

8.0 ADDENDA and ERRATA/ RESPONSES to COMMENTS

8.1 BACKGROUND

As noted in Section 1.0, *Introduction*, a Draft EIR was circulated for public review from March 22, 2010 until May 19, 2010. The city received ten comment letters on the Draft EIR. Based on the comments received, City staff determined that the responses included potentially significant new information related to potential environmental impacts. Consequently, based on the requirements of *CEQA Guidelines* Section 15088.5, the Draft EIR was recirculated to allow for additional public review of the new information. The revised and recirculated document superseded in its entirety the Draft EIR circulated from March 22nd to May 19th. Although the comment letters submitted in response to the original Draft EIR are part of the administrative record for the project, pursuant to *CEQA Guidelines* Section 15088.5(f)(1) the City has provided written responses to only comments received during the second 45-day public review period of August 13, 2010 through September 27, 2010. Seven comment letters were received during the second 45-day review period.

CEQA Guidelines Section 15088.5(f)(1) states:

(1) When an EIR is substantially revised and the entire document is recirculated, the lead agency may require reviewers to submit new comments and, in such cases, need not respond to those comments received during the earlier circulation period. The lead agency shall advise reviewers, either in the text of the revised EIR or by an attachment to the revised EIR, that although part of the administrative record, the previous comments do not require a written response in the final EIR, and that new comments must be submitted for the revised EIR. The lead agency need only respond to those comments submitted in response to the recirculated revised EIR.

Section 1.1.2 of the recirculated Draft EIR provides direction that the City will only respond to comments on the recirculated Draft EIR.

8.2 ADDENDA and ERRATA/ RESPONSES to COMMENTS

This section of the FEIR for the Community Memorial Hospital District Development Code contains all of the written comments received in response to the DEIR during the 45-day public review period. Each comment received by the City of Ventura has been included within this report. Responses to all comments have been prepared to address the concerns raised by the commenters and to indicate where and how the EIR addresses environmental issues. Changes that were made to the EIR in response to comments are included in each response and are shown in ~~striketrough~~ and underline format.

This document constitutes the FEIR to be presented to the City of Ventura Planning Commission for review and recommendation to the City Council for certification prior to decisions by the City Council on acceptance and approval of the Community Memorial Hospital Development Code.



Specific comments contained within any particular written letter have been numbered in order to provide a reference to it in the response. Each letter is presented first, followed by responses.

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county of ventura

September 27, 2010

Letter 1

City of Ventura
Community Development Dept.
Attn.: Jeffrey Lambert
501 Poli Street, Room 133
PO Box 99
Ventura, CA 93002-0099

E-mail: jlambert@ci.ventura.ca.us

Subject: Comments on NOC and NOA of a DEIR for the Proposed Community Memorial Hospital District Development Code

Dear Mr. Lambert:

Thank you for the opportunity to review and comment on the subject document. Attached are the comments that we have received resulting from intra-county review of the subject document. Additional comments may have been sent directly to you by other County agencies.

Your proposed responses to these comments should be sent directly to the commenter, with a copy to Laura Hocking, Ventura County Planning Division, L#1740, 800 S. Victoria Avenue, Ventura, CA 93009.

If you have any questions regarding any of the comments, please contact the appropriate respondent. Overall questions may be directed to Laura Hocking at (805) 654-2443.

Sincerely,



Tricia Maier, Manager
Program Administration Section

Attachment

County RMA Reference Number 09-047-2

800 South Victoria Avenue, L# 1740, Ventura, CA 93009 (805) 654-2481 Fax (805) 654-2509



Letter 1

COMMENTER: Tricia Maier, County of Ventura Resource Management Agency

DATE: September 27, 2010

The commenter states that the letter accompanies any comments received from the County's intra-agency review of the document. The commenter directs that responses to the County comments be submitted directly to the commenter, with copy to Laura Hocking. Comments were received from the Public Works Agency Transportation Department, the Ventura County Watershed Protection District, and the Ventura County Air Pollution Control District. Responses will be sent to each commenter with a copy to Laura Hocking.





**PUBLIC WORKS AGENCY
TRANSPORTATION DEPARTMENT
Traffic, Advance Planning & Permits Division**

MEMORANDUM

Letter 2

DATE: May 4, 2010

TO: RMA – Planning Division
Attention: Laura Hocking

FROM: Behnam Emami, Engineering Manager II

SUBJECT: REVIEW OF DOCUMENT 09-047

Notice of Availability (NOA of Administrative Draft Environment Impact Report (ADEIR))

Community Memorial Hospital District Development Code.

Adoption of the CMH Code to guide redevelopment of approximately 10 acres.
North Brent Street to the east, and East Main Street to the west.

Lead Agency: **City of San Buenaventura**

Pursuant to your request, the Public Works Agency -- Transportation Department has reviewed the subject NOA of ADEIR for the Community Memorial Hospital District Development Code (CMH Code).

The proposed project involves the adoption of the CMH Code to guide redevelopment of approximately 10 acres within the Midtown portion of the City. The project would be constructed in two phases:

Phase I would occur from 2010 to 2014 and would include demolition of nine project area structures (45,506 SF of commercial/medical office use and 4 single family residences), construction of the new hospital building (320,000 SF and a net increase of 12 beds), adaptive reuse of the existing hospital facilities (121,000 SF for reuse), streetscape improvements to streets, sidewalks, curbs, medians, and plazas, including finalizing new street extensions. In addition, the surface parking in the southern portion of the plan area would be consolidated and restriped with the addition of a 3,900 SF retail liner building, which would be constructed adjacent to the location of the future new garage and opposite the hospital open space plaza.

Phase II would occur over a period of years and would include build out of the remainder of the hospital district, including remaining liner buildings, development along Loma Vista Road and Brent Street, and the new parking garage. Specifically, new buildings and the parking garage would be constructed during the Phase II. Phase II development is estimated to be about 162,950 SF of medical office uses. The project is bounded by Loma Vista Road to the north, North Brent Street to the east, and East Main Street to the west.

We offer the following comments:

1. The cumulative impact of this project, when considered with the cumulative impact of all other approved (or anticipated) development projects in the County, is potentially significant. The condition for paying the County Traffic Impact Mitigation Fee (TIMF) to address the cumulative impacts of this project on the County Regional Road Network should be included in the Final EIR (MND or ND). Based on the information from IS and the Reciprocal Agreement between the City of Ventura and the County of Ventura, the fee due to the County is:

$$8,312 \text{ ADT} \times \$34.55 / \text{ADT} = \$287,179.60$$

The above estimated fee may be subject to adjustment at the time of deposit, due to provisions in the TIMF Ordinance allowing the fee to be adjusted for inflation based on the Engineering News Record Construction Cost Index. The above fee is an estimate only based on information provided in the Initial Study. If the project cumulative impacts are not mitigated by payment of a TIMF, current GP policy will require County opposition to this project.

