict with or obstruct implementation of the applicable air quality plan</p>	<p>LTS</p>	<p>No mitigation required</p>	<p>-</p>

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<b>Impact AIR-4: Insignificant Long-Term Increases in Carbon Monoxide Emissions.</b> Carbon monoxide emissions from traffic associated with the operation of the proposed Medical Campus could violate carbon monoxide standards.	LTS	No mitigation required	-
<b>Impact AIR-5: Long-Term Increases in Criteria Pollutant Emissions.</b> Criteria pollutant emissions associated with the operation of the proposed Medical Campus could exceed BAAQMD CEQA significance thresholds, potentially resulting in a significant net increase of NO <sub>x</sub> , PM <sub>10</sub> , or ROG.	PS	<p><b>Mitigation AIR-5a: Schedule Generator Testing to Avoid Ozone Exceedances.</b> Testing of the diesel generators for more than one hour per day shall not occur during the months of May through October, to ensure that these emissions would not contribute to exceedances of State ozone standards in the region.</p> <p><b>Mitigation AIR-5b: Ensure Compliance With BAAQMD Rules and Regulations.</b> Some mechanical equipment (e.g., natural gas fired boiler and diesel emergency generators) used at the hospital would require permits from the BAAQMD. The applicant shall consult with the BAAQMD to ensure compliance with appropriate rules and regulations so that emissions are properly controlled and do not exceed levels reported in this analysis.</p> <p><b>Mitigation AIR-5c: Reduce Air Pollutant Emissions on Spare the Air Days.</b> The hospital administrators shall sign up with the BAAQMD to receive Spare the Air notifications and avoid scheduling generator testing on these days. In addition, Hospital and office building staffs should be informed of the Spare the Air Days so that they may voluntarily reduce emissions through carpooling, using transit or other means.</p>	SU
<b>Impact AIR-6: Insignificant Increases in TAC Emissions.</b> Diesel particulate matter from construction and operation of the project could expose sensitive receptors to substantial TAC concentrations that would lead to an increased probability of cancer greater than 10 in one million.	LTS	No mitigation required	-

**Table S-1. Summary of Impacts and Mitigation Measures**

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<p><b>Impact AIR-7: Generation of Greenhouse Gas Emissions.</b> The proposed project would result in emissions of greenhouse gases, and would thus contribute to the global inventory of greenhouse gas emissions and climate change</p>	<p>PS</p>	<p><b>Mitigation AIR-7: Develop project with the project design features and emissions reduction measures.</b> The project shall be developed with the project design features and emissions reduction measures set forth in Table 4-9 and 10 of Appendix C-5:</p> <ol style="list-style-type: none"> <li>1. Incorporate energy conservation measures, including Leadership in Energy and Environmental Design (LEED) or equivalent standards in the design and construction of the new campus. Such measures to be incorporated to the extent feasible include passive energy conservation designs, green roof designs, low flow and waterless fixtures, and low impact development practices. Participate in PG&amp;E’s Energy by Design program or the equivalent to optimize solar to the extent feasible (see Section 4.4.2 for more details).</li> <li>2. Include measures to reduce vehicle trips and encourage transit, such as coordinating with Sonoma County Transit, providing bus stops adjacent to the hospital, providing priority parking for vanpools and carpools, and recharge stations or similar facilities for electric vehicles or other alternate fuel vehicles. Where feasible, use low emission of alternate fuel vehicles in the campus service fleet (see Section 4.4.2 for more details).</li> <li>3. Provide sidewalks/pedestrian paths to encourage walking; provide bicycle parking, and develop off peak hour work shifts to the maximum extent feasible</li> <li>4. Reduce water usage and associated energy demands by maximizing use of on-site water (rainwater or grey water) where appropriate, utilizing high performance fixtures and equipment, and drip irrigation and high efficiency irrigation control on any new landscaping. (The project’s wastewater offset program will also reduce water usage).</li> <li>5. Monitor the efforts of CARB and other state agencies charged with reducing the state’s contribution to global climate change and implement any applicable strategies adopted through promulgated regulations.</li> </ol>	<p>SU</p>
<b>BIOLOGY</b>			
<p><b>Impact BIO-1: Temporary Construction Impacts on raptors and other</b></p>	<p>PS</p>	<p><b>Mitigation BIO-1: Survey Trees Within 300 Feet of Project</b></p>	<p>LTS</p>

**Table S-1. Summary of Impacts and Mitigation Measures**

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<p><b>special status birds.</b> The proposed project may affect special status birds, including nesting raptors, if present on-site when construction begins.</p>		<p><b>Site and Impose Buffers to Avoid Impacts to Nests.</b> A nesting survey for raptors and other special-status bird species shall be conducted prior to commencing with tree removal, grading, or other construction work if this work would occur between February 1 and August 31. Nesting surveys shall include examination of all trees within 300 feet of the project site, regardless of whether they are slated for removal. If a nest is discovered, a buffer zone around the nest tree must be staked with bright orange lath or other suitable staking. If the tree is located off the project site, then the buffer shall be demarcated per above where the buffer occurs on the project site. The size of the buffer will be established by a qualified biologist to reflect the identified raptor or special-status bird species. No <del>tree removal, grading, or other construction work</del> <del>construction or earth moving activity</del> shall occur within the established buffer until it is determined by the qualified biologist that the young have fledged (that is, left the nest) and have attained sufficient flight skills to avoid project construction zones. This typically occurs by July 15 for raptors. This date may be earlier or later, and <del>shall</del> <del>would</del> be determined by a qualified biologist. <del>If a qualified biologist is not on site to make observations, the buffers shall be maintained in place through the month of August and work within the buffer can commence September 1.</del></p>	

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<p><b>Impact BIO-2: Permanent Loss of Potentially Jurisdictional Features.</b> Project construction would result in the loss of approximately 0.39 acre of jurisdictional wetlands and other waters.</p>	<p>PS</p>	<p><b>Mitigation BIO-2a: Avoidance and Minimization of Impacts to Jurisdictional Features.</b> Waters of the U.S. and state shall be avoided by the project where possible and impacts shall be minimized to the extent practicable through the use of Best Management Practices during construction. These practices shall include installing orange construction fencing to keep workers and equipment out of the area to be preserved, and using erosion control measures, such as straw wattles, hay bails, and drain inlet controls to keep sediment and debris from entering jurisdictional waters. During project construction, a biological monitor will also be on-site to monitor the integrity of preserved wetlands and other waters while major earth moving activities are underway.</p> <p><b>Mitigation BIO-2b: Compensatory Mitigation.</b> <u>Impacts to wetlands or other waters under the regulatory authority of the Corps and RWQCB shall be compensated for at a 2.5:1 ratio (i.e., impacts to 0.026 acre of wetlands or other waters). This shall be accomplished by construction of a 0.067-acre linear drainage ditch on the project site as part of the first phase of project construction. Impacts to isolated wetlands under regulatory authority of the RWQCB (0.364 acre) shall be compensated for at a 2:1 ratio. This shall be accomplished by purchasing 0.8 acre of creation credits at a RWQCB-approved mitigation bank. Mitigation credits shall be purchased prior to breaking ground on the project site.</u></p> <p><del>For those wetland areas that are impacted as part of the proposed project, appropriate permits shall be acquired from the Corps and RWQCB prior to any impacts occurring to regulated waters of the U.S. and/or State. Impacted wetland areas shall be compensated for at a 2:1 ratio (i.e., for each square foot of impact, compensation shall consist of 2 square feet of replacement/preservation compensation) via purchase of mitigation credits from a Corps and RWQCB approved wetland conservation bank. As the project will impact 0.39 acre of seasonal wetland, 0.78 acre of mitigation credits shall be purchased from a qualified wetlands conservation bank. Prior to purchasing mitigation credits from a qualified conservation bank, approval from the Corps and RWQCB shall be required. Mitigation credits shall be purchased prior to breaking ground on the project site. Copies of applicable permits from the Corps and</del></p>	<p>LTS</p>

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
		<p><del>RWQCB shall be provided to Sonoma County prior to grading, and any conditions in these permits shall become a condition of project approval. Any other conditions that are stipulated for wetland impacts by the Corps and/or RWQCB shall also become conditions of project approval. If mitigation compensation is not required by the Corps and/or RWQCB for the proposed project, then this condition of project approval shall be deemed unnecessary.</del></p> <p><del>In the event that mitigation credits cannot be secured from a Corps and RWQCB approved wetland conservation bank, compensation wetlands shall be created/enhanced on site and will resemble those wetlands affected by the project (known as in-kind replacement). If wetlands cannot be created in-kind and on-site, wetland creation/enhancement shall be implemented offsite. Any wetland creation/enhancement plan shall be approved by the Corps and the RWQCB via permit issuance from these agencies for the appropriate jurisdictional features within the purview of these agencies. Mitigation requirements shall include that all impacted wetlands are replaced at a minimum 2:1 ratio (for each square foot of impact, one square foot of wetland would be enhanced/created) or as otherwise specified in permitting conditions imposed by the Corps and/or RWQCB. Thus, since 0.39 acre of seasonal wetland would be impacted, 0.78 acre of created/enhanced wetland would be required to be constructed. Implementation of this mitigation measure shall require that any site where wetlands are created/enhanced would have to be preserved in perpetuity via recordation of a perpetual restrictive deed recorded on the Title of the property. In addition, a five year monitoring plan shall be implemented by a qualified biologist. At the end of the five year monitoring period, the Corps and RWQCB shall render a conclusion that the created/enhanced wetlands are successful.</del></p>	
<p><b>Impact BIO-3: Permanent Loss of Protected Native Trees.</b> The proposed project would remove native trees that are protected under ordinances in the Sonoma County Zoning Regulations.</p>	<p>PS</p>	<p><b>Mitigation BIO-3: Plant Replacement Trees or Pay In-Lieu Fee.</b> The removal of native, protected oak trees shall be mitigated by planting replacement trees or paying an in-lieu fee, per zoning regulations. If replacement planting is the mitigation option chosen, replacement trees shall be the same species as the trees removed.</p>	<p>LTS</p>

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
		To determine the mitigation ratio for coast live oaks removed, it shall be necessary for the applicant to implement Sonoma County's "arboreal value" methodology, which is a mathematical evaluation of the arboreal component of a site for the purposes of establishing a plan for tree preservation. Under this methodology one of two available methods can be used for determining arboreal values, based on Chart Nos. 1 or 2 in the Sonoma County Tree Ordinance. Chart No. 1 requires analysis be done only in the development areas and requires 100 percent replacement or in-lieu fees. Chart No. 2 requires analysis of the entire site but allows for removal of up to 50 percent of the arboreal value. Compensation for the loss of greater than 50 percent of arboreal value will require replacement by using the chart. Replacement shall include the replanting of coast live oak and valley oaks on the project site in accordance with the arboreal value and Chart No. 2 or by paying the in-lieu fee.	
<b>Impact BIO-4: Cumulative Impacts to Biological Resources.</b> The proposed project could contribute to a significant cumulative impact on biological resources.	PS	<b>Mitigation BIO-4: Implement Mitigation BIO-2a and BIO-2b.</b> Implement Mitigation BIO-2a and BIO-2b.	LTS
<b>CULTURAL RESOURCES</b>			
<b>Impact CUL-1: Permanent Change to a Potentially Historic Resource.</b> The project would demolish a barn at 100 Mark West Springs Road, a potentially historic resource.	LTS	No mitigation required	-
<b>Impact CUL -2: Potential Construction Impacts to Undiscovered Unique Archaeological Resources.</b> Project construction could adversely affect undiscovered unique archaeological resources, if present.	PS	<b>Mitigation CUL-2: Work Stoppage and Resource Evaluation in the Event of a Subsurface Prehistoric or Historic Resource Find.</b> If any prehistoric or historic subsurface cultural resources are discovered during ground-disturbing activities, all work within 50 feet of the resources shall be halted and a qualified archaeologist shall be consulted to assess the significance of the find according to <i>CEQA Guidelines</i> Section 15064.5. If any find is determined to be significant, representatives from the county and the archaeologist will meet to determine the appropriate avoidance measures or other appropriate mitigation. All significant cultural materials recovered shall be, as necessary and at the discretion of the consulting archaeologist, subject to scientific analysis, professional museum curation, and documentation according to current professional standards. In considering any suggested mitigation proposed by the	LTS

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
		consulting archaeologist to mitigate impacts to historical resources or unique archaeological resources, the county will determine whether avoidance is necessary and feasible in light of factors such as the nature of the find, project design, costs, and other considerations. If avoidance is infeasible, other appropriate measures (e.g., data recovery) will be instituted. Work may proceed on other parts of the project site while mitigation for historical resources or unique archaeological resources is being carried out.	
<p><b>Impact CUL-3: Potential Construction Impacts to Undiscovered Unique Paleontological Resources.</b> Although site soils have a very low potential to yield paleontological resources, project construction could adversely affect undiscovered unique paleontological resources, if present.</p>	PS	<p><b>Mitigation CUL-3: Work Stoppage and Resource Evaluation in the Event of a Paleontological Resources Find.</b> In the event that fossils or fossil-bearing deposits are discovered during construction, excavations within 50 feet of the find shall be temporarily halted or diverted. The contractor shall notify a qualified paleontologist to examine the discovery. The paleontologist shall document the discovery as needed (in accordance with Society of Vertebrate Paleontology standards (Society of Vertebrate Paleontology 1995), evaluate the potential resource, and assess the significance of the find under the criteria set forth in <i>CEQA Guidelines</i> Section 15064.5. The paleontologist shall notify the appropriate agencies to determine procedures that would be followed before construction is allowed to resume at the location of the find. If the project proponent determines that avoidance is not feasible, the paleontologist shall prepare an excavation plan for mitigating the effect of the project on the qualities that make the resource important. The plan shall be submitted to PRMD for review and approval prior to implementation.</p>	LTS

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<b>Impact CUL-4: Potential Construction Impacts to Undiscovered Human Remains.</b> Undiscovered human remains could be affected by excavation activities during project construction.	PS	<b>Mitigation CUL-4: Work Stoppage and Resource Evaluation in the Event Human Remains Are Encountered.</b> If human skeletal remains are uncovered during project construction, the contractor (depending on the project component) will immediately halt work, contact the Sonoma County coroner to evaluate the remains, and follow the procedures and protocols set forth in Section 15064.5(e)(1) of the <i>CEQA Guidelines</i> . If the county coroner determines that the remains are Native American, the project proponent will contact the NAHC, in accordance with Health and Safety Code Section 7050.5, subdivision (c), and Public Resources Code 5097.98 (as amended by AB 2641). Per Public Resources Code 5097.98, the contractor shall ensure that the immediate vicinity, according to generally accepted cultural or archaeological standards or practices, where the Native American human remains are located, is not damaged or disturbed by further development activity until the contractor has discussed and conferred, as prescribed in this section (California Public Resources Code Section 5097.98), with the most likely descendants regarding their recommendations, if applicable, taking into account the possibility of multiple human remains.	LTS
<b>Impact CUL-5: Cumulative Cultural Resources Impacts.</b> Implementation of the proposed project could result in a considerable contribution to significant cumulative cultural resources impacts	LTS	No mitigation required	-
<b>GEOLOGY AND SOILS</b>			
<b>Impact GEO-1: Exposure of People or Structures to Fault Rupture.</b> Damage to proposed project facilities or injury to persons could potentially occur due to fault rupture.	LTS	No mitigation required	-
<b>Impact GEO-2: Exposure of People or Structures to Seismic Ground Shaking.</b> Strong seismic ground shaking is expected to occur at the project site at some time during the design life of the proposed project. Strong seismic ground shaking has the potential to expose people or structures to substantial adverse effects.	LTS	No mitigation required	-
<b>Impact GEO-3: Exposure of People or Structures to Seismic-Related Ground Failure.</b> Some soils at the project site would be susceptible to seismic softening if subject to strong earthquake-generated ground shaking.	LTS	No mitigation required	-

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<b>Impact GEO-4: Exposure of People or Structures Damage Due to Landslides.</b> Damage due to landslides at the project site is considered to be low.	LTS	No mitigation required	-
<b>Impact GEO-5: Soil Erosion.</b> On-site soils may be susceptible to erosion and loss of topsoil depending on drainage paths and hydrology design.	LTS	No mitigation required	-
<b>Impact GEO-6: Differential Settlement.</b> Differential settlement at the project site could result in damage to project buildings or other improvements.	LTS	No mitigation required	-
<b>Impact GEO-7: Expansive Soils.</b> Expansive soils may be encountered during project grading and construction activities. Development on such soils could result in damage to foundations, slabs, or pavements.	PS	<p><b>Mitigation GEO-7a:</b> The contractor shall keep exposed subgrade moist at all times during construction.</p> <p><b>Mitigation GEO-7b:</b> Slabs shall be underlain with 12 inches of select fill consisting of low to non-expansive material. For slabs constructed on native, undisturbed material, the slab-on-grade subgrade shall be excavated to a minimum 12 inch depth below the subgrade level and replaced with select fill. The overexcavated exposed grades shall be scarified to a depth of 12 inches, moisture conditioned to at least 4 percentage points above optimum moisture, and recompacted to at least 90 percent relative compaction. Restore grades in the slab area using low- to non-expansive select engineered fill compacted to 90 percent relative compaction at least 2 percentage points above optimum moisture. Engineered fill shall consist of low- to non-expansive soil having a Plasticity Index less than 12. For interior floor slabs on grade abutting strip footing stemwalls, the edge of the slabs do not require thickening; for all other cases the edges of the slab on grade should be increased by 2-inches greater than slab section.</p> <p><b>Mitigation GEO-7c:</b> The Structural Engineer shall provide final design thickness and additional reinforcement, if necessary, for the intended structural loads. As a minimum requirement, reinforce slabs-on-grade to control cracking. Provide frequent control joints to reduce the cracking. Provide a thickened edge extending at least 6 inches into compacted soil to minimize water infiltration. Place a 4-inch-thick layer of clean crushed rock or gravel, which conforms to the requirement listed in Section 2.04 of Part I of the Guide Contract Specifications, under all secondary concrete slabs. Slope slabs away from the buildings at a slope of at least 2 percent to prevent water from flowing toward the building.</p>	LTS
<b>Impact GEO-8: Fills.</b> Fill material may be encountered during project	PS	<b>Mitigation GEO-8:</b> All undocumented fills within proposed	LTS

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
grading and construction activities. Development on such soils could result in damage to foundations, slabs, or pavements.		building footprint shall be removed and replaced with properly compacted engineered fill.	
<b>Impact GEO-9: Cumulative Impacts Related to Geology and Soils.</b> Construction and operation of the proposed project could result in a considerable contribution to a significant cumulative impact related to geology and soils.	LTS	No mitigation required	-
<b>HAZARDS AND HAZARDOUS MATERIALS</b>			
<b>Impact HAZ-1: Temporary Risk of Exposure to Hazardous Materials During Construction.</b> Excavation of soils and construction of project features could potentially cause health hazards to construction workers, the public, and the environment should hazardous materials be encountered or released.	PS	<p><b>Mitigation HAZ-1a: Dispose Existing On-site Hazardous Materials Before Construction.</b> Prior to construction, hazardous materials such as paint and solvents no longer in use at the site and empty containers for paint and chlorine shall be properly disposed. Batteries shall be disposed in accordance with regulatory requirements.</p> <p><b>Mitigation HAZ-1b: Implement Health and Safety Plan.</b> A health and safety plan shall be used to protect the general public and all workers in the construction area. The plan shall describe the practices and procedures to protect worker health in the event of an accidental release of hazardous materials (for example, fuels or solvents during construction) or if previously undiscovered hazardous materials are encountered during construction. The plan shall include items such as spill prevention, cleanup and evacuation procedures. The plan will help protect the public and workers by providing procedures and contingencies that will help reduce the exposure to hazardous materials.</p> <p><b>Mitigation HAZ-1c: Evaluate Structures for Potential Presence of Asbestos and Lead.</b> Existing structures shall be evaluated for the presence of ACBM and lead-based paints prior to their renovation or demolition. The evaluation shall be conducted by a Cal-OSHA certified ACBM and lead-based paint contractor. Any ACBM or lead identified as a result of the evaluation shall be removed by a Cal-OSHA certified ACBM and lead-based paint contractor and be transported and disposed off-site in accordance with regulatory requirements.</p> <p><b>Mitigation HAZ-1d: Remove and Backfill Septic Systems and Leach Fields.</b> Septic systems and related leach fields located</p>	LTS

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
		<p>within the proposed project site shall be removed in accordance with Sonoma County permitting requirements.</p> <p><b>Mitigation HAZ-1e: Inspect, Test, and Remove Potentially Contaminated Soil and Groundwater.</b> During excavation at all construction areas, the contractor shall inspect the exposed soil for visual evidence of contamination, particularly near the areas identified during site reconnaissance. If contamination indicators (e.g., obvious soil staining, odors, etc.) are encountered during excavation or grading activities, all work shall stop and an investigation shall be designed and performed to verify the presence and extent of contamination at the site. Results shall be reviewed and approved by the County’s Environmental Health Division or DTSC before construction. The investigation could include collecting samples for laboratory analysis and quantifying contaminant levels within the proposed excavation and surface disturbance areas. Subsurface investigation will determine the appropriate worker protection and the hazardous material handling and disposal procedures. Areas with soil and groundwater determined to be hazardous waste shall be removed by personnel who have been trained through the OSHA-recommended 40-hour safety program (29 CFR 1910.120) with an approved plan for groundwater extraction, soil excavation, control of contaminant releases to the air, and off-site transport or on-site treatment.</p> <p><b>Mitigation HAZ-1f: Implement Measures in SWPPP for Accidental Spill Containment and Cleanup.</b> A Storm Water Pollution Prevention Plan (SWPPP) shall be prepared and implemented as discussed in Section 3.9. This plan will describe practices and procedures for spill containment and cleanup. The practices developed for the SWPPP will help protect water and soils from hazardous materials spills during construction.</p>	

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<b>Impact HAZ-2: Exposure to Hazardous Materials Through Routine Transport, Use, and Storage.</b> Operation of the Medical Campus would involve the routine transport, use, and storage of small quantities of hazardous materials. Materials classified as hazardous include chemicals that are used routinely at medical facilities as well as building maintenance materials such as paint and solvents. Exposure to these materials could affect safety and health.	LTS	No mitigation required	-
<b>Impact HAZ-3: Potential for Spills of Hazardous Materials During Operations.</b> Medical Campus operations could potentially result in upset and accident conditions involving the release of hazardous materials into the environment. Exposure to these materials could affect safety and health.	LTS	No mitigation required	-
<b>Impact HAZ-4: Handling of Hazardous Materials Within 0.25 Mile of a School.</b> Operation of the Sutter Medical Center would involve handling of hazardous materials, substances, or waste within 0.25 mile of an existing or proposed school.	LTS	No mitigation required	-
<b>Impact HAZ-5: Helicopter Operations.</b> The proposed project includes development and operation of a helistop, the operation of which could pose a safety hazard to people living, working and traveling in the area.	<del>PLTS</del>	<del>No mitigation required</del> <b>Mitigation HAZ-5: Install lighting on Power Poles Crossing US 101 at the Project Sites.</b> Lighting shall be placed on the power poles crossing US 101 at the project site in a manner that will make the poles readily visible from the air by helicopter pilots at night and in such a manner as to not distract drivers on US 101.	<del>-</del> LTS
<b>Impact HAZ-6: Cumulative Impacts from Operational Hazards and Hazardous Materials.</b> The operation of the proposed project in conjunction with past, current, and probable future projects in the area would not result in a significant cumulative impact related to medical helicopter operations or the transport, handling, storage, or disposal of hazardous materials in the area.	LTS	No mitigation required	-
<b>HYDROLOGY AND WATER QUALITY</b>			
<b>Impact HY-1: Temporary Water Quality Effects.</b> Project construction has the potential to increase the amount of urban pollutants and sediment in storm water runoff and to degrade runoff water quality.	LTS	No mitigation required	-
<b>Impact HY-2: Permanent Water Quality Effects.</b> Project operation has the potential to increase the amount of urban pollutants in storm water runoff and to degrade runoff water quality.	LTS	No mitigation required	-

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<b>Impact HY-3: Permanent Effects on Groundwater Supplies.</b> The proposed project could deplete groundwater supplies through pumping of groundwater and interfere with groundwater recharge. Operation of the two proposed wells could create a net deficit in aquifer volume or lower the local groundwater table level.	LTS	No mitigation required	-
<b>Impact HY-4: Permanent Alteration of Drainage Patterns and Potential Increase in Siltation or Erosion.</b> Project development would alter drainage patterns in the project area and could increase the rate or amount of surface runoff such that substantial siltation or erosion would occur on- or off-site.	PS	<b>Mitigation Measure HY-4:</b> The following measures will ensure that increased runoff associated with increased impervious area will result in a less-than-significant impact with regard to siltation or erosion: <ul style="list-style-type: none"> <li>• Detention basins shall be used in conjunction with source- and treatment-control BMPs to maximize infiltration <u>to the greatest extent possible</u> and prevent increases in peak runoff from the 2-year storm.</li> <li>• Landscaping shall be designed and maintained to prevent runoff from contacting bare soil, <del>and silt fences, berms, or sediment control basins shall be installed.</del></li> </ul>	LTS
<b>Impact HY-5: Permanent Alteration of Drainage Patterns and Potential Increase in Flooding.</b> Project development would alter drainage patterns in the project area and increase the rate or amount of surface runoff, which could exceed the capacity of storm water drainage systems and result in significant flooding on- or off-site.	PS	<b>Mitigation HY-5: Prevent Increase in 10-Year Peak Flows.</b> The proposed project shall modify drainage patterns or detention of runoff such that post-development peak flows in a 10-year storm will not exceed the pre-development 10-year peak flows at the point where runoff leaves the project site.	LTS
<b>Impact HY-6: Cumulative Impacts to Hydrology and Water Quality.</b> Construction and operation of the proposed project could result in a considerable contribution to a significant cumulative impact related to hydrology and water quality.	LTS	No mitigation required	-
<b>LAND USE AND PLANNING</b>			
<b>Impact LU-1: Conflict with an established land use plan, policy, or regulation.</b> Potential inconsistencies with General Plan adopted land use designations, and the proposed amendment to include the project site within the Larkfield-Wikiup Urban Service Boundary established in the County General Plan. As part of the project, this boundary would be relocated to include the project site and maintain consistency with adopted land use plans and policies.	LTS	No mitigation required	-

**Table S-1. Summary of Impacts and Mitigation Measures**

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<p><b>Impact LU-2: Cumulative land use and planning impacts.</b> In general, development consistent with the County General Plan would result in an increase in developed land uses in the County. As stated in the Sonoma County General Plan 2020 EIR, this development would result in significant cumulative land use impacts due to the intensification of land use conflicts. Although the proposed project is consistent with County land use plans and policies, the proposed project would result in a cumulative considerable impact because it would contribute to the significant cumulative impact of increased developed land uses in the County that, while consistent with the County General Plan, could result in increased land use conflicts.</p>	PS	<p><b>Mitigation LU-2:</b> To mitigate the significant impact of intensified land use conflicts as a result of the proposed project, the mitigation measures described in the following sections would be implemented:</p> <ul style="list-style-type: none"> <li>• Section 4.2 Aesthetics</li> <li>• Section 4.4 Air Quality</li> <li>• Section 4.5 Biological Resources</li> <li>• Section 4.6 Cultural Resources</li> <li>• Section 4.7 Geology and Soils</li> <li>• Section 4.8 Hazards and Hazardous Materials</li> <li>• Section 4.9 Hydrology and Water Quality</li> <li>• Section 4.10 Land Use and Planning</li> <li>• Section 4.11 Noise</li> <li>• Section 4.13 Public Services</li> <li>• Section 4.15 Traffic</li> <li>• Section 4.16 Utilities and Service Systems</li> </ul>	LTS
<b>NOISE</b>			
<p><b>Impact NOI-1a: Noise From Construction Activities (No Pile Driving) Would Impact Adjacent Noise Sensitive Land Uses.</b> Construction on the site will temporarily increase noise levels at nearby noise-sensitive receptors.</p>	PS	<p><b>Mitigation NOI-1a: Use Temporary Noise Barriers and Limit Hours of Construction.</b> The following mitigation measures are recommended to reduce noise generated by construction:</p> <ul style="list-style-type: none"> <li>• Construct temporary noise barriers with a minimum height of 8 feet, such as a solid plywood construction barrier or earthen berm, between the construction activity and residences within 630 feet before site grading and earthwork begins. Openings for site access between the project site and adjacent residential land uses during these phases of construction must be minimized. Noise barriers may be removed once all ground level work is complete and upper floor construction is underway.</li> <li>• Limit significant noise-generating construction activities, including truck traffic coming to and from the site for any purpose, to daytime, Monday through Saturday, non-holiday hours (7:00 AM to 6:00 PM).</li> <li>• Properly muffle and maintain all construction equipment</li> </ul>	Significant and Unavoidable

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
		<p>powered by internal combustion engines.</p> <ul style="list-style-type: none"> <li>Prohibit unnecessary idling of internal combustion engines by limiting idling to 5 minutes, per State idling restrictions.</li> <li>Locate all stationary noise-generating construction equipment, such as air compressors, as far as practical from existing nearby residences and other noise-sensitive land uses. Acoustically shield such equipment by using piles of aggregate, project trailers, other non-noise generating equipment, or with temporary portable noise barriers.</li> <li>Select quiet construction equipment, particularly air compressors, whenever possible. Fit motorized equipment with proper mufflers in good working order.</li> </ul> <p>Designate a "construction noise disturbance coordinator" to be responsible for responding to any local complaints about construction noise. The disturbance coordinator would determine the cause of the noise complaint (e.g., starting too early, bad muffler, etc.) and would require that reasonable measures to correct the problem be implemented. Conspicuously post a telephone number for the disturbance coordinator at the construction site and include it in the notice sent to neighbors regarding the construction schedule. (The project sponsor should be responsible for designating a construction noise disturbance coordinator and posting the phone number and providing construction schedule notices).</p>	
<p><b>Impact NOI-1b: Noise From Construction Activities (With Pile Driving) Would Impact Adjacent Noise Sensitive Land Uses.</b> Construction on the site could involve pile driving and will temporarily increase noise levels at nearby noise-sensitive receptors.</p>	PS	<p><b>Mitigation NOI-1b: Use Temporary Noise Barriers and Limit Hours of Construction.</b> While construction using pile driving is not anticipated, the following mitigation measures are provided should OSHPD disallow the use of surcharge:</p> <ul style="list-style-type: none"> <li>Where feasible based on a consideration of geotechnical conditions and structural requirements, implement "quiet" pile driving technology (using the drill and cast-in-place method).</li> <li>Erect temporary plywood noise barriers or noise control blankets around pile driving rigs to reduce noise emissions from the site and shield adjacent uses.</li> </ul>	SU
<p><b>Impact NOI-2: Exposure of the Hospital to Highway Noise Levels That Exceed County Exterior and Interior Noise Standards.</b> The entire project</p>	PS	<p><b>Mitigation NOI-2a: Shield Exterior by Modifying Site Layout or Incorporating Noise Barriers.</b> Use building massing to</p>	LTS

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<p>site is exposed to highway noise at levels exceeding 60 dBA <math>L_{dn}</math>, the Sonoma County threshold of acceptability for noise-sensitive development. Noise levels at the proposed hospital could exceed the county's exterior and interior noise limits.</p>		<p>shield outdoor activity areas from traffic noise. Outdoor activity areas shall be developed within the acoustically sheltered portions of the site to the extent feasible. If all of the common outdoor areas cannot be shielded with proposed buildings, noise barriers shall be incorporated into the design to ensure the common areas are properly mitigated from existing traffic noise to less than 60 dBA <math>L_{dn}</math>.</p> <p><b>Mitigation NOI-2b: Incorporate Sound Insulation Treatments and Building Upgrades to Reduce Interior Noise Levels.</b> Incorporate sound insulation treatments and building upgrades into the buildings so as to achieve an interior <math>L_{dn}</math> of 45 dBA or less with windows closed. Such treatments may include, but would not be limited to, acoustically rated windows and doors, acoustical caulking at all exterior wall penetrations, and noise control treatments for all air transmission paths associated with mechanical ventilation systems. An acoustical analysis of the project's design and the preparation of a report detailing the necessary noise mitigation features shall be completed during the project design and incorporated into the building plans and submitted to PRMD.</p>	
<p><b>Impact NOI-3: Exposure of Noise-Sensitive Receptors to Mechanical Noise Levels That Exceed County Standards.</b> Mechanical equipment on the roofs of the proposed structures or in the Central Utility Plant could produce noise levels in excess of Sonoma County's noise standard applicable to on-site mechanical noise.</p>	PS	<p><b>Mitigation NOI-3: Perform Acoustical Design Review.</b> During the design phase of the mechanical equipment for the proposed project, an acoustical consultant shall review the final design of the Central Utility Plant facility as well as the placement of any auxiliary outdoor mechanical equipment, such as roof top ventilation fans. The acoustical consultant shall determine that sufficient noise mitigation, such as noise barriers around the equipment, is incorporated into the project design to ensure that noise from all mechanical equipment is limited to 45 dBA or less at the noise sensitive receptors. The acoustical consultant's evaluation shall be submitted to PRMD.</p>	LTS
<p><b>Impact NOI-4: Intermittent Increase in Ambient Noise and Exceedance of County Standards From Parking and On-Site Circulation.</b> On-site parking and circulation of motor vehicles could intermittently increase ambient noise levels and could potentially exceed the Sonoma County General Plan <b>Table NE-2</b> noise standards at the noise sensitive land uses adjacent to the parking lot.</p>	PS	<p><b>Mitigation NOI-4: Provide a Noise Barrier to Shield Residences Adjacent to Parking Area.</b> Construct a solid 6-foot-high noise barrier on the project side of the eastern property line where parking areas are adjacent to residential properties. The location of the noise barrier is shown in Figure 3.11-5. In order to be effective, the barrier must be constructed airtight over its face and at the base and have a minimum surface weight of 3.5 pounds</p>	LTS

**Table S-1. Summary of Impacts and Mitigation Measures**

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
		per square foot. Suitable materials include wood, pre-cast masonry or pre-cast concrete panels. A 6-foot high noise barrier would provide 7-8 dB of reduction from these types of noises.	
<p><b>Impact NOI-5: Exposure of Sensitive Off-Site Receptors to Intermittent Noise from Helicopter Operations.</b> Some residential areas near the project site would be exposed to an SEL in excess of 90 dBA during helicopter operations, which represents an intermittent but substantial increase over the ambient noise that could disturb a number of occupants.</p>	PS	<p><b>Mitigation NOI-5a: Adopt Preferential Approach and Departure Profiles.</b> Adopt preferential directional approach and departure profiles. According to the analysis, the SEL levels will be greater when the helicopters are approaching from the north and departing to the south. Recommend to helicopter pilots that anytime the conditions are favorable all approaches shall be made from the south with subsequent departures made to the north. This will help reduce the SEL levels and the potential for sleep disturbance to the residences to the north of the project site.</p> <p><b>Mitigation NOI-5b: Implement Monitoring and Adaptive Management.</b> A program of monitoring helicopter operations and designating a community noise disturbance coordinator shall be implemented to address noise annoyance in nearby residential areas. As a part of these measures, helicopter ambulance companies and pilots shall be informed by hospital staff of approved flight paths to and from the hospital helistop to avoid or reduce short-term noise exposures to noise sensitive areas. Sutter shall maintain a helistop log that includes arrival and departure times, the approach route taken, and explanation of any flight path deviation from the designated flight paths. A noise disturbance coordinator shall be identified at Sutter who would record citizen complaints and review the helistop log to determine the source of the noise disturbance. Communicate any helicopter noise complaints to the pilots and request they modify their flight approach whenever possible.</p>	SU

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<b>Impact NOI-6: Exposure of Sensitive On-Site Receptors to Intermittent Noise from Helicopter Operations.</b> The majority of the project site would be exposed to an SEL in excess of 90 dBA during helicopter operations, an intermittent but substantial increase in ambient noise that could disturb hospital patients and others at the project site.	PS	<b>Mitigation NOI-6: Conduct Acoustical Analysis and Incorporate Findings into Project Design.</b> Noise mitigation features such as window sound insulation or upgraded wall assemblies shall be incorporated into the project design. To determine the specific features required to reduce these adverse noise effects, an acoustical analysis of the project design shall be conducted that details the necessary noise mitigation features required for patient rooms and other sensitive hospital use areas to meet an interior SEL of 65 dBA and/or maximum noise level ( $L_{max}$ ) of 55 dBA during helicopter operations. The findings of this acoustical analysis shall be incorporated into the design of the hospital.	LTS
<b>Impact NOI-7: Exposure of Sensitive Receptors to Intermittent Noise from Ambulance Operations.</b> Ambulance and emergency vehicle noise will occur in the vicinity of the project site as a result of the project.	LTS	No mitigation required	-
<b>Impact NOI-8: Cumulative Noise Impacts.</b> Project operation noise from traffic, helicopters, and mechanical equipment, when added to other existing noise in the project vicinity may be cumulatively considerable.	PS	<b>Mitigation NOI-8:</b> Implement Mitigation Measures NOI-1 through NOI-6.	SU
<b>POPULATION AND HOUSING</b>			
<b>Impact PH-1: Indirect Growth Inducement.</b> Implementation of the proposed project could indirectly induce growth in the area.	LTS	No mitigation required	-
<b>Impact PH-2: Cumulative Population and Housing Impacts.</b> Implementation of the proposed project could result in a considerable contribution to significant cumulative population and housing impacts.	LTS	No mitigation required	-
<b>PUBLIC SERVICES</b>			
<b>Impact PS-1: Need for Additional Fire Protection Services.</b> Implementation of the proposed project may result in the need for additional fire protection services.	PS	<b>Mitigation PS-1: Determine Need for and Provide for Additional Firefighting Services.</b> The project shall be reviewed and approved by Sonoma County and state firefighting agencies to determine the appropriate equipment, personnel needs, and training required to fight specialized fires. Mitigation shall include but not be limited to <sup>1</sup> : 1. Fitting any new structures with sprinklers;	LTS

<sup>1</sup> Jack Rosevear, Rincon Valley Fire Department 2009

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
		2. Training for specialized (helistop) firefighting underwritten by the hospital.	
<b>Impact PS-2: Need for Additional Police Protection Services.</b> Implementation of the proposed project could result in the need for additional police protection services.	LTS	No mitigation required	-
<b>Impact PS-3: Need for Additional Schools.</b> Implementation of the proposed project could result in the need for additional schools.	NI	No mitigation required	-
<b>Impact PS-4: Cumulative Impacts from additional Public Service Demands.</b> The continued operation of the proposed project could result in a significant increase in the demand for public services and the need for new facilities to serve that need.	LTS	No mitigation required	-
<b>RECREATION</b>			
<b>Impact REC-1: Construction of Recreational Facilities That Might Have an Adverse Physical Effect on the Environment.</b> The project would relocate existing athletic fields and a playground at the WFC and construct passive recreation facilities at the Medical Campus. Relocation of the WFC facilities could have temporary minor impacts on recreationists during construction.	LTS	No mitigation required	-
<b>Impact REC-2: Cumulative Recreation Impacts.</b> Implementation of the proposed project could result in a considerable contribution to significant cumulative recreation impacts.	LTS	No mitigation required	-

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<b>TRANSPORTATION AND TRAFFIC</b>			
<p><b>Impact TR-1: Year 2014 Intersection Level of Service.</b> Project traffic would adversely affect the level of service at several intersections in 2014.</p>	PS	<p><b>Mitigation Measure TR-1: Intersection Improvements.</b> Prior to occupancy, the project applicant shall:</p> <p><b>A.</b> Construct/implement the following:</p> <ul style="list-style-type: none"> <li>• Mark West Springs Road/Lavell Road</li> <li>• Prohibit left turns from Lavell Road to eastbound Mark West Springs Road. (Alternative access is available to the neighborhood served by Lavell Road (i.e. to Old Redwood Highway) in order to allow access to eastbound Mark West Springs Road.)</li> </ul> <p><b>B.</b> Enter into an agreement with the County to provide a fair share contribution to the following improvements (see <b>Figure 3.15-15</b>), when and if these improvements are programmed and funded for construction:</p> <p><b>River Road/Fulton Road</b></p> <ul style="list-style-type: none"> <li>• One additional through lane on the north and southbound Fulton Road intersection approaches.</li> </ul> <p><b>River Road/Barnes Road</b></p> <ul style="list-style-type: none"> <li>• Signalize the intersection and interconnect with operation of the planned signal at the River Road/US 101 Southbound Ramps intersection.</li> </ul> <p>Separate right and left turn lanes on the Barnes Road intersection approach</p>	SU
<p><b>Impact TR-2: Year 2014 Signalization Needs.</b> The unsignalized River Road/Barnes Road intersection would experience a significant impact in 2014 based upon peak hour signal warrant evaluation.</p>	PS	<p><b>Mitigation Measure TR-2: Intersection Signalization.</b> Prior to occupancy, the project applicant shall enter into an agreement with the County to provide a fair share contribution to the following improvements when and if they are programmed and funded for construction:</p> <ul style="list-style-type: none"> <li>• Signalize the <b>River Road/Barnes Road</b> intersection and interconnect with operation of the planned signal at the River Road/U.S.101 Southbound Ramps intersection.</li> </ul>	SU

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<p><b>Impact TR-3: Year 2014 95<sup>th</sup> Percentile Vehicle Queuing.</b> Numerous intersections would experience significant impacts to 95<sup>th</sup> percentile queuing due to the addition of project traffic.</p>	<p>PS</p>	<p><b>Mitigation Measure TR-3: Intersection Improvements for 95<sup>th</sup> Percentile Vehicle Queuing.</b> Prior to occupancy, the project applicant shall:</p> <p><b>A. Construct/implement the following (see Figure 3.15-15):</b></p> <p><b>River Road/US 101 Southbound Ramps</b></p> <ul style="list-style-type: none"> <li>• <del>Change signal timing.</del> Work with Caltrans to achieve <u>optimal signal timing relative to the proposed improvements.</u></li> </ul> <p><b>Mark West Springs Road/Old Redwood Highway</b></p> <ul style="list-style-type: none"> <li>• <del>Provide</del> Add second left turn lanes on the Old Redwood Highway north and southbound approaches. The length of the left turn lanes shall be limited to that distance which can be feasibly constructed within the existing right of way. <del>If it is determined after field investigation that the left turn lanes cannot be feasibly constructed within exiting right of way, the impact would be significant and unavoidable.</del></li> <li>• Add a second left turn lane on the Mark West Springs Road westbound approach.</li> <li>• Adjust signal timing.</li> <li>• Provide additional length to the following turn lanes:                      Old Redwood Highway Southbound Right Turn Lane:                      Lengthen from 100 feet to <u>the maximum length available within the existing right of way (approximately 180 feet)</u> <del>at least 250 feet.</del>                      Mark West Springs Road Westbound Right Turn Lane:                      Lengthen from 50 feet to at least 175 feet.</li> </ul> <p><b>Mark West Springs Road/Lavell Road</b></p> <ul style="list-style-type: none"> <li>• Prohibit left turns from the southbound Lavell Road approach (see Mitigation Measure TR-1).</li> </ul> <p><b>B. Enter into an agreement with the County to provide a fair share contribution to the following improvements when and if they are programmed and funded for construction:</b></p> <p><b>River Road/Fulton Road</b></p> <ul style="list-style-type: none"> <li>• Provide one additional through lane on the north and southbound Fulton Road intersection approaches (same as Mitigation Measure TR-1). North and southbound right</li> </ul>	<p>SU</p>

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
		<p>turns will be made from the new through lanes. In conjunction with this measure, provide second departure lanes on the north and southbound intersection legs, which will then merge to single travel lanes north and south of the intersection.</p> <ul style="list-style-type: none"> <li>• Provide a second left turn lane on the westbound River Road approach.</li> <li>• Provide additional length to the following turn lane: Fulton Road Southbound Left Turn Lane: Lengthen from 75 feet up to at least 175 feet.</li> </ul> <p><b>Mark West Springs Road/Old Redwood Highway</b> Old Redwood Highway Northbound Right Turn Lane: Lengthen from 50 feet up to at least 175 feet</p>	
<b>Impact TR-4: Year 2014 Arterial Operation.</b> No arterial segments would experience significant impacts.	LTS	No mitigation required	-
<b>Impact TR-5: Year 2014 Freeway Operation.</b> Two freeway segments would experience significant impacts in 2014 due to project traffic.	PS	There are no feasible mitigation measures to reduce this impact.	SU
<b>Impact TR-6: Year 2035 Intersection Level of Service.</b> Several intersections would experience level of service impacts due to the addition of project traffic.	PS	<p><b>Mitigation Measure TR-6: Various Road and Signalization Improvements.</b> Prior to occupancy, the project applicant shall:</p> <p><b>A. Construct/implement the following (see Figure 3.15-16):</b></p> <p><b>Mark West Springs Road/Lavell Road</b></p> <ul style="list-style-type: none"> <li>• Prohibit left turns from Lavell Road to eastbound Mark West Springs Road. (This measure has been recommended for mitigation of 2014 impacts [see TR-1].)</li> </ul> <p><b>Mark West Springs Road/Old Redwood Highway</b></p> <ul style="list-style-type: none"> <li>• Provide second left turn lanes on the Old Redwood Highway north <del>and south</del>bound approaches as well as the Mark West Springs Road westbound approach. <u>Extend the length of the left turn lane on the Old Redwood Highway southbound approach to approximately 255 feet, which may (at the discretion of the DTPW) include approximately 210 feet in a dedicated left turn lane, and an additional 45 feet (or more) in the adjoining north two way left turn lane. The length of the left turn lane shall be limited to that distance which can be feasibly constructed within the existing right of way.</u></li> <li>• Provide overlap right turn phasing on all intersection</li> </ul>	SU

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
		<p>approaches.</p> <p><del>East Fulton Road/Old Redwood Highway</del></p> <ul style="list-style-type: none"> <li><del>Provide a second lane on the eastbound E. Fulton Road approach.</del></li> </ul> <p><b>B.</b> Enter into an agreement with the County to provide a fair share contribution to the following improvements when and if they are programmed and funded for construction:</p> <p><b>River Road/Barnes Road</b></p> <ul style="list-style-type: none"> <li>Signalize the intersection and interconnect with operation of the planned signal at the River Road/US 101 Southbound Ramps intersection. (This measure has been recommended for 2014 impacts [see TR-2].)</li> <li>Provide separate right and left turn lanes on the Barnes Road intersection approach.</li> </ul>	
<p><b>Impact TR-7: Year 2035 Signalization Needs.</b> The unsignalized River Road/Barnes Road intersection would experience a significant impact based upon peak hour signal warrant evaluation.</p>	<p>PS</p>	<p><b>Mitigation Measure TR-7: Intersection Improvements at River Road/Barnes Road.</b></p> <p><u>Enter into an agreement with the County to provide a fair share contribution to the following improvement when and if it is programmed and funded for construction:</u></p> <p><b>River Road/Barnes Road</b></p> <ul style="list-style-type: none"> <li>Signalize the intersection and interconnect with operation of the planned signal at the River Road/US 101 Southbound Ramps intersection.</li> </ul>	<p>SU</p>
<p><b>Impact TR-8: Year 2035 95<sup>th</sup> Percentile Vehicle Queuing.</b> Numerous intersections would experience significant impacts to 95<sup>th</sup> percentile queuing due to the addition of project traffic.</p>	<p>PS</p>	<p><b>Mitigation Measure TR-8: Intersection Improvements for 95<sup>th</sup> Percentile Vehicle Queuing.</b> Prior to occupancy, the project applicant shall:</p> <p><b>A.</b> Construct/implement the following (see <b>Figure 3.15-16</b>):</p> <ul style="list-style-type: none"> <li>River Road/US 101 Southbound Ramps</li> <li><del>Change signal timing.</del> <u>Work with Caltrans to achieve optimal signal timing relative to the proposed improvements.</u></li> </ul> <p><b>Mark West Springs Road/Old Redwood Highway</b></p> <ul style="list-style-type: none"> <li>Add dual left turn lanes to the north, <del>south</del> and westbound intersection approaches. <u>Extend the length of the left turn lane on the Old Redwood Highway southbound approach to</u></li> </ul>	<p>SU</p>

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
		<p><u>approximately 255 feet, which may (at the discretion of the DTPW) include approximately 210 feet in a dedicated left turn lane, and an additional 45 feet (or more) in the adjoining north two wat left turn lane.</u></p> <ul style="list-style-type: none"> <li>• Adjust signal timing.</li> <li>• Provide overlap right turn phasing on all intersection approaches.</li> <li>• Provide additional length to the following turn lanes:            Old Redwood Highway Northbound Left Turn <del>Lanes:</del>  <del>Lengthen</del>Add second turn lane and <del>lengthen</del> from 200 feet to <u>create a combined storage length of approximately at least 350 feet.</u>            Old Redwood Highway Northbound Right Turn <del>Lane:</del>            Lengthen from 50 feet to <u>approximately 170 feet at least 275 feet.</u>            Mark West Springs Road Westbound Left Turn <del>Lane:</del>  <del>Lengthen</del>Add second turn lane and <del>lengthen</del> from 225 feet to <u>create a combined storage length of approximately at least 300 feet.</u>            Mark West Springs Road Westbound Right Turn <del>Lane:</del>            Lengthen from 50 feet to <u>approximately 100 at least 250 feet.</u></li> </ul> <p><b>Mark West Springs Road/Project Main Entry</b></p> <ul style="list-style-type: none"> <li>• Adjust signal timing.</li> <li>• <del>Mark West Springs Road Eastbound Through Movement:</del>  <del>768 feet/lane with 860 feet of storage</del></li> </ul> <p><b>Mark West Springs Road/Lavell Road</b></p> <ul style="list-style-type: none"> <li>• Prohibit left turns from the Lavell Road stop sign controlled approach. Alternative access is available to the neighborhood served by Lavell Road (i.e., to Old Redwood Highway) in order to allow access to eastbound Mark West Springs Road.</li> <li>• B. Enter into an agreement with the County to provide a fair share contribution to the following improvements when and if they are programmed and funded for construction:</li> </ul>	