Our review is limited to the impacts this project may have on the County's Regional Road Network.

Please contact me at 654-2087 if you have questions.

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Letter 2

COMMENTER: Behnam Emami, Engineering Manager II, County of Ventura Public Works Agency, Transportation Department

DATE: May 4, 2010

The commenter provided a letter that was issued for the previous Draft EIR. The response below addresses those comments.

Response 2

The commenter states that the Project when considered with the cumulative impact of all other approved (or anticipated) development projects in the County, is potentially significant and states that the Project should include a condition requiring payment of County Transportation Impact Mitigation Fees.

The EIR refers to Standard Condition T-1, which requires payment of traffic impact mitigation fees due to the City and the County based on adopted policies. The Project involves construction of a new hospital building and a series of smaller projects that would be implemented incrementally over a period of five to ten years. Fees will be due prior to occupancy for each developer within the Project Area. The net increase in ADT is shown in Table 4.5-7 in Section 4.5, *Traffic and Parking*. The overall net increase in ADT has been revised from the 8,312 ADT indicated during the previous Draft EIR. The overall net increase in ADT is now estimated at 8,289 ADT. Each developer within the Project area would be responsible for fair share fees at the time individual projects are undertaken, as indicated in standard condition T-1.



**VENTURA COUNTY
AIR POLLUTION CONTROL DISTRICT**
Memorandum

Letter 3

TO: Laura Hocking/Dawnyelle Addison, Planning

DATE: September 27, 2010

FROM: Alicia Stratton

SUBJECT: Request for Review of Recirculated Draft Environmental Impact Report (RDEIR) for the Community Memorial Hospital District Development Code, City of Ventura (Reference No. 09-047-2)

Air Pollution Control District staff has reviewed the subject RDEIR, which addresses adoption of the Community Memorial Hospital District Development Code. The Code is intended to guide redevelopment of ten acres within the Midtown portion of the City of Ventura. Phase 1 would occur from 2010 to 2014 and would include demolition of nine Project Areas structures (45,506 sq. ft. of commercial/medical office use and four single family residences), construction of the new hospital building (320,000 sq. ft. and a net increase of 12 beds), adaptive reuse of the existing hospital facilities (121,000 sq. ft. for nonessential hospital support services and 104,000 sq. ft. for new backfill medical office reuse), streetscape improvements to streets, sidewalks, curbs, medians, and plazas, including finalizing new street extensions. The surface parking in the southern portion of the plan area would be consolidated and restriped with the addition of a 3,900 sq. ft. retail liner building, which would be constructed adjacent to the location of the future new garage. Phase II would occur over a period of years and would include buildout of the remainder of the hospital District, including remaining liner buildings, development along Loma Vista Road and Brent Street, and the new parking garage. Phase II development would be about 162,950 sq. ft. of medical office uses. The project area encompasses 15 acres located in the Midtown portion of the City of Ventura and is bounded by Main Street to the west, Loma Vista Road to the north, and Brent Street to the east.

Section 4.2 of the ADEIR addresses air quality issues. We wish to submit the following comments on this discussion.

General Comments

- | | | |
|---|--|-----|
| 1. Table 4.2-2, AQ Table – the table should indicate (as a footnote) that the data is from the El Rio monitoring station. There is no longer a federal 1-hour standard for ozone. The data for PM10 should indicate that the samples >50 microns & >150 microns are for 24-hours (similar to what was done with the PM 2.5 data). | | 3.1 |
| 2. Impact analysis, page 4.2-8 - The document states “VCAPCD also recommends minimizing fugitive dust through various dust control measures.” Our Rule 55 now requires that fugitive dust be controlled. Let | | 3.2 |

3. Impact AQ-2 – CMH should be encouraged to contract with companies that have the cleanest diesel-powered construction equipment available. That would be Tier 2 or Tier 3 engines. That would assist in mitigating construction impacts of ROC, NOx and diesel particulate. Although the document states that APCD doesn't have significant thresholds for construction impacts, we are non-attainment for ozone and diesel PM is a toxic air contaminant. 3.3

4. The mitigation measures starting on page 4.2-13 will help to minimize fugitive dust. These appear to be taken from APCD Rule 55. We recommend that the RDEIR also includes a reference to compliance with Rule 55. Also, California Air Resources Board has adopted an Air Toxic Control Measure (ATCM) for off-road construction equipment, which must be complied with. This is discussed in general terms on page 4.2-4. (see California Code of Regulations, Article 4.8, Section 2449 - General Requirements for In-Use Off-Road Diesel-Fueled Fleets.) Compliance with the ATCM should be referred to in the mitigation measures. 3.4

5. On page 4.2-14 the RDEIR mentions diesel generators and refers to APCD permits. Permits will be required for any new diesel generators, boilers or ethylene oxide sterilizers. An Authority to Construct must be obtained prior to installation. Public notice may be required before issuing the ATC. CMH should contact APCD prior to purchasing any equipment requiring a permit. 3.5

Air Toxic Health Risk Assessment

1. The health risk assessment was performed for diesel engine exhaust particulates from construction equipment. The majority of the project will be completed in four years, with additional smaller project construction continuing for more years. The health risk assessment addressed only the four years of major construction as a worst case.

Because the health risk assessment addressed a four-year project, the lifetime excess cancer risk was calculated based on four years of exposure. The California Office of Environmental Health Hazard Assessment (OEHHA) has recommended that a nine-year exposure duration be used for short term projects, even if the project is only one year. If a nine-year exposure period is assumed, the calculated lifetime excess cancer risk based on a child's exposure would exceed 10 in a million.

This was a screening level assessment, so further refinement could reduce the calculated health risks. We therefore recommend that a formal health risk assessment should be conducted for this project.

We concur that chronic noncancer health impacts would be less than the District's 10 in a million threshold for lifetime excess cancer risk.

3.6

If you have any questions, please call me at (805) 645-1426.

Letter 3

COMMENTER: Alicia Stratton, Ventura County Air Pollution Control District

DATE: September 27, 2010

Response 3.1

The commenter requests that Table 4.2-2 include a footnote that the data is from the El Rio Monitoring Station. There is no longer a federal 1-hour standard for ozone. That data for PM10 should indicate that the samples >50 microns and >150 microns are for 24-hours (similar to what was done with the PM 2.5 data).

The following changes have been made in response to this comment.