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
		<ul style="list-style-type: none"> <li>• River Road/Fulton Road</li> <li>• Provide second left turn lanes on the westbound River Road approach and on the southbound Fulton Road approach.</li> <li>• Adjust signal timing.</li> <li>• Provide additional lengths to the following turn lanes: River Road Westbound Dual Left Turn Lanes: Lengthen from 150 feet up to at least 375 feet. Fulton Road Southbound Dual Left Turn Lanes: Lengthen from 75 feet up to at least 175 feet</li> </ul>	
<p><b>Impact TR-9: Year 2035 Arterial Operation.</b> No arterial segments would experience significant impacts.</p>	LTS	No mitigation required	-
<p><b>Impact TR-10: Year 2035 Freeway Operation.</b> Two freeway segments would experience significant impacts in 2035 due to project traffic.</p>	PS	There are no feasible mitigation measures to reduce this impact.	SU
<p><b>Impact TR-11: Parking Impacts.</b> The proposed Sutter project could result in an inadequate supply of parking for the proposed uses. However, the shared use parking plan between Sutter and Wells Fargo Center would provide overflow parking areas immediately adjacent to the project site.</p>	LTS	No mitigation required	-
<p><b>Impact TR-12: Pedestrian Impacts.</b> Increased pedestrian activity to and from the proposed medical center could present safety concerns for pedestrians.</p>	PS	<p><b>Mitigation Measure TR-12: Traffic Calming Measures and Sidewalk along West Side of Main Entry Drive + Continuous Pathway Along Old Redwood Highway.</b> Prior to occupancy, the applicant shall provide the following measures:</p> <ul style="list-style-type: none"> <li>• Provide traffic calming measures, such as speed tables or landscaped chokers within the parking aisles north of the hospital main entry to significantly reduce vehicle speeds at the pedestrian walkway. Highlight the walkway with signing and different pavement surface.</li> <li>• Provide a sidewalk <del>along the entire length of the west side of the project main entry driveway</del> from Mark West Springs Road to all public Sutter Medical Campus building entrances. The exact location shall be as determined by the Design Review Committee.</li> <li>• <del>Prior to occupancy, the applicant shall obtain the necessary right of way and e-</del>Construct a 4' wide sidewalk/pedestrian pathway on the east side of Old Redwood Highway, north of Mark West Springs Road, on the western edge of Assessors parcels 058-071-015, 016, and 017 <u>within existing right of</u></li> </ul>	LTS

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
		<u>way. If final engineering demonstrates there is insufficient right of way to construct a 4' wide pathway, then the applicant is unable to shall obtain the necessary right of way, then the applicant or provide adequate funding to the County to obtain it.</u>	
<b>Impact TR-13: Bicycle Impacts.</b> The site layout is adequate to accommodate bicycle riders.	LTS	No mitigation required	-
<b>Impact TR-14: Transit Impacts.</b> Potential inadequacy of public transit availability to the project site.	LTS	No mitigation required	-

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<p><b>Impact TR-15: Construction Traffic Impacts.</b> Truck traffic associated with project construction could cause significant traffic safety impacts as trucks attempt to turn from the site to Mark West Springs Road. In addition, construction worker traffic could cause significant traffic safety impacts (during peak outbound flow periods) as workers attempt to turn from the site to Mark West Springs Road.</p>	PS	<p><b>Mitigation Measure TR-15: Develop Traffic Management Plan and Provide all Roadway Widening along Mark West Springs Road and a Signalized Mark West Springs Road/WFC Main Entry Intersection Before Occupancy of Phase II.</b></p> <ul style="list-style-type: none"> <li>• Phase I Fill Importation Prior to grading permit issuance, the applicant shall develop and obtain County approval of a construction traffic management plan. Assuming all fill truck access at the project site is to/from the west, flag people shall be employed to control truck access at the Mark West Springs Road/WFC main driveway intersection (for outbound left turns). During peak traffic periods, outbound truck movements shall only be allowed every 8 to 10 minutes so as to minimize disruption to the traffic flow along Mark West Springs Road. Use of the flag people will eliminate the need for outbound trucks to turn right from the site and travel through the community on Old Redwood Highway as well as other roads.</li> <li>• Phase II Prior to occupancy of Phase II, the applicant shall provide all roadway widening along the US 101 northbound off-ramp, Mark West Springs Road and a signalized Mark West Springs Road/WFC main entry intersection. Also, the applicant shall provide a flag person to control egress from the project site at all times during Phase II construction when more than 20 vehicles per hour (non trucks) are expected to be exiting the site or when more than 2 trucks per hour would be expected to be exiting the site.</li> </ul>	LTS
<b>Year 2014 Off-Site Impacts with Phase III Development</b>			
<p><b>Impact TR-16: Year 2014 Intersection Level of Service.</b> Project traffic would adversely affect the level of service at several intersections. These would be the same intersections and for the same movements as with project Phase II traffic.</p>	PS	<p><b>Mitigation Measure TR-16: Intersection Improvements.</b> Prior to occupancy the project applicant shall: Implement Mitigation Measure TR-1 (i.e., the same measures as with Phase II development).</p>	SU

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<b>Impact TR-17: Year 2014 Signalization Needs.</b> The unsignalized River Road/Barnes Road intersection would experience a significant impact in 2014 based upon peak hour signal warrant evaluation.	PS	<b>Mitigation Measure TR-17: Intersection Signalization.</b> Prior to occupancy, the project applicant shall enter into an agreement with the County to provide a fair share contribution to the following improvements when and if they are programmed and funded for construction: Implement Mitigation Measure TR-2 for River Road/Barnes Road	SU
<b>Impact TR-18: Year 2014 95<sup>th</sup> Percentile Vehicle Queuing.</b> Numerous intersections would experience significant impacts to 95 <sup>th</sup> percentile queuing due to the addition of project traffic.	PS	<b>Mitigation Measure TR-18: Intersection Improvements for 95<sup>th</sup> Percentile Vehicle Queuing.</b> Prior to occupancy, the project applicant shall: Implement Mitigation Measure TR-3 (see Figure 3.15-20).	SU
<b>Impact TR-19: Year 2014 Arterial Operation.</b> No arterial segments would experience significant impacts.	LTS	No mitigation required	-
<b>Impact TR-20: Year 2014 Freeway Operation.</b> Two freeway segments would experience significant impacts in 2014 due to project traffic.	PS	There are no feasible mitigation measures to reduce this impact	SU
<b>Impact TR-21: Cumulative Traffic and Transportation Impacts.</b> Implementation of the proposed project could result in a considerable contribution to significant cumulative traffic and transportation impacts.	PS	<b>Mitigation Measure TR-21: Implement Mitigation Measures TR-6 through TR-8 and TR-16 through TR-18.</b> Implement Mitigation Measures TR-1 through TR-3, TR-6 through TR-8, and TR-16 through TR-18.	SU
<b>UTILITIES AND SERVICE SYSTEMS</b>			
<b>Impact UT-1: Require New or Expanded Water Supplies.</b> The proposed project could require new or expanded entitlements of water supplies to serve the project.	LTS	No mitigation required	-
<b>Impact UT-2: Require Construction of New Water Treatment Facilities.</b> The proposed project would require or result in the construction of new water treatment facilities or expansion of existing facilities, the construction of which could cause significant environmental effects.	PS	<b>Mitigation UT-2: Implement Mitigation HY-4, AIR-1, AIR-2a, and AIR-2b.</b> Mitigation UT-2: Implement Mitigation HY-4, AIR-1, AIR-2a, and AIR-2b	LTS
<b>Impact UT-3: Require Construction of New Stormwater Drainage Facilities.</b> The proposed project would require the construction of new stormwater drainage facilities or expansion of existing facilities, the construction of which could cause significant environmental effects.	PS	<b>Mitigation UT-3: Implement Mitigation HY-4, AIR-2a, and AIR-2b.</b> Implement Mitigation Measures HY-4, AIR-2a, and AIR-2b to prevent increases in stormwater runoff and minimize air quality impacts during construction.	LTS

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<p><b>Impact UT-4: Result in Inadequate Wastewater Treatment Capacity.</b> Project implementation could result in a determination by the wastewater treatment provider that serves the project that it has inadequate capacity to serve the project’s projected demand in addition to the provider’s existing commitments.</p>	<p>PS</p>	<p><b>Mitigation UT-4a: Retrofit the WFC with Low Flow Toilets and Other Indoor Water Conserving Devices.</b> Indoor plumbing fixture retrofit and replacements shall be implemented at the WFC to the maximum extent practicable to reduce its wastewater generation. At a minimum, the following measures will be implemented:</p> <ol style="list-style-type: none"> <li>1. Install low flow toilets (1.6 gallons average per flush).</li> <li>2. Install 1.0 gallons per flush urinals.</li> <li>3. Retrofit lavatory faucets with 1.5 gpm flow moderators.</li> </ol> <p>A report shall be prepared by Sutter Hospital before an occupancy permit is granted that describes the retrofit of the WFC and compares the pre- and post-retrofit water usage to provide an accounting of the reduction in wastewater generation. The report will include the number of participants in the retrofit program that is funded by Sutter up to that point and the number required to offset the waste generation from the WFC. If there are insufficient participants in the program to offset the wastewater generated by the WFC, a program to increase participation shall be proposed by Sutter and implemented immediately upon approval by the County and SCWA. The WFC will not be connected to the Sanitation Zone collection system until there are sufficient participants in the program unless an exception to this requirement is expressly granted by SCWA.</p> <p><b>Mitigation UT-4b: Install Ultra Low Flow Toilets and Other Indoor Water Conserving Devices in All of the New Buildings, including the Sutter Medical Center, the Physicians Medical Center, and the Medical Office Building.</b> Water conservation measures shall be implemented in all of the new buildings, including the Sutter Medical Center, the Physicians Medical Center, and the Medical Office Building, and will include some or all of the following:</p> <ol style="list-style-type: none"> <li>1. Install ultra-low flush toilets (1.1 gallons average per flush).</li> <li>2. Install lavatory faucets with 1.5 gpm flow moderators.</li> <li>3. Install ultra-low flow (0.5 gpm) lavatory faucets with infrared sensors for on/off control in public restrooms.</li> <li>4. Install 0.5 gallon per flush urinals in public restrooms.</li> </ol>	<p>LTS</p>

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
		<p>A report will be prepared by Sutter describing the water conserving measures to be implemented in the new buildings. The report will be submitted to the County and SCWA before issuance of a building permit. The report shall provide an estimate of the waste generation in the new buildings and the number of ESD participants in the retrofit program required to offset the waste generated.</p> <p><b>Mitigation UT-4c: Achieve Offset Credits by Funding a Program to Retrofit Residential and Commercial Buildings With Ultra Low Flow Toilets and Other Indoor Water Conserving Devices.</b> Sutter shall offset the additional wastewater generated by the proposed project by funding the recently approved SCWA direct install program to retrofit residential and commercial buildings with ultra low flow toilets and other indoor water conserving devices. Sutter shall fund the program at a level sufficient to meet the needs of this project per Table 3.16-3. Alternatively, if the report prepared as part of Mitigation UT-4b is approved by SCWA and demonstrates that less wastewater would be generated due to the implementation of additional water conserving devices, the level of funding could be reduced to account for the reduced number of required offsets. The method of funding shall be agreed to between Sutter and the SCWA before issuance of a building permit.</p> <p>Sutter shall submit a report every six months to the SCWA starting <del>just in January 2010</del> <u>prior to annexation of the site to the Airport-Larkfield-Wikiup Sanitation Zone</u> and continuing until the retrofit program has reduced the waste generated in the Sanitation Zone sufficiently to offset the waste generated by this project. The report shall state the number of ESDs that have participated in the program and shall also provide an estimate of the date at which the program is expected to meet the needs of the project based on the rate of participation. If the date is later than the expected date of occupancy, a program to increase participation or the amount of savings by participants (e.g., include high efficiency washers in the program) shall be included in the report and subsequently implemented once approved by SCWA. The final report will need to show that the expected wastewater generated by the project has been offset by the retrofit</p>	

Table S-1. Summary of Impacts and Mitigation Measures

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
		<p>program before an occupancy permit is granted.</p> <p><b>Mitigation UT-4d: Ensure Hospital Wastewater Discharge Quality.</b> Kitchen waste collection systems will be installed at all nurses' stations and any food processing locations. These wastes will either be composted on site or will be collected for commercial recycling.</p> <p><b>Mitigation UT-4e: Provide Capacity for Increased Wastewater Flows at Proposed Connection Points.</b> If modeling shows a lack of capacity and Sutter chooses to connect at the Mark West Springs Road trunk line, the portion of the existing 8" sewer between the project connection point in Mark West Springs Road and its terminus at the trunk sewer in Old Redwood Highway at Lark Center Drive will be replaced with a larger diameter sewer prior to hospital occupancy.</p>	
<p><b>Impact UT-5: Require Construction of New Wastewater Treatment Facilities.</b> The proposed project would require or result in the construction of new wastewater treatment facilities or expansion of existing facilities, the construction of which could cause significant environmental effects.</p>	PS	<p><b>Mitigation UT-5: Implement Mitigation UT-4a through UT-4c.</b> Implement Mitigation Measures UT-4a through UT-4c to offset project wastewater flows and implement Mitigation Measures AIR-2a, and AIR-2b to minimize air quality impacts during construction of the replacement sewer line, if required.</p>	LTS
<p><b>Impact UT-6: Result in Insufficient Landfill Capacity.</b> The proposed project could be served by a landfill with insufficient permitted capacity to accommodate the project's solid waste disposal needs.</p>	LTS	No mitigation required	-
<p><b>Impact UT-7: Cumulative Impacts to Utilities and Service Systems.</b> Construction and operation of the proposed project could result in a considerable contribution to a significant cumulative impact related to utilities and service systems.</p>	LTS	No mitigation required	-

**Table S-1. Summary of Impacts and Mitigation Measures**

Impact	Significance Before Mitigation	Mitigation	Significance With Mitigation Incorporated
<b>Energy</b>			
<p><b>Construction Energy Use.</b> Construction of the proposed project would use electricity and gas as a short-term consequence (up to 48 months) of construction of the project.</p>	LTS	<p>The following mitigation measures have already been discussed in the air quality Section 4.4. While these mitigation measures shall be implemented in order to minimize air quality impacts they also will assist in preventing inefficient energy usage and promote conservation of energy resources.</p> <p><b>Mitigation AIR-1: Reduce Length of Haul Truck Trips, Restrict Idling</b></p> <p><b>Mitigation AIR-2b: Include Measures to Reduce Criteria Pollutant Exhaust From Construction Equipment</b></p> <p><b>Mitigation AIR-7: Develop project with the project design features and emissions reduction measures</b></p> <p>Energy Reduction Methods are also described in Section 4.4.2</p>	LTS
<p><b>Operational Energy Use.</b> Based on worst case estimates from the applicant’s mechanical engineers (Sutter Energy Conservation Report, March 2009), the three facilities that will be power consumers will use a combined 6,520,577 kilowatt hours per year (kWh/yr) at full buildout. The project would not require the construction of additional electrical generation capacity. The proposed project’s natural gas usage is estimated to be approximately 109,337 therms per year. The natural gas use by the proposed project will not represent a significant increase in the natural gas usage within the County. Project operation would not result in a wasteful or inefficient use of transportation energy.</p>	LTS		LTS

LTS = Less than significant  
 PS = Potentially significant  
 SU = Significant and unavoidable

Based on internal review, the text on page 1-4 within Section 1.3 has been revised to add the following:

The project would be completed in phases beginning with amendment of the sphere of influence of the Airport-Larkfield-Wikiup Sanitation Zone and the annexation of the site into the SCWA's Airport-Larkfield-Wikiup Sanitation Zone, connection to the Airport-Larkfield-Wikiup Sanitation Zone's wastewater treatment system, and decommissioning of the existing on-site LBMF sewage treatment facility.

Based on internal review, the Assessor's Parcel No. for Lot E in Table 2-1 on page 2-4 has been revised as follows:

058-040-0636

Based on internal review, the text on page 2-4 within Section 2.2.1 has been revised to add the following:

In addition to the development site, the project includes placing one additional adjacent 1.41 acre parcel (APN 058-040-036) inside the Larkfield-Wikiup Urban Service Boundary. This parcel is designated Rural Residential 1 acre density in the General Plan, is zoned RR (Rural Residential) – B6 – 1 acre density – VOH (Valley Oak Habitat), and is currently developed with one single family dwelling served by a well and septic system. The purpose of including this parcel within the Urban Service Boundary is to prevent the formation of 'island' parcels which do not have sewer service available inside the Urban Service Boundary (if the overall development project is approved); island parcels are also contrary to LAFCO policy. Including the subject residential parcel inside the Urban Service Boundary would not change the land use designation or the allowed uses on that property.

Per Comment O.14.1, the text on page 2-9 of Section 2.0 of the EIR has been revised as follows:

WFC buildings and facilities occupy most of the LBMF's 28+- acres with the primary entrance off Mark West Springs Road over Parcels A and B, and with secondary access from East Fulton Road easterly of Parcel B over Parcel C ~~on the eastern side of Parcel B~~; the rest of the LBMF property is vacant. An existing barn in the northern end of the property on Parcel A is currently being used as the LBMF maintenance facility.

Per Comment O.14.2, the text in Section 2.3.2 on the bottom of page 2-10 and the top of page 2-11 has been revised as follows:

Subsequent to the 2008 Initial Study, Sutter and LBMF reached an agreement to downsize the joint Master Plan for the project site. As currently proposed, the joint Master Plan would accommodate the existing LBMF facilities and the proposed Medical Campus facilities on the 53-acre site via an integrated land use and circulation plan, which would include a primary single major ~~signalized~~ site entry road from Mark West Springs Road, a secondary site entry road from East Fulton Road, and a separate dedicated emergency vehicle access.

Based on internal review, the text on page 2-11 has been revised to add the following:

The project would be completed in phases, beginning with amendment of the sphere of influence of the Airport-Larkfield-Wikiup Sanitation Zone and the annexation of the site into the SCWA's Airport-Larkfield-Wikiup Sanitation Zone, decommissioning of the existing on-site LBMF sewage treatment facility, and connection to the Airport-Larkfield-Wikiup Sanitation Zone's wastewater treatment system.

Based on internal review, the text on page 2-15 within Section 2.3.2 has been revised to add the following:

In addition to the development site, the project includes placing one additional adjacent 1.41 acre parcel (APN 058-040-036) inside the Larkfield-Wikiup Urban Service Boundary. This parcel is designated Rural Residential 1 acre density in the General Plan, is zoned RR (Rural Residential) – B6 – 1 acre density –

VOH (Valley Oak Habitat), and is currently developed with one single family dwelling served by a well and septic system. The purpose of including this parcel within the Urban Service Boundary is to prevent the formation of 'island' parcels which do not have sewer service available inside the Urban Service Boundary (if the overall development project is approved); island parcels are also contrary to LAFCO policy. Including the subject residential parcel inside the Urban Service Boundary would not change the land use designation or the allowed uses on that property. Amendment of the Airport-Larkfield-Wikiup Sanitation Zone's sphere of influence and annexation of the project site and the adjacent 1.41-acre parcel into the Sanitation Zone will require approval of LAFCO.

Based on internal review, the text in Section 2.3.2.1 on page 2-15 has been revised to add the following:

***Phase I (2010-2012): Entitlement, Relocation, Replacement of Utilities and Existing Facilities***

1. Phase I(a)
  - A. Amendment of the sphere of influence of the Airport-Larkfield-Wikiup Sanitation Zone and ~~A~~nnexation of the entire 53-acre site and the additional adjacent 1.41 acre parcel (APN 058-040-036) to the Airport-Larkfield-Wikiup Sanitation Zone; and,

Based on internal review, Figure 2-4 referenced in Section 2.3.2.1 has been revised to more clearly illustrate potential future hospital expansion areas and depict updated landscaping and minor changes to the Central Utility Plant. These minor alterations to the figure better reflect the project as proposed and as analyzed in the EIR.



Based on internal review, the text on the bottom of page 2-23 within Section 2.4 Required Permits and Approvals has been revised to add the following:

In addition to the above, a general plan text amendment may be implemented to restrict uses consistent with those of the master plan.

Other major permits or approvals that will likely be required for the proposed project include:

- Approval by Sonoma County Local Agency Formation Commission (LAFCO) of amendment of sphere of influence of Airport-Larkfield-Wikiup Sanitation Zone and annexation of project site and the adjacent 1.41-acre parcel into the Sanitation Zone
- National Pollutant Discharge Elimination System (NPDES) Permit from the North Coast Regional Water Quality Control Board (RWQCB)
- Approved Standard Urban Stormwater Mitigation Plan Requirements and Stormwater Mitigation Plan from North Coast RWQCB
- Section 401 Water Quality Certification from the North Coast RWQCB
- Section 404 Permit from the U.S. Army Corps of Engineers (USACE)
- Permit to Operate from the Bay Area Air Quality Management District (BAAQMD)
- Approval from the California Department of Transportation (Caltrans)
- Caltrans Division of Aeronautics and FAA permits for helicopter operations

Based on internal review the exterior lighting mitigation has been modified slightly to allow a wider variety of energy efficient lighting types, while maintaining all requirements for fully shielded and downcast fixtures to avoid offsite glare and excessive skyglow. Mitigation Measure AES-4a on page 3.2-23 is modified as follows:

The following measures shall be implemented to control and prevent light trespass:

- Lighting plans shall be submitted for design review and approval.
- The plans shall require that free-standing light fixtures ~~use low pressure sodium lamps or other similar lighting fixture and~~ be installed and shielded in such a manner that all lights are shielded from off-site view and no light rays are emitted from the fixture at angles above the horizontal plane.
- Building-mounted lights should be shielded and downcast.
- ~~Prohibit the use of high intensity discharge lamps.~~

Based on internal review Mitigation Measure AIR-7 was revised to refer to the correct tables in Appendix C-5. Mitigation Measure AIR-7 on page 3.4-51 has been revised as follows:

The project shall be developed with the project design features and emissions reduction measures set forth in Tables ~~9 and 10~~ of Appendix C-5:

Per Comment O.14.3, the text in Section 3.5.1.3 of the EIR on page 3.5-3, second paragraph, has been revised as follows:

The WFC and the grounds surrounding the barn have been planted with ornamental trees and shrubs, including redwood (*Sequoia sempervirens*), deodar cedar (*Cedrus deodara*), Monterey pine (*Pinus radiata*), liquidambar (*Liquidambar styraciflua*), camphor (*Cinnamomum camphora*), olive (*Olea europaea*), persimmon (*Diospyros kaki*), strawberry tree (*Arbutus unedo*), rose (*Rosa* sp.) and juniper (*Juniperus* sp.). Large lawns are located north and southwest of the WFC. A few mature valley oaks, ~~including a 48-inch diameter oak,~~ stand within the parcel that contains the barn.

Per Comments A.1.4-A.1.5, Mitigation Measure BIO-1 on page 3.5-13 has been revised to include DFG's recommendation as follows:

A nesting survey for raptors and other special-status bird species shall be conducted prior to commencing with tree removal, grading, or other construction work if this work would occur between February 1 and August 31. Nesting surveys shall include examination of all trees within 300 feet of the project site, regardless of whether they are slated for removal. If a nest is discovered, a buffer zone around the nest tree must be staked with bright orange lath or other suitable staking. If the tree is located off the project site, then the buffer shall be demarcated per above where the buffer occurs on the project site. The size of the buffer will be established by a qualified biologist to reflect the identified raptor or special-status bird species. No ~~tree removal, grading, or other construction work~~ ~~construction or earth moving activity~~ shall occur within the established buffer until it is determined by the qualified biologist that the young have fledged (that is, left the nest) and have attained sufficient flight skills to avoid project construction zones. This typically occurs by July 15 for raptors. This date may be earlier or later, and ~~shall~~ ~~would~~ be determined by a qualified biologist. ~~If a qualified biologist is not on site to make observations, the buffers shall be maintained in place through the month of August and work within the buffer can commence September 1.~~

Per Comment A.3.4, Mitigation Measure BIO-2b: Compensatory Mitigation, on pages 3.5-14 and 3.5-15 of the DEIR has been revised as follows:

Impacts to wetlands or other waters under the regulatory authority of the Corps and RWQCB shall be compensated for at a 2.5:1 ratio (i.e., impacts to 0.026 acre of wetlands or other waters). This shall be accomplished by construction of a 0.067-acre linear drainage ditch on the project site as part of the first phase of project construction. Impacts to isolated wetlands under regulatory authority of the RWQCB (0.364 acre) shall be compensated for at a 2:1 ratio. This shall be accomplished by purchasing 0.8 acre of creation credits at a RWQCB-approved mitigation bank. Mitigation credits shall be purchased prior to breaking ground on the project site.

~~For those wetland areas that are impacted as part of the proposed project, appropriate permits shall be acquired from the Corps and RWQCB prior to any impacts occurring to regulated waters of the U.S. and/or State. Impacted wetland areas shall be compensated for at a 2:1 ratio (i.e., for each square foot of impact, compensation shall consist of 2 square feet of replacement/preservation compensation) via purchase of mitigation credits from a Corps and RWQCB approved wetland conservation bank. As the project will impact 0.39 acre of seasonal wetland, 0.78 acre of mitigation credits shall be purchased from a qualified wetlands conservation bank. Prior to purchasing mitigation credits from a qualified conservation bank, approval from the Corps and RWQCB shall be required. Mitigation credits shall be purchased prior to breaking ground on the project site. Copies of applicable permits from the Corps and RWQCB shall be provided to Sonoma County prior to grading, and any conditions in these permits shall become a condition of project approval. Any other conditions that are stipulated for wetland impacts by the Corps and/or RWQCB shall also become conditions of project approval. If mitigation compensation is not required by the Corps and/or RWQCB for the proposed project, then this condition of project approval shall be deemed unnecessary. In the event that mitigation credits cannot be secured from a Corps and RWQCB approved wetland conservation bank, compensation wetlands shall be created/enhanced on site and will resemble those wetlands affected by the project (known as in-kind replacement). If wetlands cannot be created in-kind and on-site, wetland creation/enhancement shall be implemented offsite. Any wetland creation/enhancement plan shall be approved by the Corps and the RWQCB via permit issuance from these agencies for the appropriate jurisdictional features within the purview of these agencies. Mitigation requirements shall include that all impacted wetlands are replaced at a minimum 2:1 ratio (for each square foot of impact, one square foot of wetland would be enhanced/created) or as otherwise specified in permitting conditions imposed by the Corps and/or RWQCB. Thus, since 0.39 acre of seasonal wetland would be impacted, 0.78 acre of created/enhanced wetland would be required to be constructed. Implementation of this mitigation measure shall require that any site where wetlands are created/enhanced would have to be preserved in perpetuity via recordation of a perpetual restrictive deed recorded on the Title of the property. In addition, a five-year monitoring plan shall be implemented by a qualified biologist.~~

~~At the end of the five year monitoring period, the Corps and RWQCB shall render a conclusion that the created/enhanced wetlands are successful.~~

Per Comment A.2.1, the Regulatory Setting section under Section 3.8.2.2 State on page 3.8-4 of the DEIR has been revised to add the following:

**Helicopter Operations.** Within California, operation of a heliport other than one strictly for personal use requires that a Heliport Permit be obtained from the California Department of Transportation (Caltrans) Division of Aeronautics. This requirement is spelled out in Public Utilities Code Section 21661.5. Prior to applying for this permit, the project applicant must first submit information on the proposal to the Federal Aviation Administration (FAA) so that the agency can conduct an aeronautical study of the proposal in accordance with FAA Regulations Part 77. This aeronautical study will examine whether the airspace required for the heliport is free of obstructions that could be hazards and does not interfere with the airspace of nearby airports. Aeronautical studies do not examine other types of compatibility factors such as noise.

Per Comment A.2.1, the Regulatory Setting section under Section 3.8.2.3 Local on page 3.8-6 of the DEIR has been revised to add the following:

**Helicopter Operations**

Before an application is submitted for a Heliport Permit from the California Department of Transportation Division of Aeronautics, the proposed heliport plan must be submitted to and acted upon by the Sonoma County Airport Land Use Commission (ALUC) for evaluation against land use compatibility criteria adopted by that agency.

Per Comment A.8.1, the text for Impact HAZ-5 in Section 3.8.3.4 of the EIR has been revised as follows:

**Impact HAZ-5: Helicopter Operations**

The proposed project includes development and operation of a helistop, the operation of which could pose a safety hazard to people living, working, and traveling in the area.

**Significance:** ~~Potentially~~ Less than significant

**Discussion:** The proposed project would include a helistop for helicopter ambulances to be able to pick up and drop off patients. The helistop would be located on the west side of the project site close to US 101. An average of 17 helicopter flights per month (or approximately 200 flights per year) have occurred at Sutter's Chanate Road campus during the past 4 years. It is assumed that up to 20 flights per month (or 240 flights per year) may occur with full buildout of the proposed project due to growth in the future.

For the proposed project, the optimum alignment for the approach/departure paths for the helistop are from the south-southeast and north-northwest. This alignment coincides not only with the prevailing winds at the site, but also provides the opportunity for helicopters to approach and depart the helistop by flying over US 101. As such, the paths are aligned so as to ensure that helicopters do not fly directly over Wells Fargo Center buildings or the residential area north of Mark West Springs Road. This path also helps ensure that redwood trees near the site will not be obstructions, although the height and proximity of light poles and redwood trees near the site do limit other options for approach/departure path alignments.

The accident rate of helicopter emergency medical services (HEMS) operations has been steadily decreasing, but experienced a marked increase in 2008. From 1998 through 2007, an average of 10.8 HEM accidents occurred annually in the U.S (HAI 2008). Whether the 2008 increase is an anomaly is uncertain, but the National Transportation Safety Bureau has investigated and offered recommendations pertaining to flight procedures (Appendix G). The rate of accidents for all types of helicopter operations has trended downward over the last decade. The increased numbers of twin-engine turbined-powered helicopters in the helicopter fleet (the type that will be used by REACH, the operator for the project) has been an apparent

contributing factor in this positive trend, due to greater engine reliability and the multiple engines (NTSB 2009) (Appendix G).

The vast majority of helicopter accidents, particularly HEMS accidents, take place either en route or at a remote landing site, rather than at an established heliport/helistop or airport. Weather was a significant factor in 19% of all HEMS accidents. The tendency of HEMS pilots to attempt to accomplish their life-saving missions despite adverse weather conditions is considered a factor in this regard. With a majority of the accidents occurring at a remote landing site or en route decreases the chances of impacts to third party individuals in the nearby vicinity.

In conversations with the Sonoma County Sheriff Helicopter Unit, the Sheriff identified the power lines that cross US 101 at the project site represented a potential hazard to helicopter operations and recommended that lighting be placed on the power poles (Appendix G-5). Subsequent to these conversations, the California Department of Transportation Division of Aeronautics in a letter dated January 28, 2010, indicated that upon further review they believe that lighting the power poles crossing US 101 approximately 1,500 feet northwest of the heliport site will not be necessary or required. Further, they state that the power poles will not interfere with the Federal Aviation Administration (FAA) Heliport Design or penetrate Federal Aviation Regulation (FAR) Part 77 imaginary surfaces. The Sonoma County Sheriff has indicated the Sheriff's Department will abide by the Caltrans Division of Aeronautics decision regarding the lack of a need to light the utility poles near the proposed Sutter helistop (Personal Communication with Sheriff Bill Cogbill, April 21, 2010).

~~Further,~~ Pursuant to Federal Aviation Administration Advisory Circular No. 150/5390-2B, *Heliport Design*, the helistop will have lights that will help safely guide a pilot in and out of the site.

Given the low number of helicopter flights ~~and~~ the low accident rate at established helistops, appropriate lighting to safely guide in pilots, ~~as well as lights being placed on nearby power poles,~~ risks to third parties from helicopter operations can be considered less than significant.

Helicopters could have a potentially disruptive effect on highway traffic, but the time required for a helicopter to pass by and land would be brief. At the project site, the proposed approach and departure routes would put the helicopter in view of motorists along US 101 for less than a minute, with only approximately 5 flights a week occurring at full buildout. The pad's visibility from the highway could also be a factor. Lights associated with the helistop would be mostly blocked from view of the motorists by vegetation that would be planted between the helipad and US 101. In both cases the effects are likely to diminish over time as helicopter activity becomes more familiar to motorists who regularly use the route. Also, planned landscaping will largely shield the view of the pad from the highway.

Elsewhere in California, there are several existing helicopter facilities situated close to (within approximately 500 feet) a freeway. These include: Calstar (Auburn), Children's Hospital (Oakland), Good Samaritan Hospital (San Jose), Maguire Heliport (Los Angeles), San Joaquin General Hospital (Stockton), and St. Elizabeth Community Hospital (Red Bluff).

Based on the County's review of information provided by Sutter, there is no data available on the topic of traffic accidents related to helicopter overflights (see Appendix G). The Statewide Integrated Traffic Records System (SWITRS) stated that there are no records available that would determine if automobile accidents were caused by nearby aircraft activity. (One reason is the fault is placed on the driver of automobile(s), not outside influences such as aircraft activity.) Research was also conducted in the National Highway Safety Administration's online database, but no records of accidents involving aircraft or helicopters were found. Staff at the California Department of Transportation Division of Aeronautics and Helicopter Operations indicated that they are not aware of any general conditions or specific incidents in which helicopter operations have been cited as a vehicle traffic hazard. A similar response was received from the Air Operations Commander of the California Highway Patrol Team, Keith Dittimus.

Lights associated with the helistop are also likely to be unobtrusive as seen from the highway. The perimeter lights will be green and lead-in lights yellow; both are intended to be seen from the air and will be largely unnoticeable from the highway among parking lot and other lights on the property. The flood light or lights required to allow helicopter and ground crews to work around the helistop at night would

normally be on only when a helicopter is present and will be off during helicopter takeoffs and landings so as not to interfere with the vision of pilots.

Therefore, the risk of traffic accidents on US 101 caused by proposed helicopter operations are also considered less than significant.

**Mitigation HAZ-5: ~~Install lighting on Power Poles Crossing US 101 at the Project Sites~~**

~~Lighting shall be placed on the power poles crossing US 101 at the project site in a manner that will make the poles readily visible from the air by helicopter pilots at night and in such a manner as to not distract drivers on US 101.~~ No mitigation required.

Per Comment A.5.14, the first paragraph of Section 3.9.1 on page 3.9-1 of the DEIR has been revised to read:

The project site is located in the Santa Rosa Valley, which is bounded by the Mendocino Range to the west and the Mayacmas and Sonoma mountains to the east. The site is part of the larger Russian River watershed. Water supply in the region is provided by a combination of groundwater and surface water primarily from the Russian River and Dry Creek (a tributary of the Russian River). The region has a Mediterranean climate, with cool, wet winters and hot, dry summers. Annual precipitation is about 35 inches at the site and ranges from approximately 30 inches to in the south in Santa Rosa to about 55-60 inches in the mountains to the east~~north~~, with the majority of the rain occurring from October through April.

Per Comment A.5.16, Sections 3.9.2.2 and 3.9.2.3 on pages 3.9-7 and 3.9-8 of the DEIR have been revised as follows:

**3.9.2.2 State**

The Porter-Cologne Water Quality Control Act (Porter-Cologne Act) of 1969, which became Division 7 of the California Water Code, authorized the State Water Resources Control Board (SWRCB) to provide comprehensive protection for California's waters through water allocation and water quality protection. The SWRCB implements the requirements of CWA Section 303 that water quality standards be set for certain waters by adopting water quality control plans through the Porter-Cologne Act. The Porter-Cologne Act also established the responsibilities and authorities of the nine Regional Water Quality Control Boards (RWQCBs). These responsibilities and authorities include preparing water quality plans for areas within the region (Basin Plans), identifying water quality objectives (WQOs), and issuing NPDES permits pursuant to the Clean Water Act. WQOs are defined as limits or levels of water quality constituents and characteristics established for reasonable protection of beneficial uses or prevention of nuisance. Under the Porter-Cologne Act, discharges of storm water from the project area would require NPDES permits due to the size of the project.

In addition to implementing the NPDES permitting program, the Porter-Cologne Act authorizes the RWQCBs to issue Waste Discharge Requirements (WDRs). Generally, WDRs are issued for discharges that are exempt from the CWA NPDES permitting program, discharges that may affect groundwater quality, and/or wastes that may be discharged in a diffused manner. WDRs are established and implemented to achieve the WQOs for receiving waters as established in the Basin Plans.

Under the NPDES program, the North Coast RWQCB has established permit requirements for storm water runoff for the project area. Project applicants with construction activities on 1 acre or more are subject to the permitting requirements of the NPDES General Permit for Discharges of Stormwater Runoff Associated with Construction Activity (General Construction Permit). The General Construction Permit requires the preparation and implementation of a Storm Water Pollution Prevention Plan (SWPPP) for construction activities. The SWPPP must include specifications for Best Management Practices (BMPs) that would be implemented during site preparation (including demolition) and construction. BMPs are measures taken to control degradation of surface water by preventing soil erosion or the discharge of pollutants from the construction area. The SWPPP must describe measures to prevent or control runoff after construction is complete and identify procedures for inspecting and maintaining facilities. Examples

of typical construction BMPs include scheduling or limiting activities to certain times of year, installing sediment barriers such as silt fence and fiber rolls, maintaining equipment and vehicles used for construction, stabilizing entrances to the construction site, and developing and implementing a spill prevention and cleanup plan. The SWRCB has identified BMPs to effectively reduce degradation of surface waters to an acceptable level.

Beneficial uses, WQOs, and the implementation program for achieving the WQOs for the water bodies in the project area are stipulated in the Water Quality Control Plan for the North Coast Region (2007 Basin Plan) (North Coast RWQCB 2007). The Russian River watershed has been listed under Section 303(d) of the CWA as an impaired water body for sediment and temperature. The Santa Rosa Creek watershed and segments of the Russian River have also been listed as impaired for pathogens. Work has begun on the development of a TMDL for pathogens, and the development of sediment and temperature TMDLs for the Russian River watershed is set to begin in 2010 (SWRCB 2009).

In October 2009 the California Regional Water Quality Control Board, North Coast Region issued Waste Discharge Requirements for the City of Santa Rosa, the County of Sonoma, and the Sonoma County Water Agency for Storm Water and Non-Storm Water Discharges from Municipal Separate Storm Sewer Systems (Order No. R1-2009-0050). The Order requires that the permitted agencies prepare a new development integrated water quality and water resource plan which includes a Low Impact Development (LID) manual, post-construction treatment BMP choice criteria, and a hydromodification control and mitigation plan. The integrated water quality/resource plan shall be included in an updated Standard Urban Storm Water Mitigation Plan (SUSMP) manual. Until a hydromodification control plan is prepared for new development, interim controls shall apply. These interim controls include a requirement that BMPs be sized for the 2-year 24-hour rain event that keeps post-construction peak discharge, peak velocity, and peak duration at or below those respective pre-construction levels. The permitted agencies shall also ensure that pre-construction storm water runoff volume is the same as the post-construction storm water runoff volume for flows up to the 85<sup>th</sup> percentile 24-hour storm and larger storms where adverse impacts to receiving waters are possible.

### **3.9.2.3 Local**

Under the NPDES program, the North Coast RWQCB has established permit requirements for storm water runoff for the project area. Project applicants with construction activities on 1 acre or more are subject to the permitting requirements of the NPDES General Permit for Discharges of Stormwater Runoff Associated with Construction Activity (General Construction Permit). The General Construction Permit requires the preparation and implementation of a Storm Water Pollution Prevention Plan (SWPPP) for construction activities. The SWPPP must include specifications for Best Management Practices (BMPs) that would be implemented during site preparation (including demolition) and construction. BMPs are measures taken to control degradation of surface water by preventing soil erosion or the discharge of pollutants from the construction area. The SWPPP must describe measures to prevent or control runoff after construction is complete and identify procedures for inspecting and maintaining facilities. Examples of typical construction BMPs include scheduling or limiting activities to certain times of year, installing sediment barriers such as silt fence and fiber rolls, maintaining equipment and vehicles used for construction, stabilizing entrances to the construction site, and developing and implementing a spill prevention and cleanup plan. The SWRCB has identified BMPs to effectively reduce degradation of surface waters to an acceptable level.

Beneficial uses, WQOs, and the implementation program for achieving the WQOs for the water bodies in the project area are stipulated in the Water Quality Control Plan for the North Coast Region (2007 Basin Plan) (North Coast RWQCB 2007). The Russian River watershed has been listed under Section 303(d) of the CWA as an impaired water body for sediment and temperature. The Santa Rosa Creek watershed and segments of the Russian River have also been listed as impaired for pathogens. Work has begun on the development of a TMDL for pathogens, and the development of sediment and temperature TMDLs for the Russian River watershed is set to begin in 2010 (SWRCB 2009).

Discharges to the storm sewer system in the Santa Rosa area are regulated by the Storm Water Management Plan (SWMP) for the City of Santa Rosa, the County of Sonoma, and the Sonoma County

Water Agency (SCWA). The SWMP is required as part of the NPDES permit for the Santa Rosa area. The main purpose of the SWMP is to identify pollutant sources potentially affecting the quality and quantity of storm water discharges and to implement measures to reduce the discharge of pollutants to the maximum extent practicable, as defined by the U.S. Environmental Protection Agency. The SWMP also provides guidelines for the implementation of the post-construction/development Standard Urban Storm Water Mitigation Plan (SUSMP). The SUSMP applies to projects that would add over 1 acre of impervious surface. Implementation of the SUSMP involves source control and treatment control BMPs and promotes the use of low-impact development in the project design process.

PRMD reviews projects for drainage design consistent with SCWA flood control requirements. The SCWA guidelines specify different criteria for hydrologic design depending on the size of the watershed draining to the area of interest. For major waterways with a drainage area of at least 4 square miles, constructed drainage systems must be designed for the 100-year event. For secondary waterways with drainage areas of between 1 and 4 square miles, drainage systems must be designed for at least the 25-year event. For minor waterways with drainage areas of less than 1 square mile, the 10-year event is used for the minimum design event. The tributary area draining to the project site is much less than 1 square mile, which indicates that designing for the 10-year storm event would be consistent with the SCWA design criteria for flood control.

The Sonoma County Grading, Drainage, and Vineyard and Orchard Site Development Ordinance (County Grading Ordinance) was adopted on December 9, 2008. The provisions for regulating stormwater quality are consistent with the NPDES program and the CWA. The provisions for regulating grading, drainage, and site development are designed to prevent soil loss and erosion, protect water quality, protect watercourses from obstruction, and prevent flooding. The County Grading Ordinance relies on BMPs as well as specific criteria relating to grading and drainage to meet the provisions.

Per Comment A.5, a new paragraph has been added to Section 3.9.2.2 of the DEIR on page 3.9-7 as follows:

In October 2009 the California Regional Water Quality Control Board, North Coast Region issued Waste Discharge Requirements for the City of Santa Rosa, the County of Sonoma, and the Sonoma County Water Agency for Storm Water and Non-Storm Water Discharges from Municipal Separate Storm Sewer Systems (Order No. R1-2009-0050). The Order requires that the permitted agencies prepare a new development integrated water quality and water resource plan which includes a Low Impact Development (LID) manual, post-construction treatment BMP choice criteria, and a hydromodification control and mitigation plan. The integrated water quality/resource plan shall be included in an updated Standard Urban Storm Water Mitigation Plan (SUSMP) manual. Until a hydromodification control plan is prepared for new development, interim controls shall apply. These interim controls include a requirement that BMPs be sized for the 2-year 24-hour storm event that keeps post-construction peak discharge, peak velocity, and peak duration at or below those respective pre-construction levels. The permitted agencies shall also ensure that pre-construction storm water runoff volume is the same as the post-construction storm water runoff volume for flows up to the 85<sup>th</sup> percentile 24-hour storm and larger storms where adverse impacts to receiving waters are possible.

Per Comment O.14.7, the text in the third paragraph under discussion of Impact HY-2 on page 3.9-11 of the EIR has been revised as follows:

To the maximum extent possible, post-construction runoff from impervious surfaces shall be directed into vegetated swales and detention basins that will function as bioretention facilities and allow for treatment during smaller storms. Roof drain downspouts shall be connected to bioretention cells or other low impact development facilities which will slowly infiltrate water into the ground up to the first flush (85<sup>th</sup> percentile) storm event. ~~media filters or other structural storm water treatment devices (such as proprietary subsurface systems available from commercial vendors) before discharging into the storm drain system and eventually off-site.~~

Per Comment A.5.3, the last sentence on the bottom of DEIR page 3.9-11 and the bulleted text at the top of DEIR page 3.9-12 are hereby modified as follows:

Pollution prevention measures will include, but not be limited to:

- Vegetated swales;
- Bioretention facilities;
- Roof drain downspout filters;
- Subsurface treatment structures;
- Storm drain stenciling;
- Irrigation systems designed to minimize overspray;
- Landscaping using plants with minimal water requirements;
- Designing and maintaining landscaping to prevent runoff from contacting bare earth;
- Covered trash areas; and
- Connecting drains in trash areas to the sanitary sewers, and in the case where food waste is present, having regularly maintained grease interceptors. Approval shall be received from SCWA's Airport/Larkfield/Wikiup Sanitation Zone before any connection is made from dumpster and food waste areas to the sanitary system.

Per Comment A.5.5, the second paragraph on page 3.9-15 of the DEIR has been revised to read:

The proposed project will be required under the new ~~Santa Rosa Standard Urban Stormwater Management Plan (SUSMP)~~ Regional Water Quality Control Board Waste Discharge Requirements (Order No. R1-2009-0050) to capture the difference in runoff between the runoff volume generated by the post-construction 85th percentile rainfall event and the pre-project condition, to the maximum extent practicable. The 85th percentile storm event for the Santa Rosa area is a rainfall event with a depth of approximately 1 inch. Best Management Practices (BMPs), which may include cisterns, landscape soil amendments, and vegetated infiltration swales, will be used to achieve this goal. In addition, the project includes detention basins (see **Figure 3.9-3**) that would help infiltrate storm water.

Per Comment O.14.8, the first bullet of Mitigation Measure HY-4 on page 3.9-43 of the DEIR has been revised as follows:

- Detention basins shall be used in conjunction with source- and treatment-control BMPs to maximize infiltration to the greatest extent possible and prevent increases in peak runoff from the 2-year storm.

Per Comment A.5.7, the second bullet of Mitigation Measure HY-4 on page 3.9-43 has been revised to read:

- Landscaping shall be designed and maintained to prevent runoff from contacting bare soil, ~~and silt fences, berms, or sediment control basins shall be installed.~~

Per Comment A.5.10, the first paragraph under the Tributary D discussion on page 3.9-45 of the DEIR has been revised to read:

The post-construction tributary drainage area to the existing culverts located along the freeway off-ramp shall be reduced in size such that the peak 10-year storm water runoff will approximate existing pre-construction conditions. The potential minor increases in runoff due to the small addition of impervious surface in Tributary Area D will be offset by directing some of the pre-construction tributary area to drain into adjacent tributary areas (compare Figures 3.9-2 and 3.9-3).

Based on internal review, the text on page 3.10-1 within Section 3.10.1 has been revised to add the following regarding LAFCO approval:

In addition to the development site, the project includes placing one additional adjacent 1.41-acre parcel (APN 058-040-036) inside the Larkfield-Wikiup Urban Service Boundary. This parcel is designated Rural Residential 1 acre density in the General Plan, is zoned RR (Rural Residential) – B6 – 1 acre density – VOH (Valley Oak Habitat), and is currently developed with one single family dwelling served by a well and septic system. The purpose of including this parcel within the Urban Service Boundary is to prevent the formation of ‘island’ parcels which do not have sewer service available inside the Urban Service Boundary (if the overall development project is approved); island parcels are also contrary to LAFCO policy. Including the subject residential parcel inside the Urban Service Boundary would not change the land use designation or the allowed uses on that property. Amendment of the Airport-Larkfield-Wikiup Sanitation Zone's sphere of influence and annexation of the project site and the adjacent 1.41-acre parcel into the Sanitation Zone will require approval of LAFCO.

Based on internal review, the text on page 3.10-9 in Section 3.10.3.4 has been revised to add the following regarding LAFCO approval:

The project also includes a General Plan amendment to place the 53 acre development area of the property inside the Larkfield-Wikiup Urban Service Boundary (in addition to the Rural Residential parcel noted above), to ultimately allow annexation of the site to the local sewer district. Amendment of the Airport-Larkfield-Wikiup Sanitation Zone's sphere of influence and annexation of the project site and the adjacent 1.41-acre parcel into the Sanitation Zone will require approval of LAFCO. ~~Those~~ That amendments and other aspects of the project are analyzed for potential inconsistencies with the General Plan policies below.

Based on internal review, the project consistency analysis text for General Plan Policy PF-1f in Table 3.10-1 of the EIR on page 3.10-11 has been revised to add the following regarding LAFCO approval:

The Larkfield-Wikiup Urban Service Boundary would be relocated to include the proposed project site. Ultimately, the site would be included in the sewer district sphere of influence and the sewer district boundary, subject to LAFCO approval.