Number of days of federal exceedances (>0.12 ppm)	0	0	0	0
Number of samples of state exceedances (>50 µg/m ³), <u>24-hour average concentration</u>	4	2	3	2
Number of samples of federal exceedances (>150 µg/m ³), <u>24-hour average concentration</u>	0	1	0	0

Source: CARB, Air Quality Data Statistics; available at <http://www.arb.ca.gov/adam/topfour/topfour1.php>
 All data except for CO data is from the El Rio Monitoring Station
 a No CO monitoring is available in Ventura County, the closest point is the Goleta-Fairview site results.

Response 3.2

The commenter states that the former APCD recommendation to reduce fugitive dust during construction has now been replaced with a requirement pursuant to their new "Rule 55".

The following change has been made in response to this comment.

The VCAPCD also ~~recommends~~ requires minimizing fugitive dust through various dust control measures as documented in Rule 55.

Response 3.3

The commenter indicates that CMH should be encouraged to contract with companies that have the cleanest diesel-powered construction equipment available, including Tier 2 or Tier 3 engines to mitigate the effects of construction-generated NOx, ROG and diesel particulate. The commenter further states that the District is in a state of non-attainment for ozone, while diesel PM is a toxic air contaminant.

In response to this comment the following bullet has been added to Condition of Approval AQ-2.



- Use Tier 2 or Tier 3 engines

Response 3.4

The commenter recommends that condition of approval AQ-2 reference Rule 55 and further include compliance with an ARB adopted Air Toxic Control Measure (ATCM) for off-road construction equipment. The commenter further requests that condition of approval AQ-2 reference compliance with the adopted ATCM. The commenter further states a general description of the ATCM is included on page 4.2-4.

In response to this comment, Rule 55 and the ATCM (codified at California Code of Regulations, Title 13, Division 3, Chapter 9, Article 4.8, § 2449) have been referenced in the condition of approval AQ-2. The general description of this ATCM on page 4.2-4 describes how the program is implemented among off-road vehicle fleet owners in California. Depending on the size of the fleet, the fleet owner would be required to modernize the fleet thereby reducing emissions with the largest fleet owners in compliance first (more than 5,000 hp coming online by March 1, 2010), medium sized fleet owners in compliance by March 1, 2013 and small fleet owners (less than 2,500 hp) in compliance by 2015.

The following changes have been made to condition of approval AQ-2.

Individual developers within the Hospital District, including the Hospital, shall include techniques to limit emissions of both ozone precursors (NO_x and ROC), diesel PM and fugitive dust (PM₁₀) in compliance with AQMD Rule 55 and ARB adopted ATCM (13 CCR § 2449.2). At a minimum, these measures shall include, but not be limited to the following as identified below:

- Contract with an off-road construction equipment provider that has documented compliance with Air Toxics Control Measure (ATCM) PM reduction goals in response to the California Air Resources Board adopted ATCM (13 CCR § 2449.2)

Response 3.5

The commenter notes that page 4.2-14 mentions diesel generators and refers to APCD permits. The commenter states that permits will be required for any new diesel generators, boilers or ethylene oxide sterilizers. An Authority to Construct must be obtained prior to installation. Public notice may be required before issuing the AATC. CMH should contract the APCD prior to purchasing any equipment requiring a permit.

Changes are not necessarily warranted based on the above comment; however, the following language is added to the EIR on page 4.2-15 in response to this comment in the interest of disclosing the process for obtaining permits for stationary equipment.

Permits will be required for any new diesel generators, boilers or ethylene oxide sterilizers. An Authority to Construct (ATC) must be obtained prior to installation. Public notice may be



required before issuing the ATC. The APCD recommends that CMH contact the APCD prior to purchasing any equipment requiring a permit.

Response 3.6

The commenter notes that the health risk assessment evaluates Phase I construction over a period of four years, though buildout of the Project Area under Phase II would occur with construction of individual projects undertaken by individual developers over a number of additional years. The commenter notes that the lifetime cancer risk was based on the four year construction scenario and indicates that the California Office of Environmental Health Hazard Assessment (OEHHA) has recommended that a nine-year exposure duration be used for short term projects, even if the project is only one year. The commenter further expresses an opinion that utilization of a nine-year exposure period would result in exceedance of the 10 in a million lifetime excess cancer risk. The commenter suggests that further refinement could reduce the calculated health risks and suggests that a formal health risk assessment be conducted, while also concluding that the chronic noncancer health impacts would be less than the District's 10 in a million threshold.

It would be inappropriate to apply emissions that are not forecast to occur or to increase the exposure duration to nine years when the receptors would not be exposed to that level of emissions for that full time period, as it would overestimate emissions and would not allow the public or decision-makers to accurately evaluate the relative health risks. However, in this case, there are also Phase II emissions that would occur over a period of years following completion of the Phase I hospital construction. It is noted that Phase II emissions were not included in the health risk assessment that was conducted for Impact AQ-4. This is because Phase II emissions are programmatic and it is not certain when these projects would actually move forward. In addition, the Phase I hospital construction emissions are a more condensed set of emissions (75% of the total project emissions) that are forecast to occur over a specific time period of four years. Thus analysis of Phase I emissions was forecast to generate the greatest quantity of emissions in the most concentrated area; which would have more profound health risks as compared with analysis of subsequent smaller projects occurring in a larger area over a longer period of time.

Nevertheless, since the health risk equation is cumulative exposure divided by the averaging time (in this instance nine years), another possible scenario was considered for the screening level health risk analysis that included Phase II construction (which occurs over a larger footprint of 10 acres) plus Phase I construction over a period of nine years as the commenter requested. The table on the next page reports the results of that scenario.

The previous analysis of Phase I effects is considered more conservative as the assumptions included a greater proportion of the overall emissions (75%), over a shorter period of time (four years) and within a smaller area (five acres). In particular, that methodology results in a more conservative evaluation of the chronic health risk associated with short term exposure. Chronic exposure to diesel particulate matter has been shown to impair lung function, and in animal studies, it has been observed that exposure to diesel exhaust induced inflammatory airway changes and various lung function changes.



**CMH Phase I & 2
Construction Health Risks**

Scenario	Excess Cancer Risk	Chronic Health Risk
Phase 1& 2 Construction		
adult	1.39 E-06	7.22 E-03
child	3.25 E-06	1.68 E-02
<i>Significance Threshold</i>	<i>>1.0E-05</i>	<i>≥1</i>
<i>Exceeds Threshold?</i>	<i>No</i>	<i>No</i>

Scientific notation is sometimes expressed as E (for exponent) as in 1.12E-4 (meaning 1.12 x 10 raised to the negative 4).