Per Comment O.14.9, the project consistency analysis text for General Plan Policy CT-3b in Table 3.10-1 of the EIR on page 3.10-14 has been revised as follows:

As described in Section 3.15, traffic analyses demonstrate that project traffic itself would not exceed the LOS standards in the General Plan. On a cumulative basis, however, project traffic when combined with anticipated future traffic in the cumulative condition would adversely affect the LOS at certain intersections. To mitigate the project's contribution to these adverse cumulative effects, the project would provide a fair share contribution to traffic system improvements at certain intersections, as detailed in Section 3.15. There would be a significant and unavoidable cumulative impact at certain intersections where mitigation is ~~presently~~ infeasible, as detailed in Section 3.15. Project approval would require a Statement of Overriding Considerations with respect to the project's contribution to these cumulative impacts.

Per Comment O.14.14, the text on page 3.11-13 in Section 3.11.3.1 of the EIR has been revised as follows:

To determine the expected noise levels produced by helicopter operations on the site and in its vicinity, the Federal Aviation Administration's (FAA) Integrated Noise Model (INM) version 7.0a was used to establish ground level noise contours for the projected operations. The noise model uses flight parameters, such as helicopter type, number of operations, and arrival and departure profiles to calculate both noise exposure levels in  $L_{dn}$ , or sound exposure ~~single-event noise~~ levels in SEL.

Based on internal review, the text starting on the bottom of page 3.11-13 in Section 3.11.3.1 has been revised as follows to correct the definition of SEL:

Given the aforementioned parameters, the existing and potential future noise levels produced by helicopter operations on the site and the surrounding vicinity were modeled using the INM 7.0a. The future noise

exposure contours are presented in **Figure 3.11-3**, and the 90 dBA ~~sound exposuresingle event~~ level (SEL) contours are presented in **Figure 3.11-4**.

Based on internal review, the text on page 3.11-34 in Section 3.11.3.4 has been revised as follows to correct terminology (sound exposure levels rather than single event noise levels):

The operation of the proposed helistop would result in the majority of the site being exposed to an SEL of 90 dBA or more under future conditions. Depending on the construction of the exterior walls and windows of patient rooms and other hospital areas requiring relative quiet, the exterior facades of the hospital may be exposed to ~~sound exposuresingle event noise~~ levels high enough to result in significant disturbances inside the hospital.

Per Comment A.6.2, Section 3.13.1 on page 3.13-1 of the DEIR has been revised as follows:

### **3.13.1 Environmental Setting**

#### ***Fire and Emergency Medical Services (EMS) Responders***

The project site is in unincorporated Sonoma County to the north of the City of Santa Rosa. This area is under the jurisdiction of the Sonoma County Department of Emergency Services, Fire Services Division, County Service Area #40. The Sonoma County Department of Emergency Services would have jurisdiction over fire code enforcement for new development in the project area. Fifteen volunteer fire companies comprise CSA #40 and are funded primarily through donations, with equipment and administrative support provided by the county. In addition, 17 Fire Protection Districts are funded through county taxes and operated by the Fire Division of the Department of Emergency Services. Additional fire protection in the unincorporated areas of the county is provided by the California Department of Forestry and Fire Protection.

Fire protection service for the project site would be provided by the Rincon Valley Fire Protection District. The Rincon Valley Fire Protection District would have jurisdiction for maintenance of fire code regulations after the project receives a final certificate of occupancy. The nearest station is located 0.5 mile away in Larkfield. The station is manned by a captain, two firefighting engineers, and approximately 50 volunteers. Equipment includes a Type 1 Engine, a Type 3 Engine, a water tender/engine combination, and a SQUAD (support unit). Response time to the project site varies but is approximately 4 minutes.

Per Comment A.6.5, the text in Section 3.13.3.3 at the bottom of page 3.13-5 of the DEIR has been revised as follows:

For the SMCSR, PMC, and MOB (with a total floor area of approximately 306,000 square feet) with Type 1 construction, the Uniform Fire Code requires 3,750 gallons per minute (gpm) of fire flow capacity with a 20 pounds per square inch (psi) residual pressure in the water main. ~~With an automatic sprinkler system, the fire marshal may reduce the fire flow requirement by up to 75 percent. Typically, a 50 percent reduction is assumed, which would mean that a fire flow capacity of approximately 1,875 gpm would need to be available (see Appendix J).~~ Sonoma County Amendment #38 amends the California Fire Code Appendix B Section B105.2 with an Exception that states "A reduction in required fire-flow of up to 50%, as approved, is allowed when the building is provided with an approved automatic sprinkler system installed in accordance with Section 903.3.1.1 or 903.3.1.2." If this exception were approved for the proposed project a fire flow capacity of approximately 1,875 gpm would need to be available.

Per Comment A.6.4, the first paragraph at the top of page 3.15-2 in Section 3.15.1.1 of the DEIR has been revised as follows:

Access to the proposed Sutter project would be primarily via the existing main WFC driveway, which connects to Mark West Springs Road about 800 feet east of the Mark West Springs-River Road interchange with the US 101 freeway. Secondary Sutter access would also be possible via the existing WFC driveway connection to East Fulton Road, near the East Fulton Road connection to Old Redwood Highway. A new emergency vehicle (ambulance) access would connect to Mark West Springs Road about 250 feet east of the Mark West Springs Road-River Road interchange with the US 101 freeway. The emergency access, fire

lanes, street naming and building addressing shall be consistent with Sonoma County Fire Safe Standards and the 2007 California Fire Code, as adopted by Sonoma County Code.

Per Comment O.14.17, the text starting at the bottom of page 3.15-20 of the EIR has been revised to reflect the most recent Manual on Uniform Traffic Control Devices as follows:

There are 8 possible tests for determining whether a traffic signal should be considered for installation. These tests, called "warrants", consider criteria such as actual traffic volume, pedestrian volume, presence of school children, and accident history. The intersection volume data together with the available collision histories were compared to warrants contained in the Federal Highway Administration Manual on Uniform Traffic Control Devices (MUTCD), Federal Highway Administration, 2003, Revision 1 as Amended for use in California (California MUTCB) adopted September 2006, California Supplement, which has been adopted by the State of California as a replacement for Caltrans Traffic Manual. Section 4C of the California MUTCD provides guidelines, or warrants, which may indicate need for a traffic signal at an unsignalized intersection. As indicated in the MUTCD, satisfaction of one or more warrants does not necessarily require immediate installation of a traffic signal. It is merely an indication that the local jurisdiction should begin monitoring conditions at that location and that a signal may ultimately be required.

Based on internal review, the text in Section 3.15 at the bottom of page 3.15-47 has been revised as follows to clarify project access:

***Proposed Project Circulation System Improvements***

The project would use but modify the ~~two~~ existing entrances to the WFC<sub>7</sub> off Mark West Springs Road. It would also use, but not modify, the existing access from and East Fulton Road. In addition, several road improvements would be completed prior to the opening of the facility (i.e., Phase II). These include the following transportation improvements (see **Figure 3.15-1514**).

Per Comment O.14.25, Mitigation Measure TR-3 for River Road/US 101 Southbound Ramps on page 3.15-66 of the EIR has been revised as follows:

**River Road/US 101 Southbound Ramps**

- ~~Change signal timing.~~ Work with Caltrans to achieve optimal signal timing relative to the proposed improvements.

Per Comment O.14.27, Mitigation Measures TR-3, TR-6, and TR-8 have been revised as follows with respect to turn lanes at the Mark West Springs Road/Old Redwood Highway and East Fulton Road/Old Redwood Highway intersections:

**Mitigation Measure TR-3A, pages 3.15-66 - 67:**

**Mark West Springs Road/Old Redwood Highway**

- ~~Provide~~ Add second left turn lanes on the Old Redwood Highway north and southbound approaches, and extend the length of the left turn lane on the Old Redwood Highway southbound approach to approximately 255 feet, which may (at the discretion of the DTPW) include approximately 210 feet in a dedicated left turn lane, and an additional 45 feet (or more) in the adjoining north two way left turn lane. The length of the left turn lanes shall be limited to that distance which can be feasibly constructed within the existing right of way. ~~If it is determined after field investigation that the left turn lanes cannot be feasibly constructed within exiting right of way, the impact would be significant and unavoidable.~~
- Add a second left turn lane on the Mark West Springs Road westbound approach.
- Adjust signal timing.
- Provide additional length to the following turn lanes:

Old Redwood Highway Southbound Right Turn Lane:

Lengthen from 100 feet to the maximum length available within the existing right of way (approximately 180 feet) at least 250 feet.

Mark West Springs Road Westbound Right Turn Lane:

Lengthen from 50 feet to approximately 100 at least 175 feet.

#### Mark West Springs Road/Lavell Road

- Prohibit left turns from the southbound Lavell Road approach (see Mitigation Measure TR-1).

#### Mitigation Measure TR-6A, page 3.15-72:

##### Mark West Springs Road/Lavell Road

- Prohibit left turns from Lavell Road to eastbound Mark West Springs Road. (This measure has been recommended for mitigation of 2014 impacts [see TR-1].)

##### Mark West Springs Road/Old Redwood Highway

- Provide second left turn lanes on the Old Redwood Highway north ~~and south~~bound approaches as well as the Mark West Springs Road westbound approach. Extend the length of the left turn lane on the Old Redwood Highway southbound approach to approximately 255 feet, which may (at the discretion of the DTPW) include approximately 210 feet in a dedicated left turn lane, and an additional 45 feet (or more) in the adjoining north two way left turn lane. The length of the left turn lane shall be limited to that distance which can be feasibly constructed within the existing right of way.
- Provide overlap right turn phasing on all intersection approaches.

##### ~~East Fulton Road/Old Redwood Highway~~

- ~~Provide a second lane on the eastbound E. Fulton Road approach.~~

#### Mitigation Measure TR-8A, page 3.15-80:

##### River Road/US 101 Southbound Ramps

- ~~Change signal timing.~~ Work with Caltrans to achieve optimal signal timing relative to proposed improvements.

##### Mark West Springs Road/Old Redwood Highway

- Add dual left turn lanes to the north, ~~south~~ and westbound intersection approaches. Extend the length of the left turn lane on the Old Redwood Highway southbound approach to approximately 255 feet, which may (at the discretion of the DTPW) include approximately 210 feet in a dedicated left turn lane, and an additional 45 feet (or more) in the adjoining north two way left turn lane.
- Adjust signal timing.
- Provide overlap right turn phasing on all intersection approaches.
- Provide additional length to the following turn lanes:

Old Redwood Highway Northbound Left Turn Lanes: ~~Lengthen~~ Add second turn lane and lengthen from 200 feet to create a combined storage length of approximately at least 350 feet.

Old Redwood Highway Northbound Right Turn Lane: Lengthen from 50 feet to approximately 170 feet at least 275 feet.

Mark West Springs Road Westbound Left Turn Lane: ~~Lengthen~~ Add second turn lane and lengthen from 225 feet to create a combined storage length of approximately at least 300 feet.

Mark West Springs Road Westbound Right Turn Lane: Lengthen from 50 feet to approximately 100~~at least 250~~ feet.

#### Mark West Springs Road/Project Main Entry

- Adjust signal timing.
- ~~Mark West Springs Road Eastbound Through Movement: 768 feet/lane with 860 feet of storage~~

#### Mark West Springs Road/Lavell Road

- Prohibit left turns from the Lavell Road stop sign controlled approach. Alternative access is available to the neighborhood served by Lavell Road (i.e. to Old Redwood Highway) in order to allow access to eastbound Mark West Springs Road.

Per Comment O.14.29, Mitigation Measure TR-7 on page 3.15-75 is modified as follows:

Enter into an agreement with the County to provide a fair share contribution to the following improvement when and if it is programmed and funded for construction:

#### River Road/Barnes Road

- Signalize the intersection and interconnect with operation of the planned signal at the River Road/US 101 Southbound Ramps intersection.

Per Comment O.14.27, the text in the DEIR on page 3.15-81 regarding the significance after mitigation for Impact TR-8 has been revised as follows:

**Significance After Mitigation:** All impacts would remain significant and unavoidable at River Road/Fulton Road, while some impacts would remain significant and unavoidable at Mark West Springs Road/Old Redwood Highway.

Implementation of the improvements identified in TR-8A would result in acceptable levels of service and queuing at the following intersections, reducing impacts to less than significant:

#### River Road/US 101 Southbound Ramps

Resultant Base Case + Project Level of Service:

<i>AM Peak Hour</i>	LOS B-12.6 seconds control delay
<i>PM Peak Hour</i>	LOS A-9.6 seconds control delay

Resultant Base Case + Project 95th Percentile Queues:

*PM Peak Hour*  
US Southbound Off-Ramp Right Turn Lane: 146 feet with 150 feet of storage

#### Mark West Springs Road/Old Redwood Highway

Resultant Base Case + Project 95th Percentile Queues:

*PM Peak Hour*  
Old Redwood Highway Northbound Through Movement: 761 feet with at least 1,000 feet of storage  
Old Redwood Highway Southbound Left Turn: ~~477~~919 feet ~~per lane~~ with at least 975 feet of storage  
Mark West Springs Road Eastbound Through Movement: 768 feet with 860 feet of storage

Per Comments O.14.20, O.14.35, and O.14.36, Mitigation Measure TR-12 on page 3.15-93 is revised as follows:

Prior to occupancy, the applicant shall provide the following measures:

- Provide traffic calming measures, such as speed tables or landscaped chokers within the parking aisles north of the hospital main entry to significantly reduce vehicle speeds at the pedestrian walkway. Highlight the walkway with signing and different pavement surface.

- Provide a sidewalk along the entire length of the west side of the project main entry driveway from Mark West Springs Road to all public Sutter Medical Campus building entrances. The exact location shall be as determined by the Design Review Committee.
- Prior to occupancy, the applicant shall obtain the necessary right of way and c-Construct a 4' wide sidewalk/pedestrian pathway on the east side of Old Redwood Highway, north of Mark West Springs Road, on the western edge of Assessors parcels 058-071-015, 016, and 017 within existing right of way. If final engineering demonstrates there is insufficient right of way to construct a 4' wide pathway, then the applicant is unable to shall obtain the necessary right of way, then the applicant shall or provide adequate funding to the County to obtain it.

Based on internal review, the text in Section 3.16.1.1 of the DEIR has been revised to correct baseline water supply data for the project area. This revision does not affect the project impact analysis regarding water supply since the project will provide its own water through two new wells. The text in Section 3.16.1.1 starting on page 3.16-1 of the DEIR has been revised as follows:

**3.16.1.1 Water Supply**

California American Water (CalAm), a private company, currently provides water to the Larkfield-Wikiup area, including the WFC. CalAm has provided water to the Larkfield service area since purchasing Citizens Utility Company in 2002. The Larkfield service area is in the unincorporated area of Sonoma County approximately 4 miles north of downtown Santa Rosa. Water service is provided to approximately 2,373 customers. About 80 percent of the customers are residential (EPS and Coastland Civil Engineering 2007).

CalAm obtains water from four wells with a total capacity of approximately 1.43 mgd (equal to 990 gallons per minute [gpm]), and from a connection to the nearby SCWA aqueduct, which provides a maximum capacity of 0.8 mgd (556 gpm) by written agreement, subject to an annual limit of 700 acre-feet.

The California Department of Public Health (CDPH) regulates water systems and requires them to provide adequate supply to meet the maximum day demand. CDPH defines the maximum day demand to be equal to the highest annual peak day of the past 10 years. The 10-year historic maximum day usage for the Larkfield service area (2.19 mgd) occurred in 2003, which is just below the estimated system capacity of 2,282.23 mgd (4,5851,546 gpm) (EPS and Coastland Civil Engineering 2007). **Table 3.16-1** summarizes the future well production requirements based on projected number of service connections and corresponding maximum daily water demand in Larkfield (based upon the Sonoma County General Plan land use designations) in 510-year increments through 2030 and for ultimate service area build-out.

**Table 3.16-1. Summary of Projected Population and Customer and Demand in the CalAm Larkfield Service Area that Includes the Proposed Sutter Hospital<sup>1</sup>**

Project Year	Population Estimate	Projected Number of Connections	Required Firm Capacity		Required Additional Capacity
			(mgd)	(gpm)	(gpm)
2010	8,562	2,508	2.37	1,646	61
2015	8,830	2,584	2.44	1,696	111
2020	9,096	2,659	2.51	1,745	160
2030	9,370	2,733	2.58	1,794	209
Ultimate at build out	10,063	2,936	2.77	1,926	341

<sup>1</sup> Projections from the Preliminary Feasibility Study for the Formation of a Community Services District to Provide Water Services to the Mark West Area (EPS and Coastland Engineering 2007).

**Table 3.16-1. Projected Additional Well Pumping Capacities Based on Population and Maximum Daily Demand in the CalAm Larkfield Service Area Through Buildout<sup>1,2</sup>**

<u>Project Year</u>	<u>Population Estimate</u>	<u>Projected Number of Connections</u>	<u>Required Firm Capacity</u>		<u>Existing Firm Capacity</u>		<u>Required Additional Well Production Capacity<sup>3</sup></u>	
			<u>(mgd)</u>	<u>(gpm)</u>	<u>(mgd)</u>	<u>(gpm)</u>	<u>(mgd)</u>	<u>(gpm)</u>
<u>2010</u>	<u>8,562</u>	<u>2,508</u>	<u>2.37</u>	<u>1,646</u>	<u>2.226</u>	<u>1546</u>	<u>0.14</u>	<u>100</u>
<u>2020</u>	<u>9,096</u>	<u>2,659</u>	<u>2.51</u>	<u>1,745</u>	<u>2.226</u>	<u>1546</u>	<u>0.28</u>	<u>199</u>
<u>2030</u>	<u>9,370</u>	<u>2,733</u>	<u>2.58</u>	<u>1,794</u>	<u>2.226</u>	<u>1546</u>	<u>0.35</u>	<u>248</u>
<u>Ultimate at build-out</u>	<u>10,063</u>	<u>2,936</u>	<u>2.77</u>	<u>1,926</u>	<u>2.226</u>	<u>1546</u>	<u>0.54</u>	<u>380</u>

<sup>1</sup> Projections from the *Preliminary Feasibility Study for the Formation of a Community Services District to Provide Water Services to the Mark West Area* (EPS and Coastland Engineering 2007).

<sup>2</sup> Projections for future Sutter medical facilities are not included in the projects for the Larkfield system.

<sup>3</sup> Figures corrected from 2007 Coastland report.

The projected increase in maximum daily demand between the current CalAm system capacity 2010 and 2030 shown in Table 3.16-1 is 0.35 mgd, which equates to 248 gpm of new well production capacity, or 239 acre feet. Based on the estimated increase in the number of households (286 households), this corresponds to an average demand per household of approximately 0.8 acre feet per year.

The current level of well production capacity compared with the future projections of Table 3.16-1 suggest the need for new water supply capacity in the CalAm system now, and considerable additional capacity at buildout. The addition of the Sutter project would add to the supply requirements of the CalAm system. Should CalAm need to supply the Sutter project, well production capacity in addition to that indicated in Table 3.16-1 would need to be realized.

Future water demand was also estimated within a portion of the area overlying the aquifer that could be used to supply groundwater for the project. This is the study area used in the groundwater study included in Appendix H 2 (ENGEO, 2009e) and shown along with the Larkfield service area in Figure 3.9-5. The increase in annual demand by 2030 was estimated to be 239 acre feet, based on an increase of 467 households within the ENGEO study area, including the demand for the proposed project, and only including the conservation required to offset the wastewater that would be produced by the project. When additional conservation was included, the increase in annual demand by 2030 was determined to be 168 acre feet (ENGEO, 2009e). This corresponds to an average demand per household of approximately 0.5 acre feet per year at existing consumption rates, or approximately 0.4 acre feet per year when demand is decreased by 20% due to conservation.

The 2007 and 2008 annual water quality reports for the CalAm Larkfield service area did not report any exceedances of primary or secondary MCLs. However, the average level of arsenic in the treated water was 5 parts per billion (ppb) in 2007 and 4 ppb in 2008, which exceeds the public health goal of 0.004 ppb (CalAm 2009) but not the MCL for arsenic of 10 ppb.

Per Comment O.14.40, the text under the column headed "Program" in Table 3.16-3 starting on page 3.16-18 has been revised as follows:

**PROGRAM**

*To be verified by a feasibility study*

*To be verified by the Offset Monitoring and Reporting Program*

Per Comment O.14.41, the second paragraph of Mitigation Measure UT-4c on page 3.16-23 of the DEIR has been revised to read as follows:

Sutter shall submit a report every six months to the SCWA starting ~~just in January 2010~~ prior to annexation of the site to the Airport-Larkfield-Wikiup Sanitation Zone and continuing until the retrofit program has reduced the waste generated in the Sanitation Zone sufficiently to offset the waste generated by this project. The report shall state the number of ESDs that have participated in the program and shall also provide an estimate of the date at which the program is expected to meet the needs of the project based on the rate of participation. If the date is later than the expected date of occupancy, a program to increase participation or the amount of savings by participants (e.g., include high efficiency washers in the program) shall be included in the report and subsequently implemented once approved by SCWA. The final report will need to show that the expected wastewater generated by the project has been offset by the retrofit program before an occupancy permit is granted.

Based on internal review, text on page 4-9 in Section 4.4.1 has been revised as follows:

- **Mitigation AIR-7: Develop project with the project design features and emissions reduction measures**

The project shall be developed with the project design features and emissions reduction measures set forth in Appendix C-65:

Per Comment O.14.43, corrections have been made to the last two references on page 9-1 of the EIR as follows:

Brelje and Race Consulting Engineers. 2009a. Preliminary Stormwater Mitigation Plan and Preliminary Hydrology and Storm Water Detention Plan, New Replacement Hospital Project, Sutter Medical Center of Santa Rosa, ~~October 22~~ January 29.

Brelje and Race Consulting Engineers. 2009b. Water and Wastewater Services Report, New Replacement Hospital Project, Sutter Medical Center of Santa Rosa, ~~November 16~~ January 29.

Per Comment PH.2.13, Section 9.0 of the DEIR on page 9-4 has been revised to add the following reference:

Helicopter Association International. 1993. Fly Neighborly Guide. Produced by the Fly Neighborly Committee of HAI, Alexandria, VA.

Based on internal review, the following personal communications have been added to Section 9.0 of the EIR:

Brody, K. 2010. Senior Project Manager. Mead & Hunt, Inc. Personal communication with Michael Zischke. March 9.

Brody, K. 2010. Senior Project Manager, Mead & Hunt, Inc. Personal communication with Nadin Sponamore. April 15.

Clark, T. 2010. Sutter Health Facilities Coordinator. Personal communication with Tom Minard. April 28.

Cogbill, B. 2010. Sonoma County Sheriff. Personal communication with David Hurst. April 21.

Hagenlocher, M. 2010. Wells Fargo Center Director of Operations. Personal communication with Michael Zischke. March 25.

Kranz, L. 2010. Santa Rosa City Planner. Personal communication with Nadin Sponamore. January.

Maddux-Gonzalez, M. 2010. Sonoma County Public Health Officer. Personal communication with Linda Schiltgen. April 20.

Minard, T. 2009-2010. Senior Project Manager, Sutter Health Planning and Development. Personal communications in meetings with Sonoma County Public Works, Sonoma County Transit, and City of Santa Rosa representatives, including Steve Schmitz, Sonoma County Transit, February through May 2009, and Steve Roraus, Santa Rosa City Bus Operations Superintendent, 2010.

Sponamore, N. 2010. Sponamore Associates. Personal communication with Scott Briggs. May 5.

**MASTER RESPONSE  
ATTACHMENTS**

**ATTACHMENTS TO  
MASTER RESPONSE A**

***HELICOPTER OPERATIONS***

**ATTACHMENT A-1**

*Letter from Kenneth Brody*



April 15, 2010

Ms. Nadine Sponamore  
Sponamore Associates  
2128 Contra Costa Ave.  
Santa Rosa, CA 95405

Subject: Mead & Hunt Communications with Caltrans Division of Aeronautics regarding Sutter Medical Center Santa Rosa Helistop Proposal

Dear Nadine:

For the record, this letter documents the Mead & Hunt communications with California Department of Transportation Division of Aeronautics personnel regarding the proposed helistop at the new Sutter Medical Center Santa Rosa facility. As Senior Project Manager for Mead & Hunt, I have personally been in contact with Aviation Safety Officers Patrick Miles and Michael Smith on numerous occasions dating back to early 2009. Additionally, both of these individuals visited the site in March 2009.

In conjunction with these communications, Caltrans Aeronautics recently reviewed the proposed Helistop Site Plan drawing on an informal basis. This review was preliminary to their formal review that will take place when an application for a "Heliprot Permit" is submitted to them after the local approval process is complete. They have offered comments and suggestions regarding the proposed plan and have expressed their support for the project. Caltrans Aeronautics also reviewed and provided comments on the Draft EIR in support of the project (see their letter of January 28, 2010).

Sincerely,  
Mead & Hunt, Inc.