The revised analysis indicated the health risks associated with full buildout of the project over a period of nine years would not result in exceedance of health risk thresholds, similar to the conclusions expressed in the DEIR evaluation of Phase I Construction as a worst-case scenario. In fact, the analysis of Phase I plus Phase II emissions over a period of nine years is lower as compared with the original analysis presented under Impact AQ-4. This is because the emissions would essentially be averaged over the entire nine years and a larger 10-acre area.

Under either scenario, the health risks associated with full buildout of the project are not anticipated to result in exceedance of the Excess Cancer Risk threshold or the Chronic Health Risk threshold. Under the nine year full buildout scenario, cancer risk for adults would be 1.4 in one million, whereas cancer risks for children would be 3.25 in one million. Under the four year Phase I analysis scenario, excess cancer risk for adults is 3.26 in one million and 7.6 in one million for children. None of the risks under either scenario exceed the APCD’s 10 in one million threshold.

Data supporting the nine year analysis discussion is attached to this response.



**Inhalation Health Risk
Exposure to Air Contaminant**

Project: CMH Hospital District Development Code EIR (Phase I + Phase II) nine years duration
 Chemical of Concern: Diesel Particulates
 Reference Dose, Inhal (RfDi): 1.43E-03
 Cancer Slope Factor, Inhal (SFI): 1.05E+00
 Chronic Inhalation REL 5 ug/cu m
 Ambient Air Concentration: 0.15 ug/cu m
 Note: Annualized concentration based on maximum one hour at worst case stability

NonCarcinogenic

Chronic Health Risk Equation: Intake/Reference Dose

$$\text{Intake} = \frac{\text{CA} * \text{Inh} * \text{EF} * \text{ED}}{\text{BW} * \text{AT} * 1000 \text{ ug/mg}}$$

Where:
 Intake = Daily Dose averaged over lifetime (LADD)
 CA = Concentration in air, ug/cu m
 Inh = Inhalation rate
 EF = Exposure frequency in days per year
 ED = Exposure duration in years
 BW = Body weight, kg
 AT = Averaging time

Note: Absorption through lungs assumed at 100%

	Residential	
	Adult	Child
Inh =	20	10
Operating hours/day =	8	8
Operating days/year =	260	260
EF =	86.7	86.7
ED =	9	9
BW =	70	15
AT =	3285	3285
Intake =	1.03E-05	2.41E-05
Chronic Hazard Quotient =	7.22E-03	1.68E-02
Exceed Criterion (>1)?	No	No

OEHHA Chronic Risk: Annual average concentration/REL
 Maximum 1-Hr all Stabilities: 1.52 ug/cu m
 EPA annualization factor: 0.1

Chronic Hazard Quotient = 0.0
 Exceed Criterion (>1)? No

Carcinogenic

Cancer Health Risk Risk = Exposure * Slope Factor

$$\text{Exposure} = \frac{\text{CA} * \text{Inh} * \text{EF} * \text{ED}}{\text{BW} * \text{AT} * 1000 \text{ ug/mg}} \text{ mg/kg-day}$$

Where:
 Exposure = Daily Dose averaged over lifetime (LADD)
 CA = Concentration in air, ug/cu m
 Inh = Inhalation rate, m^3/day
 EF = Exposure frequency in days per year
 ED = Exposure duration in years
 AT = Averaging time
 BW = Body Weight

Note: Fraction absorbed (ABS) assumed to be 100%

	Residential	
	Adult	Child
Inh =	20	10
Operating hours/day =	8	8
Operating days/year =	260	260
EF =	86.7	86.7
ED =	9	9
AT =	25550	25550
BW =	70	15
Exposure =	1.33E-06	3.09E-06
Excess Lifetime Cancer Risk =	1.39E-06	3.25E-06
Criterion =	1.0E-05	1.0E-05
Exceed Criterion?	No	No

Phase I + Phase 2

Diesel PM Exhaust Total

1.05 tons nine years
1560 lbs nine years
173.3333333 lbs year
0.474885845 lbs day

With particulate filters &
low sulfur diesel fuel

0.175707763 lbs day

$$\frac{0.175707763 \text{ lbs}}{1 \text{ day}} \times \frac{453.5924 \text{ g}}{1 \text{ lb}} \times \frac{1 \text{ day}}{8 \text{ hrs}} \times \frac{1 \text{ hr}}{60 \text{ min}} \times \frac{1 \text{ min}}{60 \text{ sec}} = \frac{79.69971 \text{ g}}{28800 \text{ sec}} = 0.002767 \text{ g/sec}$$

Site Area

$$10 \text{ acres} \times \frac{4046.86 \text{ m}^2}{1 \text{ acre}} = 40469 \text{ m}^2$$

Emission Rate =

6.83827E-08

Sides

201.1680889

10/13/10
14:25:20

*** SCREEN3 MODEL RUN ***
*** VERSION DATED 96043 ***

CMH Construction Phase I + Phase 2 (nine years)

SIMPLE TERRAIN INPUTS:

SOURCE TYPE = AREA
EMISSION RATE (G/(S-M**2)) = .683827E-07
SOURCE HEIGHT (M) = 3.1700
LENGTH OF LARGER SIDE (M) = 202.0000
LENGTH OF SMALLER SIDE (M) = 200.0000
RECEPTOR HEIGHT (M) = 1.5000
URBAN/RURAL OPTION = URBAN

THE REGULATORY (DEFAULT) MIXING HEIGHT OPTION WAS SELECTED.
THE REGULATORY (DEFAULT) ANEMOMETER HEIGHT OF 10.0 METERS WAS ENTERED.

MODEL ESTIMATES DIRECTION TO MAX CONCENTRATION

BUOY. FLUX = .000 M**4/S**3; MOM. FLUX = .000 M**4/S**2.

*** FULL METEOROLOGY ***

*** SCREEN AUTOMATED DISTANCES ***

*** TERRAIN HEIGHT OF 0. M ABOVE STACK BASE USED FOR FOLLOWING DISTANCES ***

DIST (M)	CONC (UG/M**3)	STAB	U10M (M/S)	USTK (M/S)	MIX HT (M)	PLUME HT (M)	MAX DIR (DEG)
1.	.9923	5	1.0	1.0	10000.0	3.17	45.
100.	1.375	5	1.0	1.0	10000.0	3.17	45.
200.	1.128	5	1.0	1.0	10000.0	3.17	45.
300.	.6837	5	1.0	1.0	10000.0	3.17	45.
400.	.4888	5	1.0	1.0	10000.0	3.17	44.
500.	.3764	5	1.0	1.0	10000.0	3.17	44.
600.	.3024	5	1.0	1.0	10000.0	3.17	44.
700.	.2500	5	1.0	1.0	10000.0	3.17	44.
800.	.2111	5	1.0	1.0	10000.0	3.17	44.
900.	.1815	5	1.0	1.0	10000.0	3.17	44.
1000.	.1581	5	1.0	1.0	10000.0	3.17	44.

MAXIMUM 1-HR CONCENTRATION AT OR BEYOND 1. M:
151. 1.520 5 1.0 1.0 10000.0 3.17 45.

*** SUMMARY OF SCREEN MODEL RESULTS ***

CALCULATION PROCEDURE	MAX CONC (UG/M**3)	DIST TO MAX (M)	TERRAIN HT (M)
SIMPLE TERRAIN	1.520	151.	0.

Urbemis 2007 Version 9.2.4

Combined Annual Emissions Reports (Tons/Year)

File Name: L:\ESPI\VTA Co\VTA, City of\VTA, City of\08-63520 VTA Comm Mem Hosp EIR\Document\Old\VADEIR\Appendices\C AQ calcs\source files\Construction Phase II.urb924

Project Name: CMH Construction phase II

Project Location: Ventura County APCD

On-Road Vehicle Emissions Based on: Version : Emfac2007 V2.3 Nov 1 2006

Off-Road Vehicle Emissions Based on: OFFROAD2007

Summary Report:

CONSTRUCTION EMISSION ESTIMATES

	<u>ROG</u>	<u>NOx</u>	<u>CO</u>	<u>PM10 Dust</u>	<u>PM10 Exhaust</u>	<u>PM10</u>	<u>PM2.5 Dust</u>	<u>PM2.5 Exhaust</u>	<u>PM2.5</u>	<u>CO2</u>
2014 TOTALS (tons/year unmitigated)	0.23	1.41	1.16	1.49	0.08	1.57	0.31	0.08	0.39	206.07
2014 TOTALS (tons/year mitigated)	0.23	1.41	1.16	0.84	0.08	0.92	0.18	0.08	0.25	206.07
Percent Reduction	0.00	0.00	0.00	43.38	0.00	41.08	43.34	0.00	34.77	0.00
2015 TOTALS (tons/year unmitigated)	1.10	1.70	2.18	0.01	0.11	0.11	0.00	0.10	0.10	386.29
2015 TOTALS (tons/year mitigated)	1.10	1.70	2.18	0.01	0.11	0.11	0.00	0.10	0.10	386.29
Percent Reduction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2016 TOTALS (tons/year unmitigated)	1.25	1.30	1.73	0.01	0.08	0.08	0.00	0.07	0.07	320.12
2016 TOTALS (tons/year mitigated)	1.25	1.30	1.73	0.01	0.08	0.08	0.00	0.07	0.07	320.12
Percent Reduction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

= 0.27
tons

*** SCREEN3 MODEL RUN ***
*** VERSION DATED 96043 ***

CMH Phase 2

SIMPLE TERRAIN INPUTS:

SOURCE TYPE = AREA
EMISSION RATE (G/(S-M**2)) = .426077E+09
SOURCE HEIGHT (M) = 3.1700
LENGTH OF LARGER SIDE (M) = 202.0000
LENGTH OF SMALLER SIDE (M) = 200.0000
RECEPTOR HEIGHT (M) = 1.5000
URBAN/RURAL OPTION = URBAN

THE REGULATORY (DEFAULT) MIXING HEIGHT OPTION WAS SELECTED.
THE REGULATORY (DEFAULT) ANEMOMETER HEIGHT OF 10.0 METERS WAS ENTERED.

MODEL ESTIMATES DIRECTION TO MAX CONCENTRATION

BUOY. FLUX = .000 M**4/S**3; MOM. FLUX = .000 M**4/S**2.

*** FULL METEOROLOGY ***

*** SCREEN AUTOMATED DISTANCES ***

*** TERRAIN HEIGHT OF 0. M ABOVE STACK BASE USED FOR FOLLOWING DISTANCES ***

DIST (M)	CONC (UG/M**3)	STAB	U10M (M/S)	USTK (M/S)	MIX HT (M)	PLUME HT (M)	MAX DIR (DEG)
100.	.8569E+16	5	1.0	1.0	10000.0	3.17	45.
200.	.7027E+16	5	1.0	1.0	10000.0	3.17	45.
300.	.4260E+16	5	1.0	1.0	10000.0	3.17	45.
400.	.3046E+16	5	1.0	1.0	10000.0	3.17	44.
500.	.2345E+16	5	1.0	1.0	10000.0	3.17	44.
600.	.1884E+16	5	1.0	1.0	10000.0	3.17	44.
700.	.1558E+16	5	1.0	1.0	10000.0	3.17	44.
800.	.1316E+16	5	1.0	1.0	10000.0	3.17	44.
900.	.1131E+16	5	1.0	1.0	10000.0	3.17	44.
1000.	.9854E+15	5	1.0	1.0	10000.0	3.17	44.

MAXIMUM 1-HR CONCENTRATION AT OR BEYOND 100. M:
151. .9468E+16 5 1.0 1.0 10000.0 3.17 45.

*** SUMMARY OF SCREEN MODEL RESULTS ***

CALCULATION PROCEDURE	MAX CONC (UG/M**3)	DIST TO MAX (M)	TERRAIN HT (M)
SIMPLE TERRAIN	.9468E+16	151.	0.

** REMEMBER TO INCLUDE BACKGROUND CONCENTRATIONS **

VENTURA COUNTY
AIR POLLUTION CONTROL DISTRICT
Memorandum

TO: Laura Hocking/Dawnyelle Addison, Planning DATE: April 26, 2010

FROM: Alicia Stratton

SUBJECT: Request for Review of Administrative Draft Environmental Impact Report (ADEIR) for the Community Memorial Hospital District Development Code, City of Ventura (Reference No. 09-047-1)

Air Pollution Control District staff has reviewed the subject ADEIR, which addresses development of the Community Memorial Hospital District Development Code. The Code is intended to guide redevelopment of ten acres within the Midtown portion of the City of Ventura. Phase 1 would occur from 2010 to 2014 and would include demolition of nine Project Areas structures (45,506 sq. ft. of commercial/medical office use and four single family residences), construction of the new hospital building (320,000 sq. ft. and a net increase of 12 beds), adaptive reuse of the existing hospital facilities (121,000 sq. ft. for nonessential hospital support services and 104,000 sq. ft. for new backfill medical office reuse), streetscape improvements to streets, sidewalks, curbs, medians, and plazas, including finalizing new street extensions. The surface parking in the southern portion of the plan area would be consolidated and restriped with the addition of a 3,900 sq. ft. retail liner building, which would be constructed adjacent to the location of the future new garage. Phase II would occur over a period of years and would include buildout of the remainder of the hospital District, including remaining liner buildings, development along Loma Vista Road and Brent Street, and the new parking garage. Phase II development would be about 162,950 sq. ft. of medical office uses. The project area encompasses 15 acres located in the Midtown portion of the City of Ventura and is bounded by Main Street to the west, Loma Vista Road to the north, and Brent Street to the east.