A handwritten signature in black ink, appearing to read 'Kenneth A. Brody', is written over a light blue horizontal line.

Kenneth A. Brody  
Senior Project Manager

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KAB:lc

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**ATTACHMENT A-2**

***Land Use Compatibility Analysis of  
Proposed Helistop***

# Land Use Compatibility Analysis of Proposed Helistop

January 2010

Submitted to  
Sonoma County Airport Land Use Commission

Prepared by  
Mead & Hunt, Inc.

## **Introduction**

Sutter Medical Center of Santa Rosa (SMCSR) proposes to construct a helistop as part of its planned new medical center complex adjacent to the Wells Fargo Center for the Arts north of Santa Rosa. California state law requires that a Heliport Permit be obtained from the California Department of Transportation Division of Aeronautics before the helistop can be operated (Public Utilities Code Section 21663 and California Code of Regulations Section 3530). Also, before submitting an application to the state for a Heliport Permit, state law further dictates that the plan of the proposed facility first be “submitted to ... and acted upon” by the county airport land use commission (Public Utilities Code Section 21661.5). Accordingly, this analysis has been prepared by Mead & Hunt on behalf of SMCSR in support of the submittal to the Sonoma County Airport Land Use Commission (ALUC).

## **General Note**

The interrelated terms “heliport” and “helistop” are both used in this report. “Heliport” is a broad category that includes all types of helicopter landing facilities, including helistops. “Helistop” is a functional term that applies to a limited type of heliport where (1) the landing area and the helicopter parking area are usually the same, (2) helicopters generally remain on the ground only for as long as it takes to load or unload patients; and (3) no fueling or maintenance are conducted (except under emergency circumstances if needed for flight safety). The helicopter facility proposed for SMCSR is a helistop. In this report, “helistop” is used when the reference is to the proposed facility. The more encompassing term “heliport” is used when referring to Federal Aviation Administration and other generic design standards. Also, the operating permit that will need to be issued by the Division of Aeronautics for the SMCSR helicopter facility will be called a “Heliport Permit” as that is the state permit type for all helicopter landing facilities, including helistops.

## ***Project Description***

The proposed SMCSR facilities will occupy 25± acres in unincorporated Sonoma County, just north of the City of Santa Rosa. U.S. Highway 101 runs along the westerly boundary of the site. The site is bounded on the north by Mark West Springs Road and East Fulton Road. The performing arts theater and other facilities that comprise the Wells Fargo Center complex lie to the southeast and residential development is located to the north and east. PG&E high-voltage electrical transmission lines pass approximately 600 feet to the north of the project site, running in a roughly east-west direction.

A helistop is included in the design of the proposed SMCSR campus. The size of the safety areas of the helistop are a function of the design helicopter expected to be using the heliport. The design helicopter for the proposed helistop is the Bell 222. This helicopter is the largest helicopter in regular use by the primary aeromedical operators in Northern California. The volume of helicopter operations at the new helistop is expected to be similar to current levels at the existing Sutter hospital on Chanate Road, at approximately 200 flights per year. To provide analysis of a worst case condition, the projected total is up to a maximum of 240 flights (240 landings and 240 departures) per year, or about 4 to 5 per week.

Numerous alternative sites for the helistop were evaluated during preliminary design work for the medical center. These include placing the helistop on the roof of one of the proposed buildings or on other ground-level sites around the 25± acre property. A ground level location near Highway 101 was chosen. This location results in relatively minimal impacts on hospital facility needs and parking, is of lower cost than a roof-top helistop, and is located immediately adjacent to the emergency room.

Impacts on adjacent land uses were also considered when designing and choosing the location of the helistop. Prevailing winds typically dictate which direction helicopters will approach and depart a landing site. Takeoffs and landings are easiest and most efficient when conducted into the wind. The preferred design is to arrange arrivals and departures in the same direction, while taking into account nearby land uses.

Based upon wind data from nearby Sonoma County Airport, the prevailing wind direction is out of the south-southeast and secondarily from the north-northwest. The proposed approach-departure paths for the SMCSR helistop adhere closely to these directions. In this manner, the flight paths will be aligned to be mostly over or adjacent to Highway 101. This is an ideal route for both noise and safety reasons. Additionally, it avoids direct overflight of the Wells Fargo Center and the residential areas north and east of the site.

Details of the design of the proposed helistop and its approach-departure paths are shown on the attached "Helistop Plan" sheet. This drawing will accompany the application to the Division of Aeronautics for the Heliport Permit.

## ***Project Status***

The overall plans for the SMCSR campus are largely complete. A draft Environmental Impact Report (DEIR) has been prepared addressing the project's impacts, including those of the helistop. That document is currently being circulated for public and agency review. The first of two public hearings before the Sonoma County Planning Commission was held on December 10, 2009, with the second one scheduled for January 14, 2010.

The design concepts for the proposed helistop were discussed with Division of Aeronautics staff early in the planning process. No significant issues were identified at the time. More recently, the Heliport Plan sheet included here has been sent to Aeronautics staff for a more thorough, but still informal review. Their comments have not yet been received. Formal application for the State Heliport Permit cannot take place until the project has been approved by the Sonoma County Board of Supervisors.

## Review Criteria

State law does not specify what type of action the ALUC can or should take with regard to heliport plans or what factors it should consider before acting. Rather, the state's guidance is provided in the *California Airport Land Use Planning Handbook* published by the Division of Aeronautics in 2002. Policies contained in the *Comprehensive Airport Land Use Plan for Sonoma County* (ALUP) adopted by the Sonoma County ALUC in 2001 also outline the ALUC's action choices and review considerations.

Most of the projects reviewed by ALUCs are proposed land use actions situated near airports. In these instances, the task of the ALUC is to determine whether the land use development will be compatible with the impacts of the existing airport. Adopted ALUC policies typically establish criteria defining what constitutes a compatible or incompatible land use. The ALUC then evaluates individual project proposals for consistency with the criteria.

When the new development is an aviation facility rather than a new land use, the evaluation process works in the opposite direction. As the *Handbook* describes, the question is how will the proposed facility fit into the existing land use setting (page 4-20). To answer this question, ALUCs should consider whether existing or planned land uses near the aviation facility would be considered compatible with it if that facility were already in existence. If compatibility conflicts are apparent, then features or mitigation measures should be incorporated into the plans for the proposed facility to minimize the noise and safety impacts on surrounding land uses.

The Sonoma County ALUC's policies regarding review of plans for proposed heliports/helistops appears on page 8-23 of its ALUP. Unfortunately, part of the text appears to be missing. The thrust of the policy is nevertheless apparent and matches the guidance provided in the *Handbook*. Basically, the ALUC needs to determine whether operation of the SMCSR helistop would cause noise or safety impacts that exceed the criteria set forth elsewhere in the ALUP. To assist the ALUC with making this determination, we provide the following analysis in which we look individually at the three types of compatibility concerns addressed in the ALUP: noise, safety, and airspace protection.

## Analysis

### Noise Impacts

The locations of residential areas and other potentially noise sensitive land uses near the SMCSR campus were a primary consideration in the design of the helistop approach-departure paths. The alignment of the proposed approach-departure paths is designed to minimize noise impacts to the maximum extent possible. The paths largely parallel Highway 101 which is a substantial noise source in itself.

To enable determination as to whether the project would result in significant noise impacts, CNEL contours were developed by Illingworth and Rodkin, Inc. using the Integrated Noise Model (INM), version 7.0a (see attached Noise Contour Exhibit). CNEL is a cumulative noise metric that takes into account not just the noise level of individual events, but also the number of events and the time of day in which they occur. The noise contours were calculated using the expected number of operations of the design helicopter, the Bell 222, and assume that 13% of operations will occur during the evening hours (7:00 p.m. to 10:00 p.m.), and 37% during nighttime hours (10:00 p.m. to 7:00 a.m.). This time distribution is based on the usage of the helistop at the existing SMCSR Chanate site. Based on prevailing wind direction, helicopters are expected to approach from the northwest and depart to the southeast 75% of the time.

The ALUP indicates land use compatibility should be evaluated in terms of the Community Noise Equivalent Level (CNEL). The maximum CNEL considered acceptable for residential uses in the vicinity of air-

ports and heliports is CNEL 55 dB; exposures between CNEL 55 dB and 65 dB are conditionally acceptable (page 8-5). Compatibility standards for other land uses located in more intensive noise contours are outlined in Table 8A of the ALUP.

Based on the INM results, the proposed helistop's CNEL 65 dB contour would not extend beyond the landscaped area surrounding the helistop pad or the SMCSR property boundary. The 60 dB contour would extend beyond SMCSR property and onto the right-of-way of Highway 101. The noise contours show that operations will not expose any non-project site land uses or residential structures to a CNEL of 60 dB or greater. The CNEL 55 dB contour is not illustrated on the graphic. If it were to be shown, however, it would remain within the confines of the medical center property and Highway 101 right-of-way. Other than the hospital itself, no incompatible land uses are situated within the CNEL 55 dB contour. Noise impacts on the hospital are being taken into account in the design of the facility such that significant noise levels will not be experienced inside the building.

Although not defined as a noise impact criterion in the ALUP, single-event noise levels were addressed in the DEIR. The DEIR indicates that a Sound Exposure Level (SEL) of 90 dBA is the threshold of significant impact for noise-sensitive receptors such as residences. (Note that SEL is measure of the total noise energy of an event, compressed as if the event had a 1-second duration; any event lasting longer than 1 second thus will have an SEL greater than the actual maximum noise level experienced.) The DEIR notes that some residences north of the helistop could be exposed to a noise level slightly above SEL 90 dBA. However, the analysis does not take into account the buffering effect that the intervening hospital building will provide. Consequently, while helicopters may be audible within the adjacent residential area, the noise level would not be significant.

### **Safety Impacts**

The basic design standards for heliports are set by the Federal Aviation Administration (FAA) and documented in the *Helicopter Design Advisory Circular* (AC 150/5390-2B). These federal standards emphasize safety and are used by the State Division of Aeronautics when reviewing public-use and special-use heliport plans (the latter category includes hospital heliports) and issuing a Heliport Permit for operation of the facility. Required dimensions for certain components of heliport vary depending upon the size of the largest helicopter expected to use the facility.

For the SMCSR helistop, the critical helicopter for design purposes is assumed to be the Bell 222 which has a rotor diameter of 42 feet and an overall length of 50.3 feet. This size helicopter requires an overall clear area 51.5 feet measured from the center of the landing pad. The proposed SMCSR helistop will comply with this and all other FAA heliport design standards.

Other than these design standards and requirements for clearance over obstacles in the approach-departure paths (see discussion in next section), the FAA does not establish safety requirements for the areas around heliports. The Sonoma County ALUC also does not define safety areas for heliports. However, for airports, the ALUC's ALUP establishes limits on "population density"—measured in terms of persons per acre—for nonresidential uses proposed for development near runway ends where the risks of aircraft accidents are greatest. Residential uses are similarly limited based on the number of dwelling units per acre. In the safety zone closest to the runway ends—the "runway protection zone"—no new structures are allowed. The next nearest zone—the "inner safety zone"—allows no more than 40 persons per acre in structures, 80 persons per acre outside of structures, and only one dwelling unit per five acres.

The dimensions of these airport safety zones indicated in the ALUP varies depending upon the characteristics of the airport's use. For the small, low-activity airports in the county, the runway protection zone extends 1,200 feet from the runway end and the inner safety zone an additional 1,500 feet. Because heli-

copters climb and descent more steeply than airplanes, the equivalent safety zones that might be applied to a heliport would be expected to be shorter. However, even if safety zones of this size were to be applied to the approach-departure paths for the proposed SMCSR helistop, no existing structures would be affected.

In the DEIR, the one safety-related issue that receives the most attention is the proximity of the proposed helistop to the adjacent Highway 101. The concern is whether helicopters approaching and departing the helistop could be a distraction to motorists and cause traffic accidents. Research conducted for the DEIR found no data or other recorded evidence that this is a significant concern. Division of Aeronautics and California Highway Patrol staff who were contacted during the research responded that they had not heard of any problems caused by heliports located near highways. Locally, pilots for REACH, the primary helicopter emergency medical services operator in Sonoma County, and the Sonoma County Sheriff's Helicopter Unit acknowledged that motorists may glance at a helicopter as it lands or takes off from near a highway, but could not cite any specific incidents that resulted. Moreover, heliports associated with several medical facilities elsewhere in the state are situated within 500 feet of a major highway (see accompanying photos) and no issues are known. For the SMCSR helistop, it is estimated that approaching and departing helicopters will be in view of motorists for less than a minute. This factor, combined with the low number of flights and the plans calling for landscaping to screen the view between the highway and helicopters on the landing pad will greatly diminish the potential safety concern. The DEIR deems the risks to motorists to be less than significant.

### ***Airspace Protection***

Although helicopters are much more maneuverable than airplanes and theoretically could approach and depart a heliport in any direction, the state's permitting process requires that specific approach-departure paths be defined. These paths must be clear of obstructions. The criteria used for defining obstructions are set forth in Part 77 of the Federal Aviation Regulations (FAR Part 77). The Sonoma County ALUC's policies also rely upon FAR Part 77 criteria.

As applied to the SMCSR helistop, the approach-departure paths begin along the edge of the landing pad, 37.5 feet from the center of the pad, and slope upward by one foot per eight feet horizontally (8:1). The length of the approach-departure path is 4,000 feet. To the sides of the pad and the approach-departure path, transitional surfaces slope upward at a 2:1 ratio. The surfaces for the SMCSR helistop are depicted on the attached Helistop Plan.

The presence of a variety of obstacles near the proposed helistop was a factor in the siting of the facility within the medical center campus, as well as in defining the approach-departure paths. These obstacles include the proposed hospital building, landscaping and light fixtures within the planned parking lot, light fixtures in the Highway 101 right-of-way, redwood trees along the highway, particularly near the Mark West Springs / River Road on- and off-ramp loops, and the high-voltage power lines north and northwest of the site. Of these objects, the hospital building will slightly penetrate the helistop transitional surfaces, but it will be obstruction lighted and is not considered to be a hazard. Parking lot landscaping and lighting will be kept low and some fixtures will be obstruction lighted. Within the freeway, one lighting fixture will need to be moved from its initially planned location—in addition to the on-going freeway widening project, construction of the medical center complex will require widening of the northbound off-ramp and relocation of the offending lighting fixture is also necessary to accommodate this widening.

The greatest concerns in terms of approach-departure path obstacles are the numerous redwood trees, some of which are over 100 feet tall, and the power lines. The alignment of the approach-departure paths, especially the path extending to the northwest, is designed to avoid passing directly over the tallest trees. Also, to avoid running between the trees around the on- and off-ramp loops on each side of the highway,

the northwesterly path swings slightly west and over the PG&E power substation before then paralleling the highway. This route provides greater clearance over the power lines than one directly over the highway or one continuing west-northwest along River Road. The 8:1 approach-departure path surface clears all power lines and transmission towers by at least 150 feet. Approach-departure surface clearance over most trees is at least 100 feet; clearance over trees beneath the transitional surfaces on each side of the approach-departure surface is less. One tree adjacent to the northbound on-ramp loop slightly exceeds the transitional surface limit and will require a waiver from the state (transitional surface waivers are generally not an issue provided that they only occur on one side of the approach-departure path, not both).

The DEIR makes particular note of the power lines that cross Highway 101. Presumably, the reference is to the high-voltage lines that cross the highway in an east-west direction from the power plant. In Mitigation Measure HAZ-5, it recommends that “Lighting shall be placed on the power poles crossing US 101 at the project site in a manner that will make the poles readily visible from air by helicopter pilots at night and in such a manner as to not distract drivers on US 101.” This recommendation is not currently part of the proposed project. Installing obstruction lights on high-voltage transmission line towers is not an easy task because separate low-voltage power must be extended to the towers. The cost can be significant. Also, PG&E, the owner of the facilities, is usually reluctant to agree to obstruction lighting unless clearly required. This matter has been discussed with the California Department of Transportation Division of Aeronautics which has permitting authority for the helistop and their preliminary conclusion is that they would not require or recommend obstruction lighting of these towers. Mitigation HAZ-5 should be either be removed from the EIR or rewritten to defer to the final decision of the Division of Aeronautics.

One other airspace protection issue of possible interest to the ALUC is the interaction between the proposed helistop and air traffic at Sonoma County Airport three miles to the northwest. Discussions with the air traffic control tower in summer of 2009 indicated that forecasted helicopter operations at the proposed helistop would not interfere with air traffic at the airport. The helistop will be within the tower’s control area, thus requiring use of two-way communications between the tower and helicopters. The Highway 101 corridor is already used by helicopters transiting the area or headed to or from the airport. Helicopters typically fly at 500 feet above the ground through this area. Fixed-wing airplanes are at an altitude of at least 1,000 feet above ground level.

## **Conclusions**

None of the noise, safety, or airspace protection impacts that will be generated by the SMCSR helistop conflict with any of the compatibility criteria adopted by the Sonoma County ALUC. The issues discussed in the DEIR that are ancillary to ALUC concerns will be reduced to less than significant with the mitigation measures listed in the DEIR.

The ALUC should find the proposed SMCSR helistop consistent with its policies as set forth in the ALUP.

## **Attachments:**

- › Helistop Plan
- › CNEL Contours
- › SEL Contours
- › Other Helicopter Facilities Near Highways

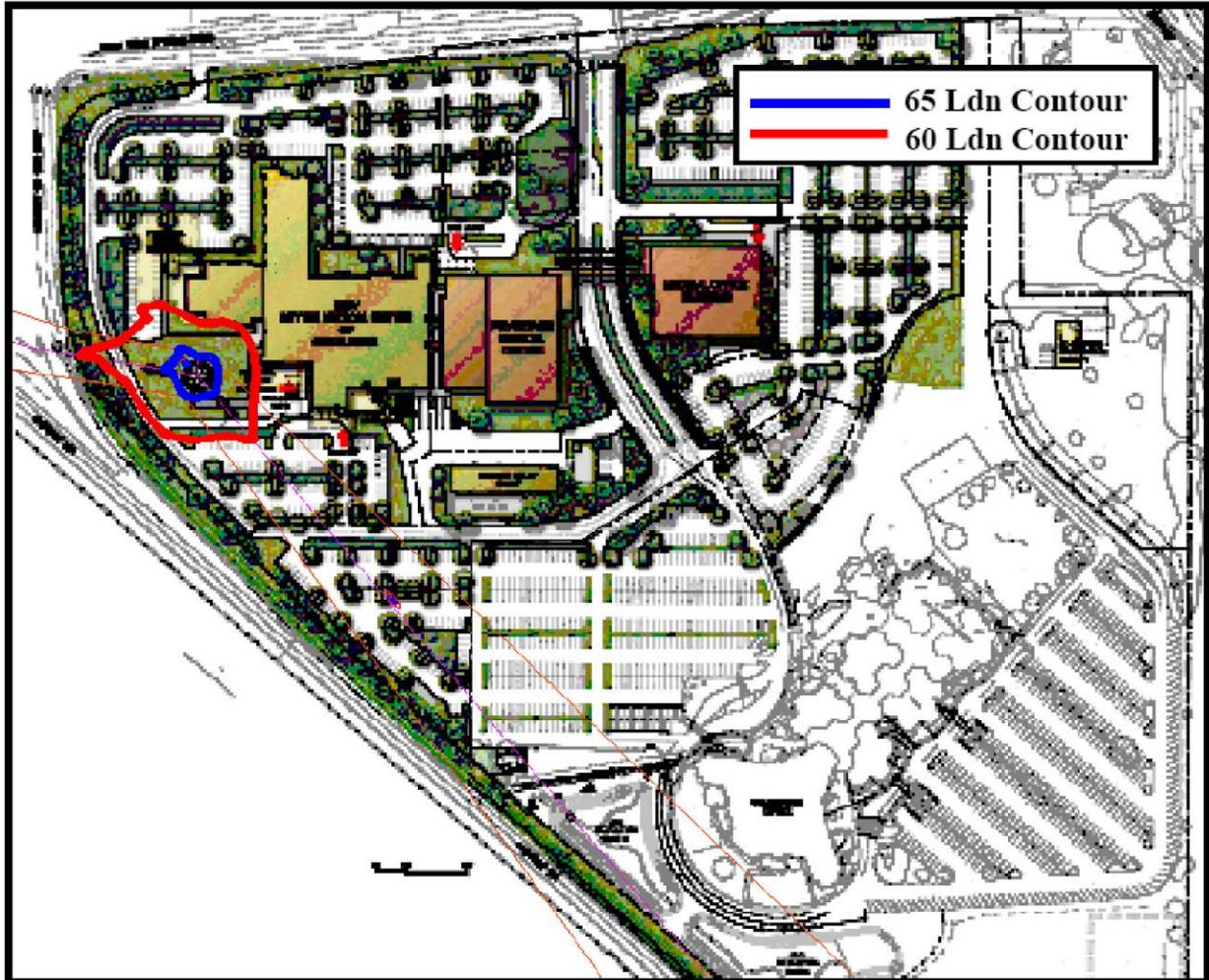
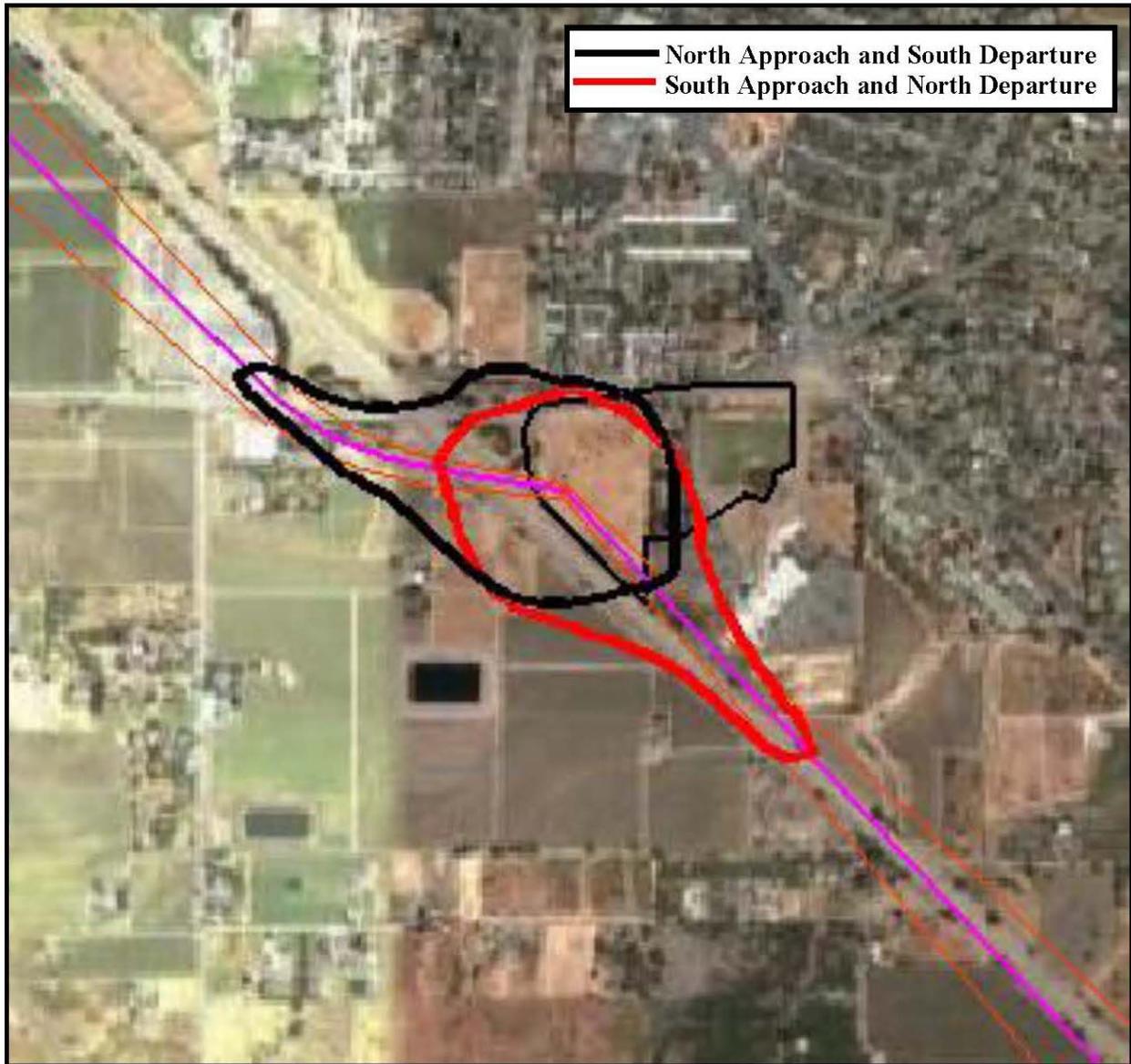
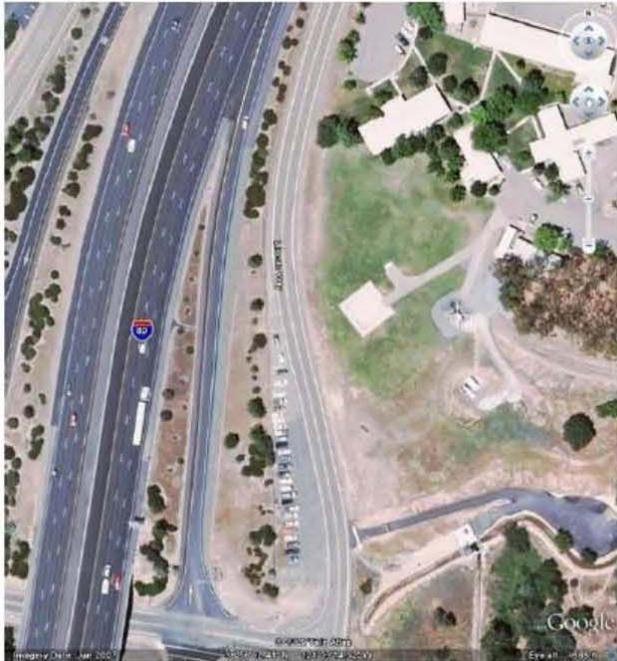