Section 4.2 of the ADEIR addresses air quality issues. We concur with the findings of this analysis, however one item in our October 15, 2009 memo addressing the notice of preparation for the project has not been addressed. We requested that the ADEIR address potential air toxics impacts from the project because the surrounding area contains a large number of sensitive receptors. A screening health risk assessment was advised to evaluate potential air quality impacts from possible exposure to diesel exhaust and particulate matter from earthmoving and excavation equipment and other project-related construction activities. We further requested identification and discussion of mitigation measures if that assessment indicated a significant risk. We again request evaluation of potential air toxics from the project.

If you have any questions, please call me at (805) 645-1426.

Letter 4

COMMENTER: Alicia Stratton, Ventura County Air Pollution Control District

DATE: April 26, 2010

The commenter provided a letter that was issued for the previous Draft EIR. The commenter summarizes the project and requested a screening level health risk assessment. In response to this comment, the DEIR was revised to include a screening level health risk assessment as Impact AQ-4. The document was subsequently recirculated and the APCD responded with additional comments that have also been addressed (please see response to Letter 3).





Ventura County
Watershed Protection District
Planning and Regulatory Division
Permit Section

MEMORANDUM

DATE: September 24, 2010

TO: Laura Hocking, RMA/Planning Technician

FROM: Tom Wolfington, P.E., Permit Manager *TW*

SUBJECT: RMA 09-047-2, NOTICE OF COMPLETION AND AVAILABILITY OF DRAFT ENVIRONMENTAL IMPACT REPORT (DEIR) FOR THE PROPOSED COMMUNITY MEMORIAL HOSPITAL DISTRICT DEVELOPMENT CODE (SCH #2009091073), 147 NORTH BRENT STREET, MILLS ROAD DRAIN AND ARUNDELL BARRANCA, ZONE 2

PROJECT LOCATION:

The Project Area is triangular in shape is about 14 acres and is bounded by Loma Vista Road to the north, North Brent Street to the east, and East Main street to the west. The Project Area is primarily comprised of medical uses (including the existing Community Memorial Hospital), commercial uses, and residences that are currently vacant or are used for medical office space.

PROJECT DESCRIPTION:

The proposed Project involves the adoption of the Community Memorial Hospital District Development Code (CMH Code) to guide redevelopment of about 10 acres within the Midtown portion of the City. The Project would be constructed in two phases, discussed in turn below.

Phase 1: Phase 1 would occur from approximately 2010 to 2014 and would include demolition of nine Project Area structures (45,506 sf of commercial/medical office use and 4 single family residences), construction of the new hospital building (356,000 sf and a net increase of 10 beds), adaptive reuse of the existing hospital facilities (121,000 sf for non-essential hospital support services and 104,000 sf for new backfill medical office reuse), abandonment of portions of existing streets and streetscapes, streetscape improvements, sidewalks, curbs, medians, and plazas, including finalizing new street extensions. In addition, the surface parking in the southern portion of the plan area would be consolidated and restriped with the addition

of a 3,900 sf retail liner building, which would be constructed adjacent the location of the future new garage and opposite the hospital open space plaza.

Phase II: Phase II would occur over a period of years and would include buildout of the remainder of the Hospital District, including remaining liner buildings, development along Loma Vista Road and Brent Street, and the new parking garage. Phase II development is estimated to be about 162,950 square feet of medical office uses.

The Project would trigger zoning amendments, including a zone change from Hospital (H), Professional Office (PO), and T5.2 (Urban Center Zone) to Hospital District (SD:H1) and Open Space (OS). In addition, the Project would trigger the following modifications to the Midtown Corridor Code.

- 1) Move the Midtown Corridors boundary to the west, thereby excluding the proposed Hospital District from the area covered by the Midtown Corridors Development Code
- 2) Designate open space in the area still to be governed by the Midtown Corridors Development Code
- 3) Add a shopfront overlay frontage type to interior street and open space frontages in the area still to be governed by the Midtown Corridors Development Code
- 4) Remove the terminated vistas designation from Borchard Street in the area still to be governed by the Midtown Corridors Development Code.

In addition to the zoning amendments related to the Code, the recirculated DEIR will provide environmental review for site plan approval and design review of the hospital building and other buildings to be constructed in Phase I of the proposed project. The City will also consider a Memorandum of Understanding between the City and Community Memorial Health System regarding various obligations within the Hospital District. The City will also consider a Water Supply Assessment for the Project.

WATERSHED PROTECTION DISTRICT PROJECT COMMENTS:

The site is located more than 4,000 feet from the nearest downstream District jurisdictional red line channels, Mills Road Drain and Arundell Barranca.

The District previously commented on May 3, 2010 on the cumulative impacts section of the Administrative Draft Environmental Impact Report. The Draft Environmental Impact Report includes a revised statement of cumulative impacts. In addressing the District's previous comments, the analysis states "Individual developments would be evaluated on a case-by-case basis to ensure that the post-developed condition does not generate an increase in runoff".

During any subsequent studies or designs, this project and other projects potentially contributing to cumulative impacts will be required to be designed for no net increase in peak runoff in all frequencies.

End of Text

Letter 5

COMMENTER: Tom Wolfington, Ventura County Watershed Protection District

DATE: September 24, 2010

Response 5

The commenter indicates that the Recirculated EIR has addressed the previous District comments by providing additional analysis of cumulative impacts. No additional response is necessary.