FIGURE 5: 60 AND 65 dBA  $L_{dn}$  HELISTOP FUTURE NOISE CONTOURS

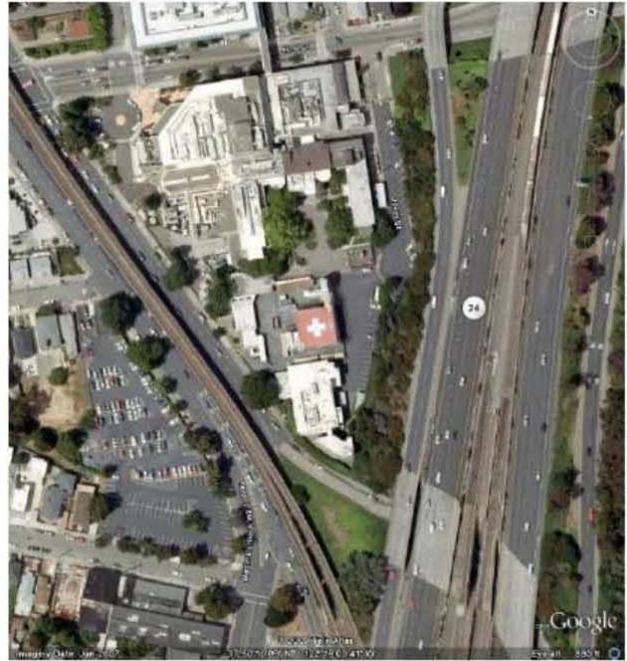


**FIGURE 6: 90 dBA SEL CONTOURS FOR NORTH-TO-SOUTH AND SOUTH-TO-NORTH FLIGHT**

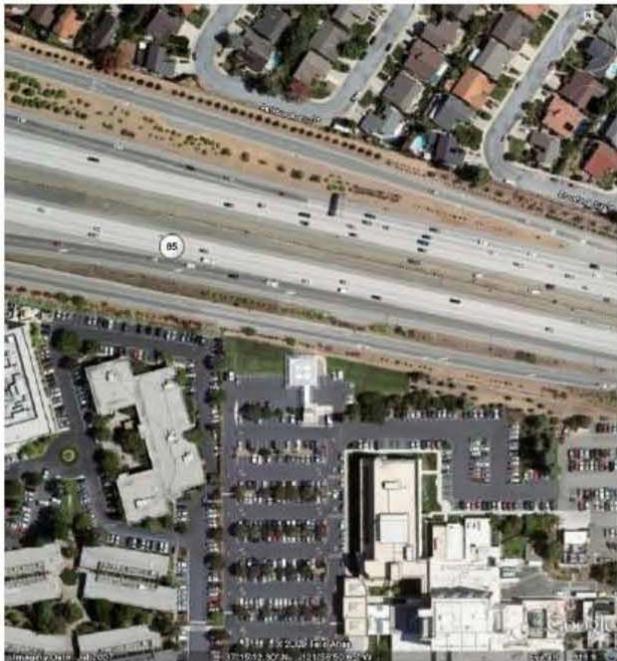
### Hospital/Medical Heliports Near Freeways



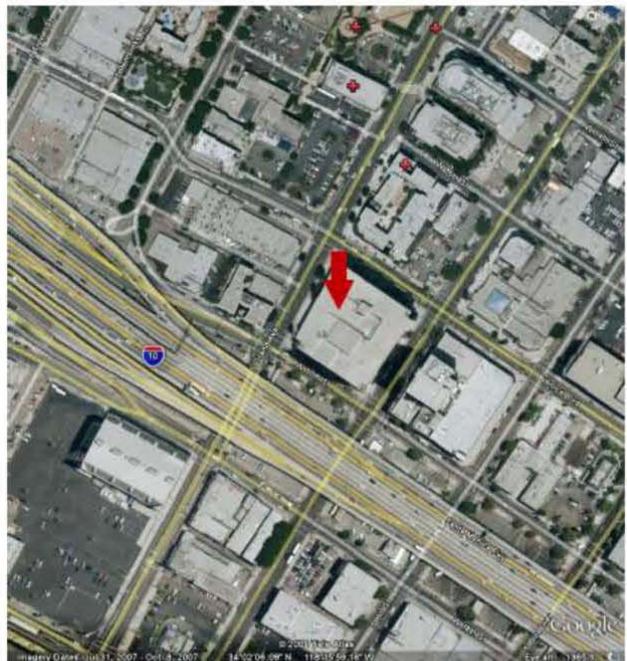
CalStar (Auburn)



Children's Hospital (Oakland)



Good Samaritan Hospital (San Jose)



Maguire Heliport (Los Angeles)

## **ATTACHMENT A-3**

### ***Helipad Layout***



**ATTACHMENT A-4**

*Sonoma County Airport Land Use Commission,  
Resolution 10-01*

**ATTACHMENT A-4**

*Sonoma County Airport Land Use Commission,  
Resolution 10-01*

Resolution Number 10-01

Sonoma County Airport Land Use Commission  
Santa Rosa, California

January 25, 2010

RESOLUTION OF THE SONOMA COUNTY AIRPORT LAND USE  
COMMISSION DETERMINING THAT THE PROPOSED HELISTOP  
FOR THE SUTTER MEDICAL CENTER OF SANTA ROSA IS  
CONSISTENT WITH THE CALIFORNIA AIRPORT LAND USE  
PLANNING AIRPORT HANDBOOK AND THE COMPREHENSIVE  
AIRPORT LAND USE PLAN FOR SONOMA COUNTY.

WHEREAS, the applicant, Sutter Medical Center of Santa Rosa, filed an application (File No. PLP 05-0002) with the Sonoma County Permit and Resource Management Department for a use permit and General Plan Amendment to allow a new 70-bed two-story hospital with a possible future expansion to 99 beds, a 25-bed three-story physicians' hospital, a three-story medical office building, a central utilities plant, storage tanks, a well, parking facilities, and a helicopter landing area; and

WHEREAS, California Public Utilities Code Section 21661.5 requires that a construction plan for a new airport, which includes a new helistop, must be submitted "and acted upon" by the county airport land use commission before submitting an application to the state for a Heliport Permit; and

WHEREAS, the Sonoma County Airport Land Use Commission considered the proposed helistop at a public meeting on January 25, 2010 in accordance with the appropriate law and guidelines; and

WHEREAS, at the January 25, 2010 meeting, the Commission held a public hearing on the proposed helistop, at which time all interested persons were given an opportunity to be heard.

NOW, THEREFORE IT BE RESOLVED that the Commission determines that the proposed helistop for the Sutter Medical Center of Santa Rosa is consistent with the related policies and standards of the California Public Utilities Code, the California Airport Land Use Planning Airport Handbook and the Comprehensive Airport Land Use Plan for Sonoma County, based on the following specific findings:

Runway Layout: The proposed location and design of the helistop is intended to limit impacts on surrounding land uses to the extent practical.

Flight Tracks: The proposed location of the approach-departure paths over Highway 101 will minimize the effects of helicopter operations on surrounding land uses.

Aircraft Activity Characteristics: The volume of helicopter operations at the new helistop may be as much as 240 flights landing and departing per year or about 4 to 5 flights per week or less than one per day.

Property Acquisition: The property most impacted by proposed helicopter operations will be either owned by Sutter Medical Center of Santa Rosa or is in the State-owned right-of-way of Highway 101.

Compatibility Plan: Adopting a compatibility plan for the heliport is not required because the proposed heliport is not a “public-use facility” and the noise and safety concerns have been adequately mitigated.

Noise Impacts: The calculated CNEL contours for the proposed heliport would affect surrounding land uses beyond the confines of the SMCSR property and Highway 101 right-of-way. Some residences north of the SMCSR site and Mark West Springs Road could be exposed to an SEL contour slightly above 90 dBA during helicopter operations, a level that could result in sleep disturbance of some residents. This impact will be mitigated by the preferential approach-departure paths and an adaptive management program to inform operators of those paths and monitor helicopter operations and complaints, but it is not possible to completely avoid this impact since the Public Utilities Code exempts emergency aircraft flights for medical purposes from direct local control over hours or routes.

Safety Impacts: The proposed SMCSR heliport will comply with FAA design standards for heliport size and clearance, and the preferred approach-departure paths avoid going over the SMCSR buildings, WFC buildings and nearby residential uses. If the safety zones established for small airports by the CALUP were applied to the approach-departure paths for the proposed SMCSR heliport, no existing uses would exceed the CALUP standards for those zones. The DEIR analysis of possible effects on Highway 101 traffic concludes that the risks to motorists are less than significant due to the brevity and infrequency of helicopter flights and plans calling for landscaping to screen the view between the highway and helicopters on the landing pad.

Airspace Protection: Since the Division of Aeronautics requires that specific approach-departure paths be defined that are clear of obstructions, the presence of potential obstacles was considered in locating the heliport and defining the approach-departure paths. The hospital building will slightly penetrate the heliport transitional surfaces, but it will be obstruction lighted and is not considered to be a hazard. Landscaping and lighting near the heliport will be kept low and some fixtures will be obstruction lighted. The alignment of the approach-departure path to the northwest is designed to avoid passing directly over the tallest trees and to provide the greatest clearance over power lines. One tree adjacent to the northbound on-ramp loop slightly penetrates the transitional surface and will require a waiver from the state. The DEIR recommends lighting be placed on the power poles crossing Highway 101 to make more them visible by helicopter, but Mead & Hunt recommends this measure either be removed from the EIR or rewritten to defer to the final decision of the Division of Aeronautics because the Division has indicated that they would not require obstruction lighting. The forecasted helicopter operations at the proposed heliport are not expected to interfere with aircraft operations at the Sonoma County Airport.

BE IT FURTHER RESOLVED that the Commission designates staff of the Sonoma County Permit and Resource Management Department as the custodian of the documents and material which constitute the record of proceedings upon which the decision herein is based. These documents and materials may be found at the office of the Department at 2550 Ventura Avenue, Santa Rosa, California 95403.

Resolution # 10-01  
January 25, 2010  
Page 3

THE FOREGOING RESOLUTION was introduced by Commissioner Smith, who moved its adoption, seconded by Commissioner White, and adopted on roll call by the following vote:

Commissioner Smith	Aye
Commissioner White	Aye
Commissioner Sawyer	Aye
Commissioner Kaplan	Aye
Commissioner Salmon	Aye

Ayes: 5    Noes: 0    Absent: 0    Abstain: 0

WHEREUPON, the Chair declared the above and foregoing resolution duly adopted; and

SO ORDERED.

**ATTACHMENT TO  
MASTER RESPONSE B**

*Wastewater Offset Program*

**ATTACHMENT B-1**

*Memo from David Long*

**MEMORANDUM**

TO: Nadine Sponamore  
FROM: David Long  
SUBJECT: Sutter Medical Center Santa Rosa Wastewater Offset Program  
B&R File No. 3231.01  
DATE: April 21, 2010

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Listed below is the latest data from Brian Lee at SCWA regarding the High Efficiency Fixture Direct Installation Program (HEFDIP) in the Airport-Larkfield Wikiup Sanitation Zone (ALW) service area.

Toilet Fixtures Replaced to Date	Urinals Replaced to Date: 12
Single Family Residential: 481	
Multi-family Residential: 208	
Commercial: <u>153</u>	
Total 842	

The above fixture replacements represent a reduction of approximately 19,100 gallons per day (gpd) in water use and wastewater generation. This figure is calculated using an average water savings of 22.7 gallons per day per toilet as estimated by SCWA. In addition to toilet and urinal replacements, the HEFDIP also includes showerhead replacements and faucet aerator installations. Since showerheads and faucet aerators are distributed and tracked on a bulk basis, actual water use reductions attributable to them will not be known until later in the program, but will certainly add to the total.

Although the HEFDIP was authorized in August 2009, actual fixture replacement work did not begin in earnest until October 2009 as it took several weeks to establish the network of plumbing contractors necessary to help market the program and perform the work. The 19,100 gpd reduction achieved thus far represents 88% of the total wastewater offset required for the first two phases of the Sutter Medical Center Santa Rosa campus to connect to the ALW system. The wastewater flows to be offset for all phases of work are identified in the draft EIR in Table 3.16-2.

Based upon the following incremental HEFDIP data, the rate of toilet replacement appears to be holding steady and indicates that 100% of the wastewater offset required for build-out of the entire Sutter Medical Center Santa Rosa campus could be achieved by August 2010.

October 1, 2009 to January 26, 2010:	526 toilets replaced, or about 4.5 per day
January 27 to March 24, 2010:	217 toilets replaced, or about 3.8 per day
March 25 to April 21, 2010:	99 toilets replaced, or about 3.8 per day

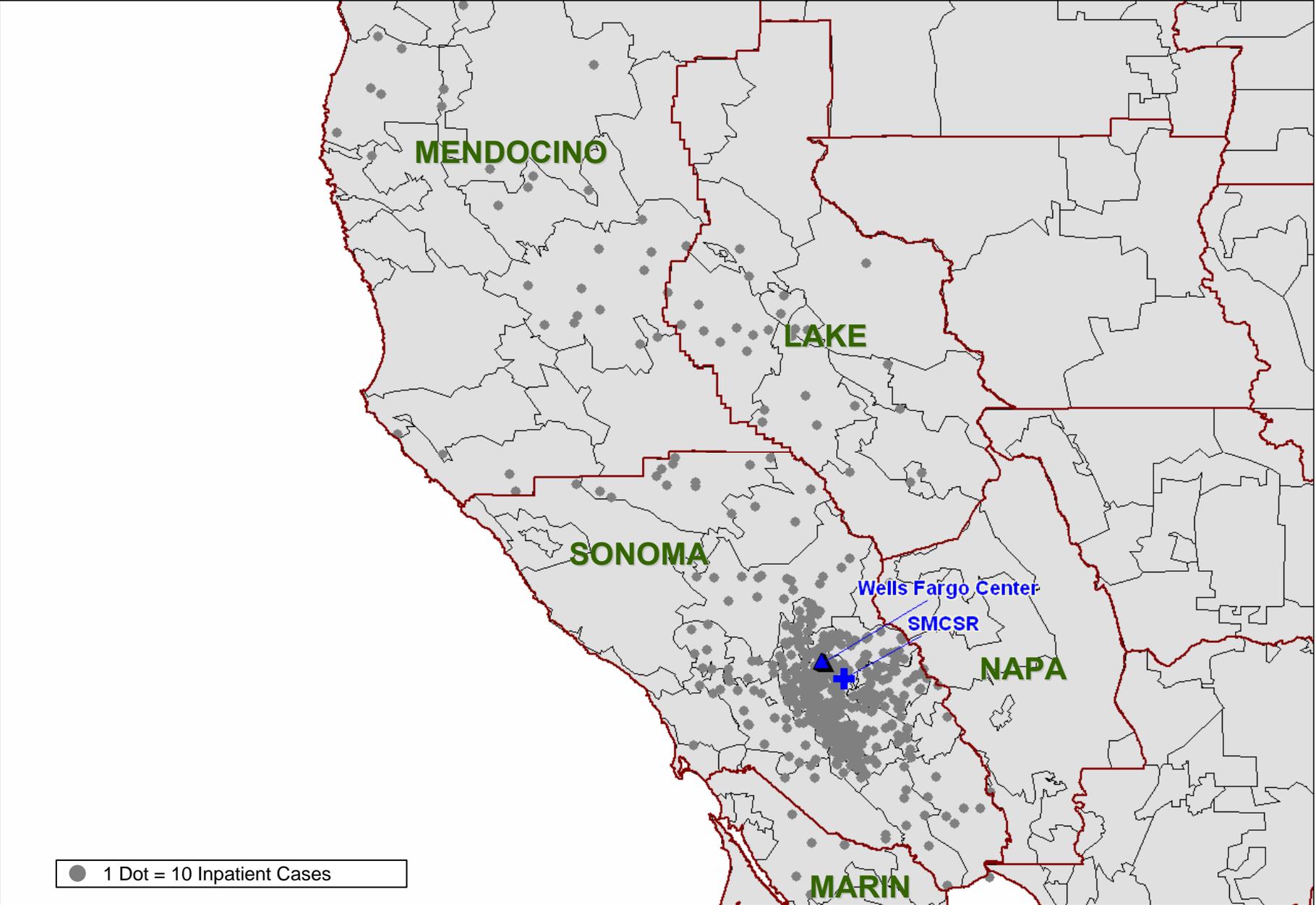
**ATTACHMENTS TO  
MASTER RESPONSE C**

*Site Selection and Alternatives*

**ATTACHMENT C-1**

***Distribution of Discharged Patients  
2008***

# 2008 SMCSR - Inpatient Discharge Cases (All Payers)

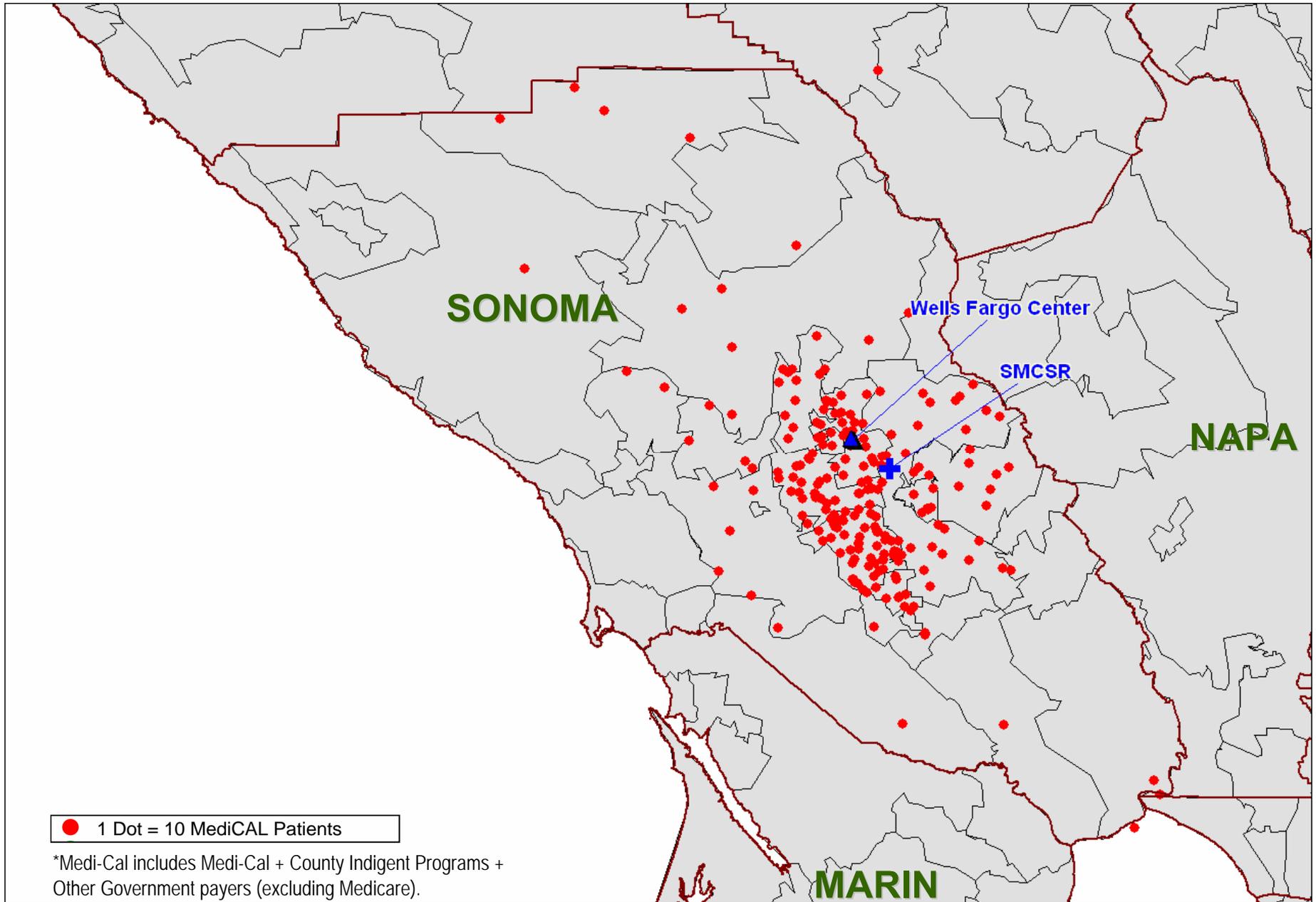


Source: MapInfo, OSHPD 2008 Inpatient Discharges Cases

**ATTACHMENT C-2**

*Distribution of Discharged Medi-Cal and County  
Indigent Program Patients  
2008*

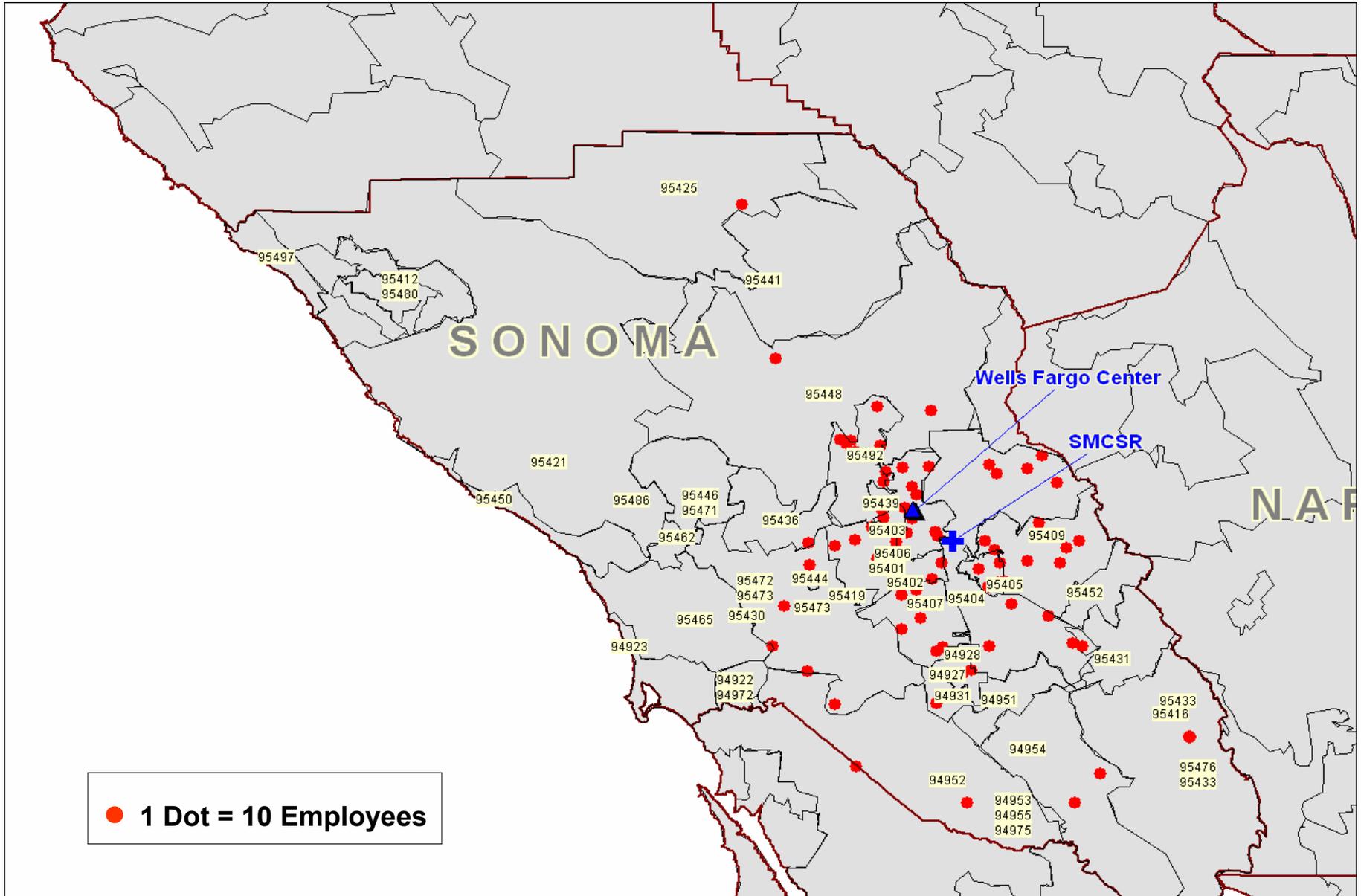
# 2008 SMCSR - Inpatient Discharge Cases (Medi-Cal\*)



## **ATTACHMENT C-3**

### ***Distribution of Staff Currently Employed***

# SMCSR Employee Origin



Source: SMCSR Internal data 1/28/10

## **ATTACHMENT C-4**

### ***Driving Times from Main Urban Centers***

### Attachment C.4

Information for Response on Location  
Vehicle Travel Times  
(based on MapQuest driving directions)

Version One (General)

Origin Location	Time & Miles To Chanate Site	Time & Miles to Wells Fargo Center Site	Time & Miles To Todd Road Site	Time & Miles To Shiloh Road Site
Petaluma	23 minutes 20 miles	24 minutes 22 miles	15 minutes 13.5 miles	25 minutes 24.6 miles
Healdsburg	15 minutes 14 miles	11 minutes 10.5 miles	32 minutes 32 miles	8 minutes 7.7 miles
Sebastopol	20 minutes 11.06 miles	15 minutes 11.71 miles	10 minutes 6.7 miles	18 minutes 14.71 miles
Sonoma	41 minutes 22.37 miles	44 minutes 28.39 miles	34 minutes 26.09 miles	47 minutes 31.41 miles
SW Santa Rosa (Roseland)	8 minutes 5.5 miles	8 minutes 7 miles	6 minutes 4.1 miles	10 minutes 9.7 miles

**ATTACHMENT C-5**

*Staff Driving Times*

**Attachment C.5**

Version Two (More Detailed – Employees)

Origin Location and Zip Code	Number of Employees	Time & Miles to Chanate Site	Time & Miles to Proposed Site	Time & Miles to Todd/Moorland Site	Time & Miles to Shiloh Road Site
Santa Rosa 95403 (Piner & Marlow)	113	7 minutes 2.85 miles	7 minutes 4.05 miles	11 minutes 7.51 miles	10 minutes 5.25 miles
Santa Rosa 95404 (College & North)	107	5 minutes 2.5 miles	6 minutes 5.1 miles	6 minutes 5.2 miles	8 minutes 7.8 miles
Santa Rosa 95401 (Fulton & Hall)	95	7 minutes 3.9 miles	8 minutes 5.1 miles	8 minutes 6.9 miles	9 minutes 6.7 miles
Santa Rosa 95409 (Sonoma Highway & Mountain Hawk Way)	85	7 minutes 4.2 miles	13 minutes 10.8 miles	12 minutes 8.9 miles	15 minutes 13.5 miles
Windsor 95492 (Windsor Rd & Windsor River Rd)	83	10 minutes 10 miles	6 minutes 5.2 miles	15 minutes 13.4 miles	2 minutes 1 miles
Santa Rosa 95405 (Yulupa & Hoen)	78	6 minutes 2.4 miles	9 minutes 7.8 miles	7 minutes 6 miles	11 minutes 10.5 miles
Santa Rosa 95407 (Stony Point & Hearn)	62	6 minutes 4.7miles	9 minutes 8.1 miles	4 minutes 3.1 miles	11 minutes 10.7 miles
Sebastopol 95472	53	20 minutes 11.06 miles	15 minutes 11.71	10 minutes 6.7 miles	18 minutes 14.71 miles
Healdsburg 95448	48	15 minutes 14 miles	11 minutes 10.5 miles	32 minutes 32 miles	9 minutes 8.1 miles

**ATTACHMENT C-6**

*Suggested Jennings Avenue Site*

## Attachment C.6

### Jennings Avenue Alternate Site

Alternative Address/Location: 1020 and 1060 Jennings Avenue, Santa Rosa. The sites are entirely within the city limits of the City of Santa Rosa.

Description of the Alternative: Under this alternative, the Proposed Project (Sutter Medical Center hospital, Central Utility Plant, Physicians Medical Center, and Medical Office Building) would be constructed on this 19.3 acre site. The project site is located at 1020 and 1060 Jennings Avenue within the City limits of Santa Rosa, California. The site is bordered to the north by Jennings Avenue, west by Range Avenue, and lies west of Cleveland Avenue and Highway 101. The Northwestern Pacific Railroad is located less than 500 feet to the west of, and the Coddington Shopping Center is located approximately 1/3 mile north of the subject site. The site is not owned by Sutter.

Reason for Evaluating this Alternative: This alternative is being evaluated because this site was identified by a commenter on the DEIR who recommended inclusion of this site as it is in close proximity to a proposed SMART rail station. Recently the City of Santa Rosa requested reconsideration of the station location to a more northerly site in Coddington. This site was considered in Sutter's initial evaluation of potential alternate sites to be screened for potential inclusion the EIR. It was not brought forward in the screening analysis as the site was the subject of an active Tentative Map Application by F & F Development. The City has re-zoned the property to accommodate the densities requested by F & F Development. However, the Tentative Map application has not progressed with planning due to the current economy. The site will possibly be subject to a Land Use Focus Plan should the site across the street be determined by the SMART Board of Directors as the preferred site for a rail station.

Screening Evaluation: General Industrial and Multiple family residential uses are located east of the subject site with affordable multi-family residences recently constructed to the west and within close proximity. The land to the north is developed with single-family and multi-family residences. The land to the south consists mostly of developed commercial and industrial uses.

Sutter's preliminary evaluation of the site's suitability for development of the Proposed Project yielded the following information regarding site constraints:

- The site is within the Medium Density Residential zone district (R-3-30) and is designated in the Santa Rosa General Plan as Medium High Density Residential. Those General Plan and zoning designations do not allow hospital uses.
- The City foresees the site as being developed for medium density residential or other high ridership land use (Lisa Kranz, personal communication, January, 2010).
- The City has designated a portion of the site for a neighborhood park.
- The site is not visible from US 101 and only indirectly accessible to the freeway via congested streets.
- The site has approximately 0.13 acres of wetlands and some heritage trees.
- Over flight of intensely developed residential and possibly school areas would be required to access the helistop. Development of the site would require significant local and regional utility and roadway improvements.

- The site has historically been used for agricultural.
- The site is accessible by Santa Rosa Transit on Range Avenue (adjacent to the site).

*Environmental Impacts:* This alternative would not reduce any identified significant or significant and unavoidable impacts of the proposed project. It would not eliminate or lessen the significant and unavoidable air quality impacts associated with the surcharging of the Project site, as that work would still be required on the alternative site. As a potential alternative to surcharging, site work would entail pile driving resulting in noise and vibration impacts similar to the Project site, although the impacts would be expected to be more severe due to the proximity of residential areas on three sides of this site. Development of this site would also not eliminate or lessen the significant and unavoidable noise impacts associated with the operation of the helistop, as a helistop would still be required. Instead, this alternative would likely result in greater noise impacts due to 1) the need for helicopters arriving and leaving the site to fly directly over residential areas as well as 2) noise related to ambulances. Development would likely have similar, if not greater, cumulative traffic impacts to the proposed project, given that access to the site from US 101 involves travel through streets and interchanges that are currently congested and constrained. Finally, development of this site may result in a significant impact related to the loss of prime agricultural resources.

*Project Objectives:*

Implementation of this alternative would undermine Sutter's objective to provide a Medical Campus that is easily accessed by persons living within the primary service area of the Sutter Medical Center and one that is close to and visible from US 101. While the site is near US 101 it is not visible from the highway. Access via US 101 would be off either Steele Lane or College Avenue, both constrained interchanges.

**ATTACHMENT TO  
MASTER RESPONSE D**

*Alternative Transportation and  
Public Transit*

**ATTACHMENT D-1**

*Letter from Robin Hagenstad, RN*



*Sutter Medical Center  
of Santa Rosa*

A Sutter Health Affiliate

3325 Chanate Road  
Santa Rosa, CA 95404  
(707) 576 4000

March 23, 2010

Scott Briggs  
Sonoma County Permitting and Resource Management Department  
2601 Ventura Avenue  
Santa Rosa CA 95403

Re: Information in Response to Comments on the Sutter EIR

Dear Mr. Briggs:

I understand comments were submitted on the County's Draft EIR for the Sutter project relating to the way in which patients arrive at the hospital. As the Patient Care Executive at Sutter Medical Center of Santa Rosa, I am familiar with how most patients arrive at the hospital and how most patients depart. Generally, and as a matter of patient safety, patients are required to have someone pick them up or make other transportation arrangements, and are not allowed to transport themselves. Thus, most patients arriving and departing from the hospital are transported by someone else.

This is generally more true today than in prior times. Hospitals used to perform a larger number of ambulatory services such as diagnostic imaging that are now performed to a much larger extent on an outpatient basis at centers throughout the community. Thus, most of the patients arriving at the hospital are arriving for more serious work. Inpatients typically are driven to the hospital by others, and patients seldom drive themselves due to their condition on arriving, or their anticipated condition when they leave the hospital.

Thank you for your inquiry.

Sincerely,

Robin Hagenstad, RN, MSN  
Patient Care Executive

**ATTACHMENT TO  
MASTER RESPONSE F**

*Indirect Environmental Impacts*

**ATTACHMENT F-1**

*Letter from Michael Cohill*



*Sutter Medical Center  
of Santa Rosa*

A Sutter Health Affiliate

3325 Chanate Road  
Santa Rosa, CA 95404  
(707) 576-4000

March 29, 2010

Scott Briggs  
Sonoma County Permitting and Resource Management Department  
2601 Ventura Avenue  
Santa Rosa, CA 95403

Re: Information in Response to Comments on the Sutter EIR

Dear Scott:

This letter is to provide some information that may be helpful to the County in responding to comments on the Draft EIR for the Sutter Medical Center Santa Rosa/Luther Burbank Memorial Foundation Joint Master Plan. As Senior Vice President of Sutter Health responsible for the development on the Wells Fargo Center for the Arts site, I am personally familiar with Sutter's real estate facilities and plans.

I understand one commenter requested information about the ownership of the medical office building proposed as part of the project. We anticipate that the MOB will be owned by a developer, with space leased by physicians and practitioners. The specific ownership and occupancy of the MOB has not been determined at this time.

Other commenters suggested that possible changes in the occupancy of medical office buildings or even other hospitals might result from the project and could lead to urban blight. In my view, these comments are unfounded, both as to the impacts of the project, and as to the potential for urban blight resulting from occupancy changes in medical office buildings or from closures of hospitals. In 2006, Sutter ceased operating the Warrack hospital in Santa Rosa, located at Summerfield Road and Hoen Avenue, and consolidated its hospital operations at the Chanate campus. Currently the only uses operating within the Warrack hospital are a few laboratories and a few administrative offices; otherwise, the building is mostly vacant. Also, the medical office buildings around the hospital are approximately half-occupied. These offices are partly owned by Sutter and partly doctor-owned. The properties are well maintained, and these changes have not resulted in urban blight.

Please feel free to contact me if I can provide any further information.

Sincerely,

Michael J. Cohill

**ATTACHMENT TO  
MASTER RESPONSE G**

*Existing and Proposed Uses at the  
Wells Fargo Center*

## **ATTACHMENT G-1**

*Use Permit issued to LMBF  
(also referred to as the Wells Fargo Center)*

Resolution No. 10032

April 11, 1985

Sonoma County Administration Building,  
Santa Rosa, California

UP 10520

RESOLUTION OF THE BOARD OF ZONING ADJUSTMENTS, COUNTY OF SONOMA, STATE OF CALIFORNIA, ADOPTING A NEGATIVE DECLARATION AND APPROVING A USE PERMIT APPLICATION BY LUTHER BURBANK MEMORIAL FOUNDATION TO CONVERT THE CHRISTIAN LIFE CENTER 116,000 + SQUARE FOOT RELIGIOUS INSTITUTION TO A 116,000 + SQUARE FOOT CULTURAL AND PERFORMING ARTS CENTER WITH MEETING AND SEMINAR FACILITIES AND INCLUDING GENERAL, LEASABLE OFFICE SPACE IN 20,000 SQUARE FOOT MAXIMUM WITH PROVISION FOR ABOUT ONE (1) ACRE OF LAND DEVOTED TO LIMITED OUTDOOR CONCERTS ON A 29 ACRE PORTION OF A 38.75 ACRE SITE LOCATED AT 50 MARK WEST SPRINGS ROAD, SANTA ROSA, APN 058-040-45 IN AN A2, A2-SD DISTRICT

WHEREAS, the Luther Burbank Memorial Foundation made a use permit application for conversion of a 116,000 square foot religious institution to a cultural and performing arts center and related uses; and

WHEREAS, the application was referred to all responsible and interested agencies for review and comment; and

WHEREAS, the Planning Department prepared an Initial Study for the proposal and determined that with certain mitigation measures related to traffic and noise a Negative Declaration of environmental impact would be appropriate for the proposal; and

WHEREAS, public hearings were held on February 28, March 28, and April 11, 1985, on said application at which time all interested persons were given an opportunity to be heard thereon; and

WHEREAS, the first hearing was continued to receive traffic data and necessary improvement recommendations from a traffic consultant and noise mitigation alternatives from an acoustical consultant; and

WHEREAS, there will be no expansion beyond the existing buildings; and

WHEREAS, the Board of Zoning Adjustments does find the following:

1. The Negative Declaration has been completed in compliance with C.E.Q.A., State and County guidelines, and the information contained in the Initial Study, Traffic Analysis prepared by W. Laabs, March, 1985, and Noise Data prepared by Sound Solutions, March 25, 1985, and the Negative Declaration has been reviewed and considered.
2. A condition of approval is imposed for a left turn lane and associated widening of Mark West Springs Road that will assure that adverse traffic impacts will be mitigated. Furthermore, the applicant has agreed to the mitigation.

3. Another condition is imposed that will assure insignificant noise impact upon neighboring residents by limiting the decibel level during certain hours and the applicant has agreed to abiding by noise readings taken during the first three concerts as monitored by the Planning Department. Furthermore, the number of outdoor amplified concerts is restricted to eight (8) per year between 2:00 p.m. and 7:00 p.m.
4. The use with the attached conditions, particularly regarding street improvements to Mark West Springs Road, areawide traffic improvements, and restrictions on outdoor concerts, will not be detrimental to the health, safety, peace, comfort or general welfare of persons residing or working in the neighborhood or to the general welfare of the area.
5. The use is consistent with both the land use designation and text for institutional uses in the Larkfield/Wikiup Specific Plan as well as the Unincorporated Community land use designation in the General Plan provided that no more than 25% of the total floor area is devoted to general office use and no new construction is permitted on the site.

NOW, THEREFORE BE IT RESOLVED that the Sonoma County Board of Zoning Adjustments in regular session assembled this 11th day of April, 1985, hereby adopts the Negative Declaration with the above findings and grants the request for conversion of existing 116,000 + square feet of space on a 29 + acre portion of a 38.75 acre site from a religious institutional use to a cultural and performing arts institutional use with ancillary uses subject to the conditions attached in Exhibit "A" and the site plan attached as Exhibit "B".

AND BE IT FURTHER RESOLVED that the Sonoma County Board of Zoning Adjustments action shall be final on the 13th day after the date of the resolution unless an appeal is taken.

THE FOREGOING RESOLUTION was introduced by Commissioner Walter, who moved its adoption, seconded by Commissioner Marquardt, and adopted on roll call by the following vote:

Commissioner Shank	Aye
Commissioner Marquardt	Aye
Commissioner Solkov	Aye
Commissioner Stewart	Aye
Commissioner Walter	Aye

AYES: 5      NOES: 0      ABSENT: 0      ABSTAIN: 0

WHEREUPON, the Chairman declared the above and foregoing resolution duly adopted; and

SO ORDERED.

EXHIBIT "A"  
Conditions of Approval  
UP 10520  
April 11, 1985

Public Health Department:

1. A water supply permit shall be obtained.
2. The sewage treatment plant shall be operated in compliance with waste discharge requirements set by the North Coast Regional Water Quality Control Board.
3. Connection shall be made to public sewer when it becomes available because the site is within 200 feet of a sewer line.
4. Noise emanating from the site shall be controlled so as not to exceed 65 dBA between 7:00 a.m. and 7:00 p.m., nor 50 dBA between 7:00 p.m. and 7:00 a.m. and measurements shall be made at the nearest residence to the east and the nearest residence to the north.

Public Works Department:

5. When the County adopts a traffic circulation fee for the Larkfield area the applicant shall pay a traffic circulation fee for the increase in traffic resulting from the conversion of the existing 20,000 square feet of "conference room" use to "general office space" use. The fee will be combined with others collected and spent for the construction of the traffic signals and road improvements in the Larkfield area.

The fee shall be determined using 120 A.D.T. In no event shall the fee exceed one hundred dollars per average daily trip. This fee shall be combined with other fees collected and spent in the construction of traffic signals and road improvements needed to mitigate the traffic circulation needs of this area.

6. Within 18 months of this approval, the applicant shall make improvements to Mark West Springs Road to widen the traveled way southerly one half to provide for a left turn lane providing access to the center. County will furnish plans and stripe the lanes once the new pavement has been constructed. Limits of the Center's improvements shall be \$40,000.
7. For any event which attracts more than 500 persons, the applicant shall direct the west driveway to be an "entrance only" driveway and the east driveway to be an "exit only" driveway, as depicted in Figure II, "Circulation Plan - Large Events" of the Walter Laabs "Traffic Analysis - Luther Burbank Center for the Arts, March 1985." The counter-clockwise one-way traffic circulation pattern shall be in effect from one hour before the event is scheduled to begin to one hour following the end of the event.

8. The applicant shall provide traffic control at driveway entrance on Mark West Springs Road and at East Fulton Road to assure that the on-site circulation plan is carried out. To provide the traffic control, the applicant shall secure a Special Event Encroachment Permit from the County within three weeks of County's approval of this application. The permit will authorize trained traffic monitors to place traffic cones, portable signs and other needed traffic control devices in locations directed by County and to control traffic movements. The entire expense of providing the personnel and signs shall be borne by the applicant. The applicant shall apply for the encroachment permit immediately following County's approval of this change in use and comply with its conditions following its issuance.

Planning Department:

9. Outdoor activities and associated uses shall not exceed sound levels expressed in Condition 4.
10. Outdoor concerts in the designated east grass area shall be limited to eight (8) per year and shall occur between the hours of 2:00 p.m. and 7:00 p.m.

The Luther Burbank Center shall experiment with modifying the loudspeaker configurations used in the past or utilizing directional loudspeakers or utilizing a number of relatively small loudspeakers distributed throughout the audience as expressed in Alternate #2 of Sound Solutions letter of March 25, 1985. To assure conformance with required decibel levels, the first three (3) outdoor concerts shall be monitored for noise with the appropriate metering device.

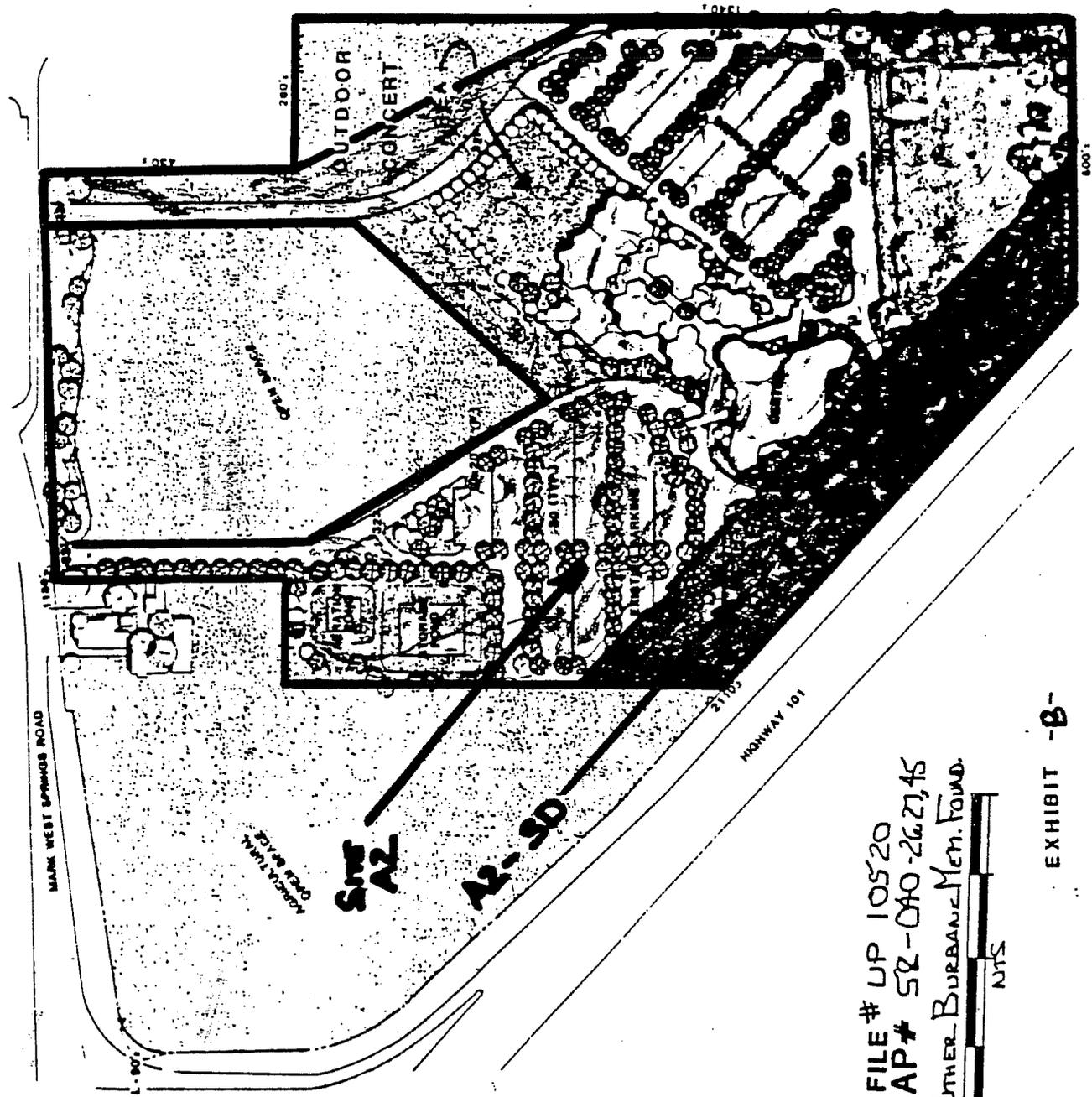
11. All existing and proposed signs shall be reviewed by the Design Review Committee prior to authorization.
12. Uses at the site shall be limited to:
  - a) Cultural and performing arts center with approximately 9,000 square feet m/l devoted to Luther Burbank Memorial Foundation administrative offices authorized uses include the following:
    - i. musical presentations
    - ii. theatrical and dramatical presentations
    - iii. film presentations
    - iv. lectures and forums
    - v. banquets and receptions
    - vi. exhibits and expositions
    - vii. visual arts display
    - viii. television and video taping and programming
  - b) Meeting rooms for business, professional, civic group seminars, and religious worship and education.

- c) Space for Community non-profit artistic, musical, theatrical and performing type organizations and activities and fundraising events.
  - d) Private educational facilities.
  - e) Professional and trade school.
  - f) Radio station.
  - g) Day care center.
  - h) General office uses to a maximum of 20,000 square feet of the mall and east wing of the existing building.
  - i) Recreational and athletic playing fields in the existing grass area south of the southern parking lot.
12. All activities shall be limited to the 29 acre portion of the property zoned A2 and A2-SD shown in Exhibit "B".
13. This permit shall be subject to revocation or modification by the Board of Zoning Adjustments if: (a) the Board finds that there has been noncompliance with any of the foregoing conditions or (b) the Board finds that the use for which this permit is hereby granted is so exercised as to be substantially detrimental to persons or property in the neighborhood of the use. Any such revocation shall be preceded by a public hearing noticed and heard pursuant to Sec. 26-207 and 26-207.2 of the Sonoma County Code.

Sec-207.1 (Revocation for failure to use or abandonment of use)

In any case where a zoning permit, use permit or variance permit has not been used within one (1) year after the date of the granting thereof or for such additional period as may be specified in the permit, such permit shall become automatically void and of no further effect, provided, however, that upon written request by the applicant prior to the expiration of the one (1) year period, the permit approval may be extended for not more than one (1) year by the authority which granted the original permit.

Site



N FILE # UP 10520  
 AP# 52-040-26,27,45  
 LUTHER BURBANCK MEM. FOUND.



EXHIBIT -B-