VENTURA COUNTY WATERSHED PROTECTION DISTRICT

PLANNING AND REGULATORY DIVISION
800 South Victoria Avenue, Ventura, California 93009
Robin Jester – Permit Manager – (805) 654-3986

DATE: May 3, 2010

Letter 6

TO: Laura Hocking – Case Planner

FROM: Robin Jester

SUBJECT: RMA 09-047-1, NOTICE OF AVAILABILITY OF ADMINISTRATIVE DRAFT ENVIRONMENTAL IMPACT REPORT (ADEIR) FOR THE PROPOSED COMMUNITY MEMORIAL HOSPITAL DISTRICT DEVELOPMENT CODE (SCH #2009091073), 147 NORTH BRENT STREET, MILLS ROAD DRAIN AND ARUNDELL BARRANCA, ZONE 2

Project Location:

The Project Area for the proposed Community Memorial Hospital District (Project) is triangular in shape and comprises the approximately 15 acres located in the Midtown portion of the City bounded to the north by Loma Vista Road, North Brent Street on the east, and East Main Street on the west. The Project Area consists of urban land uses and is primarily comprised of medical uses (including the Community Memorial Hospital), commercial uses, and residences that are currently vacant or are used for medical office space.

Project Description:

This is an Administrative Draft Environmental Impact Report for the proposed Community Memorial Hospital District Development Code (CMH Code, Project). The CMH Code is intended to function as a policy document to guide future improvements to the existing hospital and the surrounding 10 acres within the Midtown portion of the City. The major project objectives are to construct a new seismically conforming hospital building in accordance with state guidelines, consolidate hospital operations into essential and non-essential services, integrate open space and encourage a pedestrian friendly realm, and to manage and expand parking facilities to lessen demand in peripheral residential areas. The redevelopment of the project area would trigger zoning amendments, including a zone change from Hospital, Professional Office, and Urban Center Zone to Hospital District and Open Space. In addition, the Project would trigger modifications to the Midtown Corridor Code including:

1. Designate open space;
2. Move the Midtown Corridors boundary to the west, thereby excluding the proposed Hospital District from the Midtown Corridors Development Code;

3. Add a shopfront overlay frontage type to interior street and open space frontages;
and
4. Remove the terminated vistas designation from Borchard Street.

The Project is proposed to be constructed in two phases. Phase I would occur between 2010 and 2014 and would include demolition of nine Project Area structures (45,506 sf of commercial/medical office use and four single family residences), construction of the new six-story hospital building (320,000 sf), adaptive reuse of the existing hospital facilities (121,000 sf for non-essential hospital support services and 104,000 sf for new backfill medical office reuse), and streetscape improvements to streets, sidewalks, curbs, medians, and plazas, including finalizing new street extensions. In addition, the surface parking in the southern portion of the Project Area would be consolidated and restriped with the addition of a 3,900 sf retail liner building.

Phase II would occur over a period of years and would include build-out of the remainder of the Hospital District, including remaining liner buildings, development along Loma Vista Road and Brent Street, and the new parking garage (5,850 sf, five-story, 570 spaces). Phase II development is estimated to be about 162,950 sf of medical office uses and does not include the garage.

Comments:

The Administrative Draft Environmental Impact Report (ADEIR) for the above referenced project was prepared by the City of Ventura, Community Development Department with the assistance of Rincon Consultants, Inc. and is dated March 2010. The Watershed Protection District (District) has reviewed the ADEIR, with particular focus on Section 4.6-Hydrology and Water Quality and Appendix H – Preliminary Hydrology and Hydraulic Report. Appendix H contains the Preliminary Hydrology and Hydraulic Report for Community Memorial Hospital prepared by Jensen Design & Survey, Inc. and is dated November 9, 2009. The District was not given the Study to review separately and a review of some of the materials contained in the study does not indicate how various assumptions were made to arrive at the conclusions.

However; the District's previous comments during the Initial Study (IS) review have been adequately addressed in the ADEIR as follows:

Under Section 4.6.2, Impact Analysis, Subsection b. Project Impacts and Mitigation Measures, on page 4.6-7, first paragraph, the ADEIR states that "Since the proposed improvements are similar to the existing condition in terms of impervious area, peak runoff amounts will remain the same as existing runoff amounts,". Under Mitigation Measure HYD-1 – Storm Drain System Improvements on page 4.6-8, the ADEIR states

that “Phase I redevelopment of the site shall include storm drain infrastructure upgrades necessary to ensure that storm water discharges from Phase I and Phase II redevelopment do not exceed the capacity of existing facilities.” This clarifies the statement made in the IS that “no increase is anticipated.” During any subsequent studies or designs, the project will be required to be designed for no net increase in peak runoff in all frequencies.

In Section 4.6.1, Setting, Subsection b. Drainage, pages 4.6-1 and 4.6-2, the existing infrastructure and drainage patterns for the Project Area are described. Under the Impact Analysis on page 4.6-7, the proposed drainage pattern, infrastructure and improvements are described. Specifically, the ADEIR describes that a portion of an existing 24-inch storm drain line in the alley will be upgraded to a 36-inch line, but will still connect to the existing 36-inch storm drain line in North Brent Street. This explanation provides sufficient information at this time to determine there are no changes proposed to District facilities and also clarifies statements made in the IS that the “project area storm drain system would be designed and constructed to meet current City and RWQCB standards.”

The cumulative impacts section was not sufficient in that no development or redevelopment projects in the drainage areas of Mills Road Drain and Arundell Barranca were specifically identified. It is typical in the Cumulative Impacts Section to see identified and listed any specific projects within proximity to the Project Area with a brief explanation of the project and project location. Instead a statement, blanket in nature, was made that the 2005 General Plan would add 8,000 dwelling units and five million square feet of non-residential development within the area under the purview of the City of Ventura. This is not adequate to determine if there are projects anticipated or in the pipeline that would impact the adjacent District facilities.

End of Text

Letter 6

COMMENTER: Robin Jester, Ventura County Watershed Protection District

DATE: May 3, 2010

Response 6

The commenter states that the District's comments on the Notice of Preparation were adequately addressed in the first Draft EIR. The commenter concurs with the Draft EIR analysis regarding existing infrastructure and proposed modifications such that the Project would not alter District facilities. The commenter requested additional analysis of more localized cumulative projects that could have an effect on the District's facilities. This analysis of cumulative effects was provided by adding a new table of development within ½ mile of the project site (Table 3-2) with additional analysis of localized effects on page 4.6-18 in the Recirculated Draft EIR that was evaluated pursuant to the comments provided in Letter 5 (please see Letter 5). The WPD agreed with the updated analysis and no further response is necessary.



From: "Daniel Blankenship" <DSBlankenship@dfg.ca.gov>
To: jlambert@ci.ventura.ca.us
Sent: Wednesday, September 29, 2010 4:43:26 PM
Subject: Community Hospital SCH 2009091073

Dear Mr. Jeff Lambert,

Thank you for the opportunity to review the above referenced DEIR. Because of the existing vegetation on site, the Department recommends bird nest clearance surveys prior to removing vegetation during construction. See reference information below. Also, the Department recommends using drought tolerant native species when possible to reduce water use and facilitate native species diversity even in our Urban landscapes. The Department appreciates the incorporation of green concepts in the project design and recommends using permeable paving and the use of cisterns to collect rainwater for reuse in irrigation of landscaping to further reduce long term impacts to natural resources. Please contact Dan Blankenship, if you have any questions.

- a. Migratory nongame native bird species are protected by international treaty under the Federal Migratory Bird Treaty Act (MBTA) of 1918 (50 C.F.R. Section 10.13). Sections 3503, 3503.5 and 3513 of the California Fish and Game Code prohibit take of all birds and their active nests including raptors and other migratory nongame birds (as listed under the Federal MBTA).
- b. Proposed project activities (including disturbances to native and non-native vegetation, structures and substrates) should take place outside of the breeding bird season which generally runs from March 1- August 31 (as early as February 1 for raptors) to avoid take (including disturbances which would cause abandonment of active nests containing eggs and/or young). Take means to hunt, pursue, catch, capture, or kill, or attempt to hunt, pursue, catch, capture or kill (Fish and Game Code Section 86).
- c. If avoidance of the breeding bird season is not feasible, the Department recommends that beginning thirty days prior to the disturbance of suitable nesting habitat the project proponent should arrange for weekly bird surveys to detect protected native birds occurring in the habitat that is to be removed and any other such habitat within 300 feet of the construction work area (within 500 feet for raptors) as access to adjacent areas allows. The surveys should be conducted by a qualified biologist with experience in conducting breeding bird surveys. The surveys should continue on a weekly basis with the last survey being conducted no more than 3 days prior to the initiation of clearance/construction work. If a protected native bird is found, the project proponent should delay all clearance/construction disturbance activities within 300 feet of suitable nesting habitat (within 500 feet for suitable raptor nesting habitat) until August 31. Alternatively, the qualified biologist could continue the surveys in order to locate any nests. If an active nest is located, clearing and construction within 300 feet of the nest (within 500 feet for raptor nests) or as determined by a qualified biological monitor, must be postponed until the nest is vacated and juveniles have fledged and when there is no evidence of a second attempt at

nesting. Limits of construction to avoid a nest should be established in the field with flagging and stakes or construction fencing marking the protected area 300 feet (or 500 feet) from the nest. Construction personnel should be instructed on the sensitivity of the area. The project proponent should record the results of the recommended protective measures described above to document compliance with applicable State and Federal laws pertaining to the protection of native birds.

Daniel S. Blankenship
Staff Environmental Scientist
CA Department of Fish and Game
P.O. Box 221480
Newhall, CA 91322-1480
phone/fax (661) 259-3750
cell (661)644-8469
dsblankenship@dfg.ca.gov

Pursuant to the Governor's Executive Order S-12-10 (<http://www.gov.ca.gov/executive-order/15692/>), beginning August 1, 2010, and until a state budget is enacted and the Director of Finance certifies there are sufficient funds to meet the state's financial obligations, DFG offices will be CLOSED on the second, third and fourth Fridays of each month:

Letter 7

COMMENTER: Daniel Blankenship, California Department of Fish and Game

DATE: September 29, 2010

Response 7.1

The commenter recommends bird nest clearance surveys prior to removing vegetation during construction. Secondly, the commenter recommends use of drought tolerant native species when possible to reduce water use and facilitate native species diversity in urban landscapes. Lastly, the commenter suggest the use of permeable paving and cisterns to collect rainwater for reuse in irrigation landscaping to further reduce long term impacts to natural resources.

The commenter's recommendation to include bird nest clearance surveys will be incorporated as a condition of approval. As the commenter notes, migratory nongame native bird species are protected by international treaty under the Federal Migratory Bird Treaty Act (MBTA) of 1918 (50 C.F.R. Section 10.13). Sections 3503, 3503.5, and 3513 of the California Fish and Game Code prohibit take of all birds and their active nests, including raptors and other migratory nongame birds (as listed under the Federal MBTA).

The following Condition of Approval has been added to the Executive Summary in response to this comment.

BIO-1 Nesting Birds. Proposed project activities (including disturbances to native and non-native vegetation, structures and substrates) should take place outside of the breeding bird season which generally runs from March 1- August 31 (as early as February 1 for raptors) to avoid take (including disturbances which would cause abandonment of active nests containing eggs and/or young). Take means to hunt, pursue, catch, capture, or kill, or attempt to hunt, pursue, catch, capture or kill (Fish and Game Code Section 86).

If avoidance of the breeding bird season is not feasible, the Department recommends that beginning thirty days prior to the disturbance of suitable nesting habitat the project proponent should arrange for weekly bird surveys to detect protected native birds occurring in the habitat that is to be removed and any other such habitat within 300 feet of the construction work area (within 500 feet for raptors) as access to adjacent areas allows.

The surveys should be conducted by a qualified biologist with experience in conducting breeding bird surveys. The surveys should continue on a weekly basis with the last survey being conducted no more than 3 days prior to the initiation of clearance/construction work.



If a protected native bird is found, the project proponent should delay all clearance/construction disturbance activities within 300 feet of suitable nesting habitat (within 500 feet for suitable raptor nesting habitat) until August 31. Alternatively, the qualified biologist could continue the surveys in order to locate any nests.

If an active nest is located, clearing and construction within 300 feet of the nest (within 500 feet for raptor nests) or as determined by a qualified biological monitor, must be postponed until the nest is vacated and juveniles have fledged and when there is no evidence of a second attempt at nesting.

Limits of construction to avoid a nest should be established in the field with flagging and stakes or construction fencing marking the protected area 300 feet (or 500 feet) from the nest. Construction personnel should be instructed on the sensitivity of the area.

The project proponent should record the results of the recommended protective measures described above to document compliance with applicable State and Federal laws pertaining to the protection of native birds.

The commenter's recommendations for use of drought tolerant native species, permeable paving and cisterns for collection of rainwater that can be reused are noted for consideration. The Master Plan for the Project indicates that streets will be lined with various bio-filter infiltration systems to clean storm water runoff prior to discharge into storm water system. The Master Plan also indicates that parking lots will incorporate permeable paving and french drain techniques to capture pollutants, while development of park areas will improve on site infiltration and capture pollutants from nearby paving and roof drains after an initial rain.

With respect to vegetation, the Master Plan states that the Hospital Plaza will include a rich variety of materials, including trees, plants and other types of preferably native, low-watering and low-maintenance vegetation. The Master Plan further indicates that the street tree planting plan includes gold medallion trees, Mexican fan palms, rainbow eucalyptus, red-flowering gum, and New Zealand Christmas trees, all of which are drought tolerant once established.

